PHC

432 Team

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PHC system and Principles in Saudi Arabia

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COLOR GUID : Doctor's Notes Team Notes slides Not important Important **431 team work**

Objectives

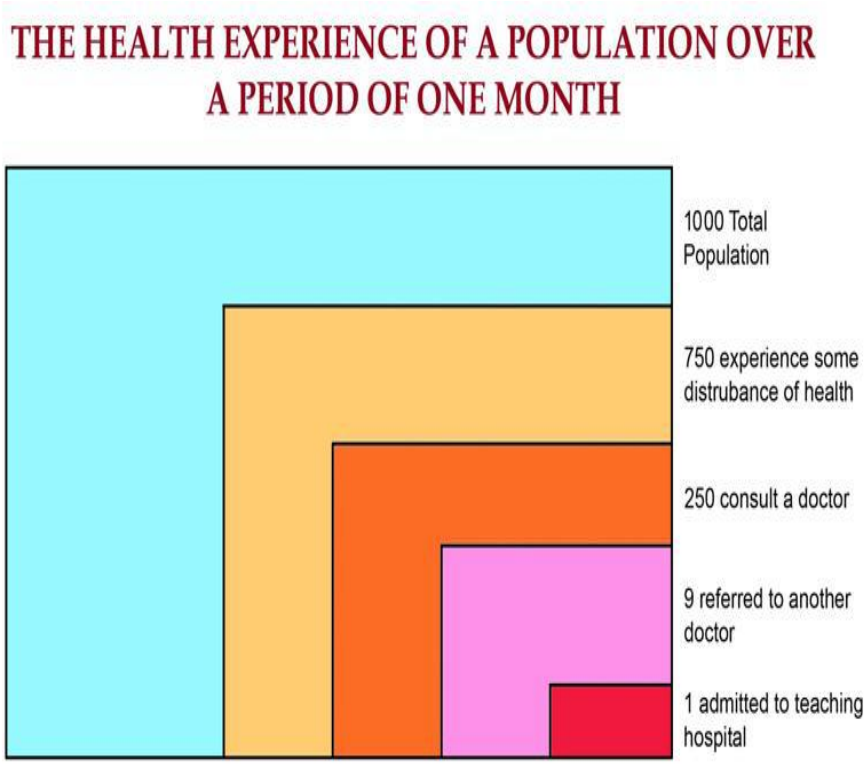
1. **Define Family Medicine.**
2. **Enumerate elements & principles of FM.**
3. **Understand the developmental stages of Primary health care & Family Medicine in KSA.**

Case:

Sarah, a 24 years old teacher. She is married and has two children. She is complaining of abdominal pain for three days.

What are the differential diagnoses?

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
  Intestinal parasite results from unsafe water.
- Quarter suffered from malnutrition.
- Diarrhoea.
- High infant mortality rate 150-250 per1000
  In 1960: infant mortality rate 150 per 1000.
  Now, infant mortality rate 16 per 1000 in KSA.
  Infant mortality rate in Scandinavian countries is 5.
- High maternal rate 3-15 per 1000

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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:

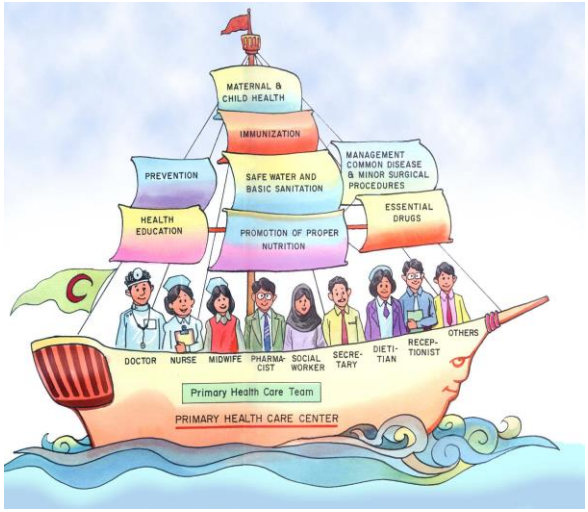
- Member of WHO & signatory of HFA declaration.
- PHC has become a national strategy development plan.
- 1980 A Ministerial decree was issued, consolidating dispensaries, health offices and MCH centers into PHC centers
  Health coverage reached 99 %.

