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Person-Centered Primary Health Care: Now More Than Ever

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Abstract

Background: Person-centered primary health care provides first contact care that is comprehensive, continuous, accessible, compassionate, caring, team-based, and above all else person-centered. Primary care by its very nature is integrative in design and process. It connects and coordinates care for the person and uses shared decision making to help value and respect the person's choices as they navigate through a complex and fragmented health care system.

Objectives: To demonstrate the effectiveness of primary care in achieving the triple aim of better health, better health care, and lower cost.

Methods: Critical literature review and evidence based analysis of person-centered primary health care across the world.

Results: Primary care is a systems integrator and improves both the quality of care and the lowering of cost to both people and populations. It has been found that the better a country's primary care system is, the country will have better overall health care outcomes and lower per capita health care expenditures. Evidence also demonstrates that person-centeredness contributes to higher quality care and better health outcomes. Comprehensiveness of care leads to better health outcomes, lower all-cause mortality, better access to care, less re-hospitalization, fewer consultations with specialists, less use of emergency services, and better detection of adverse effects of medical interventions. The use of the relationship of trust established through primary care health professionals in shared decision making is an effective and efficient means to promote behavior change that results in the triple aim of better health, improved healthcare, and lower costs.

Conclusions: All nations must build a robust and vibrant person-centered primary health care system based on the principles of continuity, comprehensiveness, and person-centeredness. This is important now more than ever to prioritize and rebalance health care systems to address the health care needs of the people that are served.

Key Words

Person-Centered, Primary Care, Family Medicine, Integrated Care, Coordinated Care, Alma-Ata Declaration

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Introduction

Much has changed in the world since the International Conference on Primary Health Care produced the

Declaration of Alma-Ata in 1978. Globalization, increased urbanization, technology, global warming, and increasing health care disparity are some of the challenges of this changing world. One challenge deserves special mention: increasing disparity is producing widening gaps in health

care and health outcomes. While some people are living longer and healthier lives, these outcomes are not uniformly distributed everywhere. These gaps in disparity in health care provision, access, and quality are found not only between countries but across populations within the same country (1).

Too little has changed to advance the ten priority areas described in the ground breaking Declaration of Alma-Ata (Table 1) (2). The Declaration identified principles that health care should be a fundamental human-right, a matter of social justice, decrease health inequality and disparity in care, and that all governments have the responsibility in addressing health care adequacy. These principles have not progressed evenly throughout all countries (1).

| Table 1 |
|---|
| The Declaration of Alma-Ata (1978) (Modified) (2) |
| I. Health is a fundamental human right. II. Stop inequality in health status. III. Reduction of gap of health status between developing and developed countries. IV. People have the right and duty to participate in their health care. V. Governments have a responsibility for the health of their people. VI. Primary health care is essential and should be universally accessible. VII. Primary health care addresses and responds to the major health needs of the community. VIII. All governments should launch and sustain primary health care. IX. Ensure primary health care for all people. X. By 2000, primary care is an essential part of all countries health care systems and allotted its proper share. |

Health Systems Must be Responsive to Needs

Five common shortcomings of existing health care delivery across the world include inverse care, impoverishing care, fragmented and fragmenting care, unsafe care, and misdirected care. Inverse care plays out in most nations as the richest people getting the most care while the poor get the least care and have the greatest burden of suffering (3). Impoverishing care is when the cost of care is causing financial hardship or even bankrupting individuals, communities, nations, and the world. It is estimated that 100 million people worldwide go bankrupt around health care costs every year (1). In the United States this represents 1.5 million people per year and averages one every 30 seconds (4). Health care systems around the world are becoming more subspecialized and reductionistic

in approach. This leads to fragmented and fragmenting care versus the generalized holistic approach of primary care. Unsafe care is a result of poor system design, leading to medication errors, hospital acquired infections, and leads to increased morbidity and mortality. Misdirected care may occur with intensive or futile services – such as treatment of cancer, stroke, heart attack, or kidney failure – that offer only modest gains in longevity and quality of life, but come at great cost. Conversely, effective primary care promotes health and wellness, can prevent 70 percent of the chronic disease burden, and can add 25-30 years to people’s lives (1).

Universal and timely access to primary care is not available throughout much of the world. This results in considerable fragmentation in health care and magnifies disparities in care, with some receiving high quality care close to home while many more lack access to basic primary care services. These wide disparities in primary care access create significant disparities in health care outcomes and perpetuate inequities across the world, which is why the last five articles of the Alma-Ata Declaration focus on primary care.

What is Undermining Health Systems?

