



HEALTH

Primary Care: A Model for Modernizing Kurdistan's Health System

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Outline

1. Introduction

2. What is primary care?

3. What actions might the KRG take to strengthen its primary health care system?

4. Summary and conclusions

Many of the Ministry of Health's (MOH) Strategic Goals Are Related to Primary Care

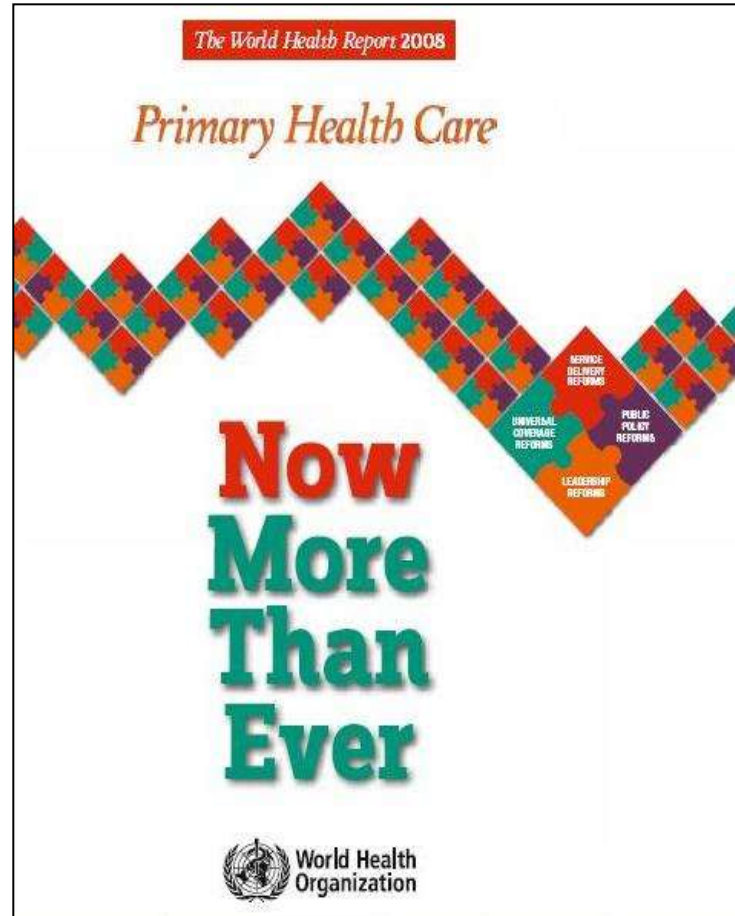
Some of the strategic goals in MOH Annual Report for 2009:

- Offer preventive and treatment services to all citizens.
- Control and prevent spread of communicable diseases.
- Provide medicines and upgrade diagnostic, therapeutic and laboratory services to ensure safe and standardized care.
- Build and develop main and sub-health centers.
- Develop administrative systems and upgrade the organizational structure and job descriptions.
- Support and develop nursing care to ensure a high level of competence, activity, effectiveness, and safety.
- Develop and expand information technology infrastructure at all levels across the Ministry and expand/upgrade the base of statistical information.

The Current Health Care System Has Important Challenges

- **Primary care facilities and services are not yet systematically organized, managed, or monitored.**
- **There are important gaps in medical and especially nursing education, training, licensing and on-the-job management, resulting in problems in recruiting, retaining, and using doctors and nurses efficiently.**
- **Health surveillance and management-related data are not standardized and not optimally used.**

