TECHNICAL SERIES

ON PRIMARY HEALTH CARE

Quality in **primary health care**

Acknowledgements

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Executive summary

Inherent in universal health coverage is the need to think beyond improving access to services to also ensuring that those services are of good enough quality to be effective. While many elements of quality have been described over decades, there is growing acknowledgement that high-quality health services across the world should be effective, safe and people-centred. In addition, in order to realize the benefits of high-quality health care, health services should be timely, equitable, integrated and efficient.

Primary health care is central to delivering on the promise of high-quality universal health coverage. The three interrelated pillars of primary health care are: empowered people and engaged communities; multisectoral action for health; and health services that prioritize delivery of high-quality primary care and essential public health functions. While the ways that a primary health care approach promotes quality of care are well recognized, it is widely accepted that quality does not occur spontaneously. Indeed, embedding a culture of quality in primary health care lies at the heart of sustainable improvement in care.

The challenges to improving the quality of primary health care across the world are substantial. Six stand out. First, there is often a misunderstanding of what quality means and how methods to improve quality can be applied to primary health care to improve health system performance and health outcomes. Second, national strategic approaches to quality are often disconnected from local primary health care efforts – front-line realities faced by primary health care teams are often ignored when setting national directions. Third, efforts to measure indictors at the primary health care level are disconnected from improvement efforts; primary health care teams provide the information but effective feedback mechanisms are not in place. Fourth, efforts to improve quality at the primary health care level are not sufficiently integrated with overall health service delivery including district health teams and hospital-level care. Fifth, initiatives are often seen as projects that are time-bound and not embedded within a sustainable and longer-term approach to develop the quality of primary health care. Finally, evidence-based interventions that are adopted are not contextually relevant; too often, solutions to improve primary health care that are developed globally create challenges for primary health care at the local level.

This paper provides governments and policy-makers with an overview of the key issues of quality in primary health care and its importance to achieving the broad public health goals within universal health coverage. It makes the case for quality improvement as a core function of primary health care and provides the perspectives of different levels of the health system on improving quality in primary health care. Achieving change in quality of care is a complex endeavour which requires a multimodal approach that recognizes the specific challenges of individual settings, and values evidence, innovation and country experience. This report is not a comprehensive literature review, but instead cites a number of principles and interventions that can form part of efforts to achieve such change. It is largely based on the 2018 publication of the World Health Organization, Organisation for Economic Co-operation and Development, and The World Bank, and recent reports from the United States National Academies of Sciences and the Lancet Global Commission for High Quality Health Systems. Each of these three publications emphasizes the central role of quality in primary health care and universal health coverage. They highlight measures that have been proposed to improve quality and that have been reviewed by experts based on various criteria including their relevance to a wide variety of countries globally, their common consideration as options, the availability of evidence to guide selection and use, and whether they can be implemented at many levels, including primary care.

A systems perspective to building high-quality primary health care is fundamental. Fig. 1 illustrates the relationship between primary health care quality and universal health coverage and the health system environment.

