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e-ISSN 2544-1620

Medical Science Pulse 2019 (13) 1

Reviews

Published online: 25 Apr 2019

DOI: 10.5604/01.3001.0013.1740

INTEGRATED HEALTH CARE SERVICES AS A CURRENT CHALLENGE FOR PRIMARY HEALTH CARE: REFLECTIONS FROM CRETE, GREECE

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A – study design, **B** – data collection, **C** – statistical analysis, **D** – interpretation of data, **E** – manuscript preparation, **F** – literature review, **G** – sourcing of funding

ABSTRACT

This paper addresses the issue of integrated care services as a current challenge for primary health care in Europe. It is focused on an operational definition of integrated care and documents its relevance to the recent declaration of the World Health Organization regarding primary health care. The paper also reports on experiences gained and lessons learned in Greece, a country where initial attempts towards integration of public health into primary care are currently unfolding. Additionally, it discusses the limited involvement of patients, families, and communities in health care, as well as relative absence of advocacy and care coordination at a policy level. The need for training stakeholders to define and promote integrated care is highlighted as an essential component of translating new concepts into concrete health care actions. Finally, when discussing development and implementation of a well-coordinated and integrated primary health care system, the paper provides ideas for further consideration. The present report is anticipated to open the dialogue between health care professionals, stakeholders, policy makers, and the public towards the integration of health services in contemporary Europe.

KEYWORDS: integrated care, primary health care, public health

Background

'Integrated care' is a concept that is frequently discussed and has received global attention of many researchers and policy makers. The World Health Assembly defines integrated health services as "health services that are managed and delivered so that people receive a continuum of health promotion, disease prevention, diagnosis, treatment disease management, rehabilitation and palliative care services, coordinated across the different levels and sites of care within and beyond the health sector and according to their needs throughout the life course" [1]. In addition, the World Health Organization (WHO) Anniversary Meeting in Astana [2] recently supported a comprehensive definition of Primary Health Care (PHC) that incorporates three inter-related and synergistic components:

- "(a) Meeting people's health needs through comprehensive, promotive, protective, curative, rehabilitative, and palliative care throughout the life course, strategically prioritizing key health care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services.
- (b) Systematically addressing the broader determinants of health (including social, economic and environmental factors, as well as individual characteristics and behavior) through evidence-informed policies and actions across all sectors.
- (c) Empowering individuals, families, and communities to optimize their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services, and as self-corers and care givers."

Both reports place PHC and essential public health (PH) functions at the core of integrated health services. In simple words, they call for actions towards the integration of PH into PHC, a subject particularly relevant to Greece (see a recent WHO Public Health Panorama paper from Crete [3]). That work attempted to offer a framework on how best to design and rapidly test evidence-based approaches that can serve to address public health priorities, improve health and well-being of the population, and support evidence-informed policy making in Greece.

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Based on experiences gained from Crete, the present report aims to highlight potential challenges that PHC may face when integration of health care services is discussed. This approach may be of particular interest for countries with similar health care systems: those where PHC remains under developed, and integration is absent from the health policy agenda.

Development of a plan for integrated care in Greece: Lessons learned and what we expect

In 2015, Tsiachristas et al. [4] reported on a detailed analysis of the Greek healthcare system and its challenges for enhancing integrated care. Four years later, several of the interlinked integrated care perquisites remain particularly relevant.

1. Lack of involvement of patients, families, and communities in health care

Presently, the Greek health system seems to be physician-centered and profit-driven, while little attention is given to the proactive and holistic engagement of patients in the continuum of care. As such, patients remain inadequately informed and poorly educated about health issues (e.g., prevention, behavior change, self-management, pharmacological and non-pharmacological treatment options), thus often resulting in suboptimal and costly medical choices [5, 6]. Shared decision making is not a central issue of Greek health care services' delivery, while medical curricula have few courses aimed at teaching patient-centered and compassionate care.

In addition to these structural barriers within the health care system, there are culturally-relevant factors that should be taken into consideration when creating an integrative person-centered health system. For example, in Greece, "family" remains a strong cultural value. Therefore, the accepted social norm is for family members to serve as the patients' caregivers, especially for the most chronic illnesses. Focusing on caregivers is a low priority, while their voice and needs (e.g., for education) are not taken into consideration within the local health care system [7]. Furthermore, Greece's adverse economic situation, refugee crisis, and need for PHC to meet the health and cultural needs of an increased number of people, such influences become even more relevant [8–11].

