

# Integrated Care based on Primary Health Care : WHO's Vision

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1. Policy context
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# Health 2020: a vision for Europe's greatest health potential by year 2020

“Health 2020 remains committed to a **primary health care approach** as a cornerstone of health systems in the 21st century. ...

Recognizing **patients** as a resource and as partners, and being accountable for patient outcome are important principles.

*WHO Regional Office for Europe, 2013*



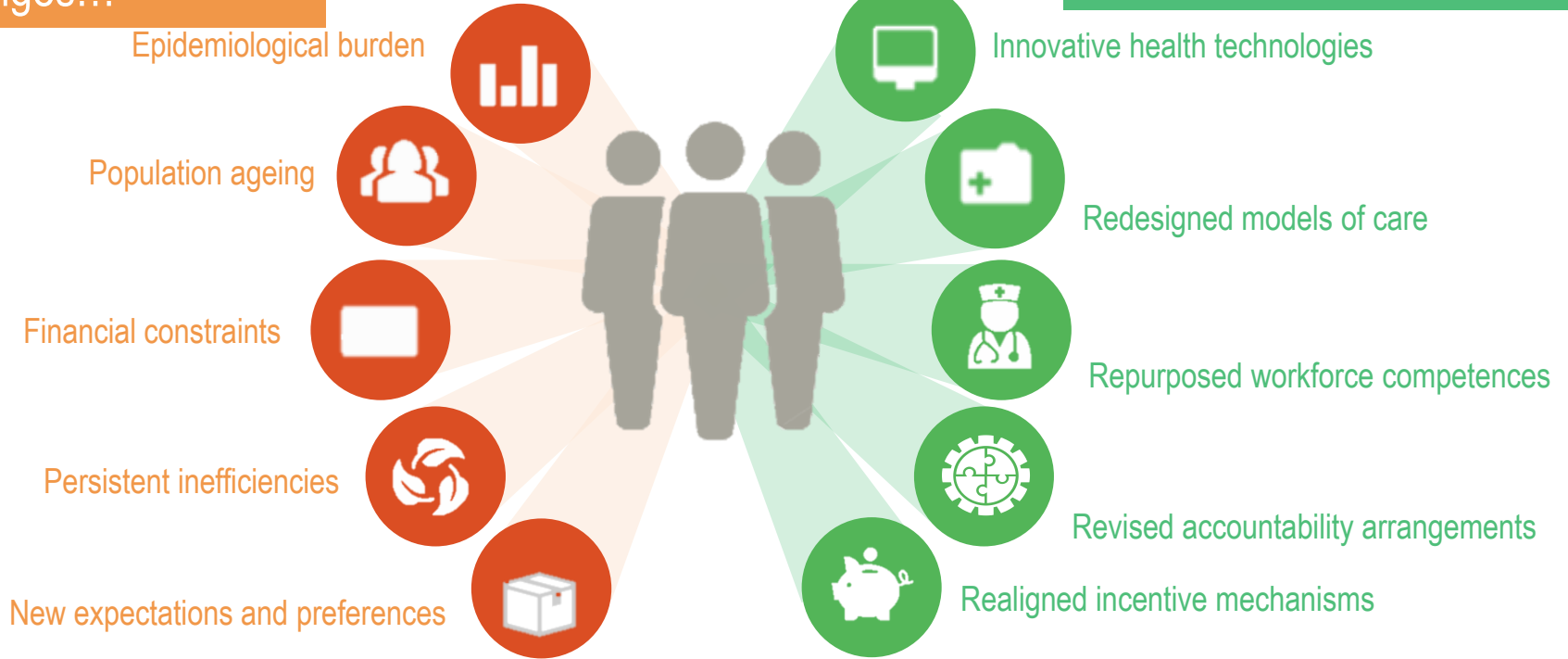
## Uitdagingen zijn groot

- Vergrijzing
- Superdiversiteit
- Globalisering
- Nieuwe zorgvragen
  - Chronische zorg
  - Geestelijke Gezondheidszorg
  - Thuiszorg
  - Ouderenzorg
- Gezondheidsongelijkheid
- Technologische innovaties

Minister Vandeurzen, Flemish Minister of Wellbeing, Public Health and Family. Academische zitting, afscheid Mr Decoster, FOD, 13 January 2017

