Reimagining Primary Health Care in Rural and Underserved Settings

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Disclosure

Professor Roger Strasser

- I am a full time employee of The University of Waikato
- I receive no funding from commercial organisations
- I sit on the Board of Directors of the Institute of Clinical Evaluative Sciences (ICES) in Ontario, Canada.

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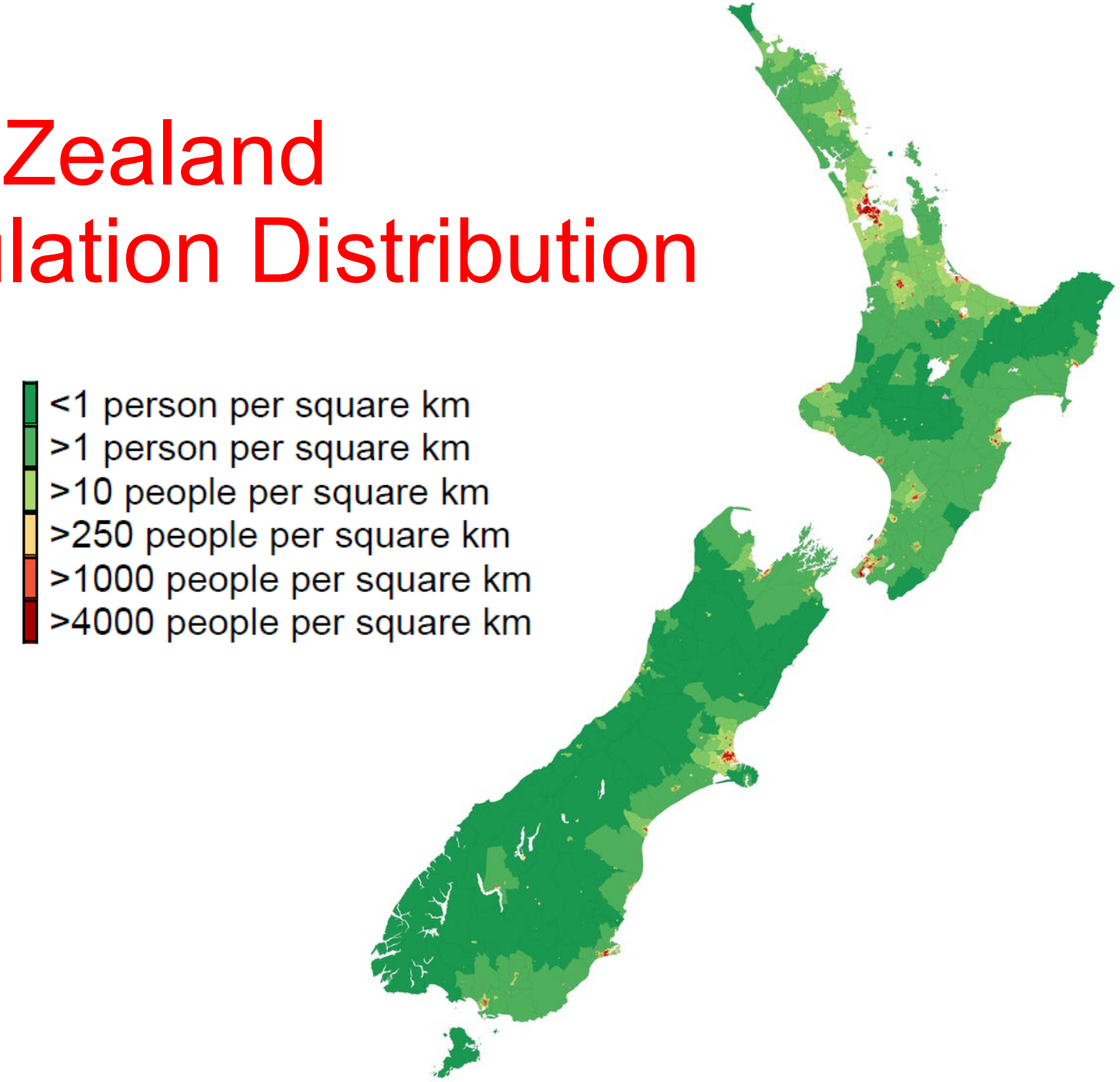
New Zealand Population Distribution



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Aotearoa - New Zealand

“people living in rural towns can have poorer health outcomes, including lower life expectancy, than people living in cities or surrounding rural areas, an effect that is accentuated for rural Māori and disabled people”

“improvements in the way primary and community services are organised [have] the biggest potential to improve the health outcomes of those currently disadvantaged”

Health and Disability System Review, 2020

“Major Reforms will make Health Care Accessible for All New Zealanders”

“In the future health system, your area will have one or more **locality networks** of healthcare providers in the community. This will still include people like your local GP, maternity carers, district nurses and optometrists; but the care they provide will be more seamless and accessible.”

