Primary Care Team

PHC system and Principles in Saudi Arabia

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From slides | Doctor's Notes | Team's Notes | From the book | Important

431 Teams

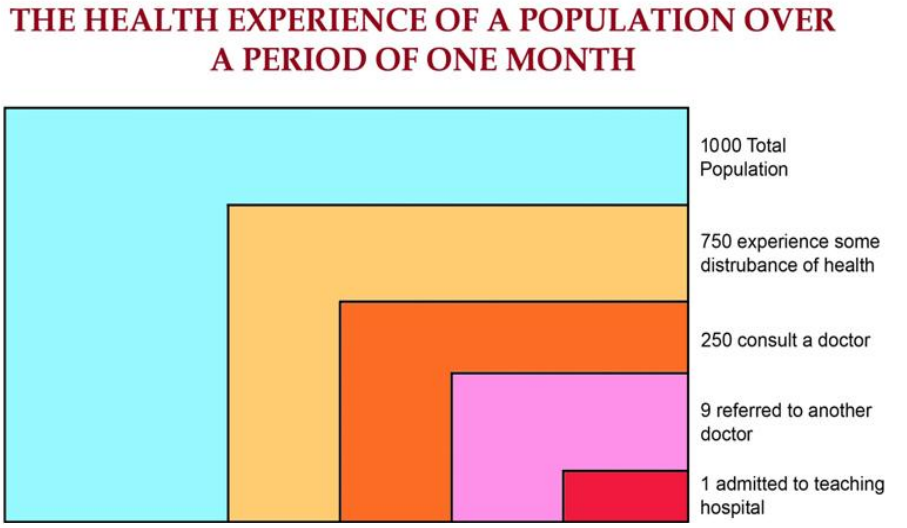
Case:

Sarah a 24 year old teacher. She is married and has two children.

She complains of abdominal pain for a three days.

What are the differential diagnoses? Gall stone, IBS, Renal stone, Appendicitis, Muscular pain, Dysmenorrheal, Herpes zoster, Constipation, Referred pain, etc

Where should she seek help?



This diagram shows a sample of 1000 of the population, 750 of them had a medical condition over a period of one month, 250 of them consult a doctor, 9 of them referred to another doctor, 1 of them admitted to teaching hospital.

International study of health of all people in 1973

results were worse than that of 1960

(A) In Developed Countries

***diseases of modernisation.**

***over eating & non blalanced diets**

***Alcoholism**

***Smoking**

***overuse of hard drugs**

***Worry & distress**

(B) In Developing Countries

***Third did not have access to safe water**

***Quarter suffered from malnutrition**

***Diarrhea**

***High infant mortality rate 150 - 250 per 1000. infant mortality rate in our country is 17.**

infant mortality rate in Scandinavian countries is 5.

***High maternal mortality rate 3 - 15 per 1000**

Some causes of maternal mortality:

Puerperal fever - Bleeding - Preeclampsia - Infections.

Generally adverse situation due to:

***In Both Developed and Developing Countries, there is low access to comprehensive services**

***In some countries one out of two see health worker once/year**

***Services were urban based (in the cities only)**

***Services were curative oriented**

***Planning not related to needs (due to absence of statistics).**

***Absent statistics leading to maldistribution**

***No community participation**

***Lack of coordination**

***Economical deterioration**

PHC as a Tool for HFA

Member of WHO & signatory of HFA declaration.

PHC has become a national strategy development plan.

1980 A Ministerial decree was issued, consolidating dispensaries, health offices and MCH centers into PHC centers.

Health coverage reached 99 % .

Cardinal Features of PHC(WHO 1978)

PHC is essential health care based on practical, scientifically & socially acceptable methods & technology made universally accessible to individuals & families in the community through their full participation and a cost that the country can afford to maintain self-reliance and self-determination. It forms an integral part of health system & the overall social & economic development of the community. First level of contact, close as possible to people & constitutes continuing care