# Responding to new challenges...

# ...while uptaking new opportunities



# Global and regional commitments on primary health care and services delivery overtime

Global commitments



## Alma-Ata Declaration

PHC approach towards 'Health for All' goal

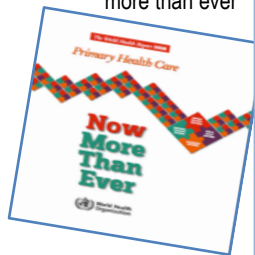


## World Health Report

Services delivery as one of four core functions

## World Health Report

Primary health care: now more than ever



## World Health Report

Universal Health Coverage



## WHA global framework

Global framework on integrated, people-centred services endorsed

## SDGs



Regional commitments

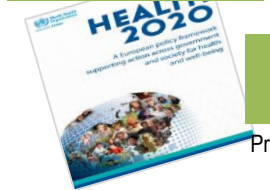
## Ljubljana Charter



## Tallinn Charter



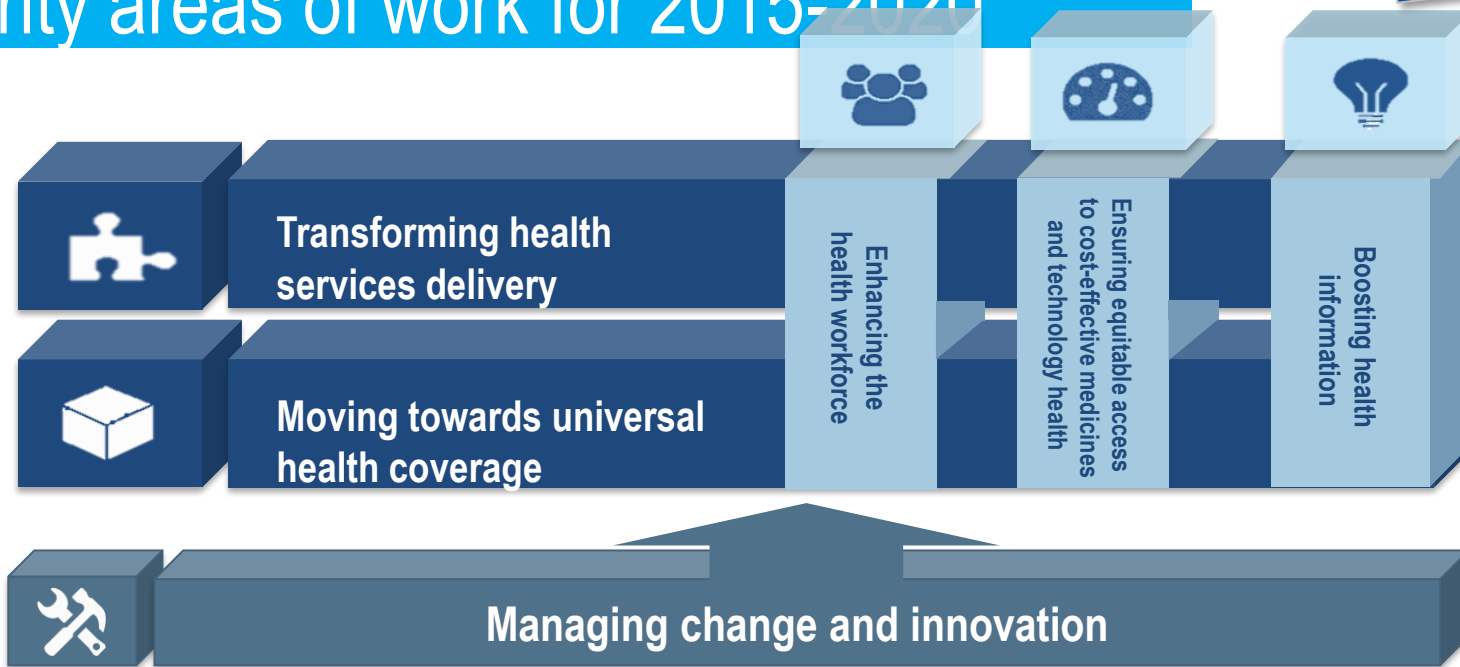
## Health 2020



## EFFA IHSD

European Framework for Action on Integrated Health Services Delivery

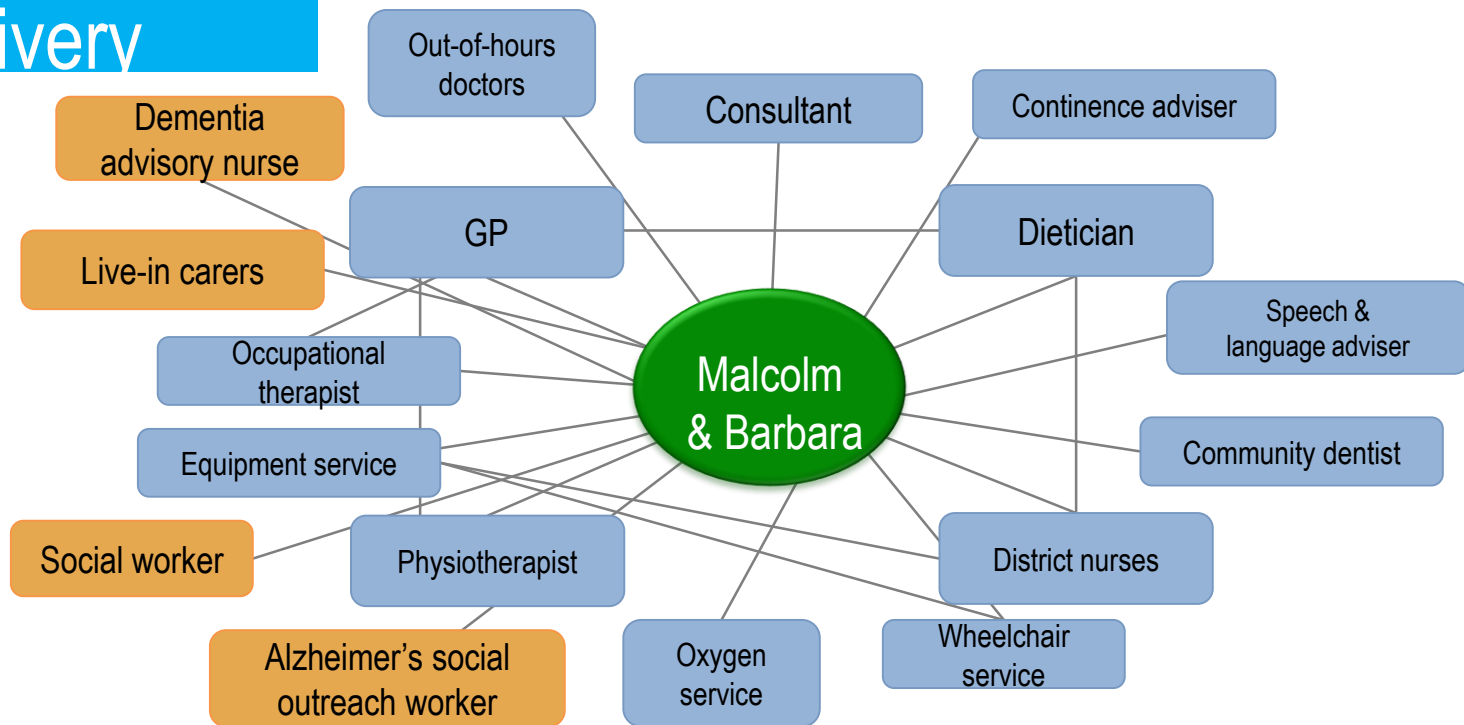
# Walking the talk on people-centredness: priority areas of work for 2015-2020



