

AIHA Convenes Primary Care Advisory Committee

By Julia Ross

As the call for high-quality, comprehensive, affordable and accessible health care in the New Independent States (NIS) reaches an ever-louder pitch, AIHA stands ready to launch a second wave of partnerships in the region focused on bolstering what policymakers and clinicians have identified as a seminal issue: primary care.

In order to flesh out a framework for implementing a partnership model for primary care in NIS nations, AIHA convened a Primary Health Care Advisory Committee late last year. The group--which includes about 40 NIS and US health officials, partners and AIHA staff members--held its first meeting in Washington, DC the week of December 14 to share information about the current state of primary care reform in the NIS and US, and to reach consensus on the objectives of planned partnerships.

The week began with several visits to primary care sites in the Washington area for NIS participants. Gaining exposure to community-based, worksite and mainstream primary care practices, the delegation visited the Southwest Community Health Center, the US Environmental Protection Agency Wellness Center, and the George Washington University Family Practice Center in Rockville, Maryland.

"We look at the patient as an entire person and try to get them to invest in a healthy lifestyle rather than just trying to fix the problem today," David King, MD, an internist at the Southwest center, told his NIS counterparts.

Kicking off the two-day committee meeting, Neal Vanselow, MD, chancellor-emeritus at Tulane University Medical Center in New Orleans, Louisiana and committee chair, provided an overview of primary care in the US. "Over the last two decades, the value of primary care has been rediscovered," he said. "There is a recognition that the primary care model is less expensive than the old specialty model ... that having primary care physicians enhances the quality of care ... and that it improves access to care."

Committee members from Russia, Central Asia, West NIS and the Caucasus gave presentations on reform efforts currently under way in their countries. Valentin Rousovitch, MD, a general practitioner from rural Krupitsa, Belarus, discussed the outcomes of a local general practice health care center built in the early 1990's under the auspices of the European Union-TACIS project. The center, which employs three general practitioners, a dentist, four nurses, a midwife and a pharmacist, has had a measurable impact on the health status of area residents: the number of abortions performed at the center dropped from 42 to 18 over four years and the incidence of "major medical problems" declined 54 percent, Rousovitch said. Damilya Nugmanova, MD, PhD, head of the Department of Family Medicine, Kazak State Medical University in Almaty, Kazakstan, described her nation's efforts to implement a new primary care structure this year by developing a network of "family general practitioners" and converting polyclinics to primary care practices incorporating teams of internists, obstetrician/gynecologists and pediatricians.

In Georgia, a draft strategy for primary care reform is currently being debated by the Ministry of Health, said Nata Avaliani, MD, MPH, deputy director, Department of Public Health, Georgian Ministry of Health. Under the plan, the functions of a national primary care system would cover basic diagnostic and curative services, preventive examinations, health education, maternal and child health services, immunization and emergency medical services. In addition to general practice physicians and nurses, the new system would also carve out a role for two new professions: social workers and assistant nurses.

Wrapping up the committee's plenary session, John Eisenberg, MD, MBA, administrator of the US Agency for Health Policy and Research and senior advisor to the US Secretary of Health and Human Services on the Commission on Quality Health Care, reported on preliminary primary care recommendations of the Gore-Primakov Commission, which held an early-December meeting in Moscow.

"In both of our countries [the United States and Russia], we need to do a better job of training managers and administrators in primary care because systems are just as important as people," Eisenberg noted. The commission's draft recommendations on primary care address ten areas for US-Russian collaboration, including: development of quality indicators, treatment standards and teaching models; promoting preventive care; establishing evidence-based medicine centers; and implementing a strategy for accreditation, licensure and credentialing.

Working Group Recommendations

Charged with analyzing the "strengths, weaknesses, opportunities and threats" of primary care practice in their home nations, NIS and US participants broke into working groups to identify the essential elements needed to improve the primary care system in the NIS, to define what types of partnerships would best facilitate the region's primary care agenda, and to suggest methods of evaluating the work of such partnerships.

While NIS committee members listed accessibility, a well-developed infrastructure and a committed and extensive workforce as strengths of their systems, they said a lack of financing, resistance to change and a lack of primary care standards were drawbacks. The working group representing Central Asia and the Caucasus reported that a primary care system should include: 1) an extensive professional education component that focuses on training and re-training physicians and nurses; 2) an interdisciplinary scope of practice including areas such as pediatrics, family planning, emergency medical services and laboratory services; 3) an emphasis on health promotion that relies on patient education; and 4) a structure built on universal access, intersectoral involvement and community participation.

The group representing the Russian Federation suggested that primary care partners begin their work by obtaining institutional support, identifying key players, evaluating resources, conducting a community needs assessment and developing clear objectives. Group members recommended that evaluation measures after three years might assess patient and provider satisfaction, awareness and attitudes of the catchment population, and the skill level of personnel after training or re-training.

Representatives of the West NIS nations advised that partnerships focus on developing new centers for general practice and family medicine based on the existing networks of polyclinics, elevating the status of nurses and medical assistants, creating health information centers targeted to the public, and reaching out to local government authorities as well as non-governmental entities.

At the meeting's conclusion, committee members expressed optimism that partnerships can play a critical role in implementing primary care reform efforts across the NIS. "We have rather good traditions, if not in practice, in theory," said Volodymyr Zagorodniy, MD, first deputy head, Kiev City Health Administration in Kiev, Ukraine. "We need to admit that our work will be centered around medical personnel. It is medical personnel who should carry an ideology of change."

"Each country is seeking its own path. We should not try to create the same model" added Yuri Komarov, MD, PhD, general director of MedSocEconomInform, the Russian Ministry of Health's public health and health services research institute. "The primary task in my mind is to train the trainers. To be able to accomplish this, we need to establish complete health schools and develop modern information technologies."

"The unity of vision here is remarkable," AIHA executive director James P. Smith told NIS and US participants. "And the fact that it includes a sense of the need to reach out to communities and involve the rest of the social infrastructure is also notable. What will be great about this [primary care] program will be 15 or 20 different paths all moving toward a common objective."