PHC ELEMENTS

(1)Health education

(2)Promotion of nutrition

(3)Environmental sanitation

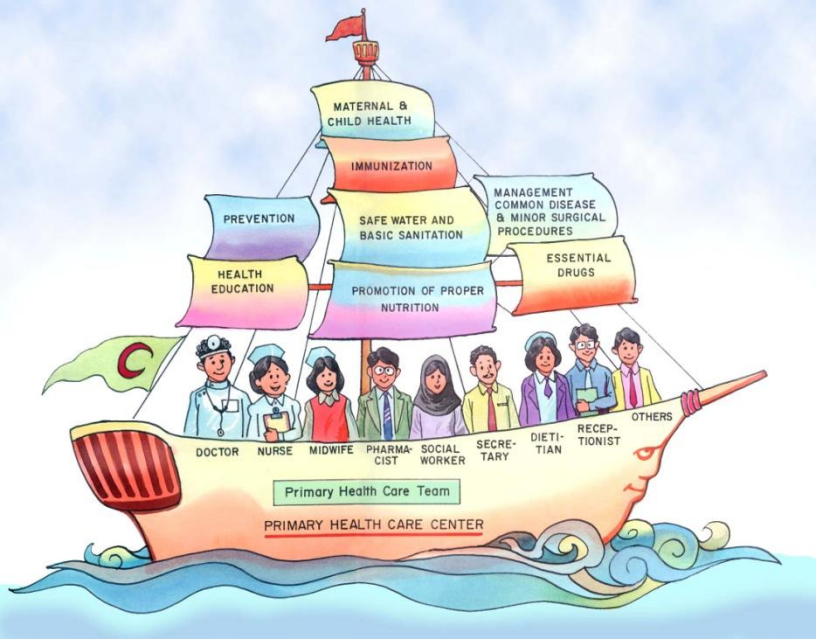
(4)Maternal and child care

(5)Immunisation

(6)Prevention , control&eradication

(7)Treatment of common diseases

(8)Essential drugs



Strategies for PHC

1.Expansion and efficiency

2.Better relations with community

3.Comprehensive health care

4.Integration of preventive and curative

5.Promotion of health awareness

6.Coordination with secondary and tertiary care

7.Coordination with academic institutions

8.Multisectorial coordination

9.At risk approach

How to Implement

1. Define your community

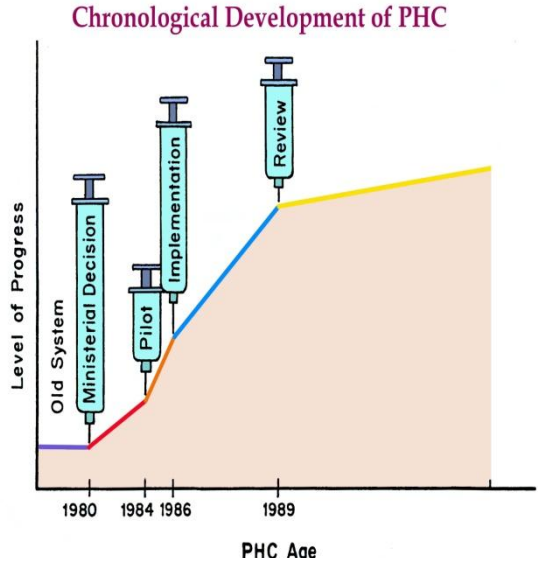
2. Define your community needs

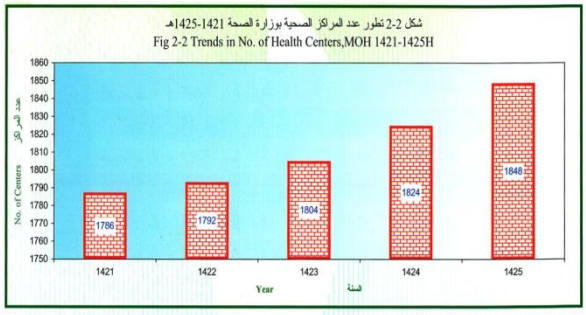
(a)community survey

(b)community analysis

(c) setting effective plans priorities

3.team approach

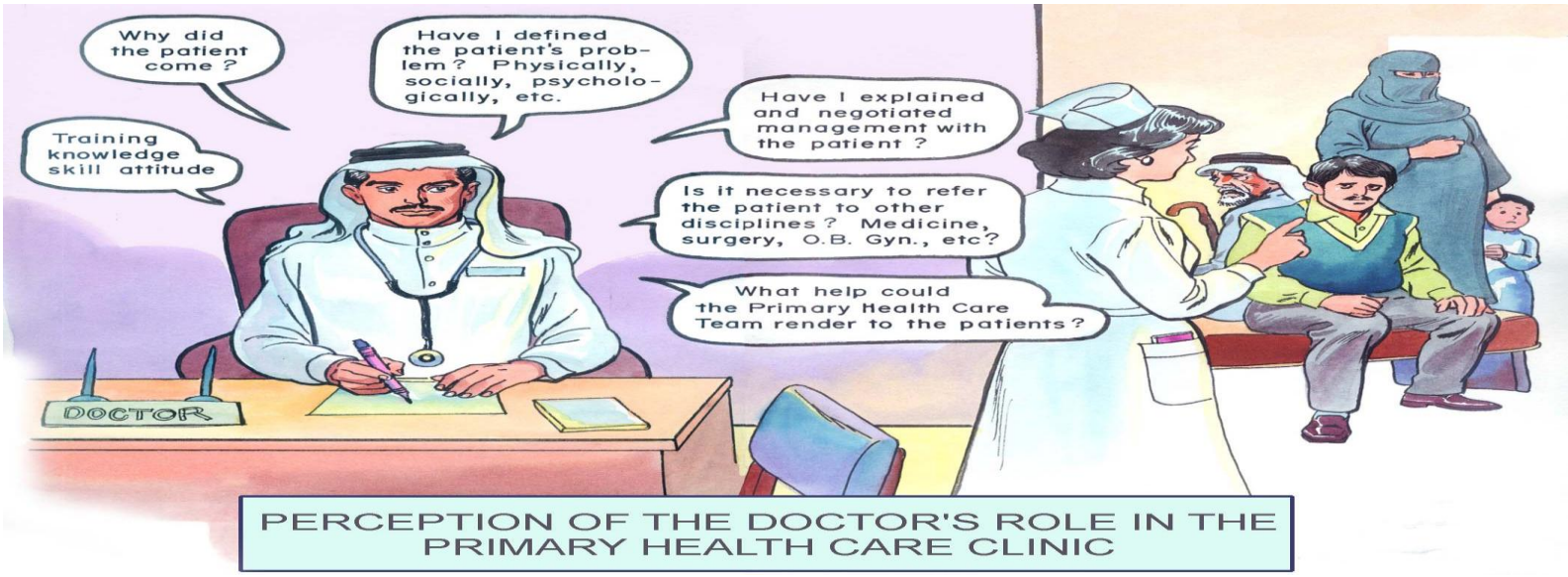




The primary health care program starts in Saudi Arabia at 1980.

Development of PHC/FM

1982	**2008**
300HCs	**2000HCs**
No Family physicians	**500 FPs**
No undergraduate	**All universities**
No postgraduate	**About 20 programs**
No commission	**SCFHS**