Source: Retrieve from [http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0003/282963/65wd13e\\_HealthSystemsStrengthening\\_150494.pdf?ua=1](http://www.euro.who.int/__data/assets/pdf_file/0003/282963/65wd13e_HealthSystemsStrengthening_150494.pdf?ua=1)

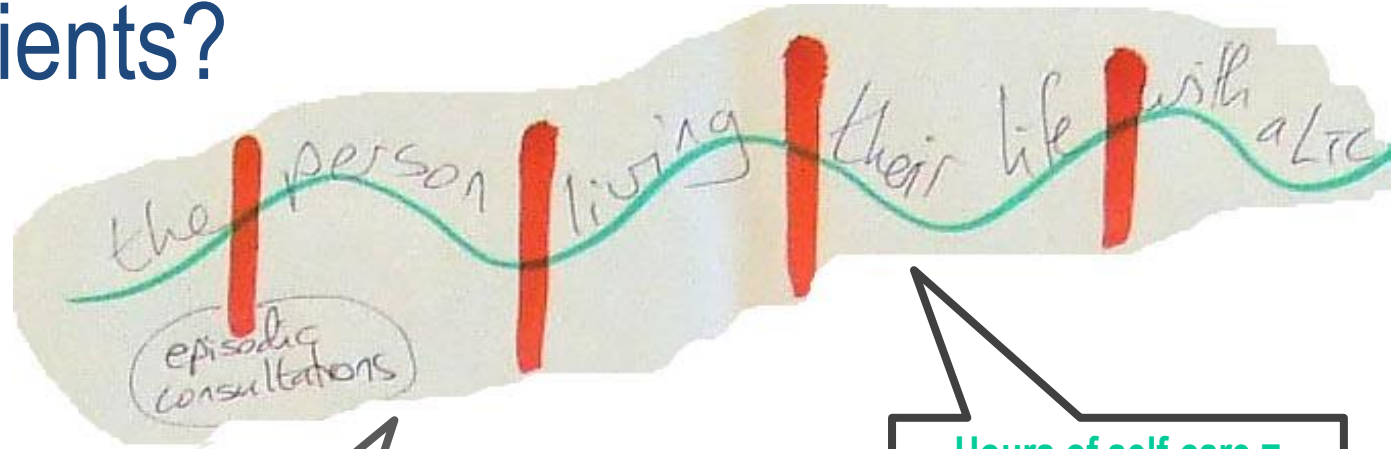


# A patient's perspective to health services delivery





# What does this mean for patients?



**Hours with professional/NHS  
= 3 in a year**

**Hours of self-care =  
8757 in a year**

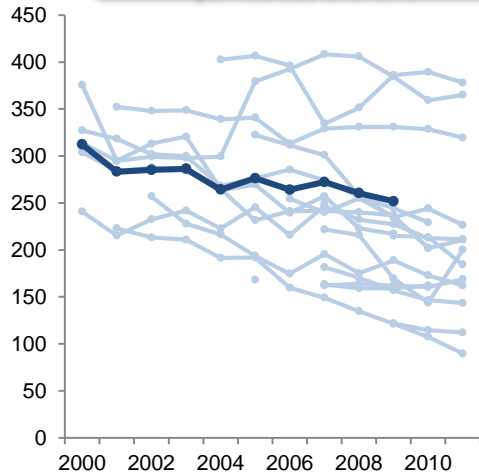
Source: The Health Foundation. 2012. Co-creating health: evaluation of first phase.

Retrieve from <http://www.health.org.uk/public/cms/75/76/313/3404/CCH%201%20evaluation%20report.pdf?realName=ZRQkIZ.pdf>

