Complexities in Primary Health Care and Universal Health Care

Experiences and Challenges from Canada, Australia, UK and Ireland

1

Comparison among Health System Models of PHC

	Primary Care	*Extended PC or Selective PHC*	*Comprehensive PHC*
View of Health	Absence of disease	Absence of disease	Positive wellbeing
Locus of Control	Medical practitioners	Health professionals	Communities and individuals
Major Focus	Disease eradication through medical	Health through medical and health care interventions	Health through equity and community empowerment
Health Care Providers	Physicians	Physicians plus other health professionals	Multi-disciplinary teams
Strategies for Health	Medical interventions	First level health system interventions	Multi-sectorial integration and collaboration

Adapted from Rogers, W. & Veale, B. (2000)[26]

2

Mapping of the Primary Health Care Concepts and Components

Figure 1 PHC concepts and components; solid lines indicate strong relationships on a continuum; dotted lines indicate external and internal environments can permeate and influence any of the components and concepts.

3

Person-centred Care in Complex Health Systems

Individual Level

- Unique individuals in context of family and dynamic environments
- Adaptable and learning agents with capacity to change
- Different stages of health journey
- Practitioners have variable strengths/interests

Health System level

- Heterogeneity of groups, communities necessitates diverse and adaptable services
- Heterogeneity of cultures/ capacities/motivations in providers and patients
- Multiple layers of activity
- Potential for continuous evolution and improvement

4

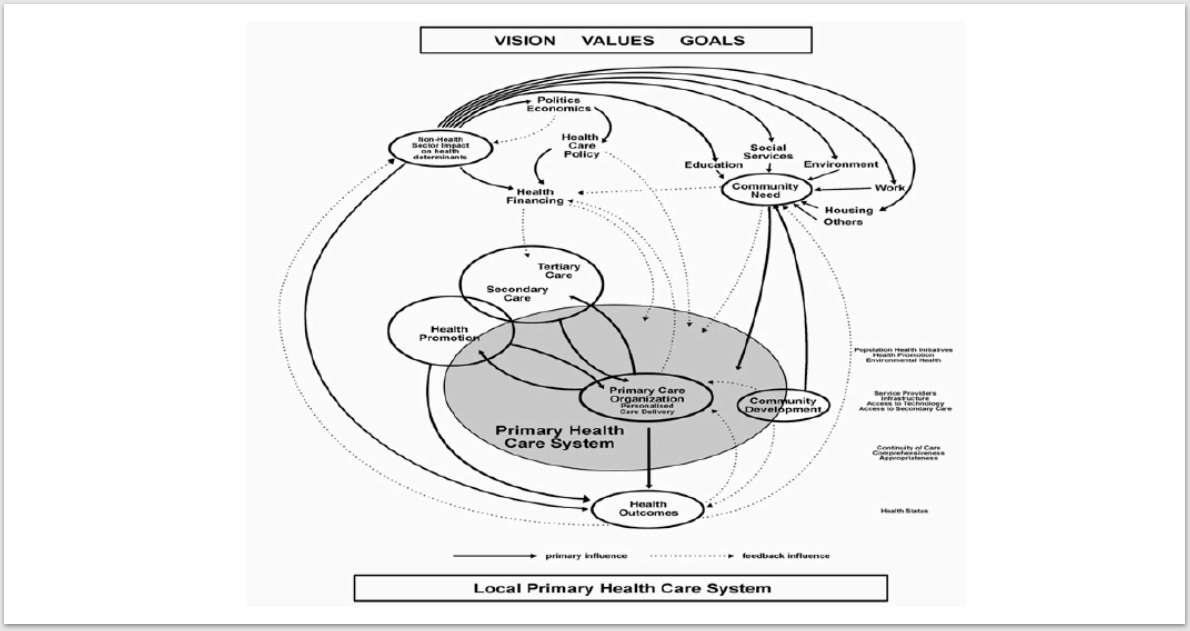
Table 1 Person-centred care through the lens of complex adaptive systems

