

# INTEGRATING PRIMARY CARE AND PUBLIC HEALTH

By: Bernd Rechel

**Summary:** There are many calls for improved integration between primary care and public health, but also sizeable obstacles to achieving this, such as differences in the ways the two sectors are organised and financed, as well as differences in education, culture and approach. This article, based on a new Observatory policy brief, describes the types of interventions that come into consideration, the principles that should be followed, and the factors that can facilitate successful collaboration. While there is no universal template that can be followed by all countries, improved integration promises to yield substantial benefits to patients and wider populations.

**Keywords:** *Primary Care, Public Health, Integration, Interventions, Facilitating Factors*

## Introduction

Some of the most important international health policy documents have called for greater integration of public health and primary care, including the 1978 *Alma-Ata Declaration on Primary Health Care* and the 1986 *Ottawa Charter for Health Promotion*.<sup>1,2</sup> Despite these declarations of intent, in practice there are often many obstacles preventing improved integration of primary care and public health, such as differences in the ways the two sectors are organised and financed, as well as differences in education, culture and approach.

A new policy brief by the European Observatory on Health Systems and Policies examines what initiatives have been undertaken recently to improve integration of public health and primary care; which factors influence integration; what outcomes have been achieved;

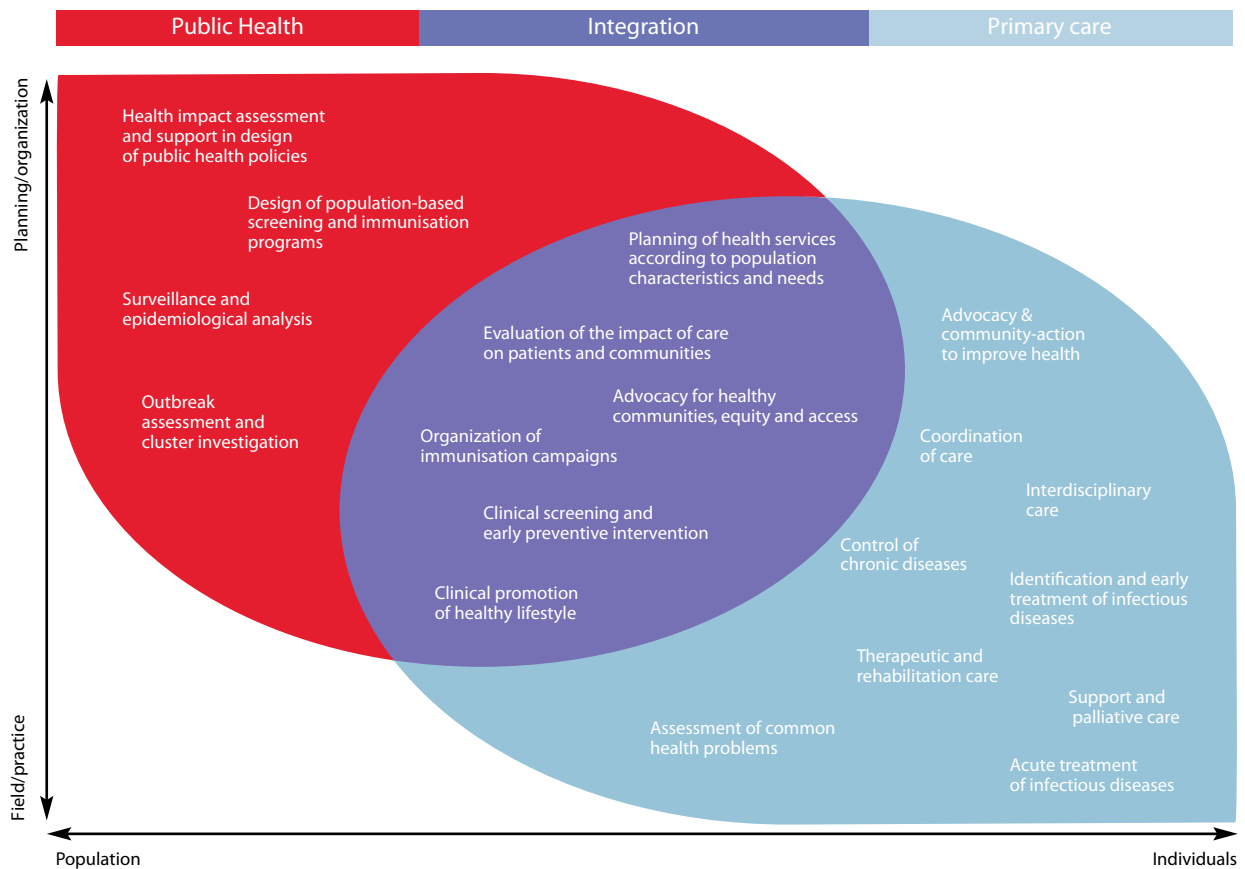
and what can be undertaken to increase the chances of achieving enhanced integration.<sup>3</sup>