# Trends for Ambulatory Case Sensitive Conditions

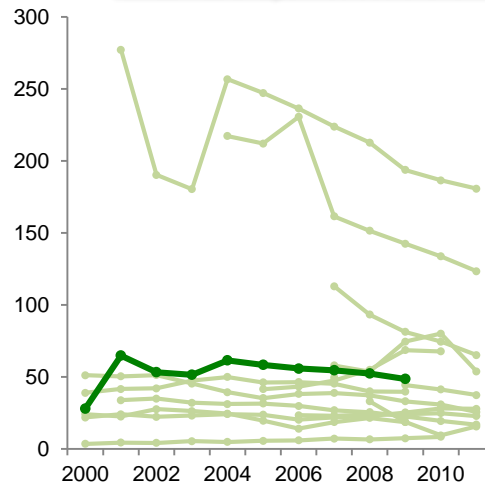
## COPD

COPD hospital admissions per 100 000 over time



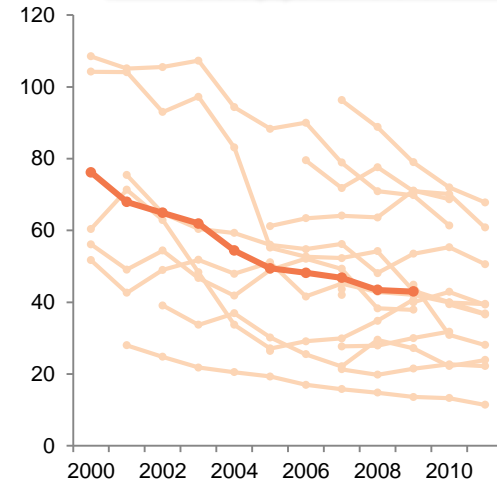
## Diabetes

Uncontrolled diabetes hospital admissions per 100 000 over time



## Asthma

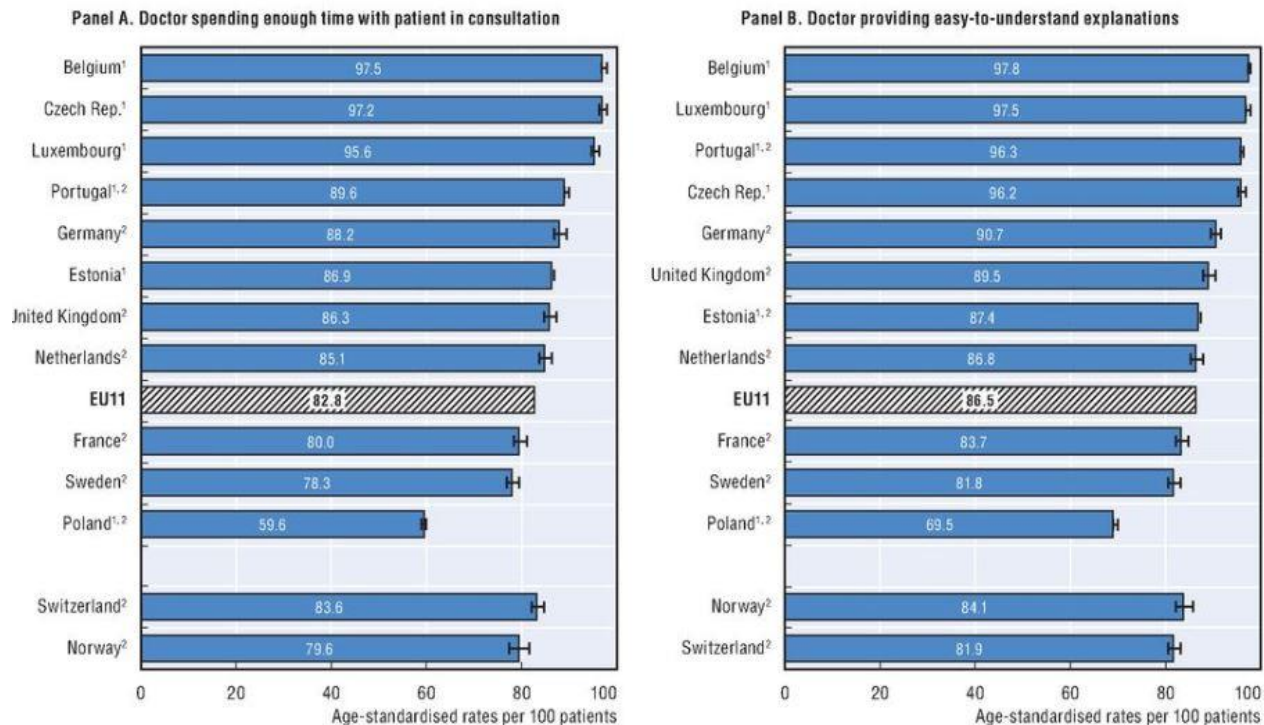
Asthma hospital admissions per 100 000 population over time



Source: OECD.Stat (2015)

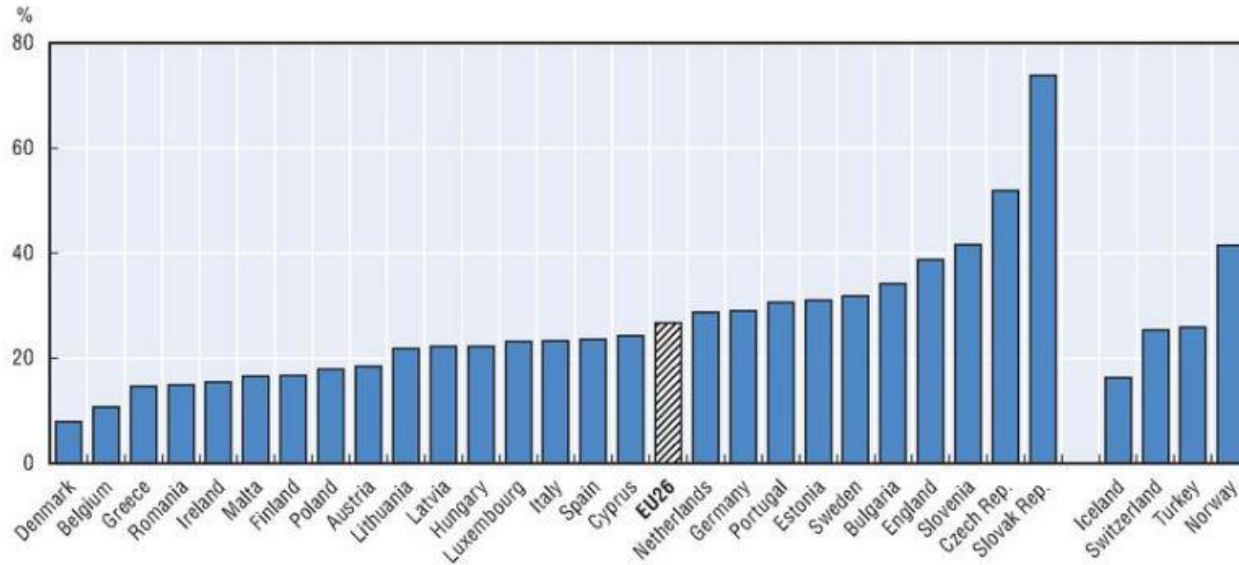
Notes: age-sex standardized rate, age 15+ years; includes Ireland; Hungary; Austria; Poland; Israel; UK; Spain; Belgium; Latvia; Luxembourg; Finland; Slovenia; Italy; Sweden; the Netherlands; Slovakia; Norway; Iceland

Figure 2.1. Patient experience with ambulatory care, 2013 (or latest year)



*Health at a Glance: Europe 2016.*

Figure 2.3. Proportion of patients who visited an emergency department because primary care was not available,<sup>1</sup> 2011-13



Note: Data were collected within the QUALICOPC study (Quality and Costs of Primary Care in Europe) between 2011 and 2013.

