Strengthening primary care system across OECD countries

Caroline Berchet
Health Division, OECD
Rationale of investing in strong primary care systems
Patients are becoming more complex…

Figure 1.1 The prevalence of multimorbidity is increasing with age

Reliance on acute care is diminishing…

Source: OECD health statistics
…and primary care is stepping up to reduce waste

- Problems at the interfaces of hospitals and other services
  - Unnecessary emergency department attendance
  - Too many people being admitted (rather than treated on an ambulatory basis)
  - Delays in discharging patients

Source: OECD waste report
Arrangements of primary care across OECD countries
Primary care arrangements differ across OECD countries

| 17 countries | Primary care **control access** to secondary care  
|             | • To ensure that patients receive the best possible care for their conditions  
|             | • To achieve greater coordination |

| 22 countries | Primary care is mainly organised around **group practice**  
|             | • To improve access to and quality of care for patients  
|             | • To avoid the constraints and isolation related to solo practice |

| 14 countries | **Blended forms of payments** is used  
|             | • Incentivise provision of high-quality care  
|             | • Facilitate care co-ordination for people with complex needs across health providers |

Source: 2016 Health System Characteristic Survey
But all share common weaknesses

- Payment systems do not support co-ordination
- New professional roles in primary care are often unexploited
- Effective ways to support patient self-management remain elusive
- Standards and guidelines for integrated care poorly developed
- Information on primary care activities and outcomes is lacking or under-used
Strengthening information system in primary care
Measuring access to and utilisation of primary care (1/2)

<table>
<thead>
<tr>
<th>SIAP and BDCAP systems in Spain</th>
<th>SALAR and the National Board on Health in Sweden</th>
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<tbody>
<tr>
<td>• Focus on access and activities of primary care services at regional and national level</td>
<td>• Focus on the performance on a general and regional system level (primary and specialist care)</td>
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<tr>
<td>• Examples of indicators:</td>
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<tr>
<td>• Number of nurses and general practitioners consultations (per sex, age, place of consultation, etc..)</td>
<td>• Perceived availability of appointments at primary care clinics</td>
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<tr>
<td>• Pharmaceutical prescription in primary care</td>
<td>• Availability of primary care by phone</td>
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<tr>
<td>• Number of X-rays performed</td>
<td>• Appointment with a primary care doctor within 7 days</td>
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</table>

Source: OECD Health Care Quality Review - Sweden
Measuring access to and utilisation of primary care (2/2)

Figure 31: Percentage of patients who were given an appointment with a general practitioner within seven days, March 2012.

Source: OECD Health Care Quality Review - Sweden
## Measuring quality and clinical performance of primary care services (1/2)

### The Tuscan Performance Evaluation System
- More than 130 indicators, grouped in 5 domains including good management of chronic diseases
- Exemple of indicators:
  - Preventable hospitalisation for chronic conditions
  - GP follow chronic care model
  - Patient with heart failure treated with beta blockers

### The Quality Indicators in Community Healthcare in Israel
- It covers six areas of primary care activity focussing on primary prevention, disease management and effectiveness of care
- Example of indicators:
  - Influenza vaccination for individual with persistent asthma
  - Assessment of inadequate glycemic control for patients with diabetes

Source: OECD Health Care Quality Review - Italy, Israel
Measuring clinical performance of primary care services (2/2)

- Asthma Care
  - Control medication
  - Influenza vaccination

- Cancer screening
  - Breast cancer
  - Colon cancer

- Immunisations for older adults
  - Influenza vaccination
  - Pneumococcal vaccination

- Child and adolescent health
  - Anemia screening (infants)
  - BMI assessment (adolescents)

- Cardiovascular health
  - Primary prevention
    - Cholesterol assessment
    - Weight assessment
    - Blood pressure assessment
  - Care
    - Use of LDL modifiers
    - Use of ACEI/ARB
    - Use of beta blockers
  - Effectiveness of care
    - Cholesterol assessment for cardiac patients

- Diabetes Care
  - Glycemic control
  - Cholesterol assessment
  - Eye care
  - Kidney care
  - Immunisations
  - Blood pressure assessment
  - Weight assessment

Source: OECD Health Care Quality Review - Israel
### Measuring cost, waste and efficiency in primary care

#### Sclinico in Portugal

- Covers family practice, nursing appointments, nutrition appointments, and basic emergency care.
- Wide number of quality indicators, prevalence and incidence for a number of chronic diseases.
- Examples of indicators:
  - Average spending on drugs billed for user
  - Average expenditure per user of prescription drugs user

#### The Quality and Outcomes Framework in the United Kingdom

- Comprehensive data for every practice on quality of care
- There are 150 indicators
- Example of indicators:
  - costs of medicines in the community,
  - costs and use of generics,
  - use of emergency department for conditions that could be treated in primary care settings

Source: OECD Health Care Quality Review –Portugal, United Kingdom
# Measuring equity in primary care

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<th>The Quality and Outcomes Framework in the United Kingdom</th>
<th>The Tuscan Performance Evaluation System in Italy</th>
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<td>The numbers of consultation with general practitioners or nurses is available by working status</td>
<td>The numbers of patients registered at GP practices is available by education groups</td>
<td>Emergency department access rate are standardised per education groups</td>
</tr>
</tbody>
</table>

Source: OECD Health Care Quality Review –United Kingdom, Italy
Thank you!

Contact: caroline.berchet@oecd.org

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