

Sustainability through an integrated primary care approach

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Introduction

The 2008 World Health Assembly Report, 'Primary Health Care – Now More Than Ever', noted that there has been an improvement in health outcomes globally with many more people living longer and that this is related to increased gross domestic product (GDP) per capita expenditure.¹ This improvement in life expectancy is good news but is not felt uniformly across the Commonwealth countries.²

In addition to GDP, the density of healthcare workers – including community, general and specialist health workers – is also related to life expectancy and survival, and many Commonwealth countries have a low density health force, which is related to lower life expectancy. Those Commonwealth countries with a high density health workforce, such as the United Kingdom, Canada and Australia, have higher life expectancy and also have a well-developed primary care workforce and better primary care access.

Health care expenditure will not be immune to the current global financial crisis, and in order to produce better health outcomes, Commonwealth countries must focus on developing effective standards for primary care health delivery that will be both affordable and able to provide wider coverage of the population.³ Quality improvement and evidence-based practice have been shown to be necessary for the delivery of cost-effective primary care.^{4,5} There are many examples of good practice in the Commonwealth – the challenge is to share this expertise and knowledge across member countries so that there can be mutual support and an improvement in health outcomes for all.

How can the Commonwealth respond?

GDP per capita alone should not be the main predictor of health outcomes, and there is compelling evidence that targeting resources and investment in health care is likely to provide good health outcomes. Data from the USA, collected from 1980 to 2000, showed that there was a health gain valued at US\$1.55 for every additional dollar spent on health care.⁶ It was noted that for every dollar spent on heart attacks, the return on investment was US\$1.10; on strokes, the return was US\$1.49; on type two diabetes, US\$1.55; and on breast cancer, US\$4.80. The lessons that the Commonwealth should learn from this is that, during this challenging economic climate, countries should specifically target resources to maintain the health of their populations and to continue to improve overall life expectancy.

When considering mental health, the return on investment may be even greater. For instance, in the United Kingdom, it is estimated that the total return on investment for each GB pound spent on the early detection of psychosis is £10.27, and for every pound spent on suicide training courses for general practitioners, £43.99.⁷

These investment returns are seen across a wide range of studies worldwide, and investment in integrated health systems appears to result in cost-effective and better outcomes.^{8,9}

Integrated health systems enable a holistic approach to care, and bring psychological, physical and sociological aspects of health together. Primary care plays a central role in integrated health systems and needs to be an accountable care organisation with appropriate resources and aligned incentives.¹⁰ In many Commonwealth countries with low health worker density and poorer life expectancy, primary care is not systematic enough in its approach, and neither is it accessible nor accountable enough. A survey supported by the Commonwealth Fund, conducted in seven different countries in 2007, showed that many countries are confronting the challenge of providing accessible, high quality, safe and effective care to their populations. The survey also found that patients want to have a relationship with primary care health services and that there was variability of patient experiences, safety and efficiency across those countries surveyed.¹¹

It is therefore in their interests that Commonwealth countries come together and start to develop minimum standards that will provide core access targets, and core quality and safety standards irrespective of the model of funding – whether insurance-based, government funded or private – so that every citizen is provided with a decent level of minimum health care.¹² It is also important to provide Commonwealth citizens with information about what they should expect from their primary care health workers. There should be clearer registration of primary care providers and licensing of procedures across the Commonwealth, especially with increased mobility across countries and improved access to media providing a window on different systems and cultures becoming ever more common.

An example of integration from everyday clinical practice – mental health

Co-morbidity is a common phenomenon and many patients presenting to primary care often have two, three, or even four or more health problems at any one time.¹³ Any effective primary care system must be skilled in dealing with common mental health problems in a non-stigmatising way, and it is important to develop a skill mix of staff that can effectively address the health complexity that includes physical, psychological and sociological elements.

Primary care requires adequate resources that on the one hand link to secondary care providers for the more complex patients and on the other link with community resources able to offer health promotion and support with self-care, including the development of community resilience.

It is possible to improve health outcomes through an integrated holistic approach independent of the socio-economic status of the country in which it is applied. This approach allows for the harnessing of community resources supported by public health policies and a primary care workforce with appropriate skill mix. This can also be an affordable route towards achieving integration with the desired population outcome.

Recommendations

- The Commonwealth should consider developing a consensus statement to describe the type of primary care that will be suitable for every Commonwealth nation to adhere to, including some core parameters. In 2008, the World Health Organization (WHO) and World Organization of Family Doctors (WONCA) produced a document entitled 'Integrating Mental Health into Primary Care: A global perspective'.⁹ This policy document was successfully used in many countries as a template for further developing integration of mental and physical health. This could be a model for the Commonwealth to adopt, as it will summarise good examples of primary care integration and funding models from across all Commonwealth countries and could be used as the evidence to inform the development of a consensus statement.
- Commonwealth nations should be supported by the Commonwealth Secretariat to measure performance against the agreed core parameters. This would support the recommendations of 'Primary Health Care, Including Health System Strengthening' agreed at the Sixty-Second World Health Assembly 2009.¹⁵
- Commonwealth nations should consider developing a scheme that would enable exchange of professionals so that nations can learn from each other and allow for the cross-fertilisation of ideas.

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