There are three trends that are undermining the health systems response worldwide. These three trends are hospital-centrism and specialization, commercialization, and fragmentation (1). The first trend hospital centrism and specialization, plays out with reactive, episodic care that is focused on disease, procedures, and other interventions. Focused principally on cure rather than prevention or palliation, specialization centers care around hospitals and subspecialists (5, 6, 7). The second trend is commercialization, which regards health care as an industry where providing more services that are more expensive generates more profit. This trend results in health care systems that are highly inefficient and expensive (8) and that worsen inequality and widen disparities (9). This commercialization of health care leads to the erosion of trust that the purpose of the health care system is to protect and improve the health of the public (9). The third trend, fragmentation, creates poor system integration, inadequate cohesion, and a potential for systems failure. The forces of person-centered primary health care help correct these trends by coordinating and integrating care and decreasing disparities in care. It is this process of care that leads to better health equity, universal access to people-centered care, and healthier communities.

From Reactive to Proactive Approaches in Health Care

As the world continues to develop and progress, the focus of health care systems must also progress away from reactive disease-oriented systems to proactive health care services that improve the populations health. As populations age, become more urbanized, face climate change, and confront obesity for many and food insecurity for others, there must be an organized effort to address

these challenges from a proactive and comprehensive systems perspective instead of from a reactive and fragmented individual perspective. The excessive focus on disease and curative procedural interventions that distracts attention from the realities and values of people in the context of their families, lives, and communities. This disease-centered approach has kept systems from being more equitable, effective, and efficient and people from better health. In many ways, the business of disease has trumped the profession of medicine and health (10).

Albert Einstein once famously said, “Insanity is doing the same thing over and over again and expecting different results”(11). This speaks powerfully to a failing health care system needing a different health care systems solution not a temporary remedy or bandage. The Commonwealth Fund determined that two things improve health care outcomes the most. Number one: some type of universal health insurance coverage and number two: access to a usual source of care (12). It is through this usual source of care that a relationship can be developed which leads to mutual trust and respect between the provider and the patient which leads to behavior change which is the majority of the causes of premature deaths in the world (13, 14). Primary care as manifested in family medicine, general internal medicine, general pediatrics, and geriatrics serves as a primary care integrator and a hub of coordination. This coordination and integration, as the usual source of care, helps lead to the triple aim of better health, better health care, and lower cost (15).

Primary care is integrative in nature by possessing a broad knowledge of all sectors of health care and a strong understanding of community resources and other social and structural determinants of health. It is unfortunate that one’s postal code is more important than one’s genetic code in determining one’s health. Primary care through trusted and continuous relationships, through a person-centered approach over time can start to achieve the required integration and coordination of care that can both start to understand but also diminish the impact of those social determinates of health.

Person-Centered Approaches

Aspects of care that distinguish disease-centered health care from person-centered primary care can be seen in Table 2 (1). The basic distinction as noted here is that person- and people-centered primary care focuses on people’s health needs through comprehensive, continuous, and person-centered care in which people are partners in managing their own health. This leads to enduring and continuous personal relationships. The combination of continuity, comprehensiveness, and person-centered care produce better health for all people in the community as well as addressing the social determinants of health for better population health.

Clarification of the key terms used in describing the various elements and layers of the complex health care systems is essential. Primary care connotes health care professionals who act as a first point of contact and consultation for all people within the health care system. All people should have a primary care professional as their

usual source of care. Secondary care involves health care services provided by medical specialists and other health professionals who provide limited access and services. Tertiary care is specialized consultative health care, usually provided in hospital or specialty clinics. Quaternary care is used sometimes to refer to services that are highly specialized and not widely accessed. Experimental medicine and some types of uncommon diagnostic or surgical procedures are considered quaternary care. Preventive care includes measures taken to prevent diseases or injuries before occurrence rather than curing them or treating their symptoms. End-of-Life or palliative services involve care for those with terminal illness or advanced disease that is progressive and incurable.

| Table 2 | |
|--|---|
| Aspects of care that distinguish disease-centered care from person-centered primary care (1) | |
| <u>Disease-centered Care</u> | <u>Person-Centered Primary Care</u> |
| <ul style="list-style-type: none"> • Focus on illness and cure • Relationship limited to the moment of consultation • Episodic curative care • Responsibility limited to effective and safe advice to the patient at the moment of consultation • Users are consumers of the care they purchase | <ul style="list-style-type: none"> • Focus on health needs • Enduring personal relationship • Comprehensive, continuous and person-centered care • Responsibility for the health of all in the community along the life cycle; responsibility for tackling determinants of ill-health • People are partners in managing their own health and that of their community |