## Key terms: understanding public health and primary care

Although (or perhaps because they are) widely used, the terms “public health” and “primary care” can mean different things to different people and are worth clarifying.

One of the common definitions of “public health” is “the art and science of preventing disease, prolonging life and promoting health through the organised efforts of society”.<sup>4</sup> Put differently, public health aims to improve the health of populations by keeping people healthy, improving their health or preventing the progression of disease. This can include a wide range of interventions, at both the population level and addressing individuals.

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**Figure 1:** Interaction between public health and primary careSource: <sup>7</sup>

The terms “primary care” and “primary health care” are often used interchangeably.<sup>5</sup> However, they derive from different assumptions and premises and carry different connotations. The term “primary care” originated in the United Kingdom, where in 1920 it was used to imply the regionalisation of health services; it was later used to denote first-point medical care.<sup>6</sup>

Today, primary care can be defined as “the first level of professional care [...], where people present their health problems and where the majority of the population’s curative and preventive health needs are satisfied”.<sup>6</sup> In contrast, the term “primary health care” originated from the 1978 *Alma-Ata Declaration* and describes not only a level of care, but a much more comprehensive approach,<sup>5</sup> emphasising universal coverage, accessibility, comprehensive care, disease prevention and health promotion, intersectoral

action, and community and individual involvement.<sup>4</sup> As it incorporates some of the elements of public health, the term “primary care” seems to be preferable when discussing its relation to public health.

### Interaction of public health and primary care

The complex interaction between public health and primary care is illustrated in Figure 1. The figure highlights that some functions are more clearly situated in one of the two domains, while others belong to both of them. Screening and immunisation, for example, as well as interventions to support healthy lifestyles, are public health functions that are nowadays commonly provided in Europe in primary care, while surveillance, planning and evaluation are public health activities that can improve primary care.<sup>7 8</sup> There is a need for both

types of approaches and the closer they are interlinked, the more integrated services will be.

“ the identification of relevant factors at the systemic, organisational and interpersonal levels is very useful

## Interventions to improve the integration of primary care and public health

The integration of primary care and public health can cover a wide range of activities, including community engagement and participation, health promotion, health education, prevention activities, chronic disease management, screening, immunisation and communicable disease control, information systems activities, development of best practice guidelines, conducting needs assessments, quality assurance and evaluation, and professional education.<sup>12</sup> One way of categorising interventions is to group them into five broad categories that follow Lasker's models of Medicine and Public Health Collaborations<sup>13</sup> and the adaptation of these models by Shahzad, et al.<sup>14</sup> However, these categories are not mutually exclusive and interventions can belong to several categories.

### 1. Coordinating health care services for individuals

Coordinating health care services for individuals is a core strategy for promoting cross-sectoral collaboration between clinical care and public health.<sup>15</sup> Interventions can include: (1) coordination of clinical services with community services, whereby clinical services such as prevention, diagnosis and treatment or rehabilitation are combined with services such as counselling, outreach and social programmes; (2) bringing personnel to existing practice sites to provide individual-level support services to patients; and (3) establishment of 'one-stop' shop centres, where clinical and community-based professionals are brought together at one site (co-location), organised around the needs of local populations. Examples interventions in Europe include the health promotion centres that have been set up in all primary care centres in Slovenia (see Box 1).