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 andself-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) **Immunization**
6) **Prevention, control&eradication**
7) **Treatment of common diseases**
8) **Essential drugs**

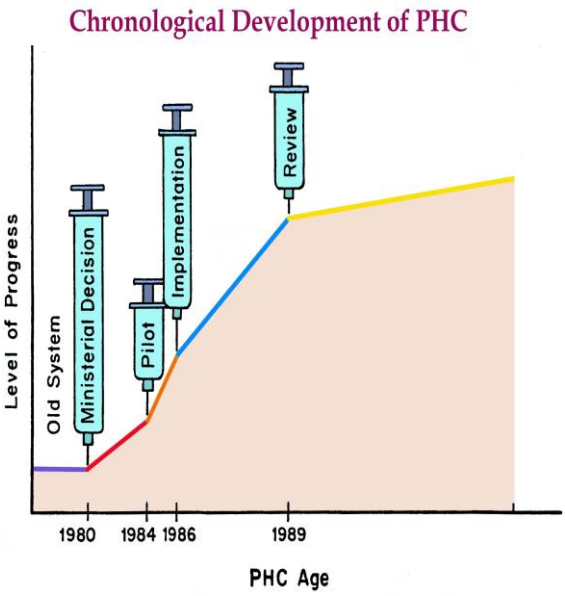


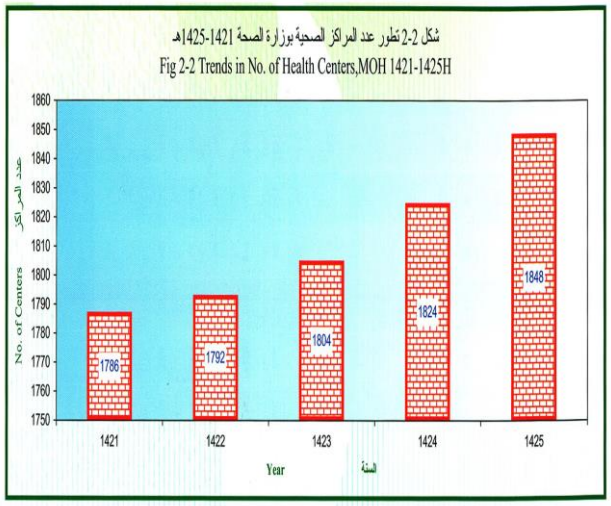
Strategies for PHC:

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. Multi-sectorial 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**