Clarification of the key terms used in describing the various elements and layers of the complex health care systems is essential. Primary care connotes health care professionals who act as a first point of contact and consultation for all people within the health care system. All people should have a primary care professional as their usual source of care. Secondary care involves health care services provided by medical specialists and other health professionals who provide limited access and services. Tertiary care is specialized consultative health care, usually provided in hospital or specialty clinics. Quaternary care is used sometimes to refer to services that are highly specialized and not widely accessed. Experimental medicine and some types of uncommon diagnostic or surgical procedures are considered quaternary care. Preventive care includes measures taken

to prevent diseases or injuries before occurrence rather than curing them or treating their symptoms. End-of-Life or palliative services involve care for those with terminal illness or advanced disease that is progressive and incurable.

Ten Principles of Primary Care

The following ten principles are indispensable to high quality primary care delivered as close to home as is possible. These principles consist of care that is accessible; timely; comprehensive; continuous; person and people centered; compassionate; contextual; community based; coordinative and integrative; and team-based. For these key principles of primary care to be maximally effective they should additionally meet the six quality parameters of being safe; effective; efficient; timely; patient/person centered; and equitable (16).

The best definition of a primary care physician is the type of physician a community needs (10). This is because primary care physicians are comprehensively trained with a broad scope of practice and can be considered as pluripotent stem cells that weave themselves into the fabric of their communities and provide the services the community needs. Primary care physicians are the type of physicians that can fix a nation’s health care system because of the comprehensive, continuous, contextual, and coordinated care they provide. They are the glue that holds the health care system together.

The Value of Primary Care

Countries with stronger primary care have better overall health care outcomes and reduced per capita health expenditures than countries with weaker primary care systems (17). Studies in the United States show that as the number of primary care physicians increase per ten thousand people, the quality of care improves and health care costs per person decrease (18). Conversely, as the number of specialists per ten thousand increases in the United States, quality scores are reduced and costs increase. (18) Evidence also demonstrates that person-centeredness contributes to quality care and better outcomes. This can be seen in the improved treatment intensity and quality of life (19), better understanding of the psychological aspects of a patient’s problems (20), improved satisfaction with communication (21), improved patient confidence regarding sensitive problems (22), increased trust and treatment compliance (23), and better integration of preventive and curative care (24). Evidence similarly shows that comprehensiveness leads to higher quality care and better outcomes. This is seen by better health outcomes (25, 26, 27), increased uptake of disease-focused preventive care (28), and fewer patients admitted for preventable complications of chronic conditions (29). Continuity of care also shows clear evidence of improving quality of care and better outcomes. This can be seen through lower all-cause mortality (30, 31, 32, 33), better access to care (34, 35), less re-hospitalization (36, 37), fewer consultations with specialists (38), less use of

emergency services (37, 39), and better detection of adverse effects of medical interventions (40, 41). Finally, a regular entry point of care as provided in person-centered primary health care contributes positively to quality of care and better outcomes. These include increased satisfaction with services (42, 43, 44, 45), better compliance and lower hospitalization rate (42, 43, 44, 45), less use of specialists and emergency services (27, 47, 48, 49, 50), fewer consultations with specialists (48, 49), more efficient use of resources (25, 35, 51, 52), better understanding of the psychological aspects of patient’s problem (20), better uptake of preventive care by adolescents (53), and protection against over-treatment (54). In fact, people’s perceptions of high-quality, person-centered primary health care has been recently studied and supported in 34 countries as to why it’s important to invest in strong primary health care (55). The evidence showing that primary care leads to higher quality of care and better outcomes is summarized in Table 3 below.

| Table 3 |
|---|
| Rational for the Benefits of Primary Care for Health (17) |
| 1. <u>Greater Access</u> to Needed Services |
| 2. Better <u>Quality</u> of Care |
| 3. A Greater Focus on <u>Prevention</u> |
| 4. <u>Early Management</u> of Health Problems |
| 5. <u>Cumulative Effect</u> of Primary Care to more Appropriate Care |
| 6. <u>Reducing</u> Unnecessary and Potentially Harmful Specialist Care |
| 7. <u>Decreased</u> Morbidity and Mortality |
| 8. More <u>Equitable Distribution</u> of Health in Populations |
| 9. Lower <u>Cost</u> of Care |
| 10. <u>Better</u> Self-Reported Health |
| 11. Primary Care Physicians achieve <u>Better Outcomes</u> than do Specialists at much <u>Lower Costs</u> |

The essence of primary care and the reasons behind its success lie in the relationships of trust and respect between the professionals and their patients. This relationship leads to behavior change, which leads to increased shared decision making, patient engagement, personal empowerment, adherence, and better health care outcomes.