### 2. Applying a population perspective to clinical practice

The second model of enhanced integration between primary care and public health involves applying a public health lens to primary care.<sup>16</sup> This can involve the following types of interventions: (1) using and sharing population-based information

#### Box 1: Health promotion in Slovenia's primary health care centres

Health promotion centres in all 58 primary health care centres across Slovenia have, since 2002, taken on a major role in providing lifestyle interventions against key risk factors. Between 2013 and 2016 new approaches in primary prevention were developed and piloted. Activities in pilot projects were focused on three major goals: 1. development of a community approach; 2. assuring equity-focused health care; 3. development of an integrated health promotion centre. Health promotion centres integrated previously dispersed activities and introduced multidisciplinary teams. This resulted in increased competencies of staff, higher quality of services and higher visibility of health promotion activities in local communities.

Source:<sup>12</sup>

(e.g. about prevalent health problems, health risks within the community, and preventive services for particular patient groups) to enhance clinical decision-making; (2) using population-based strategies, such as community-wide screening, case finding and outreach programmes, to direct patients to medical care; and (3) using population-based analytic tools, such as clinical epidemiology, risk assessment, cost-effectiveness analysis, to enhance practice management, for example, by informing decisions about practice site locations, service provision at each site, practice staffing patterns, or the need for patient education programmes.

### 3. Identifying and addressing community health problems

The third model of enhanced integration between primary care and public health involves using data obtained in primary care in support of public health.

### 4. Strengthening health promotion and disease prevention

The fourth model comprises interventions that adopt a population-based approach and strengthen health promotion and disease prevention through: (1) education (e.g. on risky behaviours or environmental issues); (2) advocacy (e.g. for health related laws or regulations, or for disadvantaged groups); (3) initiatives targeted at improving community health.

### 5. Collaborating around policy, training and research

This category comprises interventions such as influencing health system policy; engaging in cross-sectoral education and training; as well as conducting cross-sectoral research.

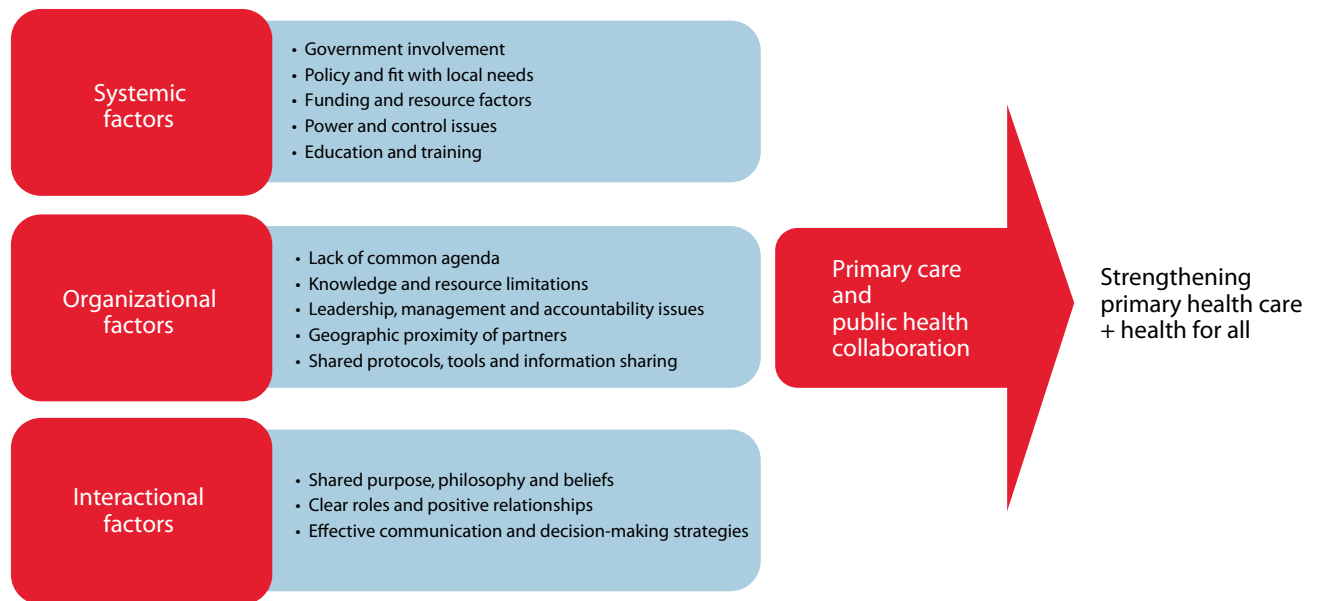
### Factors facilitating the collaboration between public health and primary care