Health Minister Andrew Little, 21 April 2021

Comprehensive Primary Health Care

- healthy, fulfilling, and productive lives
- public/population health focus
  - education, health promotion and illness prevention
- access to clinical services that meet health needs
  - acute illnesses & injuries, chronic conditions, mental health
- facilitated by ongoing relationships among providers, patients, and the broader community

40th Anniversary of Alma-Ata

Primary Health Care for Universal Health Coverage

- 2018 marks the **40th anniversary of the signing of the Declaration of Alma-Ata at the International Conference on Primary Health Care in Alma-Ata**, Soviet Union in 1978.
- This was the **first international declaration to advocate for primary health care** as the main strategy for achieving WHO's goal of Health for All.
- The "Second International Conference on Primary Health Care: Achieving UHC and the SDGs" took place on **25-26 October 2018 in Astana, Kazakhstan**.

Goal: to renew political commitment for primary health care and set the stage for the UN General Assembly High-level Meeting on UHC in 2019

Co-sponsors: Government of Kazakhstan, WHO, UNICEF

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Primary Care and Health: Evidence-Based Summary

- Countries with strong primary care
  - have lower overall costs
  - generally have healthier populations
- Within countries
  - areas with higher primary care physician availability (but NOT specialist availability) have healthier populations
  - more primary care physician availability reduces the adverse effects of social inequality

Starfield 2009

REIMAGINING PRIMARY HEALTH CARE WORKFORCE IN RURAL AND UNDERSERVED SETTINGS

DISCUSSION PAPER AUGUST 2020

Roger Strasser
Sarah Strasser

WORLD BANK GROUP
Health, Nutrition & Population

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“Start Local” System Design and Delivery

- co-designed and co-delivered in the local context
  - addressing local priority health needs
- PHC Team
  - front line providers of all care
  - multiskilled generalists
  - supported by specialist consultants
- intersectoral collaboration
  - mutual trust, respect and support
  - local, regional, national

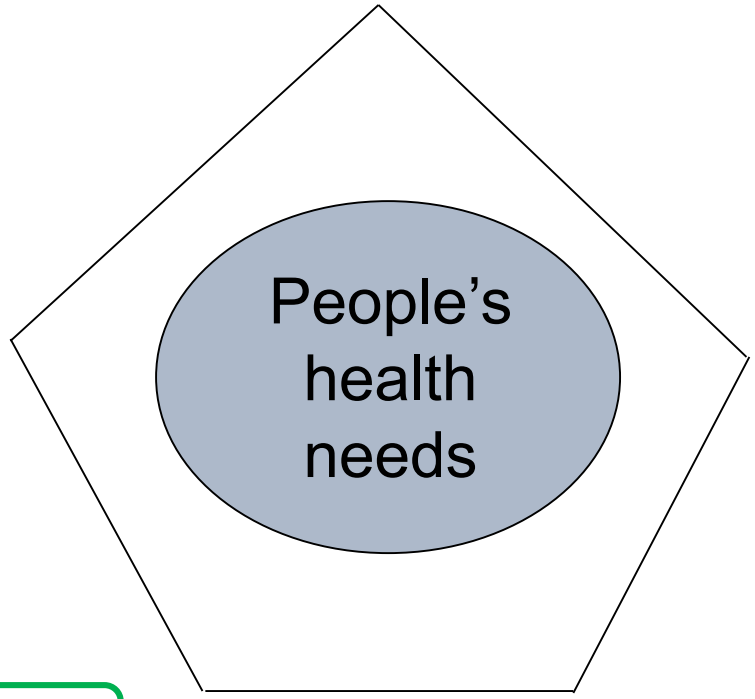
Social Accountability

"building accountability that relies on civic engagement, in which citizens participate directly or indirectly in demanding accountability from service providers and public officials"

