How to Strengthen Primary Care? The Integration of Clinical Practice and Community Health Care

Erlina Wijayanti*
Medical Faculty, YARSI University, Jakarta, Indonesia

To the Editor,

In a previous article titled “Strengthening primary health care through medical education,” the author explained the importance of medical education in strengthening primary health services.1) It suggested that curriculum must be adjusted to the competencies of doctors to meet the needs of patients and communities. Therefore, I am interested in discussing the integration of clinical services with community perspectives to improve the quality of primary healthcare services.

Primary care is the gateway to health services and is expected to prevent disease. However, most services are curative-oriented and the majority of contact is made when patients are sick, resulting in high hospitalization expenditures. Nevertheless, services are still fragmented into individual and community care. Therefore, it is necessary to strengthen primary care to improve health status and reduce costs.

Primary care is better if individual services and community care are integrated so that clinical practice is carried out from a community perspective. Officers can also recognize social factors in their practice areas to meet the community’s health needs.

Several policies have been implemented to improve data collection on family health status and to reinforce contact with the community. This program requires continuity and follow-up of the data findings and sufficient staff.2)

Health constraints and problems in primary care can be resolved if providers and communities operate harmoniously, and are supported by technology. Three recommendations are suggested for strengthening primary care: increasing the role of physicians, empowering the community, and developing technologies.

1. Increasing the Role of Physicians in Primary Care

When treating patients, physicians need to deliver a holistic approach such as assessing whether the patient’s mind and spirit affect their health, and not just assessing their body condition or disease. Primary care physicians must provide patient-centered care considering the individual value of the service.3) In practice, although sometimes there is no opportunity to explore a patient’s perceptions, supporting their behavioral change is important.

The family is the smallest unit in society. Individuals grow, learn, and fulfill the basic needs of their families. Therefore, physicians must support family members’ health and quality of life.4)

Society plays an important role in the health of individuals and their families. Therefore, clinical practice should focus on a community perspective. Its application involves considering population health risks in treating patients, screening programs, finding active cases in the community, and utilizing population data to help clinical practice. The data includes epidemiology, cost analyses, and risk management.5)

The three practices mentioned above (patient-centered, family-focused, and community-oriented care) are routinely carried out, especially by a family physician.

2. Empowering the Community

Community empowerment is required for community health
workers (CHWs) to achieve better outcomes. CHW can help providers reach their population, bridging and accelerating social support.

One such community empowerment model is the Family Health Strategy (FHS) implemented in Brazil. CHWs connect healthcare providers to communities. Healthcare providers can reach the community and identify social factors that affect health. The CHW is tasked with visiting the family routinely (at least once a month), conducting health risk assessments, and providing education. Each team comprises physicians, nurses, other professionals (according to the community’s needs), and four to six CHWs. It is geographically responsible for 1,000 families.6)

FHS can improve health-status indicators. Increasing FHS coverage reduces child-maternal mortality rates.7,8) Hospitalizations for Ambulatory Care-Sensitive Conditions is also reduced with the implementation of the FHS.9) Moreover, an FHS is prioritized in poor and underserved areas as it can address inequity in healthcare.5)

3. Developing Technology
Data integration is expected to facilitate decision-making at the government and provider levels. At the individual level, this can help with self-care management. In future, it could help in accurate prevention and education along with personalized public health and precision medicine care. Health data integration has the potential to become big data, supporting evidence-based decision making.

Another benefit of digital health in integrating population perspectives into clinical practice is the development of predictive models. Enriched data must be analyzed to gain novel knowledge. Digital health can provide recommendations for preventing diseases and improving outcomes through the development of decision-support algorithms. Ultimately, personalized care can be implemented.

Given that traditional primary care model focuses on curative care, increased hospitalization expenditures, and the fragmentation between clinical and public health services, there is a lack of contact between the community and healthy individuals. Owing to the lack of primary care, the number of non-specialist referrals remains relatively high. Based on the above explanation, a shift in the primary care model from traditional to integrated clinical practice and public health has been proposed.

CONFLICT OF INTEREST
No potential conflict of interest relevant to this article was reported.