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New challenges require new types of health services research

Prof. Jan M De Maeseneer

Ghent University - Head Department Family Medicine and Primary Health Care - Chairman
European Forum for Primary Care, Belgium

additional authors: Sara Willems, PhD

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Taking into account the actual demographical and epidemiological developments, and the effects of the recent crisis (e.g. on social inequities in health), new types of health services are needed. We propose the following spear points for research in the forthcoming years:

a. Assessment of the effects of the financial economic crisis on social inequities in health and responses from the health care services and society with a special focus on effects in the field of mental health and problems of access to specific services (e.g. dental services, preventive services, primary health care).

b. The need for a shift in chronic care: from "Chronic Disease Management" to "Participatory Patient Management".

Nowadays, based on the findings of Evidence Based Medicine and the guidelines that are derived from those findings, Disease Management Programs have been developed. Most of those programs are orientated towards one disease and have a vertical kind of design.

However, multimorbidity will be increasingly frequent in patients with chronic conditions.

Therefore, one can wonder about the appropriateness of vertical mono-disease oriented management programs. Sometimes, guidelines for the different conditions may be contradictory. How to deal with this challenge?

One of the ways forward could be a paradigm-shift from "Problem Oriented" to "Goal Oriented Care", looking at functioning of the patient, social participation,... as important outcome-indicators, apart from biomedical indicators.

Health Services Research could look at how services may integrate this paradigm-shift.

Moreover, in many countries, specific access to services is conditioned by the diagnosis of the patient. This may lead to a new kind of "inequity", the "inequity by disease". It is worthwhile studying what is the actual presentation of this phenomenon, and what could be done to handle it appropriately. How will market forces and commercialisation play a role in this development?

c. Comprehensive primary health care and community orientation.

The World Health Report "Primary health care: now more than ever" and the Resolution of the World Health Assembly (WHA62.12) emphasize the importance of the development of primary care. So, the way health care services may build "person-centered" comprehensive primary health care-teams is worthwhile researching. How can expectations of the public be reconciled with possibilities of care providers and would it not be important to look at "provider-wellness" as a quality-indicator of a health system? Moreover, there is a need for integration of personal and community health care. What are the organisational consequences? Is the Community-Oriented

Primary Care a feasible and acceptable strategic approach?

d. Global health-systems impact assessment.

Swanson RC, Mosley H, Sanders D, Egilman D, De Maeseneer J et al, have advocated in a paper in The Lancet in 2009 for a "Global health-systems impact assessment". How could this be incorporated in research designs in the field of health services research (see:

<http://ghsia.wordpress.com/sign-onto-the-call-for-ghsias>) ?