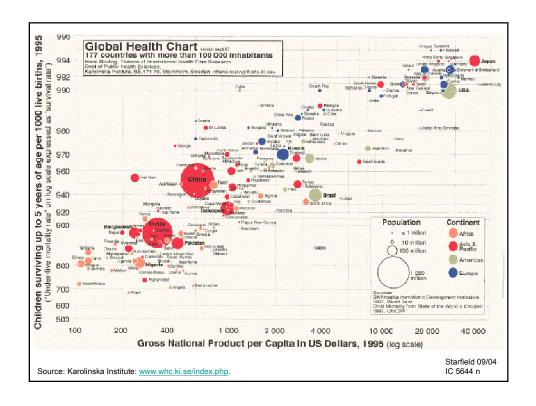
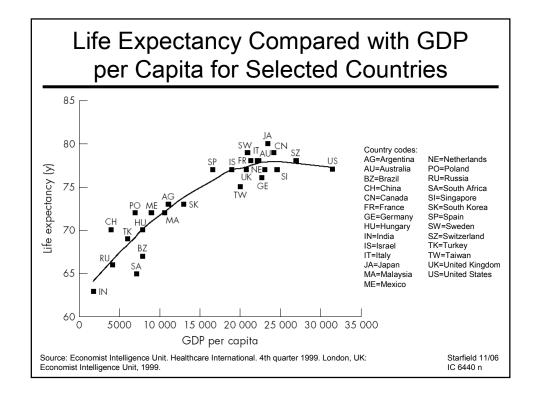
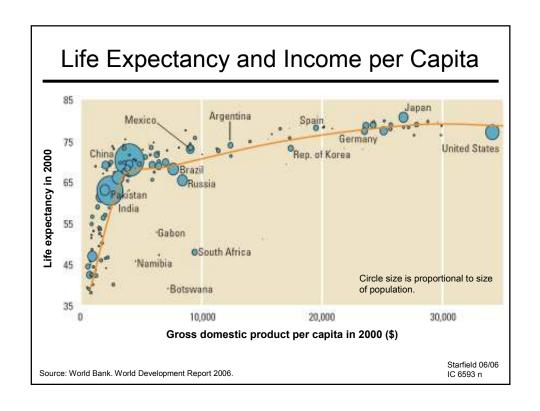
Global Trends on the Primary Health Care Strategy

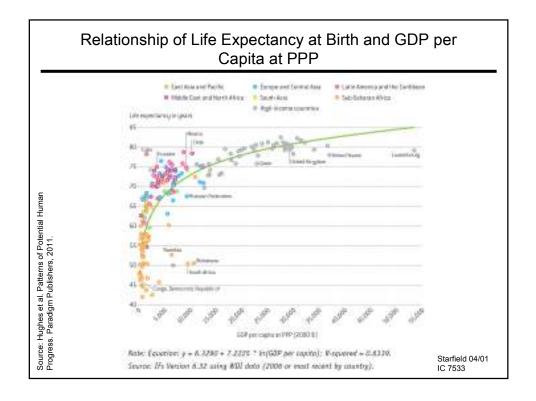
Barbara Starfield, MD, MPH

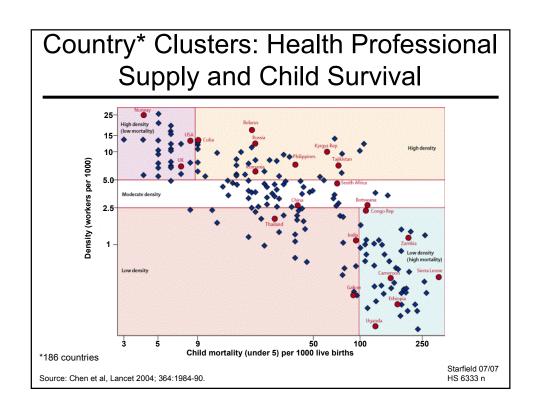
Renewal of the Primary Health Care Strategy Barbados, May 9-10, 2011











Primary Care Oriented Countries Have

- Fewer low birth weight infants
- Lower infant mortality, especially postneonatal
- Fewer years of life lost due to suicide
- Fewer years of life lost due to "all except external" causes
- Higher life expectancy at all ages except at age 80

Sources: Starfield. Primary Care: Balancing Health Needs, Services, and Technology. Oxford U. Press, 1998. Starfield & Shi, Health Policy 2002; 60:201-18.