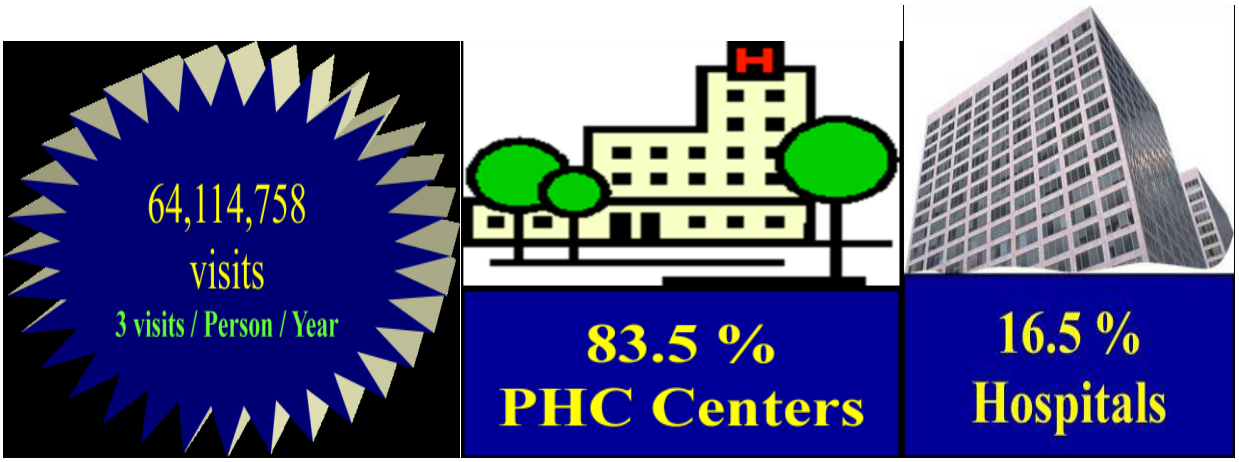


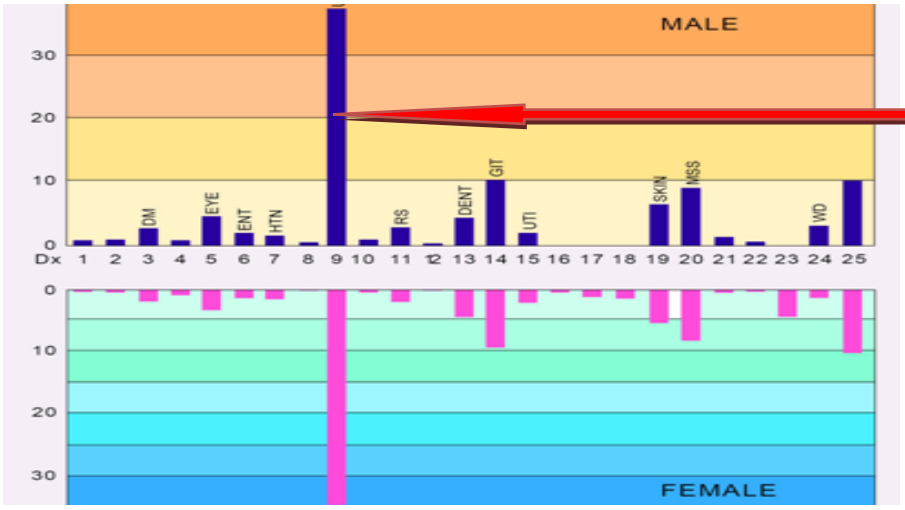
Development of PHC/FM:

- **1982**
- **300HCs**
- **No Family physicians**
- **No undergraduate**
- **No postgraduate**
- **No commission**

- **2008**
- **2000HCs**
- **500 FPs**
- **All universities**
- **About 20 programs**
- **SCFHS (Saudi commission for Health Specialties)**

PHC& Hospitals in SA





The highest number of visiting is Upper Respiratory Tract Infection (URTI).In both male and female

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	Specialist Care (Hospital)
Consultations, contact isinitiated by the patient.	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

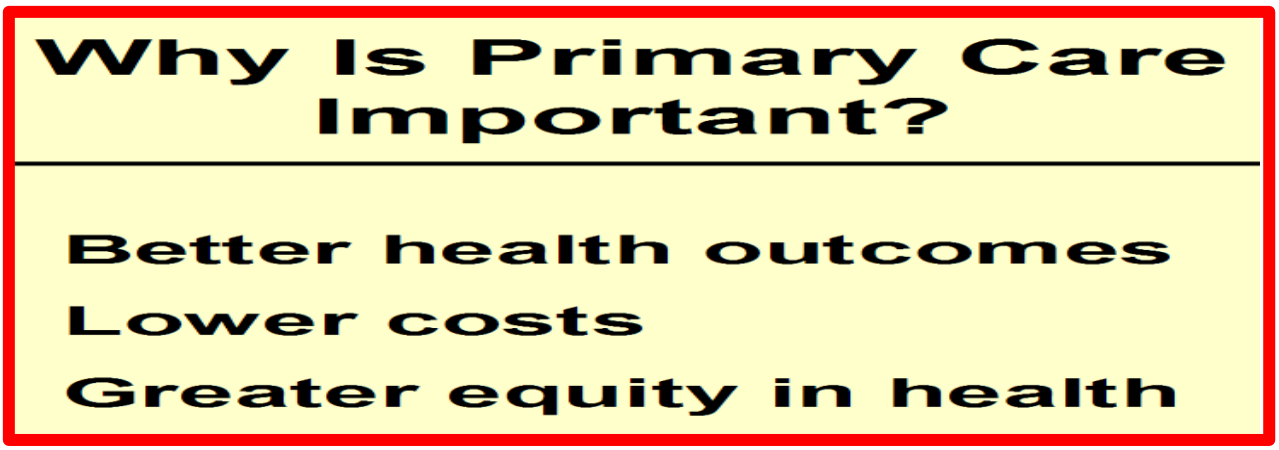
Contrast between Primary and Specialist Care regarding Presenting problems