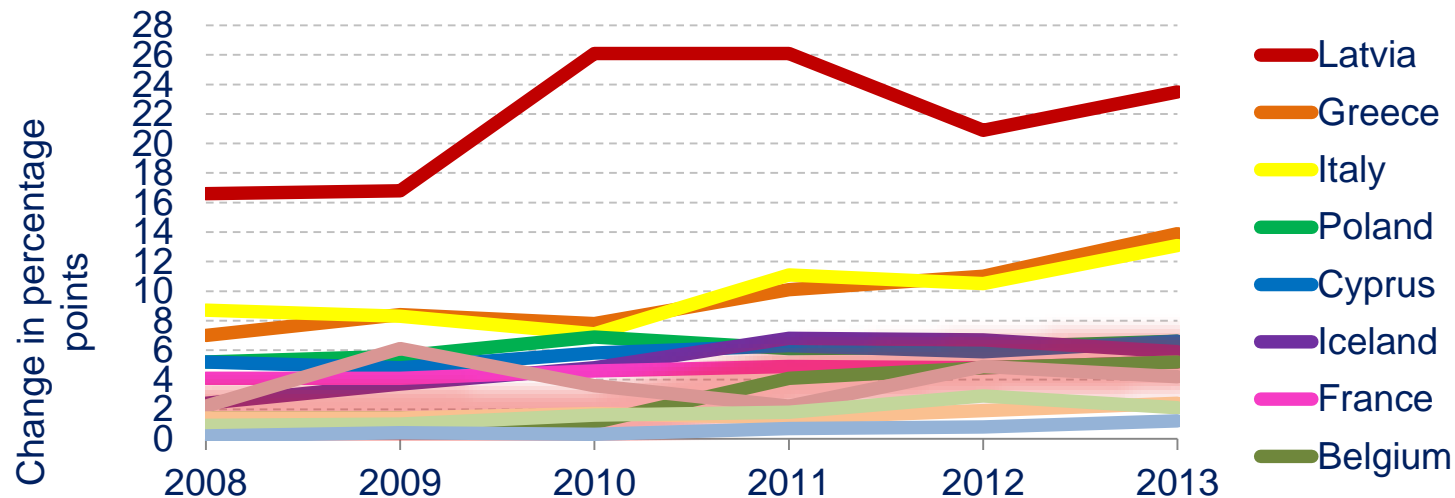
1. The reference population is the proportion of people who visited an ED in the previous year.

Source: van den Berg et al. (2016).

StatLink <http://dx.doi.org/10.1787/888933428474>

## Health at a Glance: Europe 2016.

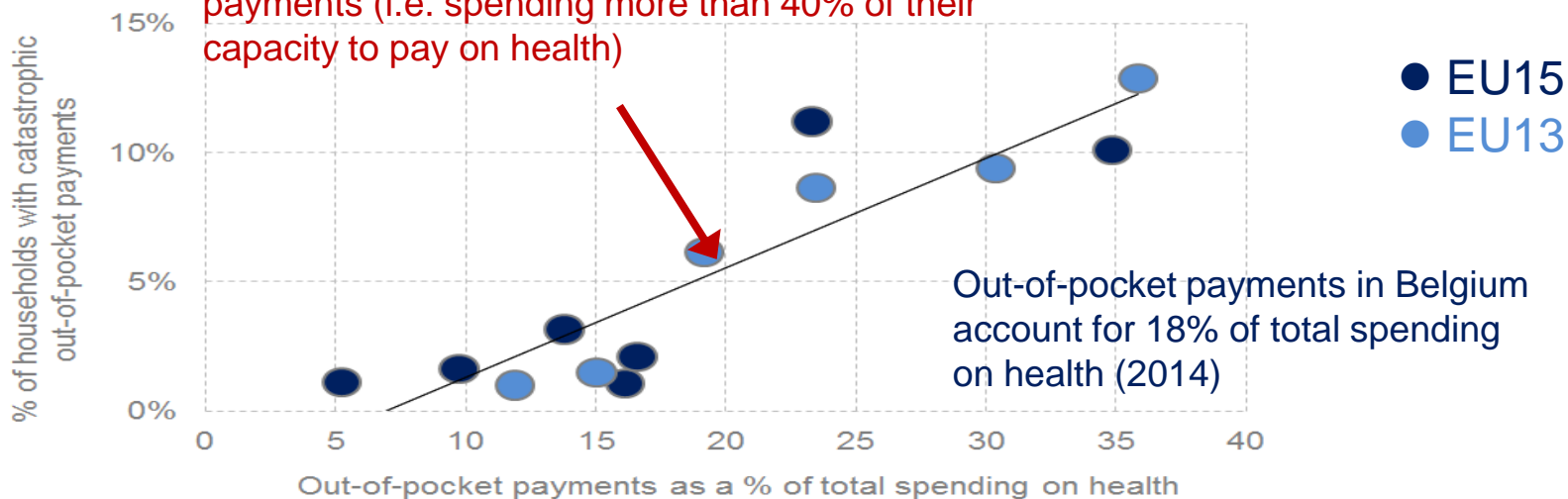
# Evidence of higher unmet need due to cost, especially among poorer people