Starfield 07/07

Between 1990 and 2007, Brazil built a tax-based health services system based on strong primary care, accompanied by

- markedly reduced income inequality
- · marked improvement in maternal education
- large reductions in postneonatal mortality and under-5
 mortality, and smaller decreases in neonatal mortality (in
 that order) especially diarrhea mortality
- marked reductions in stunting
- increased contraceptive use, vaccine coverage, antenatal care, skilled birth attendance
- marked decreases in absolute rich-poor differences in infant and child mortality across different areas
- · decreased hospitalizations
- lower chronic disease mortality (except diabetes)

Sources: Barros et al, Am J Public Health 2010;100:1877-89. Macinko et al, Am J Public Health 2011 forthcoming. Macinko et al, Health Aff 2010;29:2149-60.

Starfield 10/10

Primary Care and Infant Mortality Rates, Indonesia, 1996-2000

		1997-	1998-	
	1996-1997	1998	1999	1999-2000
Primary care spending per capita*	10.3	9.6	8.5	8.2
Hospital spending per capita*	4.1	4.4	4.6	5.3
Infant mortality	20% improvement (all provinces) (1990-96)			14% worsening (22 of 26 provinces)

^{*}constant Indonesian rupiah, in billions

Source: Simms & Rowson, Lancet 2003; 361:1382-5.

Starfield 07/07 WC 6054 n

Percentage Reduction in Under-5 Mortality: Thailand, 1990-2000

Poorest quintile (1)	44	Policy changes:		
(2)	41	1989 At least one primary care health		
(3)	22	center for each rural village		
(4)	23	1993 Government medical welfare		
Richest quintile (5)	13	scheme: all children less than 12 elderly, disabled		
Rate ratio (Q1/Q5)	55	2001 Entire adult population insured		
Absolute difference (Q1-Q5)	61	Activities of Rural Doctors' Society		

Source: Vapattanawong et al, Lancet 2007; 369:850-5.

Starfield 07/07 WC 6700 n Two major recent reviews concluded that most of the studies of integrated approaches to primary care (primarily focused on maternal and child health) show benefit. Both conclude that the challenge is to move away from services directed at particular health problems to providing services directed at and evaluated by their impact on generic measures such as postneonatal and under-5 mortality, immunizations, life expectancy, breast-feeding rates, adult mortality, malaria treatment, and control of conditions in mid-life.

Sources: Macinko et al, J Ambul Care Manage 2009;32:150-71. Kruk et al, Soc Sci Med 2010;70:89-97. Starfield 10/10

Ways of Measuring Primary Care

- 1. Physician/population ratios
- 2. Who performs what tasks and how well
- 3. Adequacy of primary care functions

Starfield 04/11

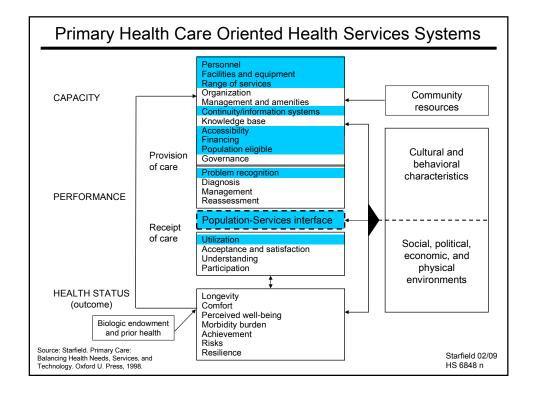
Premises

Problems are easier to solve when the pathways to their generation are known.

In the absence of adequate knowledge of pathways, theory is a guide.

In health services, there are theories that can be helpful.

Starfield 04/11 RD 7535



Primary Care Orientation of Health Systems: Rating Criteria

- Practice Characteristics
 - First-contact
 - Person-focus over time
 - Comprehensiveness
 - Coordination
 - Family-centeredness
 - Community orientation

Source: Starfield. Primary Care: Balancing Health Needs, Services, and Technology. Oxford U. Press, 1998.

Starfield 04/09

PCAT: First Contact Subdomains

Accessibility

Use for first contact

Starfield 01/02

website: http://www.jhsph.edu/pcpc/pca_tools.html

PCAT: Longitudinality Subdomains

Extent of relationship

Interpersonal relationships

website: http://www.jhsph.edu/pcpc/pca_tools.html

Starfield 01/02 PCM 5808

PCAT*: Comprehensiveness Subdomains

Services available
Services provided (received)

*Primary Care Assessment Tool website: http://www.jhsph.edu/pcpc/pca_tools.html

Starfield 01/02

PCAT: Coordination Subdomains

Medical records adequacy (Provider version only)