Primary Care	Specialist Care (Hospital)
Undifferentiated	Selected
At early stage of development	Deferred in presentation.
Not a major threat to life or function.	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.**

Following slides the doctor didn't go through it:

Contrast between **Primary and Specialist Care**

Primary Care	Specialist Care (Hospital)
1. **Contact** **In** 50% or more **of consultations, contact is initiated** by the patient.	1. **Contact** Is usually initiated by **referral from another doctor**

2. Accessibility	2. Accessibility
Patient, relative and doctor are readily accessible to each other, often over many years. This provides opportunity for: **a. Extended observation : allowing a gradual build up of information over a period of time.** **b. Extended diagnosis:incorporating relevant psychological and social factors** **c. Comprehensive care: providing for the psychological and social, as well as the physical needs both of patient and family** **d. Continuing care:which can be:** ➢ **Initiated by patient** ➢ **Flexibly adapted to unforeseen as well as foreseen needs** **e. Preventive care:** ➢ **At all stages of the problem** ➢ **Of family members as well as of the patient.**	**Is often restricted, resulting in:** a. **The need to elicit maximal information in as few consultations as possible.** b. **A principal concern with physical or psychological diagnosis.** c. **Care reflecting the specialist interests of the doctor. Other aspects of care are usually referred to other agencies.** d. **Continuing care being largely at doctor's initiative and restricted to foreseen needs.** e. **Preventive care not usually being feasible.**

3. Presenting problems are often:	3. Presenting problems are often:
a. 'Undifferentiated'i.e they have not been seen or sifted by another physician. The doctor cannot start, therefore, with any presupposition about their nature. b. At early stage of development, so that there may be a few clear cut cues and little prior data. Symptoms predominate and signs may be few c. Not a major threat to life or function.	a. Selected. Presuppositions can often be made about the patient's problem. b. Deferred in presentation. Confirmatory physical signs are often available. Probabilities of spontaneous resolution are reduced. c. A major threat to life or function, frequently requiring elaborate technology in assessment and/or management.

Summary

1- Family Medicine is a medical specialty of first contact with the patient and is devoted to providing preventive, promotive, rehabilitative and curative care with emphasis on the physical, psychological and social aspects, for the patient and his family and community.

2-PHC ELEMENTS:

1) Health education

2) Promotion of nutrition

3) Enviromental sanitation

4) Maternal & child care

5) Immunization

6) Prevention, control & eradication

7) Treatment of common diseases

8) Essential drugs

3- PHC principles:

1) Community participation

2) Accessible

3) Continuity of Care

4) Appropriate

5) Efficient

6) Affordable & Sustainable

7) Population Health

Developmental stages of PHC & FM in KSA:

- **Health Services in KSA started in 1950s:**
  - **Preventive Offices**
  - **MCH Centers**
  - **Hospitals**
- **Almatta Declaration 1978 "HFA 2000"**
- **PHC Declaration in KSA 1980**
- **Implementation of PHC in KSA 1983(11 PHCC)**

Questions

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

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Answers:

1st Questions:**C**

2nd Questions:**A**

3rd Questions:**D**

4th Questions:**D**

5th Questions:**D**