The role of hospitals within the framework of the renewed Primary Health Care (PHC) strategy

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ABSTRACT: This article summarizes a presentation made at the IHF Leadership Summit held in Chicago, USA in June 2010, by Denis Porignon from the World Health Organization (WHO) and Reynaldo Holder from the Pan American Health Organization (PAHO/WHO). It focuses on the role of hospitals within the framework of the renewed PHC strategy.

PHC renewal

The global commitment to Primary Health Care (PHC) was first made in 1978 with the Declaration of Alma-Ata. Early attempts at PHC implementation netted key health and health-related improvements across multiple sectors. On the whole people across the world are healthier and live longer than thirty years ago. A changing world, however, commands a responsibility to adapt the way health is dealt with. Anticipating and adapting is necessary because of the transitions: the demographic transition, the epidemiological transition, but also the transition in demand, itself fuelled by an expanding middle class with rising expectations. It is equally necessary because of the evolution ion the supply side: a different workforce with new contradicts and new expectations, advancements in technology and knowledge and growing concerns about costs in a context of globalisation. All this has led the World Health Organization to revisit the PHC approach 30 years after Alma Ata, with the 2008 World Health Report - "Primary Health Care – now more than ever" (Tables 1 and 2). This report signalled a renewed commitment to health for all, suggesting key policy directions: inclusive governance of the health sector, so as to build trust and sustainable leadership; investment in public policy reforms to promote and protect the health of communities; a move towards universal coverage, to increase equity in health; and a profound reorientation of health care delivery, to make health systems people centered, building on a strong primary care infrastructure.

The conventional model of care focuses disproportionately on treating acute episodes of disease. It is neither sufficiently comprehensive nor organised to provide adequate care for vulnerable populations or persons with chronic diseases. As they should, hospitals privilege disease-centred care for acute conditions and complications of chronic disease, but they most often do this in a setup where the connection with primary care is ill-conceived or neglected. At the same time, and by default or by design, hospital outpatient and emergency departments provide a considerable part of ambulatory care. In doing so they also share the paradigmatical weakness of much conventional health care delivery (table 3).

Responding to a new health paradigm requires changes in all areas of health services, and it is important that health systems are sufficiently flexible to quickly adapt to new circumstances: the demographic and epidemiological transition, but also the transition in demand and in expectation, and the social tensions associated with globalization. Hospitals are an integral part of all health systems: as health systems evolve, so does the role of the hospital. Hospitals will remain central to how people perceive their health systems and to technical innovation. But they will have to find a new place within the health care system as the necessary back-up for primary care, and no longer as the only institution around which all the rest evolves. Hospitals will have to adapt to an organization in networks with primary care at the centre. It is thus important to define the function of hospitals in this context and elucidate the needs and challenges that hospitals are likely to face in the future.

The hospital within the health care system

In the future hospitals will no longer be the centre of the health system or stand alone. They will be part of a network that includes primary care, specialized out-patient care, and diagnostic services organized in networks. They will also be more open to the community and to the other members of the network including social services. Hospitals should then be able to contribute to improving health and reducing inequalities, as part of the wider health system, and should provide a highly valued 'rescue'

Table 1: How experience has shifted the focus of the PHC movement

Early attempts at implementing PHC	Current concerns of PHC reforms
Extended access to a basic package of health interventions and essential drugs for the rural poor	Transformation and regulation of existing health systems, aiming for universal access and socialhealth protection
Concentration on mother and child health	Dealing with the social health of everyone in the community
Focus on a small number of selected diseases, primarily infections and acute	A comprehensive response to people's expectations and needs, spanning the range of risks and illnesses
Improvement of hygiene, water, sanitation and health education at village level	Promotion of healthier lifestyles and mitigation of the health effects of social and environmental hazards
Simple technology for volunteer, non-professional community health workers	Teams of health workers facilitating access to and appropriate use of technology and medicines
Primary care as the antithesis of the hospital	Primary care as coordinator of a comprehensive response at all levels
PHC is cheap and requires only a modest investment	PHC is not cheap: it requires considerable investment, but it provides better value for money than its alternatives

Source: The World Health Report 2008 - Primary health care. Now more than ever. Geneva, World Health Organization, 2008.