Coordination

website: http://www.jhsph.edu/pcpc/pca_tools.html

Starfield 01/02 PCM 5809

The PCAT is used to assess the achievement of primary care from the point of view of people in the community, by patients, and by health professionals and managers.

website: http://www.jhsph.edu/pcpc/pca_tools.html

Starfield 3/05

PCAT (Primary Care Assessment Tool)

A family of comparable instruments (adult, child) (community, patients, facilities, providers, managers) to assess the strength of:

- · Primary Health Care systems
- First-contact access and use
- Longitudinality (identification with a place/provider; interpersonal relationships)
- Comprehensiveness (services available, services provided)
- Coordination (information transfer; integration of care)
- · Community orientation
- Cultural sensitivity
- Family-centeredness

website: http://www.jhsph.edu/pcpc/pca_tools.html

Starfield 09/01 PCM 5763

PCAT Versions

Primary Health Care
Systems assessment (policy makers and managers)

Primary Care

Adult consumer long/short Child consumer long/short Facility long/short Provider long/short

website: http://www.jhsph.edu/pcpc/pca_tools.html

Starfield 05/03 PCM 6039

PCAT Languages

- English
- Spanish
- Catalan
- Portuguese
- French (Quebec)
- Korean
- Turkish
- In progress: Mandarin, Maltese

website: http://www.jhsph.edu/pcpc/pca_tools.html

Starfield 04/08

Some of the countries in which the PCAT is being used or is planned for use (other than just for research), as of 2011:

US (some patient-centered medical home demonstrations); Spain; Brazil; Korea; Turkey; Hong Kong; Uruguay; Vietnam; Malaysia; South Africa

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US (some patient-centered medical home demonstrations); Spain; Brazil; Korea; Turkey; Hong Kong; Uruguay; Vietnam; Malaysia; South Africa

> Starfield 03/11 PCM 7514

Utility of the PCAT

- To compare one type of facility with another
- To compare one type of practitioner with another
- To compare one country or region with another
- To detect particular functions that appear to be suboptimal, and explore why

Use of the PCAT in Spain

In Catalonia, PCAT studies have been conducted by the Agency for Public Health of Barcelona and the Catalan Department of Health. PCAT was incorporated in the last Catalan Health Survey (2006).

Source: Maribel Pasarin, 04/01/11; Silvina Berra, 04/01/11.

Starfield 04/11 PCM 7542

USE OF THE PCAT IN ARGENTINA

Two pilot studies using the consumer version were tested starting in 2003.

In 2009-10, facility, provider, and consumer versions have been translated; plans are being made to use the different versions in the Municipality of Cordoba, comparing provision of primary care in the three subsectors of the health system.

Funding: Conicet; SACYT; SECYT(Cordoba)

Source: Silvina Berra, May 2 2011

Use of the PCAT in Hong Kong

Health planning authority interest in the role of primary care: crosssectional telephone and clinic surveys of consumers and patients

Source: Samuel Wong, 03/27/11.

Starfield 04/11 PCM 7537

Use of the PCAT in China

Hong Kong research council and a government think tank (Bauhinia Foundation) evaluation of primary care services in cities in the Guangdong region and Shanghai (after recent primary care reform in China)

Local governments have also supported its use in Hunan province and Taiwan.

Sources: Samuel Wong, 03/30/11; Leiyu Shi, 03/30/11.

Use of the PCAT in Brazil

The Portuguese versions of various forms of the PCAT have been used in many areas of Brazil. Most of the studies have been supported by the Ministry of Health and local health secretariats. They have been published by the Brazilian Ministry of Health to be widely available as an evaluation tool applied to the Family Health Strategy (more than 50% of the population covered).

Sources: Erno Harzheim, 03/31/11; James Macinko, 04/01/11.

Starfield 04/11 PCM 7539

Evaluation of US Patient-Centered Medical Home

An evaluation of primary care practice transformation activities in various areas of the country used the provider, facility, and consumer PCAT tools; the evaluations were funded by one of the largest private health care organizations and by several state health care agencies (for Medicaid patients and for children), and by the national (government) health services research agency.

Source: Rebecca Malouin, 04/02/11.

Use of the PCAT in Ontario, Canada

The Ministry of Health and Long-Term Care has commissioned a 5-year evaluation of its Family Health team initiative that includes the administration of the PCAT, which is used to compare the performance of the teams over time and with two other primary care delivery models. The PCAT was also used in Ontario to assess the Ministry's primary care reform pilot sites in the early 1990s and to assess primary care delivery in other studies in Ontario and Canada.

Source: Dale McMurchy, 04/07/2011.

