

<b>MANAGEMENT IN HEALTH CARE PRACTICE</b> A Handbook for Teachers, Researchers and Health Professionals	
<b>Title</b>	<b>INTRODUCTION TO PRIMARY HEALTH CARE</b>
<b>Module: 5.1</b>	<b>ECTS (suggested): 0.1</b>
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<b>Keywords</b>	Primary health care, family medicine
<b>Learning objectives</b>	At the end of the module, the student should: <ul style="list-style-type: none"> <li>• be able to understand the specificities of primary health care,</li> <li>• be able to describe specific morbidity in primary care, patients' autonomy and organisation of care,</li> <li>• be able to understand the roles of health professionals in primary care.</li> </ul>
<b>Abstract</b>	People experience a lot of health problems during their life. They deal with most of them by themselves, and only a minority of their health concerns deserves a need for professional help. Every health care system has its medical doctor of first contact, who works in the interface of the population and health care. It is characteristic that primary health care takes care of health problems that are common.
<b>Teaching methods</b>	An introductory lecture gives the students first insight in characteristics of cross-sectional studies. The student should then first spend some time observing the organisation of waiting room, observing what the people, that are waiting, are talking about. Then the student spends some time with a practice nurse, helping in preparing the administration, organising appointments and small procedures. After that, the student spends some time with the physician, and fills in the questionnaire about his/her tasks. After the practice visit, the student prepares a report, which is discussed in a small group at the end of the module.
<b>Specific recommendations for teachers</b>	<ul style="list-style-type: none"> <li>• work under teacher supervision/individual students' work proportion: 30%/70%;</li> <li>• facilities: a Community Health Centre availability;</li> <li>• training materials: recommended readings or other related readings;</li> <li>• target audience: master degree students according to Bologna scheme</li> <li>• the module should be conducted as early as possible during study process.</li> </ul>
<b>Assessment of students</b>	Assessment should be done in the following way: <ul style="list-style-type: none"> <li>• assessment by tutor and staff in practice (feedback),</li> <li>• participation during discussion,</li> <li>• assessment of the report.</li> </ul>

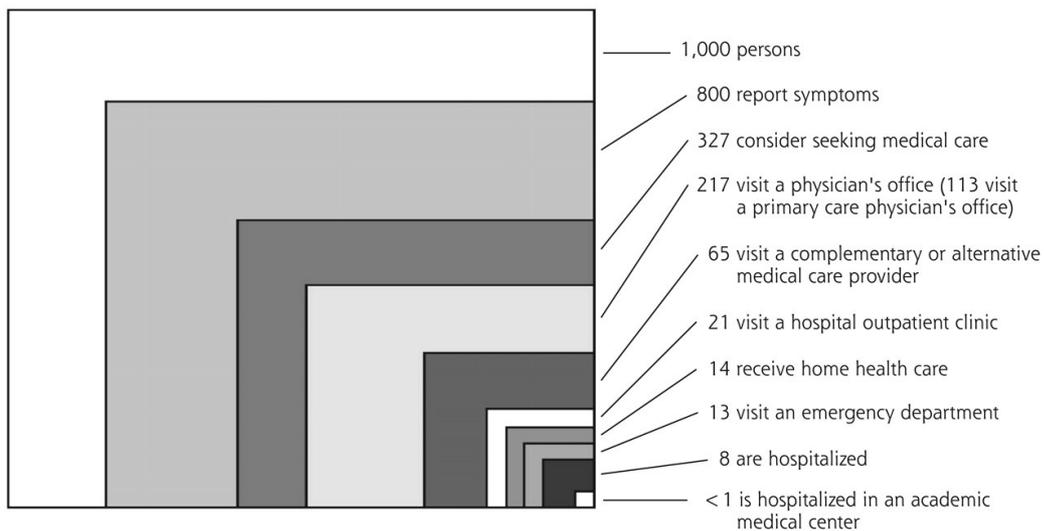
# INTRODUCTION TO PRIMARY HEALTH CARE

Igor Švab

## THEORETICAL BACKGROUND

### Introduction

People experience a lot of health problems during their life. They deal with most of them by themselves, and only a minority of their health concerns deserves a need for professional medical help. In a population of 1000 people, about 750 will experience a health problem during their life. Only 250 will require a visit to the medical facility, 9 will be hospitalised, and only 1 will be examined in a university institution (1, 2) (Figure 1).



**Figure 1.** Estimate, how many people out of 1000 would need for professional medical help at which level of health care.

Every health care system has its medical doctor of first contact, who works in the interface of the population and health care. The development of primary care went in creation of health care teams organised according to the need of the population.

The approach to health care in primary care is different from the approaches in secondary in tertiary care: the emphasis should be put on comprehensive care of the health problems from the viewpoint of the person and from the viewpoint of the disease. The approaches, health problems, the patients and the organisation of health care are different from the ones we know in secondary care.

### Characteristics of primary health care

Primary health care has the following characteristics (3):

- long term relationship with the population it serves;
- personal contact with the patient and his family; and
- comprehensive approach to health problems.

It is characteristic that primary health care takes care of health problems that are common. Quite often these problems are dealt with in a specific way.

### **Morbidity in primary health care**

An average primary care physician deals with at least 80% of all health problems presented to him and only a small minority is sent to other specialists or to hospital. Usually the patient is referred to hospital or the specialist through a referral letter and discharged from this kind of care through a discharge letter. The referral can be done either for a specific short intervention (e.g. specific examination, consultation) or a more long term cooperation is envisaged when the specialist is involved in a long term management of one of the conditions the patient may have (e.g. a diabetic patient in an advanced stage of the disease may require support from a diabetes specialist for that disease).