Person-centred care at the individual level
Individuality: Individuals have unique genetics, 'omics', stressors, exposures, supports and resilience in their individual personal journeys.
Interdependence and emergence: Improving personal health contains interdependent interacting domains, connected across different levels over time and dynamics is characterized by feedback and a substantial unpredictability.
Agents that learn leading to the capacity for local self-care. Prescriptive one size fits all metrics and protocols for self-care and self-management do not enable adaptive learning to improve health experiences and dynamics but changing outcomes.
Individuals have different phases and dynamics health states from stable to unstable and chaotic. Instability, in particular, requires real-time individualized multidimensionality in clinical care [70] Tipping points and asymmetrical feedback loops, which are impacts caused by small changes can seem huge out of proportion. For example, an individual may live with periods of relatively stable health, yet be easily 'tipped' to an avoidable hospitalization by a disturbance in one domains that pushes illness and social support into instability [68].
Individuality of practitioners, specialisms, services and contexts.
Person-centred care at the health system level
Heterogeneity in groups, communities and populations: Care provision requires substantial diversity and adaptability to address health needs and expectations over time and context. Access to comprehensive health services ranges from prevention to dying, to supporting people maintain employment, education or major life events through health care.
Dynamic feedback loops in political-economic and social and physical environments.
Heterogeneity of settings, stakeholders and political, economic context.
Heterogeneity of paradigms and knowledge approaches among providers, institutions, researchers and policy makers.
Continual evolution – the use of new knowledge from multiple perspectives are implicated as changing the dynamics of care and improving access and evidence is emerging [71].

5

The complexity of individual health (and family and community health)

6



7

Complex Adaptive Systems Approaches

- Emergence of local models with transdisciplinary providers networking in a participatory system that will produce the best health outcomes for the population of a particular community.
- While valuing high level principles and values promotes local governance, allowing for flexibility to adapt operations in different local settings.
- *(PDF) Addressing Unfinished Business in Primary Health Care (PHC)*. https://www.researchgate.net/publication/234008222_Addressing_Unfinished_Business_in_Primary_Health_Care_PHC [accessed Aug 08 2021].

8

Inuit Experience of Pan Canadian AHCTF

UNINTENDED CONSEQUENCES of policy; women avoiding antenatal care, formal health services, little respect for Inuit doulas, fragmented and conflicted services

Programs initially designed with First Nations in mind, did not fit well with Inuit needs and environments.

Need to integrate regional and national, Inuit and Western perspectives and other polarities in complex local environments

Need *adaptive* local community workers, health professional teams and networks of meso-level connecting with macro-policy

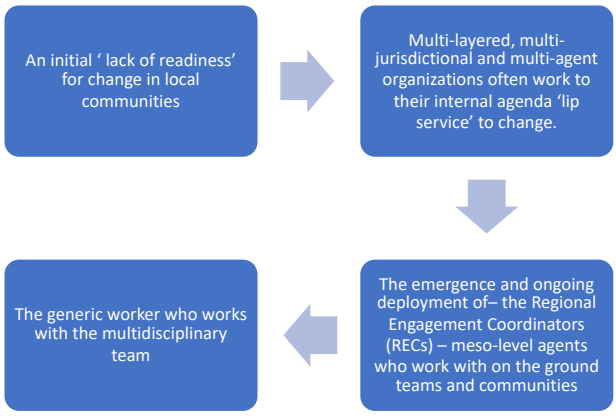
9

Pauktuutit - effective knowledge networks with a system to promote information exchange and cultural safety for women of childbearing age, their elders and partners and their community in pre-natal care

Aboriginal Health Transition Fund (AHTF) – Pan Inuit Experiences Canada

10

Emergent Solutions



11

Adaptation of prenatal resources for Inuit
- integration of information for women and families. -- strengthening partnerships in service delivery and policy

REGIONAL ENGAGEMENT COORDINATORS WHO NETWORK WITH MACRO AND MICRO LEVEL AND ACROSS SECTORS

INTERDISCIPLINARY/MULTIDISCIPLINARY/DISCIPLINE-BASED – NURSING, MIDWIFES, GPS, OBSTETRICIANS

TRANSDISCIPLINARY – COMMUNITY HEALTH WORKERS/DOULAS

12

Addressing Unfinished Business in Primary Health Care (PHC).

- Currently, reforms in PHC are driven by goals of standardization of structure, process and agency according to the 'best' PHC model of delivery.
- Standardization does not address the goals of PHC, as there is no PHC model that is 'best' for all populations under all conditions.
- A complex systems approach looks for models with providers networking in a local participatory system that will produce the best health outcomes for the population of a particular community.
- A complex systems approach while valuing high level principles and values promotes local drivers, allowing for flexibility to adapt in different local settings.
(PDF) Available from: https://www.researchgate.net/publication/234008222_Addressing_Unfinished_Business_in_Primary_Health_Care_PHC [accessed Aug 07 2021].