Source: EU-SILC; data for the poorest quintile in countries with an increase of > 1 percentage point (2008-2013)

# How well do EU countries protect people from financial hardship when using health services?

If this were Belgium, more than 5% of households would have catastrophic levels of out-of-pocket payments (i.e. spending more than 40% of their capacity to pay on health)



Source: WHO Barcelona Office for Health Systems Strengthening 2016; data for 13 EU member states; years vary;  $R^2 = 0.81$



Launch of process  
at 5<sup>th</sup> anniversary  
conference of the  
Tallinn Charter

Tallinn, Estonia



Stakeholder  
Consultation  
1<sup>st</sup> April, 2014

Brussels, Belgium



23<sup>rd</sup> SCRC for  
Europe, 2<sup>nd</sup> session  
26-27 Nov 2015

Paris, France



# Process of developing a Regional framework...

Final Consultation  
Meeting, 3-4 May 2016  
CPH, Denmark

23<sup>rd</sup> SCRC for Europe, 4<sup>th</sup>  
session, May 2016  
Geneva, Switzerland



Kick of Technical  
Meeting  
3-5 Feb, 2014

Istanbul, Turkey

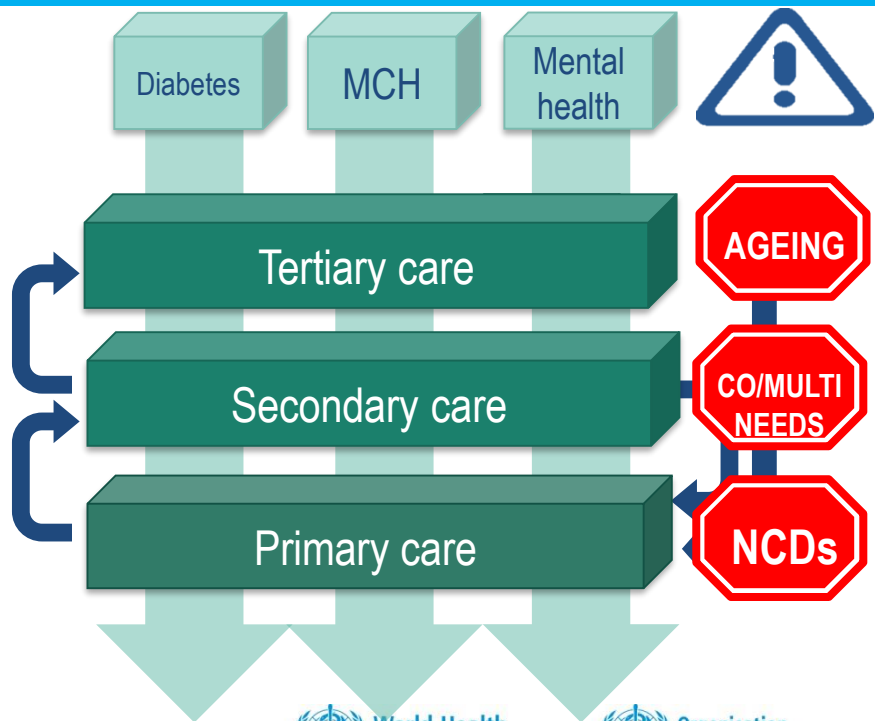


2<sup>nd</sup> Annual  
Technical Meeting  
17-18 Feb, 2015

Istanbul, Turkey

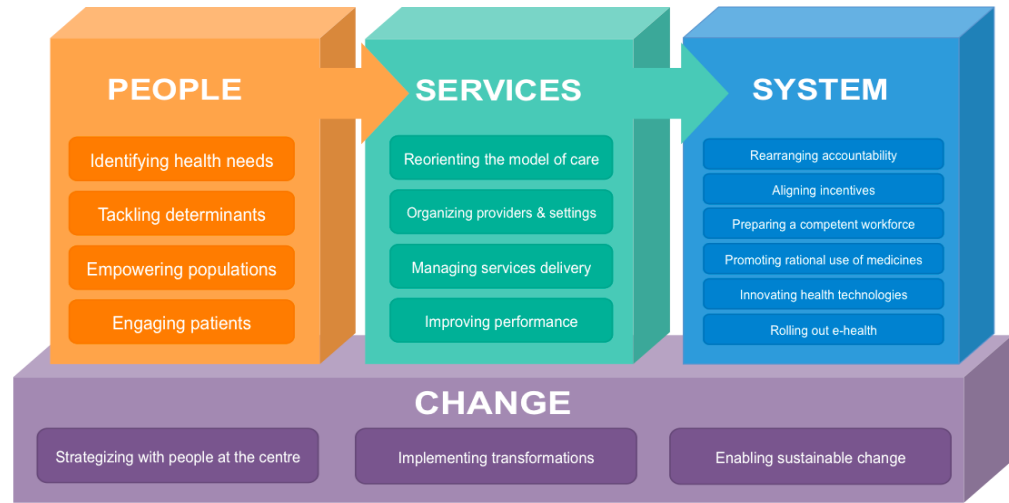


# A call for people-centred health services





# The European Framework for Action on Integrated Health Services Delivery: four key domains for transforming services delivery in practice



© World Health Organization 2016



# 2013: 35<sup>th</sup> Anniversary Conference of the Alma Ata Declaration on PHC: a revitalized approach

Establishing new partnerships to effectively tackle the social determinants of health