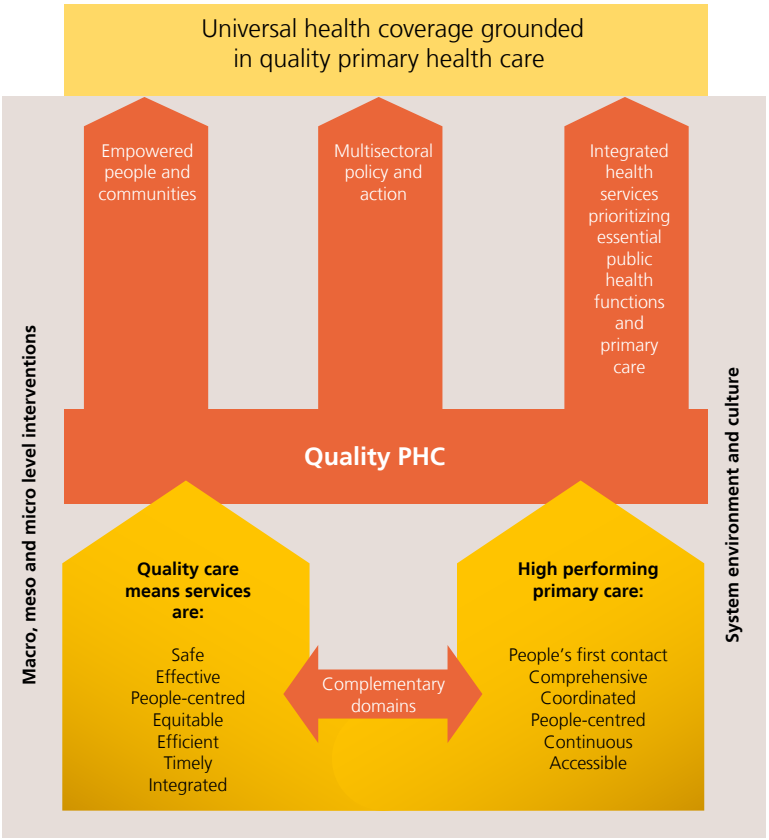


Fig. 1 Relationship between quality primary health care and achievement of universal health coverage

The quality of primary health care can be greatly affected by the prevailing culture and environment of the health system. There are a number of interventions to improve quality of care at the system level that create an enabling environment, including: national workforce strategies; registration and licensing mechanisms; external evaluation or accreditation; public reporting and benchmarking mechanisms; and national regulatory bodies for medicines, medical devices and other health products. Health information systems to measure and drive quality of care, and financing methods to support provision of high-quality care are also essential.

For health care to be truly people-centred, service users and communities need to play an active role in the design and delivery of health services to ensure local needs are met. At the same time, a national policy and strategy is needed to help structure efforts and drive progress including a national policy and strategy on quality to support improvement at the primary health care level.

No single actor will be able to effect all the necessary changes. Health systems managers and policy-makers need to take up the challenge to implement evidence-based primary care interventions that demonstrate improvement, measure against similar systems that are delivering the best primary health care performance, and promote systems and practices that will reduce harm to people. People are central to primary health care. They should

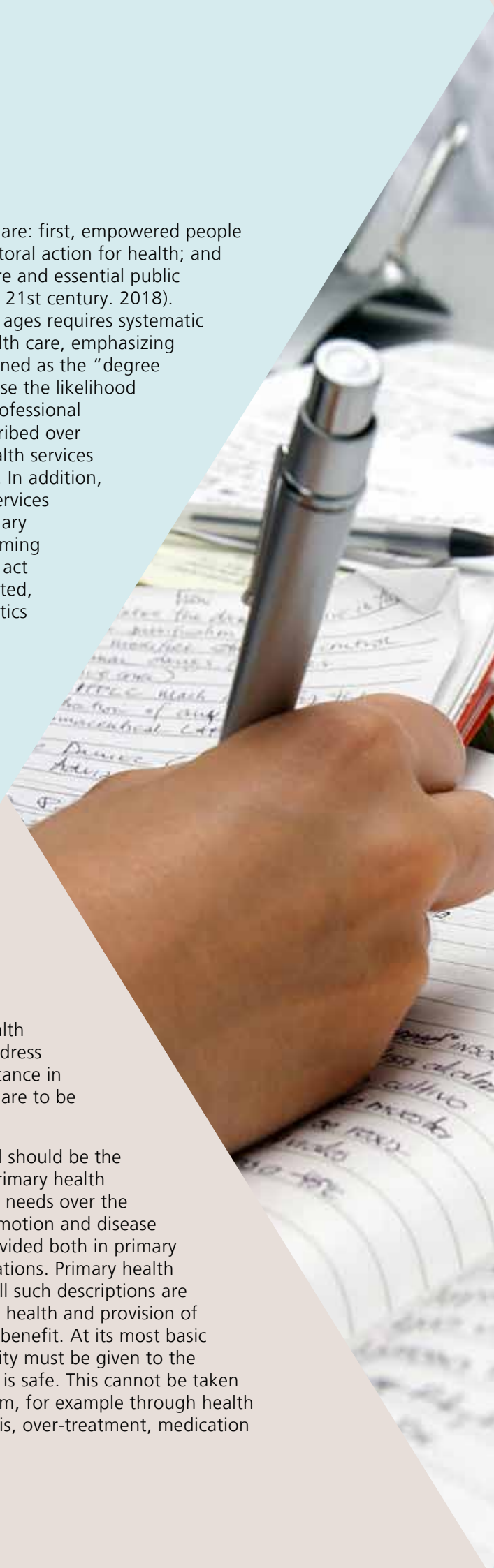
be empowered to actively engage in care to optimize their health, play a leading role in the design of new models of care to meet the needs of the local community, be informed that access to care that meets achievable modern standards of quality is their right, and receive support to manage their own long-term conditions. Primary health care workers can participate in quality measurement and improvement with their patients and should embrace a practice philosophy of teamwork with patients as partners in the delivery of care using data to demonstrate the effectiveness and safety of primary care. An integrated collaborative approach between actors is needed to have a demonstrable effect on the quality of primary health care. Central to all these endeavours is building capacity to improve quality across primary health care and creating a culture of quality and learning.