Table 2: Transformation of the health paradigm

Old Paradigm	Emerging Paradigm
Responsibility for individuals	Responsibility for the health of defined populations
Emphasis on care of acute episodes of disease	Emphasis on care throughout the continuum
The service providers are essentially equal	Differentiation based on the capacity to provide added value
Success is measured by the capacity to increase hospital admissions	Success depends on increasing coverage and capacity to maintain people healthy.
The objective of the hospitals is to fill beds	The objective of the network is to provide the appropriate care at the appropriate level
Insurers, hospitals, ambulatory centers, work separately (Fragmentation)	Networks of integrated Delivery Services (IDS)
Management of isolated organizations	Management of networks

Source: The World Health Report 2008 - Primary health care. Now more than ever. Geneva, World Health Organization, 2008.

Table 3: Aspects of care that distinguish conventional health care from people-centred primary care

Conventional ambulatory medical care in clinics or outpatints departments	Disease control programmes	People-centred primary care
Focus on illness and cure	Focus on priority diseases	Focus on health needs
Relationship limited to the moment of consultation	Relationship limited to programme implmentation	Enduring personal relationship
Episodic curatove care	Programmme-defined disease control interventions	Comprehensive, continuous and person-centred care
Responsibility limited to effective and safe advice to the patient at the moment of consultation	Responsibility for disease-control target among the target population	Responsibility for the health of all in the community along the life cycle; repsonsibility for tackling determinannts of ill-health
Users are consumers of the care they purchase	Population groups are targets of disease-control interventions	People are partners in managing their own health and that of their community

The World Health Report 2008 - Primary health care. Now more than ever. Geneva, World Health Organization, 2008.