Many hallmarks of successful collaboration between primary care and public health will be the same as successful collaboration more broadly.<sup>17</sup> A scoping literature review of collaboration between primary care and public health published in 2012 and covering 114 studies distinguished between systemic factors, organisational factors and interactional factors that support collaboration (see Figure 2).<sup>18</sup>

**Systemic factors** relate to the environment outside of the organisation where the collaboration takes place. They include governmental involvement, policy and fit with local needs, funding and resource factors, power and control issues, and education and training.

**Organisational factors** relate to conditions within the organisation. They include lack of a common agenda, knowledge and resource limitations, leadership, management and accountability issues, geographic proximity of partners, and shared protocols, tools and information.

Finally, **interpersonal (or "interactional") factors** relate to interactions between team members. They include having a shared purpose,

**Figure 2:** Factors influencing collaboration between public health and primary careSource: <sup>1</sup>

philosophy and beliefs, clear roles and positive relationships, and effective communication and decision-making strategies.

These factors are broadly in line with the principles of successful integration of primary care and public health identified in the influential report published in 2012 by the Institute of Medicine (see Box 2).

## Conclusion

The five principles pointed out by the Institute of Medicine as being essential for successful integration of primary care and public health remain highly relevant: a shared goal of population health improvement; community engagement; aligned leadership; sustainability; and the sharing and collaborative use of data and analysis. While the identification of relevant factors at the systemic, organisational and interpersonal levels is very useful, their relative importance and interactions remain poorly understood. This means that it is difficult to point to the essential factors needed for collaboration to work in practice. However, they still provide useful guidance and illustration, keeping in mind the need to adapt them to local circumstances, in particular the ways that primary care and

## Box 2: Institute of Medicine's principles of successful integration of primary care and public health

In 2010, the Institute of Medicine in the United States formed a Committee on Integrating Primary Care and Public Health. In their influential report published in the same year,<sup>1</sup> they identified five principles as being essential to successful integration of primary care and public health:

- a shared goal of population health improvement;
- community engagement in defining and addressing population health needs;
- aligned leadership that: bridges disciplines, programmes and jurisdictions to reduce fragmentation and foster continuity; clarifies roles and ensures accountability; develops and supports appropriate incentives; and has the capacity to manage change;
- sustainability, key to which is the establishment of a shared infrastructure and building for enduring value and impact; and
- the sharing and collaborative use of data and analysis.

public health are organised, financed and delivered and the specific health needs of populations.

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## Serbia: Health system review

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(on behalf of the Observatory)

**Freely available for download:** <https://tinyurl.com/ObservatoryHiTs>

This analysis of the Serbian health system reviews recent developments in organisation and governance, health financing, health care provision, health reforms and health system performance. The health of the Serbian population has improved over the last decade. Life expectancy at birth increased slightly in recent years, but it remains around 10 years below the average across European Union countries. Some favourable trends have been observed in health status and morbidity rates, including a decrease in the incidence

of tuberculosis, but population ageing means that chronic conditions and long-standing disability are increasing.

Health system reforms since 2012 have focused on improving infrastructure and technology, and on implementing an integrated health information system. However, the country lacks a transparent and comprehensive system for assessing the benefits of health care investments and determining how to pay for them.