Starfield 04/11 PCM 7541

Use of the PCAT in Uruguay

After a seminar in Montevideo, representatives of the Public Health Services Administration (ASSE) and university researchers agreed to develop a plan to implement PCAT in the country, in regions, and in teams of clinical providers. The national director of primary care stated: "Thus the PCAT will be incorporated as a powerful tool to think, reflect, and monitor if we are changing. PCAT has the potential to take into account the user's gaze, the worker, and the manager point of view ..."

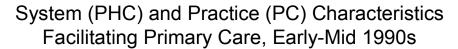
Source: Miquel Pizzanelli, 03/30/11.

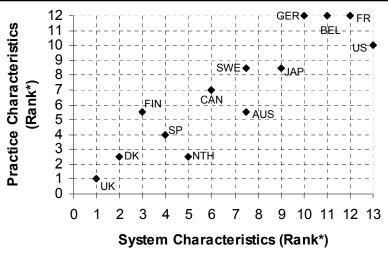
Use of the PCAT in South Africa

The family medicine department of the University of Cape Town, with the support of the director of two subdistricts in Western Cape province, will administer the PCAT in public facilities to obtain baseline data before the anticipated national health insurance reform.

Starfield 04/11 PCM 7544

The Systems PCAT





*Best level of health indicator is ranked 1; worst is ranked 13; thus, lower average ranks indicate better performance.

Based on data in Starfield & Shi, Health Policy 2002; 60:201-18.

Starfield 03/05 ICTC 5366 an

Primary health care oriented countries

- · Have more equitable resource distributions
- Have health insurance or services that are provided by the government
- · Have little or no private health insurance
- Have no or low co-payments for health services
- Are rated as better by their populations
- Have primary care that includes a wider range of services and is family oriented
- Have better health at lower costs

Sources: Starfield and Shi, Health Policy 2002; 60:201-18. van Doorslaer et al, Health Econ 2004; 13:629-47. Schoen et al, Health Aff 2005; W5: 509-25.

Starfield 11/05

The Primary Care Assessment Tool – Systems Version

This tool assesses the primary health care and primary care characteristics at the system level. It addresses all of the primary care functions.

It is being considered for widespread use in comparing the primary care orientation of different health systems, both within and across countries.

Starfield 10/07

- As of the beginning of 2011, the Systems PCAT has been tried in Brazil (a local area) and in Austria (the country).
- Great interest has been expressed in using the Systems PCAT in various areas of the world.
- The Systems PCAT, when validated through studies in Latin America, will be recommended for use either before or concomitantly with one or more of the other versions of the PCAT.

Domains of the Systems PCAT

- · Equity in distribution of resources
- Universality of financing
- Role of government in policy regarding quality, comprehensiveness, and payment for services
- · Accessibility of services
- First contact care
- Person focused care over time (Longitudinality)
- · Comprehensiveness of services in primary care
- · Records and Coordination of care
- · Family Orientation; Community Orientation

Starfield 02/1

Systems PCAT: Background Characteristics

- · Supply of primary care physicians
- Payment of primary care physicians and nurses
- Types of primary care providers
- Training of primary care providers

Plans are to test the Systems PCAT widely in Latin America, both alone and in conjunction with other versions of the PCAT (Consumer, Patient, Clinician, Manager) in both adults and children, with the purpose of providing information to improve the effectiveness, efficiency, and equity of health services.

Starfield 04/11 PCM 7546

Important Strategies

- · Focus on health, not on priority diseases
- Make primary care the base; use remote specialist care
- Proceed incrementally with large scale real-world demonstrations, with evaluation
- Implement global drug and devices pricing

Sources: various, including Farmer P, Frenk J, Knaul FM, et al. Expansion of cancer care and control in countries of low and middle income: a call to action Lancet 2010;376:1186-93.

Starfield 10/10

Strategy for Change in Health Systems

- · Achieving primary care
- · Avoiding an excess supply of specialists
- · Achieving equity in health
- Addressing co- and multimorbidity
- Responding to patients' problems: using ICPC for documenting and follow-up
- Coordinating care
- · Avoiding adverse effects
- · Adapting payment mechanisms
- Developing information systems that serve care functions as well as clinical information
- Primary care-public health link: role of primary care in disease prevention

Starfield 11/06

Technologies for Primary Care

· Primary care assessment

PCAT

· Morbidity burden: assess and manage

ACGs

 Problem recognition/follow-up (outcomes), including adverse effects

ICPC

Starfield 12/10 PC 7444 Website: http://www.jhsph.edu/pcpc/pca_tools.html

Starfield 10/09 PCM 7224