For me, providing care to people in their homes is extremely rewarding, not only because I am helping patients, but also because it gives me greater autonomy. Inpatient care is dominated by physicians, but home care is truly a nurse’s domain,” Marina Markova explains, noting that being a nurse in Russia today requires more independent thinking than it ever has. As senior nurse at Medical Center DELOR, a primary care facility established by the St. Petersburg State Medical University Hospital and DELOR—a private company that coordinates patient referrals to the hospital’s specialists—Markova’s responsibilities range from training new nurses to patient care. Despite her varied duties, home care remains one of her most satisfying tasks.

Observing this confident, energetic 40-year-old deftly juggle her duties at the Center, it’s difficult to imagine that she hasn’t been involved in primary care for decades. In fact, Markova was a surgical nurse in the hospital’s urology department for almost 15 years when, in 1996, she heard about a new clinic the hospital was planning to open. At that time, healthcare reform efforts leaning away from highly-specialized care and toward primary care were already underway. As part of AIHA’s St. Petersburg/Atlanta partnership, the facility was well-equipped to make family medicine part of the changes they were implementing. But, Markova explains, the concept of primary care is not deeply rooted in the Russian mentality. “Under the Soviet system, the idea of family medicine became lost in a sea of specialists. Telling people that a general practice office was opening in their community meant nothing to them.”

Nevertheless, Markova was convinced that primary care was the wave of the future, so she enrolled in a nine-month course and obtained a certificate in primary care nursing. When Medical Center DELOR opened its doors later that year, she joined the practice as senior nurse. Eager to learn more about her chosen career path, she signed up for two more courses—both at the Post-graduate Nursing College at St. Petersburg Hospital #122, a member institution of the St. Petersburg/Louisville partnership and the only place in the city that offers an American-style nursing curriculum. There, classes on clinical practice and management opened up a world of new ideas for her and, when the opportunity to participate in a professional exchange hosted by the Georgia Baptist Medical Center in Atlanta arose, Markova was eager to see the theories she had learned put into practice. “My experience and the courses I had taken gave me the knowledge, but seeing everything with my own eyes impressed me more than I ever thought it would,” she says.

Something else impressed Markova even more: the way the nurses in Atlanta were viewed—not only by the medical community but by patients as well. “Nursing is a respected profession in the United States. Nurses work capably and independently, yet they also work as a team with the physicians. In Russia, this hasn’t been the case, but it is starting to change,” she remarks, noting that similar doctor/nurse teams were established at DELOR soon after she returned from the exchange.

“The doctors I work with now view nurses as partners. They are starting to spread this notion to their colleagues and to the patients. But, even though the first encounter most of our patients have is with a nurse, not everyone is so quick to change,” she says, explaining that the team structure at DELOR helps staff provide comprehensive care, while ensuring they operate in a more cost-effective manner. “In the past we had a relatively high rate of hospitalizations, but our American partners showed us that many patients didn’t require hospital care. What they really needed was social care—someone to teach them how to manage their conditions, to talk openly with them, and to oversee their treatment” Markova explains. For the elderly or chronically ill, this means home visits.

“Well with long-term patients such as Boris, I feel that we have developed a relationship that transcends clinical care—we are a team. This is a particularly important approach when patients are living on a fixed income and may not be able to afford the medication they need.” Healthcare providers alone cannot solve all the problems that exist today, she concludes, noting, “Having spent time working with kindred spirits in the United States, I’ve come to believe that grassroots, community-based partnerships such as these are the most effective way to implement reform.”