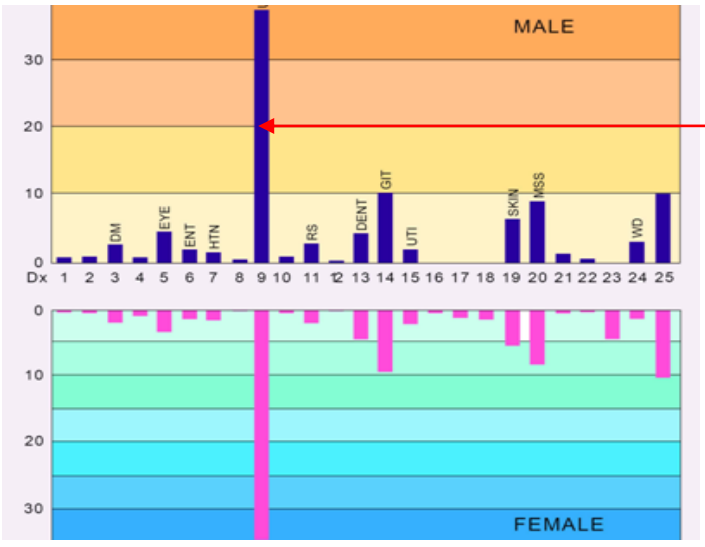
PHC& Hospitals in SA

64,114,758 visits

3 visits / Person / Year

83.5 % PHC Centers

16.5 % Hospitals



The highest number of visiting is

Upper Respiratory Tract Infection (URTI)

According to W. Fabb and J. Fry, good primary health care must include the following "As" It must be:

1. Available

2. Accessible

3. Affordable

4. Acceptable

5. Adaptable

6. Applicable

7. Attainable

8. Appropriate

9. Assessable

Contrast between Primary and Specialist Care regarding contact:

Primary Care

consultations, contact is

initiated by the patient.

Specialist Care (Hospital)

Contact is usually initiated by referral from another doctor.

Contrast between Primary and Specialist Care regarding accessibility:

Primary Care

Pt, relative & Dr are readily

accessible to each other,

often over many years.

This provides opportunity for:

Extended observation

Extended diagnosis

Comprehensive care

Continuing care

Preventive care

Specialist Care (Hospital)

Accessibility is often restricted, resulting in:

The need to elicit maximal information in as few consultations as possible.

A concern with physical or psychological diagnosis.