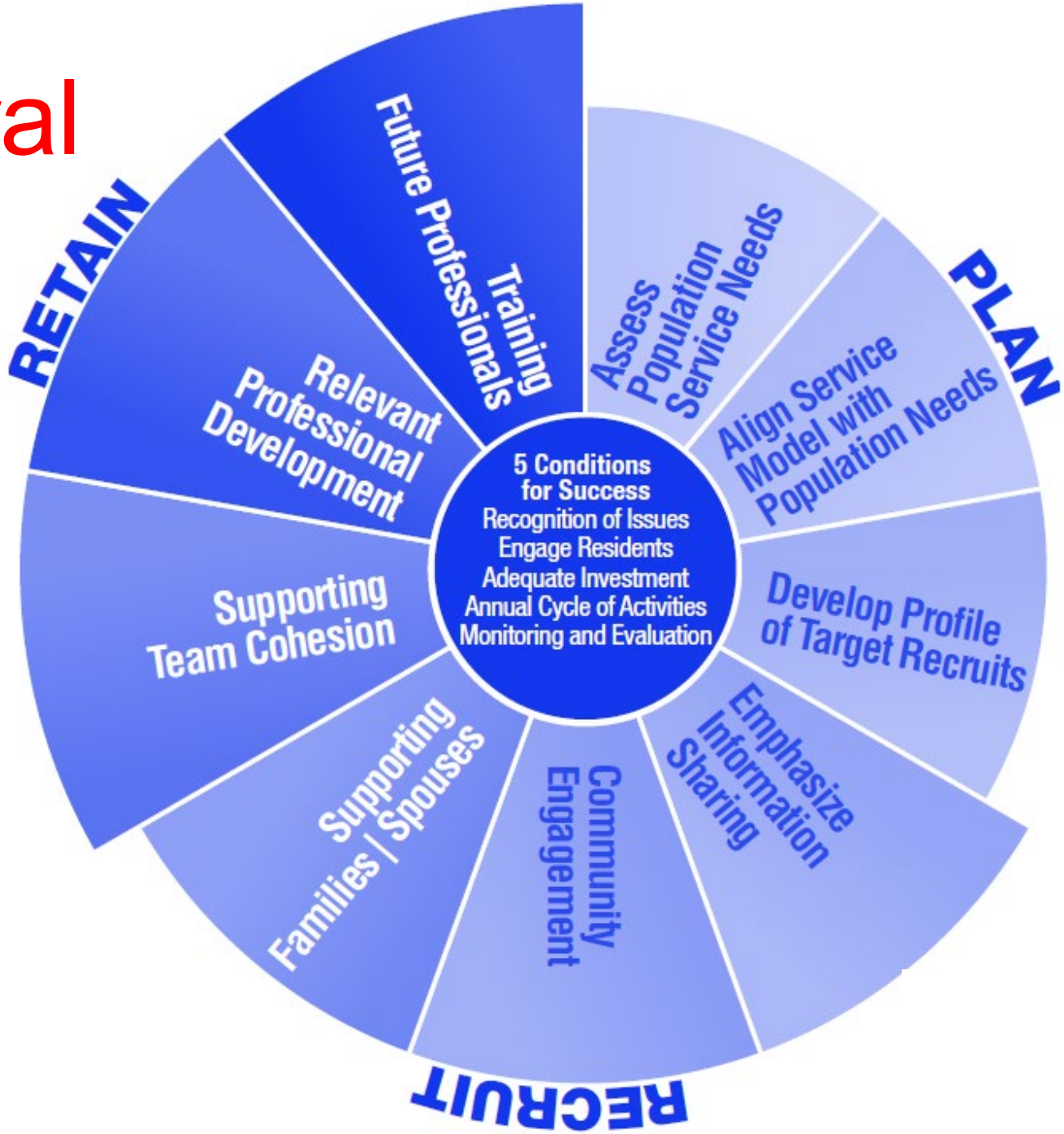
World Bank, 2009

"Social Accountability of medical schools is the obligation to direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation they have a mandate to serve" WHO, 1995

Partnership Pentagram



Remote Rural Workforce Stability Framework



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Fit-For-Purpose Workforce

- right skills, right care, right place, right time
- leadership, communications, team work
- addresses population health needs
- right mix and distribution
    - within and between medical disciplines
    - full scope of practice, top of licence
    - generalists and specialists in discipline
    - primary care and other levels of care
    - geographic mix and distribution

Underpinnings of the Framework

- Taking the long view is essential
- Strike a balance urgent vs long view
  - inter-sectoral investment in training and career promotion
  - create a desirable workplace
  - transient workers to make a longer-term commitment to your region

Plan

- Assess Population Service Needs - specific health needs vary from community to community and over time
- Align the Service Model with Population Needs - model designed in and for community, not imported from city
- Develop a Profile of Target Recruits - identify required mix and skills of providers for the service model

Recruit

- Emphasize Information Sharing - all about the professional, personal/family and social aspects of the work
- Community Engagement - active community participation is essential to successful recruitment
- Supporting Spouses / Families - the whole family has to feel welcome and at home in the community

Retain

- Supporting Team Cohesion - friendly, supportive work environment with accessible specialist support
- Relevant Professional Development - local team learning, on-line and funded travel to keep up-to-date
- Training Future Professionals - learning in remote rural settings improves retention and provides future recruits

Conditions for Success

- Recognition of unique rural and remote issues
- Inclusion of remote rural engagement & perspectives
- Targeted investment
- An annual cycle of activities
- Monitoring and evaluation

Immersive Community Engaged Education

- students immersed in community clinical settings
- generalist health care providers as the principal clinical teachers and role models
- socially accountable education grounded in community engagement
- authentic relationships focused on improving the health of local population
- successful production of skilled health workers

Rural Generalist Pathway

- rural high school health careers promotion
- rural led selection process
- prolonged immersive rural undergraduate educational and clinical learning
- rural based postgraduate training
- rural enhanced skills training
- rural continuing professional development

Financing Models

- whole community funding for comprehensive services
- outcomes focused on local priority health needs
- targeted investment in local infrastructure
- patient transport and communications funded
- funded professional development for staff
- rewards for quality service, teamwork, upskilling
- funded research and quality improvement

COVID-19 Impact

- inequities and fragility of rural and Indigenous health as well as aged care brought into sharp focus
- city people told to stay away from rural communities
- avoidance of health services for non-COVID illnesses
- valuing of self sufficiency and local resourcefulness
- “impossible” now possible: telehealth; online education

Essentials for Success

- Context is critical
- Active community participation
- Focus on population health needs
- Challenge conventional wisdom
- Definition of success
- Vision, mission and values
- Program blueprint
- Standards and quality

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