Building on these system-level considerations, some interventions for improving quality are described in this paper. These are clustered around three themes: reducing harm in primary health care; improving clinical care delivered in primary health care; and engaging and empowering the patient, family and community in primary health care. While these interventions provide an indication of where to start when selecting interventions to improve the quality of primary health care, they are not exhaustive and do not take full account of the reality of implementing them in different contexts where often many interconnected actions are required. This is where the learning agenda becomes critical. Decision-makers need to consider five key questions: what is working; why is it working; how is it working; who is it working for; and how can it be scaled up. Indeed, a learning system is a fundamental building block for efforts to drive quality in primary care in all settings. Needless to say – but important to reiterate – national drives on quality need to be informed by the realities of front-line health services, many of which are delivered through primary health care.

We find ourselves at a critical juncture as we look to future health systems. As the health community reaffirms the importance of primary health care to universal health coverage and population health, a series of recent reports have highlighted the pressing need for action on quality of care by providers, national authorities and the global community. Indeed, the WHO Director-General recently asked, "how could health care be anything other than high quality?" High-quality primary health care should be expected and delivered as standard, yet we know that this is often not the case. However, there is an emerging consensus on where to start based on strong evidence and country experiences. High-quality primary health care is central to universal health coverage, and concerted action across health systems can make it a reality.

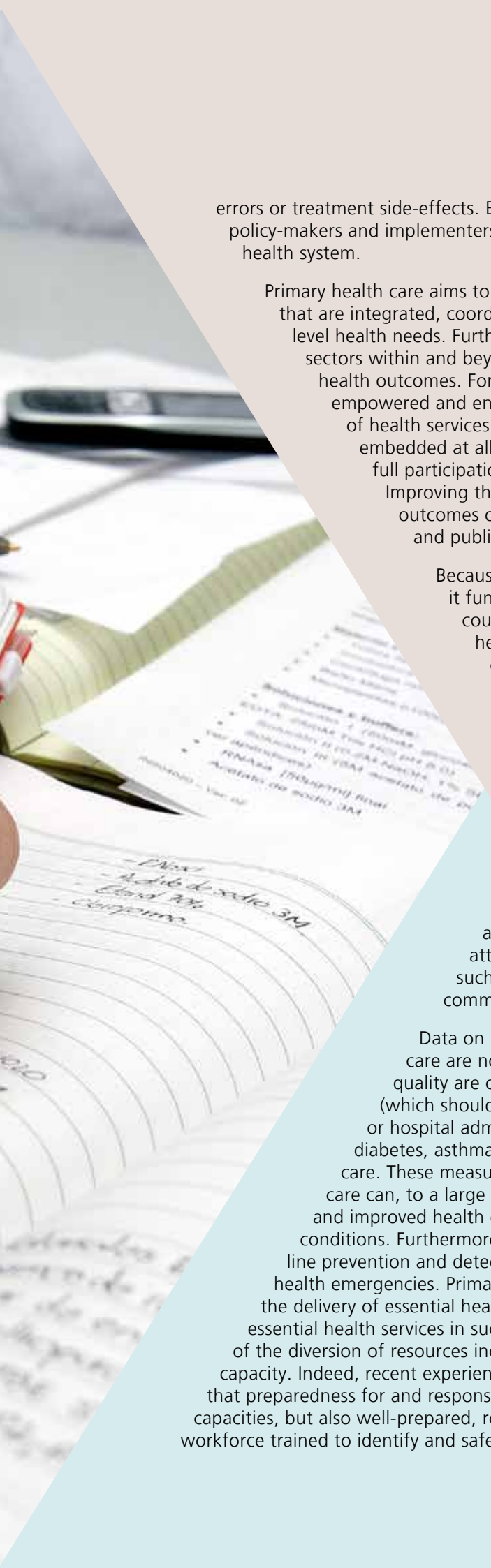
Background

The three essential, interrelated pillars for primary health care are: first, empowered people and engaged communities; second, multisectoral and intersectoral action for health; and third, health services that deliver both high-quality primary care and essential public health functions (WHO. A vision for primary health care in the 21st century. 2018). Achieving the goal of healthy lives and well-being for all at all ages requires systematic and coherent evidence-based actions to reinforce primary health care, emphasizing equity, efficiency and quality *(1)*. Quality of care has been defined as the "degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge" *(2)*. While many quality elements have been described over decades, there is "growing acknowledgement that quality health services across the world should be effective, safe and people-centred. In addition, in order to realize the benefits of quality health care, health services should be timely, equitable, integrated and efficient" *(3)*. Primary care research has highlighted six characteristics of high-performing primary care systems. These include primary care systems that act as people's first contact and that are comprehensive, coordinated, people-centred, continuous and accessible *(4)*. The characteristics ascribed to high-quality primary care systems are mutually reinforcing.