### **Primary health care task profile**

The specific morbidity in primary care influences the tasks performed by this service,

The content of primary care consists of the following measures:

1. Health promotion and disease prevention, especially within the vulnerable groups of the population (children, women at childbearing age) and with specific diseases and conditions.
2. Management of diseases.
3. Emergency situations.
4. Palliation.

### **Organisation of primary health care**

#### *Professionals*

These tasks are performed in an organisational structure that is variable from setting to setting. Traditionally, primary care was mainly delivered by general practitioners in offices or at home. With the development of medicine and the changing requirements for health services, the following profiles were developed for primary care:

1. The general practitioner  
The main driving force in primary care is a general practitioner, who traditionally took care of all the health problems and all the groups of the population. In some countries his role was seriously challenged and some of his tasks were given to other primary care specialists.
2. Other physicians involved in primary care  
Some countries have introduced specialist care at primary level as well. Therefore we have primary care dentists, paediatricians (taking care of the children), school medicine specialists, occupational medicine specialists, primary care gynaecologists, ophthalmologists, and internists. They usually take care of either a specific group in the population or they take care of a specific health problem
3. Nurses  
Adequate primary care can not function without proper nursing support. In general, two kinds of nurses exist:
  - practice nurses are employed to work in practice and take care of the administration of the practice
  - community nurses are a specialized health care profile that works in the community. Their main role is taking care of people at home, coordinating care of patient requiring constant care

#### 4. Other health professionals

A host of different health professionals may be involved in primary care. The list includes laboratory workers, physiotherapists, emergency car drivers and others

#### 5. Non-health professionals

In order the primary health care to function other non-health care workers are necessary. They perform their tasks according to their original education and adapt their knowledge according to their work (e.g. economists).

### *Organisation*

All these professionals may be organised in a dispersed manner through a network. In the recent times, coordination of services within group practices is more common. Some countries (e.g. former Yugoslavia) have developed health centres as organisational form of delivering primary health care. This system has proven to be a good innovation regardless some of the limitations it has encountered.

### **Conclusions**

Adequately organised primary health care is the cornerstone of every health care system. If organised properly, it is able to provide high quality health care for reasonable prices with good health results for the population. This is why it has always received a high priority in health care policy.

## **EXERCISE**

Primary health care can be taught at various levels using different teaching methods, depending on the level of students' knowledge and the teaching aims. The following example of exercise, entitled "Patient in primary care" could be used as a module for students at the beginning of their study. The timetable suggestion is presented in Table 1.

**Table 1.** Timetable for the exercise, entitled "Patient in primary care".

<u>Day</u>	
Day 1	Introduction to primary care lecture Distribution of tasks
Day 2	Critical and preparatory reading
Day 3	Visit to the health centre
Days 4-5	Preparation of the report
Day 6	Discussion in small groups

### **Task 1**

The student should first spend some time observing the organisation of waiting room. He/she should observe and note down what are the people that are waiting for medical proceedings talking about.

## Task 2

Then the student spends some time with a practice nurse, helping in preparing the administration, organising appointments and small procedures. He/she needs to fill in the questionnaire about nurse's tasks (Figure 2).

**Questionnaire 2: Nurse's tasks**

What kind of tasks does the nurse perform?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Etc.

How much time does she spend on them?

\_\_\_\_\_

**Figure 2.** Questionnaire about nurse's tasks.

## Task 3

After that, each student spends some time with the physician and fill in the questionnaires A-B about his/her tasks (Figures 3-5).

**Questionnaire 2: Physician's tasks**

A. Try to assess the severity of the health problems, presented to the physician

Severity Scale	No. of Patients
1. <input type="checkbox"/>	<input type="checkbox"/>
2. <input type="checkbox"/>	<input type="checkbox"/>
3. <input type="checkbox"/>	<input type="checkbox"/>
4. <input type="checkbox"/>	<input type="checkbox"/>
5. <input type="checkbox"/>	<input type="checkbox"/>
6. <input type="checkbox"/>	<input type="checkbox"/>
7. <input type="checkbox"/>	<input type="checkbox"/>
8. <input type="checkbox"/>	<input type="checkbox"/>
9. <input type="checkbox"/>	<input type="checkbox"/>
10. <input type="checkbox"/>	<input type="checkbox"/>

**Figure 3.** Questionnaire A about physician's tasks.

**Questionnaire 2: Physician's tasks**

B. Try to write down the reasons why the patients came to the office

Reasons for Encounter	Number
1. _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>
7. _____	<input type="checkbox"/>
8. _____	<input type="checkbox"/>
9. _____	<input type="checkbox"/>
10. _____	<input type="checkbox"/>

**Figure 4.** Questionnaire B about physician's tasks.

**Questionnaire 2: Physician's tasks**

C. What were the doctor's decisions?

Decision Made by a Physician	Number
Drug prescriptions	<input type="checkbox"/>
Referrals	<input type="checkbox"/>
Patients sent to laboratory	<input type="checkbox"/>
Other diagnostics	<input type="checkbox"/>
Other (what)	<input type="checkbox"/>
_____	
_____	
_____	
_____	

**Figure 5.** Questionnaire C about physician's tasks.

**Task 4**

After the practice visit, the student prepares a written report.

**Task 5**

The report is also discussed in a small group at the end of the module.

## **REFERENCES**

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## **RECOMMENDED READING**

1. Heyrman J. The Educational agenda of general practice/family medicine. Leuven: EURACT, 2004.