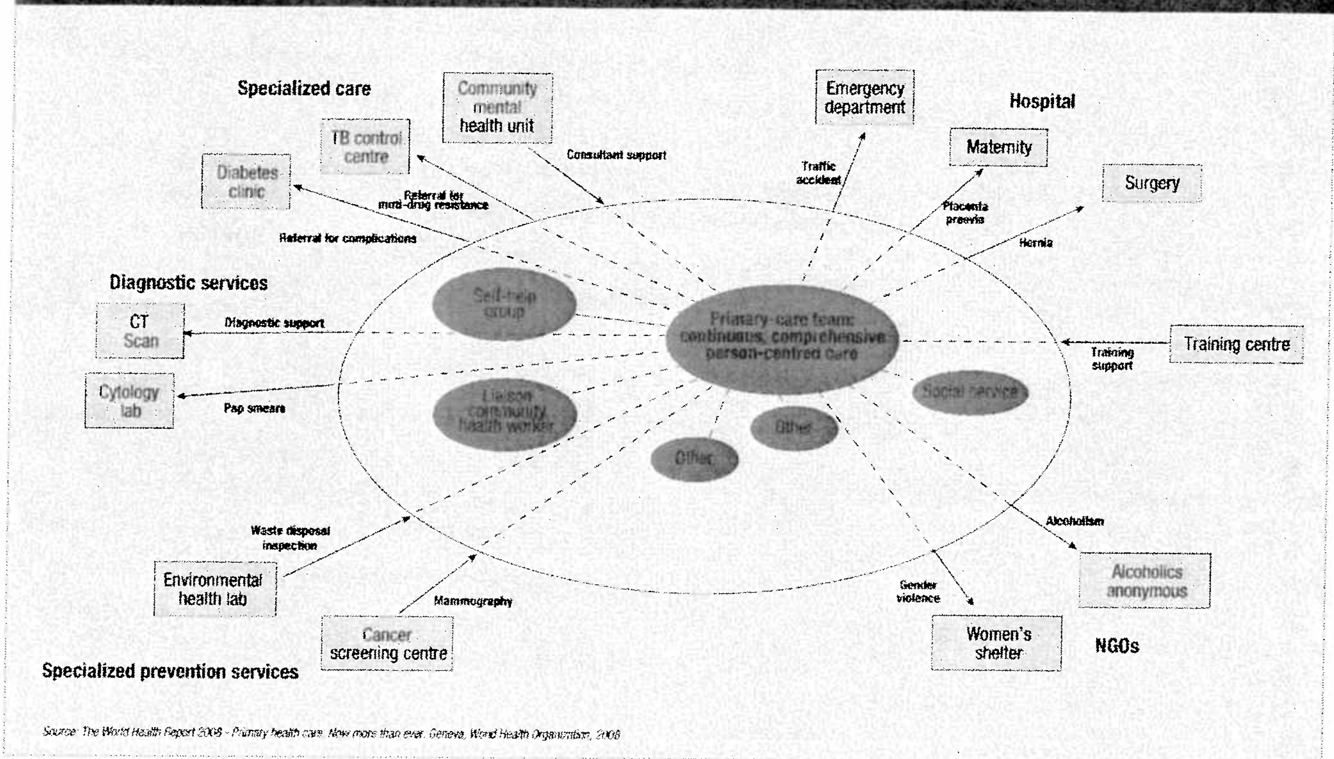

FIGURE 1: PRIMARY CARE AS A HUB OF COORDINATION WITH HOSPITALS' ROLES AND SERVICES

Source: The World Health Report 2008 - Primary health care. Now more than ever. Geneva, World Health Organization, 2008

Improving health information systems may help hospital planning and regulation by improving information-based decision making

function for life-threatening conditions, and can improve outcomes from treatment by concentrating technology/expertise where necessary".

The organization of health services within the PHC framework will then be based on three tenets:

- Hospitals should not be the entry point - relocating the entry point to the health system from hospitals and specialists to close-to-client generalist primary-care centres and the like;
- Instead, hospitals will function as part of health care networks to fill the availability gap of complementary referral care by giving primary-care providers the responsibility for the health of a defined population, in its entirety;
- The role of primary-care providers' as coordinators of the inputs of other levels of care should be strengthened by giving them administrative authority and purchasing power.

The Pan American Health Organization defines a PHC-based health system as an overarching approach to the organization and operation of health systems that makes the right to the highest attainable level of health its main goal while maximizing equity and solidarity. With the shift in focus of the PHC movement over time, and under the revised model, implementation of PCH now requires more commitment and investment, and ultimately will deliver coordinated and comprehensive care. The expected benefits of the new PHC strategy are improvements in health outcomes at the population level, efficiency, access to health services, and equity, as well as lower costs and increased user satisfaction.

Hospital costs are high compared to primary care costs. This does not mean that hospitals are inefficient; it means that primary care and hospitals have different roles and responsibilities, and one should provide care for each case at the most efficient location where this can be done effectively. This requires a clear division of labour with provisions to eliminate catastrophic health expenditure both at primary care and at hospital levels.

In many countries there is an acute need for redesigning hospitals so that they can meet patient expectations, improve clinical outcomes and incorporate flexibility. The sustainability of capital investments should be ensured by investing in high quality products that have a high value for money. In addition, hospitals need to invest in their workforce by planning for the future and expanding their evidence base. Planning the capacity and infrastructure of a hospital, should be based on needs, service activity and service volume and not on population growth. Traditionally, bed capacity ratios are used to determine capacity; however, this method is proven to be misleading. Improving health information systems may help hospital planning and regulation by improving information-based decision making. The policy directions set by the renewal of PHC carry a lot of potential to produce health, reduce inequalities and tackle the wasteful fragmentation of health systems. But they will not happen spontaneously. The convergence of the equity and health systems

agendas are mentioned in a number of recently produced reports including the "World Health Report 2008: Primary Health Care. Now More Than Ever", "Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action", "Closing the Gap in a Generation: Health equity through action on the social determinants of health", and "The World Health Report 2010: Health systems financing: the path to universal coverage". These reports all emphasize the importance of linking PHC-based health systems with other determinants of health by incorporating "health in all policies" and by emphasizing equity, social protection, inter-sectoriality, health promotion and participation, human rights and equality. While incorporating the PHC strategy, it is also important to understand what people value and want from a health system. People want to live long and healthy lives; to be treated fairly and equitably; to have a say in what affects their lives and the lives of their families; to be regarded as human beings and not just "cases" in the medical system; to have a reduced risk of diseases; to have reliable health authorities; and to receive efficient services and effective medicines and technologies. This has implications for the future of hospitals. As health systems continue to change and the PHC approach is implemented, the role of hospitals will evolve, but they will still remain vital to the health system[15]). In the future, hospital functions, healthcare network responsibilities and an effective continuum of care will be of crucial importance. Instead of having a hospital-centred health system, a balance should be achieved between people-centeredness and technological requirements, between over and under spending with high risk of error repetition, between the lobby of equipment and pharmaceutical industry and between social aspects of equity and inclusiveness and participation. While there are multiple ways to provide services, the objectives in all contexts should encourage accessibility, efficiency, quality of care, responsiveness and fairness in financing. ❑

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