Improving access to essential medicines, funds and technology

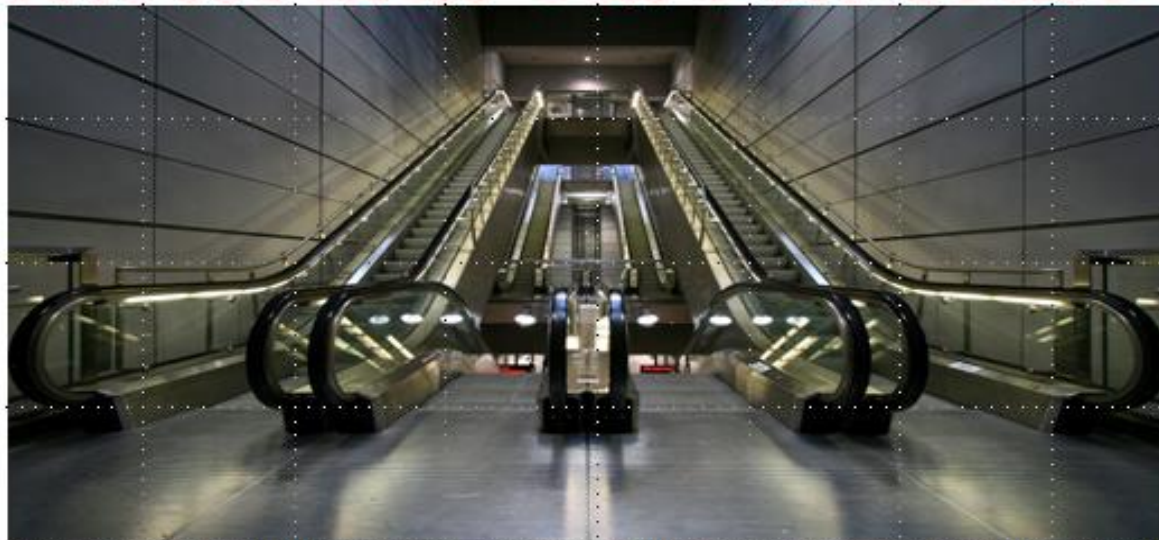
Raising the prestige of PHC and its workforce from early stages of workforce education

Providing the full continuum of services throughout the life-course



COUNTRY  
EXAMPLES.....

# Prudent health care in Wales



*"You can think of the NHS as an escalator, on which we are always pushing people up the levels of intervention and somehow the higher up you go, the more prestigious it becomes and the more you feel you've gotten something good out of the health service. Prudent medicine is all about reversing that escalator. It is about saying the more we can do at a primary care level, the more we can do at the population level and the more we can do at the citizen level, the better service we can provide to our patients."*

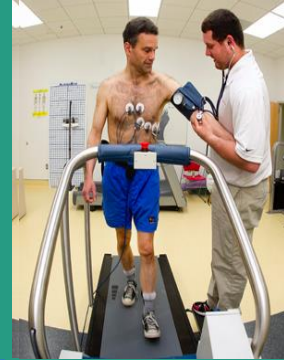
Professor Mark Drakeford, Minister for Health and Social Services



Integrating nutrition programmes in primary care in Kyrgyzstan



Tele-homecare for COPD services in Denmark



Multi-professional group practices in France



# Transforming services delivery: initiatives from across the Region

Healthy lifestyle clinics in Lithuania, Norway & Malta



Acute care services: from hospitals to homes in Ireland



Advanced nursing roles for chronic care, Finland



# Example of “integrated systems” initiatives in Europe

Northern Ireland: is creating 17 Integrated care Partnerships (Transforming Your Care initiative)

Scotland: new approaches which build and reinforce accountable delivery so the interventions pursued are appropriately integrated, aligned and managed

The Basque Country: new models of care in order to create coordinated “local systems of care” as new policy environment for local coordination (Basque Chronicity Strategy)

Catalonia: applies the network in the provision of services since several years

The Netherlands: stimulates enhanced competition by further liberalization of hospital prices and volume as a mechanism to stimulate changes at the provider level

Germany: advanced integrated care initiative (German Gesundes Kinzigtal)

Belgium: Position Paper Organisation of Care for Chronic Patients

Montenegro: adopted the Strategy for secondary and tertiary health care level reform by vertical integration under ‘health care centres’