Care reflecting Dr interests / referral

Continuing care restricted

Preventive care not feasible

Contrast between Primary and Specialist Care regarding Presenting problems:

Primary Care

a. 'Undifferentiated'

b. At early stage of development,

c. Not a major threat to life or function.

Specialist Care (Hospital)

a. Selected.

b. Deferred in presentation.

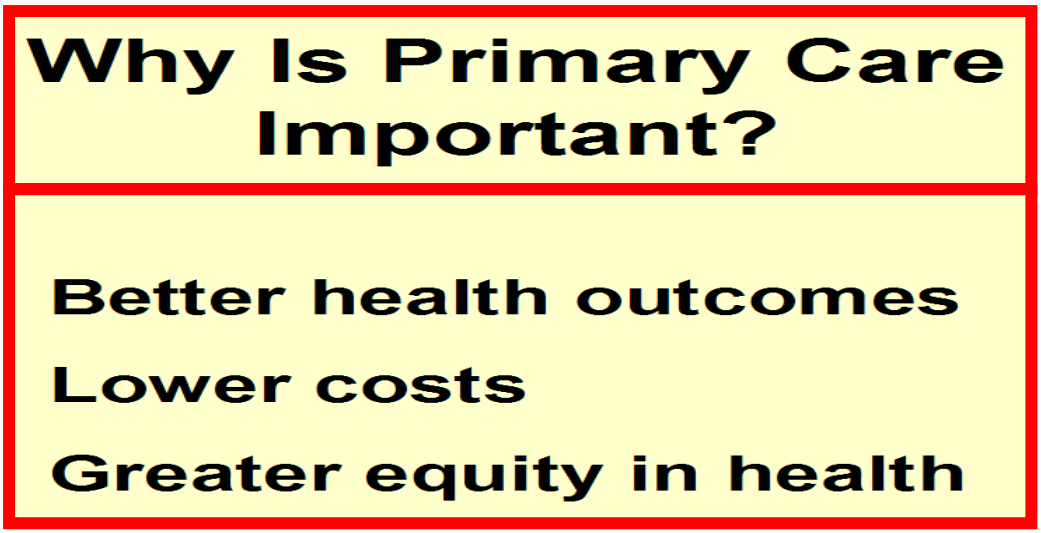
c. A major threat to life or function, frequently requiring elaborate technology in assessment and/or management

Family medicine is well-suited to lead health care reform in this era.

Superior patient outcomes, at a lower total cost, with greater patient satisfaction,

over a wider variety of conditions than other types of medical service.

These values will be appreciated when rationality returns to health care. Until then, family physicians must work to keep their professionalism and pride intact.



Overall, countries that achieve better health levels

Are primary care-oriented

Have more equitable resource distributions

Have government-provided health services or health insurance

Have little or no private health insurance

Have no or low co-payments for health services

Questions?

Contrast between Primary and Specialist Care

Primary Care	Specialist Care (Hospital)
Contact In 50% or more of consultations, contact is initiated by the patient.	Contact Is usually initiated by referral from another doctor
Accessibility Patient, relative and doctor are readily accessible to each other, often over many years. This provides opportunity for: Extended observation – allowing a gradual build up of information over a period of time. .a Extended diagnosis – incorporating relevant psychological and social factors .b Comprehensive care – providing for the psychological and social, as well as the physical needs both of patient and family .c Continuing care which can be: .d i. Initiated by patient ii. Flexibly adapted to unforeseen as well as foreseen needs Preventive care: .e i. At all stages of the problem ii. Of family members as well as of the patient	Accessibility Is often restricted, resulting in: The need to elicit maximal information in as few consultations as possible. .a A principal concern with physical or psychological diagnosis. .b Care reflecting the specialist interests of the doctor. Other aspects of care are usually referred to other agencies. .c Continuing care being largely at doctor's initiative and restricted to foreseen needs. .d Preventive care not usually being feasible. .e

MCQs:

1. When did the primary health care program start in Saudi Arabia ?

A. 1970

B. 1975

C. 1980

D. 1990

2. The highest number of visiting in primary health care is :

A. Upper Respiratory Tract Infection (URTI)

B. Urinary Tract Infection (UTI)

C. Diabetes mellitus

D. Hypertension

3. Which one of the following is an element of primary health care ?

A. Health education

B. Promotion of nutrition

C. Environmental sanitation

D. All of the above

4. According to W. Fabb and J. Fry, good primary health care must include the "9 As" like :

A. Available

B. Accessible

C. Affordable

D. All of the above

5. Why is primary care important ?

A. Better health outcomes

B. Lower coasts

C. Greater equity in health

D. All of the above

Answers :

1. C

2. A

3. D

4. D

5. D