There are several large gaps in national health care systems that will need to be addressed to advance person-centered care. Primary care needs greater capacity in and integration with behavioral/mental health, public health, end-of-life care, telemedicine and health information technologies, community health services, and patient activation and community engagement. These areas

represent targets for improvement that will drive forward better health care for people, communities, and nations.

Engaging people in their own health care through shared decision making and empowering their involvement should not be only their right, but their duty in the participation of the planning, the choosing, and the implementation of their health care and their health. The person-centered engagement framework of “inform me, engage me, empower me, partner with me, and stay by me” becomes pivotal to person-centered care for the future and essential to helping achieve better health care, better population health and lower cost care (56).

The Eighth Geneva Conference on Person-Centered Medicine

The participants of the 8th Geneva Conference on Person-Centered Primary Health Care endorsed the principles of the International Conference of Primary Health Care developed in Alma-Ata in 1978 and the World Health Report entitled, “Primary Health Care: Now More Than Ever”, published by the World Health Organization in 2008. Additionally, the 8th Geneva Conference on Person-Centered Primary Health Care produced the 2015 Geneva Declaration seen later in this journal.

The authors of this paper endorse the principles and ideas embodied in the attached declaration and call for urgent action from the World Health Organization (WHO), all nations, all non-governmental organizations, and others to work collectively towards the creation of primary care, based on family medicine and multidisciplinary team work, as the foundational element of all countries health systems. It is the responsibility of all nations to ensure timely and equitable access to high-quality primary care providers and integrated health care teams in order to provide proactive health promotion, disease prevention, acute care management, chronic disease management, and appropriate end-of-life care. This requires the development of person and people-centered competencies and attitudes of all professionals practicing in the primary care setting.

It will be incumbent on all nations of the world to train and retain adequate numbers of health workers, with appropriate skill mix, including primary health care nurses, midwives, allied health professionals and family physicians, able to work in a multidisciplinary context, in cooperation with non-professional community health workers in order to respond effectively to people’s health needs (57).

The WHO, national health care systems, and non-governmental organizations should align and integrate systems of care built around primary care to ensure that all people are seen and helped at the right time, by the right professionals, for the right reasons, and in the right locations. Integrating primary, secondary, tertiary, quaternary, preventive, and end-of-life care will collectively produce healthier persons, healthier people, and healthier nations.

The 2015 Geneva Declaration on Person-Centered Primary Health Care

The 2015 Geneva Declaration on Person-Centered Primary Health Care calls for the following ten principles to be endorsed and acted upon by all nations of the world.

1. Timely access to quality health service is a fundamental human right to all people.
2. All health systems in all nations be designed with the person and people at the center of the health services system.
3. That all health systems in all nations be built on the foundation of person-centered, community-based primary care as the entry point of first contact and the usual source of people’s care.
4. That all people have a relationship of trust with a person-centered primary care professional, and their team, as that usual source of care.
5. That people are encouraged and empowered to be partners with their primary care professionals and their teams in their community in informed and shared decision making.
6. That people are educated to be engaged and responsible as partners in their own health care and in the design and development of health services so that their voice and view are always heard.
7. That persons’ voices be heard and respected around the framework of “inform me, engage me, empower me, partner with me, and stay by me”.
8. That nation’s medical, nursing, and other health professional schools are held accountable for producing a future health services work force that meet these person-centered primary care goals in sufficient numbers to ensure that all people have access to this type of person-centered care.
9. That resources and payment be aligned to person-centered primary care services and practices that allow them to integrate and coordinate a person’s care that will produce the results of improved person-centered care, improved population health, and lower health care costs.
10. That health leaders and health care policies are produced that support primary care to provide person-centered and community/population-centered healthcare and achieve these goals.

Conclusions

The most effective and efficient health care systems depend on a strong foundation of primary care. As health care and the systems to deliver health care become more complex, there is greater need for better integration and coordination. Now is the time to create and set in place the principles of high-quality, person-centered primary care. Primary care is the glue that holds health care systems together and integrates their multiple complex parts. Providing all people a foundation of primary care as the

entry point into the health care system leads to improved coordination, continuity, and comprehensiveness of care. This process also leads to trusted relationships from which higher quality and safer person-centered care results. Primary care must be accessible, timely, and community based and is the main antidote to reduce disparities and inequalities of care. For all health care systems in the world, primary care must be valued, promoted, financed, and sustained in order to help deliver these benefits in uniform manner across all countries of the world. Only by working with people in a person-centered manner that reflects the wishes and desires of the people served will nations create systems of quality health care for all people.

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