Examining these foundational definitions immediately highlights the linkages between primary health care and quality. Importantly, high-quality primary health care incorporates two aspects of health services – primary care and essential public health functions – that are linked and mutually reinforcing. These health services are the first contact of people with the health system, and they should build trust with individuals and provide continuous and coordinated care that is people-centred and comprehensive. While not always evident in current models, the implicit focus on essential public health functions provides an opportunity for a wider population-based approach, linking population-based services to personal health services, and highlighting key activities in health protection, health promotion, disease prevention, surveillance and preparedness. Primary care is where most health services are delivered, and essential public health functions address health at a population level; clearly, quality is of critical importance in each of these components of primary care if health outcomes are to be optimized.

Primary health care is the entry point to the health system and should be the consistent point of care over the long term. The function of primary health care is to coordinate the care of people and their many health needs over the life course and across the continuum of care (from health promotion and disease prevention to treatment, rehabilitation and palliative care) provided both in primary care facilities and communities, and for individuals and populations. Primary health care can be described in many ways. However, consistent to all such descriptions are its values that are deeply rooted in a rights-based approach to health and provision of health services that are based on evidence of potential health benefit. At its most basic level, this requires that services first cause no harm, thus priority must be given to the essential structures and systems to ensure primary health care is safe. This cannot be taken for granted; all health services have the potential to cause harm, for example through health care-associated infection, antimicrobial resistance, misdiagnosis, over-treatment, medication



errors or treatment side-effects. Ensuring safety in primary health care is a vital; however, policy-makers and implementers must systematically address all areas of quality across the health system.

Primary health care aims to improve health outcomes through health services that are integrated, coordinated and respond to individual- and population-level health needs. Furthermore, collaboration and coordination with multiple sectors within and beyond health is particularly important to achieving positive health outcomes. For primary health care to be effective, people need to be empowered and engaged in the planning, implementation and evaluation of health services. Engagement of people and communities should be embedded at all levels: from system planning and governance through to full participation in clinical decisions and population health measures. Improving the quality of primary health care requires evaluation of the outcomes of multisectoral policies on health as well as of primary care and public health services.

Because primary health care is specific to the context in which it functions, it looks different in structure and delivery from country to country. For example, primary care and public health services are delivered in a variety of institutional and community settings; different aspects can be delivered by a range of health professionals, including doctors, nurses or community health workers. While traditional notions of primary care have often emphasized the role of the general practitioner or family physician, effective primary care is now being delivered in many settings by multidisciplinary teams to provide a comprehensive package of services in a more holistic model of care. High-performing multidisciplinary teams provide the range of skills and competencies – beyond traditional clinical skills – needed for delivery of high-quality care that puts people at its heart. Improving the quality of services requires equal attention to both clinical skills and non-clinical functions such as effective community engagement, leadership, communication and innovation.

Data on health outcomes and quality of services in primary health care are not widely available *(5,6)*. As a result, indirect measures of quality are often used, such as the prevalence of high blood pressure (which should be detected and effectively treated in primary care) or hospital admission rates for common, long-term conditions such as diabetes, asthma or heart failure that can be effectively treated in primary care. These measures point to the fact that high-quality primary health care can, to a large extent, contribute to the well-being of a population and improved health outcomes, especially for people living with long-term conditions. Furthermore, primary health care has a pivotal role in the front-line prevention and detection of and response to outbreaks and other public health emergencies. Primary health care also has an important role in maintaining the delivery of essential health services in the face of an emergency. Disruption of essential health services in such situations is a considerable threat to quality because of the diversion of resources including skilled workers, financial resources and leadership capacity. Indeed, recent experience from major public health emergencies has demonstrated that preparedness for and response to such events requires not only specialist and national capacities, but also well-prepared, routine quality primary care services with, for example, a workforce trained to identify and safely manage public health threats.

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