Technical parallel workshop 3: Multi-profile primary care

Session moderator: Juan Tello
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Division of Health Systems and Public Health
WHO Regional Office for Europe

Health Systems Respond to NCDs: Experience of the European Region
Sitges, Spain, 16–18 April, 2018
What are multi-profile PHC teams and how to put them into practice?
Multi-profile primary care teams development stages

- Single-handed practices or doctor-nurse tandems
- Multiple primary care providers co-located
- Multiple primary care providers co-located and service offering spanning primary, community care, social care, mental health and the voluntary sector
## Continuum for integrated services delivery

<table>
<thead>
<tr>
<th>Stages</th>
<th>Conventional care</th>
<th>Disease-oriented care</th>
<th>Coordinated services</th>
<th>Integrated services</th>
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</thead>
<tbody>
<tr>
<td>Model of care</td>
<td>Selective primary care</td>
<td>Disease management</td>
<td>Care management</td>
<td>Whole-person</td>
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<tr>
<td>Organization of providers</td>
<td>Vertical</td>
<td>Linkages</td>
<td>Horizontal</td>
<td>Collaborative</td>
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<tr>
<td>Management of services</td>
<td>Management of production</td>
<td>Management of resources</td>
<td>Management for performance</td>
<td>Management for outcomes</td>
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<tr>
<td>Continuous improvement</td>
<td>Quality of inputs</td>
<td>Quality of outputs</td>
<td>Quality of processes</td>
<td>Quality of outcomes</td>
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Structure of workshop

15 mins
Highlights on integrated multi-profile primary care-based teams

15 mins
Key insights from country panelists

60 mins
Group exercise: accelerating multi-profile primary care teams
Integrated multi-profile primary care-based teams: the highlights on the ‘what’ and ‘how’ for putting it in practice

Jan De Maeseneer
Chair, European Forum for Primary Care
Community-oriented primary care responds proactively to people’s needs by using tools to understand and manage population health and its determinants.
Community-oriented primary care

1. Knowledge of state of health of community
   - Patient/health registries
   - International Classification of Functioning
   - Risk stratification tools

2. Team, community and patient actions
   - Goal-oriented care
   - Shared decision making
   - Patient education
   - Decision aids
   - Outreach activities
   - Multidisciplinary assessments
   - Multidisciplinary treatment protocols

3. Measuring effectiveness
   - Collective ownership and shared goals
   - Patient-centred reporting (PROMS/PREMS)
   - Metrics that capture avoidance of inappropriate testing and treatment and complexity
Coordination and integration are essential for people-centred services and outcome management
## Care coordination models

**1. Dedicated case manager working for a single team**

<table>
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<tr>
<th>PROS</th>
<th>CONS</th>
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</table>
| - All expertise in one team member  
- Patients have a clear understanding of who the case manager is | - Risk that other team members continue providing "care as usual"  
- Case manager is not known to the patient and patient has no choice of case manager |
**Care coordination models (con’t)**

2. Dedicated case manager working for a primary care organization and serving several teams in a region

<table>
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<th>PROS</th>
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<tr>
<td>- All expertise in one team member</td>
<td>- Potentially less knowledge of team dynamics and of the expectations of the different teams</td>
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</table>

- Number of tasks is limited, as the case manager is not familiar with the patient's context (enhanced communication will be needed between acute care and post-acute care providers to ensure critical information follows the patient through the transition)
- Case manager is external to the team caring for patients.
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| 3. Assignment of case manager within a team on a case-by-case basis | - All team members are obliged to expand service basket and competences  
- The patient can be involved in choosing a case manager  
- Increased job satisfaction for providers |
| - Potential lack of competences if there is no specific (post-graduate) training in care coordination or a lack of interest on the part of individual team members |
Effective regulatory instruments offer great potential to expand primary care further, strengthening its resolutive capacity and reducing reliance on specialist and hospital services
Regulatory instruments

Governmental vision on primary & multidisciplinary care

• **Pro-primary care regulations:**
  • Promotion of family medicine
  • Reduce oversupply of acute hospital beds
  • Volume, type and distribution of services
  • Regulatory frameworks for professional accreditation and integrated care
  • Aligning incentives
  • Equity issues
NORWAY

Peter Øgar
Director General
Department of Municipal Health Care Services
LITHUANIA

Algirdas Seselgis
Vice-Minister, Ministry of Health
KAZAKHSTAN

Aleksey Tsoy
Vice-Minister, Ministry of Health
Group task: question one

Where do you see opportunities for accelerating/strengthening the introduction of multi-profile primary care teams? Identify specific options for countries facing different stages:

- Comprehensive health system response
- Aligning health system conditions
- Leapfrogging/starting out
Group task: question two

What might be some of the challenges to be overcome to make accelerating multi-profile primary care teams happen? Identify three main challenges.
Group task: question three

What are three enabling factors to help overcome these challenges?
<table>
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<tr>
<th>Key policies and actions to make it happen</th>
<th>Challenges in the way</th>
<th>Enabling factors &amp; engines of transformation</th>
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Deadline for submission
20 June 2018
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