13

Evaluation

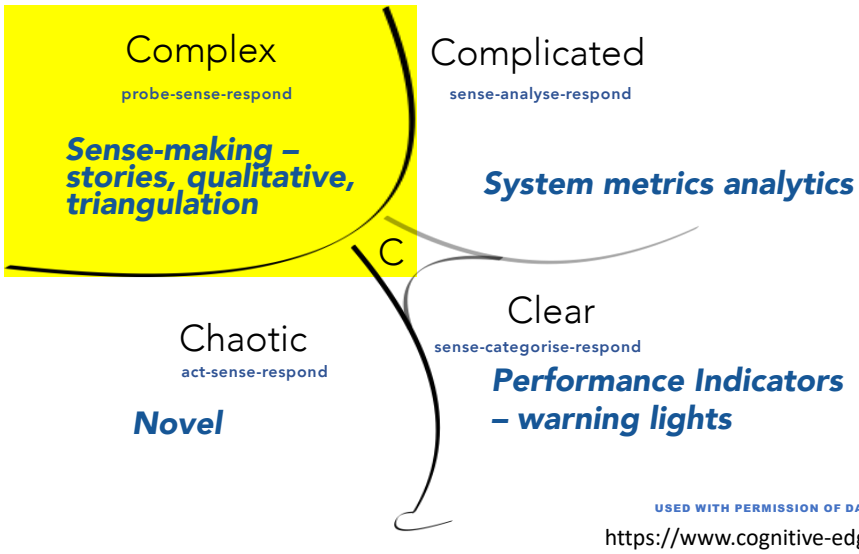
***Macro**- level* evaluation questions relate to the health care system and Canadian population. They refer to factors that are under the control and thus the responsibility of government authorities, whether at the federal, provincial, territorial, or regional level. They are the policy and governance activities that affect the fiscal, material, and human resource inputs into PHC; they are also the final outcomes of population health and a sustainable, equitable, and effective health system.

***Meso**-level* questions relate to regional and local PHC organizations and refer to factors that are under the direct control of organizational governance. The structures and processes at the meso-level are the activities related to management and clinical decisions that impact on the availability, volume, type, and quality of services that are offered. Meso outcomes that are accrued at the level of organizational or provider are workforce satisfaction and retention, but also the client responsiveness and acceptability that allow it to retain its practice population. *PHC systems would generally function as a meso-level system.*

***Micro**-level* questions relate to impacts on individual patients in a practice population receiving services that are under the direct control teams or individual providers of care. They are the volume, type, and qualities of services that are provided and their immediate outcomes in increased knowledge, and reduced risk and effect of health conditions. *PC organizations predominately operate at a micro-level.*

14

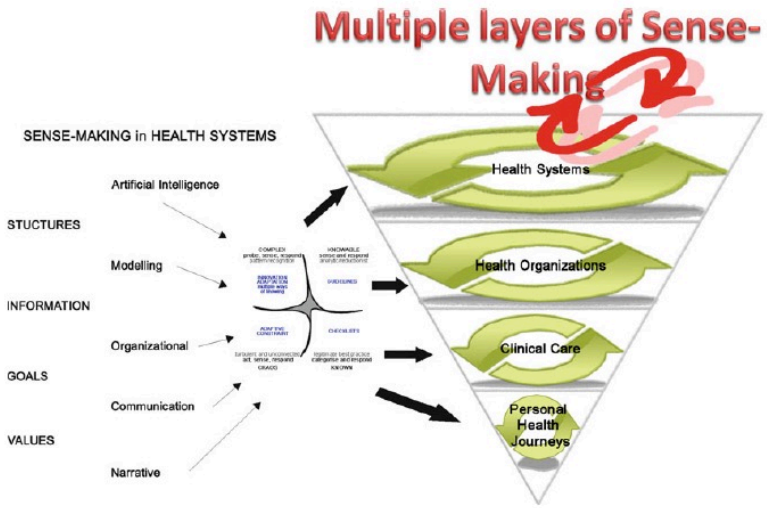
Evaluation



USED WITH PERMISSION OF DAVID SNOWDEN

https://www.cognitive-edge.com/blog/

15



16

Probe, Sense and Respond in Complex Systems
One size does not fit all
Multi-level systems approaches are needed
Ongoing learning and reconciling existing culture and efforts with 'new' PHC.
Ongoing Evaluation with agile response to unintended consequences and positive feedback

Key Messages

17