**Rolling-out programmes beyond their original sites**

Over-coming professional hierarchies for coordinated practices

**“Getting others on board took longer than we originally expected”**

Payment of providers incentivizing old model of care

Time and capacity to tailor guidelines and protocols to individual needs

Passive culture to informing patients and engaging in decisions

**Managerial authority and capacity sub-nationally to oversee implementation**

Out-dated protocols and clinical guidelines

Time constraints and resources to inform the public

Institutional arrangements incongruent to changes put in place

**What are the challenges to transform services?**

Sub-optimal access to essential medicines for selected services

**Measuring performance: “To win an enemy, we have to know him first”**

Lack of mechanisms for measuring and reporting on performance

**Sustaining new health workforce competencies overtime**

Ad-hoc Provider trainings

Lack of long term funding to for up-keep of new technology

Reporting on impact and feeding back on results for scale-up

Incongruent information systems restricting the flow of information





1

Put people & their needs first



2

Reorient the model of care



3

Reorganize the delivery of services

# Ten lessons learned

4

Engage patients, their families & carers



7

Develop human resources for health



6

Align incentives



5

Rearrange accountability mechanisms

8

Uptake innovations



9

Partner with other sectors and civil society



10

Manage change strategically





OUR WORK

# What we do: avenues for integration

PHC &  
PUBLIC  
HEALTH

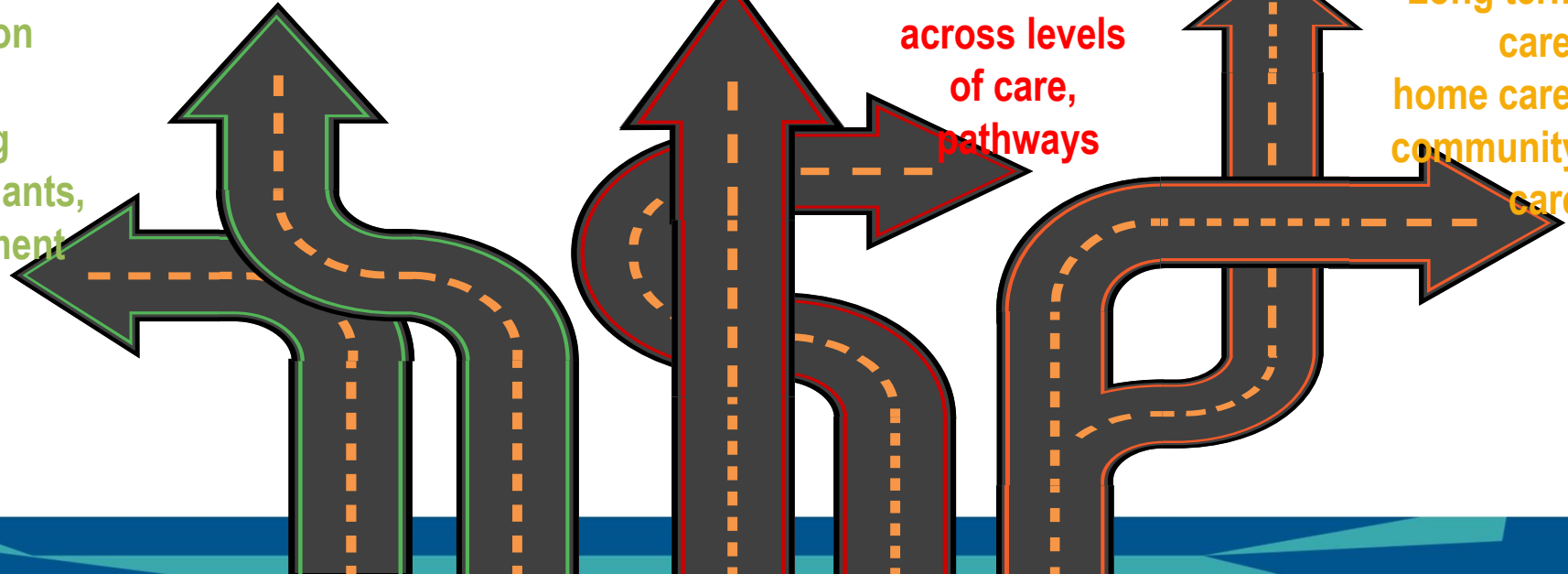
Focus on  
population  
health  
including  
determinants,  
environment

PHC &  
HOSPITALS

Focus in  
transitions  
across levels  
of care,  
pathways

HSD &  
SOCIAL  
CARE

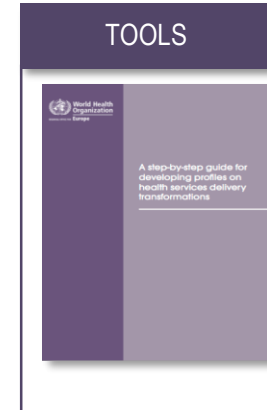
Focus on  
Long term  
care,  
home care,  
community  
care



# Network of stakeholders engaged



# Framework for Action Implementation package: examples of available resources



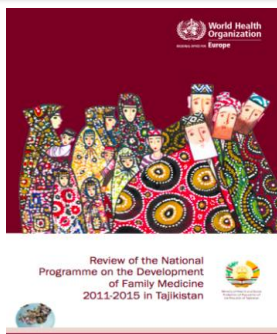
Find all available resources online at:

<http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery/publications>



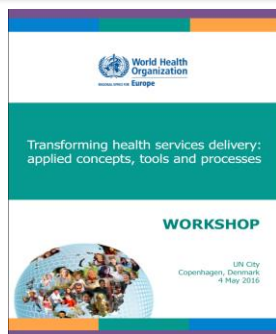
# Framework for Action Implementation package: examples of available resources

## TECHNICAL ASSISTANCE



Direct country technical assistance aims to support Member States to adapt the Framework for Action in their strategic planning and efforts to transform health services delivery across levels of the health system.

## TRAININGS



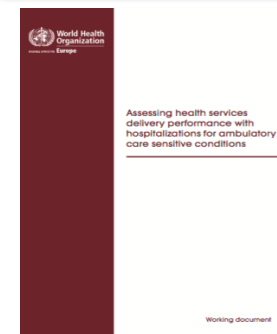
Trainings and workshops aim to support Member States, partners and WHO staff to explore the Framework for Action in the context of their work, applying available material and exchanging firsthand experiences.

## ADVOCACY



Consultations, technical meetings and reviews are some of the ways in which partners are brought together to discuss pertinent topics, share experiences and debate new research. Participants often include national technical focal points, invited experts, partner organizations, patient representatives, health and social care providers, civil society, special interest groups and WHO staff.

## MEASUREMENT



Resources for measurement to-date include a methodology and tool for assessing health services delivery performance with hospitalizations from ambulatory care sensitive conditions, identifying entry-points for strengthening health services delivery.



## CONTACT INFORMATION

WHO European Centre for Primary Health Care  
Health Services Delivery Programme  
Almaty Office

88, Tole Bi street  
Almaty 050010 - Kazakhstan

Email: [EUROCPHC@who.int](mailto:EUROCPHC@who.int)

For more information on health services delivery at the WHO European Regional Office for Europe, visit:  
<http://www.euro.who.int/en/health-topics/Health-systems/health-service-delivery>



# Better health for Europe more equitable and sustainable



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mondiale de la Santé

BUREAU RÉGIONAL DE L'

Europe



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