Moreover, family-oriented PHC remains a challenge for health care policies--not only for Greece, but also for many other European countries. Engagement of resources, capabilities, and needs at the community level--both in terms of local administrative entities and peer-influencers and representatives--is crucial for inclusion in any integration planning. This effort requires broad and systematic education of a wide range of stakeholders (including patients and caregivers) and provides extensive thought for discussion pertaining to tailored methods and approaches [9].

2. Training of stakeholders to define and promote integrate care

Although Greece's political parties frequently discuss integrated care, the need for a concrete definition, along with a comprehensive conceptualization and understanding of, the term remains ambiguous. This may partially explain the difficulty of converting new concepts into a sound health care policy that considers patients' views, expectations, needs, and values [12]. Critical questions to answer in order to make progress in this direction are as follows:

1. Who should be educated or trained on integrated care?
2. What are the best methods to provide education/training on integrated care?
3. What are the optimal venues for providing education on care integration?

The foregoing could lead to an important dialogue with the School of Health Sciences of the University of Crete, which has the task for updating educational programs and incorporating health care integration. Creating consensus around upgrading the academic curricula of a broad range of health and social sciences with special emphasis on integrated care, synergies, and multidisciplinary teams--from theoretical reasoning to practical implementation--may be an important challenge towards this direction. To facilitate transformation of the undergraduate training agenda, introducing clinical examples in the debate and discussing the impact of integrated care in several aspects, including its link to empathy and compassion, are important [13, 14].

For instance, there is an ongoing discussion on the importance of active and healthy aging and prompt attention has been given to early recognition of frailty and its associated adverse outcomes, including fragile fractures. Focusing on frailty when addressing the issue of integrated health services is critical for many reasons. First, it is a multi-dimensional clinical entity that includes cognitive, physical, and mental components. Second, it implies several communication and clinical skills, such as diagnostic, curative, rehabilitative, and palliative. Third, the interface of PHC professionals with a patient that is progressively declining and a family that is affected with a growing burden indicates the relevance of this clinical entity to integrated care. Fourth, managing frailty involves not only several medical disciplines and specialties (general practitioners, cardiologists, neurologists, oncologists, and internists) but also invites an interdisciplinary health care team to work together with patients, families, and communities. And fifth, it also implies interventions from various domains apart from that of health care, including the social, education, housing, environment, and transport sectors [15].

3. Lack of advocacy and care coordination

A welcome effort has been recently introduced in Greece to structurally reform PHC and provide a more coordinated care system. However, the road to comprehensive and continuous care provision that allows for referral, information sharing, and skills exchange across the different healthcare sectors remains uncertain and unchartered. The interface across hospital, mental health, public health, and social health, and primary care, requires much for further discussion. Presently, there is an obvious absence of respective interventions and experimental work.

Additionally, with low budgets, workforce allocation and motivation have yet to receive the needed reform and support. Private practice remains the most profitable sector of care, as decreases in salaries, accompanied by increases in workloads of public healthcare professionals--along with limited infrastructure, technology, and support and administrative personnel-- hamper provision of equitable, multidisciplinary, integrated care. Bringing together the separately-functioning authorities, including health, public health, labor, and social care, is an essential, yet challenging, action may help mitigate the foregoing predicament.

Conclusion

The integration of PH into PHC could be a first step to initiate discussion about integrated care in European settings. It could facilitate implementation of the second stem that will link primary care with mental, hospital, and social care. Training and empowering patients, families, caregivers, health professionals, and policy makers to define and promote integrated care seems imperative. The use of clinical entities, such as frailty care, to guide design and refinement of new educational curricula that incorporate integrated, patient-centered, and compassionate care may also facilitate understanding of necessary actions for fostering health care reform. This short report seeks to open the dialogue between health care practitioners, stakeholders, and policy makers on integrated health services in contemporary Europe.

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Word count: 1376 • Tables: – • Figures: – • References: 15

Sources of funding:
The research was funded by the author.

Conflicts of interests:
The author reports that there were no conflicts of interest.

Cite this article as:
Lionis C, Anastasaki M.
Integrated health care services as a current challenge for primary health care: reflections from Crete, Greece.
MSP 2019; 13, 1: 22–25.

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Received: 23.03.2019
Reviewed: 3.04.2019
Accepted: 3.04.2019