A Primary Care-Oriented System Is a Modern Approach to Address these Challenges



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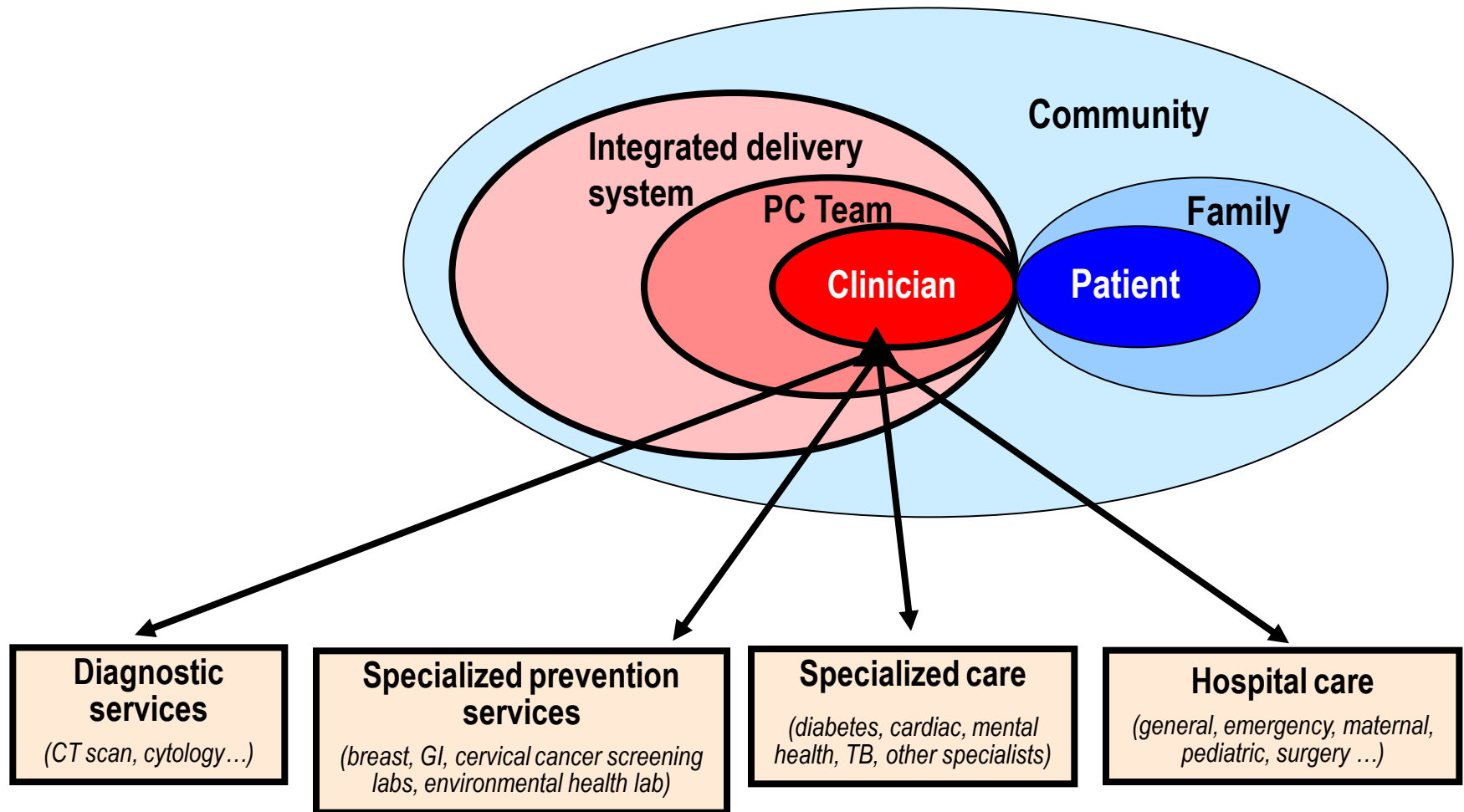
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The Definition of Primary Care Establishes an Important Framework

“Primary care is the provision of **integrated, accessible health care services** by clinicians who are **accountable** for addressing a **large majority of personal health care needs**, developing a **sustained partnership** with patients, and practicing in the context of family and community.”

- **Integrated** – comprehensive, coordinated, continuous
- **Accessible** – patient can easily access the clinician
- **Health care services** – to promote, maintain or restore health
- **Accountable** – for quality of services, patient satisfaction, efficient use of resources, and ethical behavior
- **Majority of personal health care needs** – provide most services and refer when needed
- **Sustained partnership** – between patient and clinician/team

Primary Care Provides an Ongoing Patient-Clinician Connection & Pathway for Referrals to Other Services



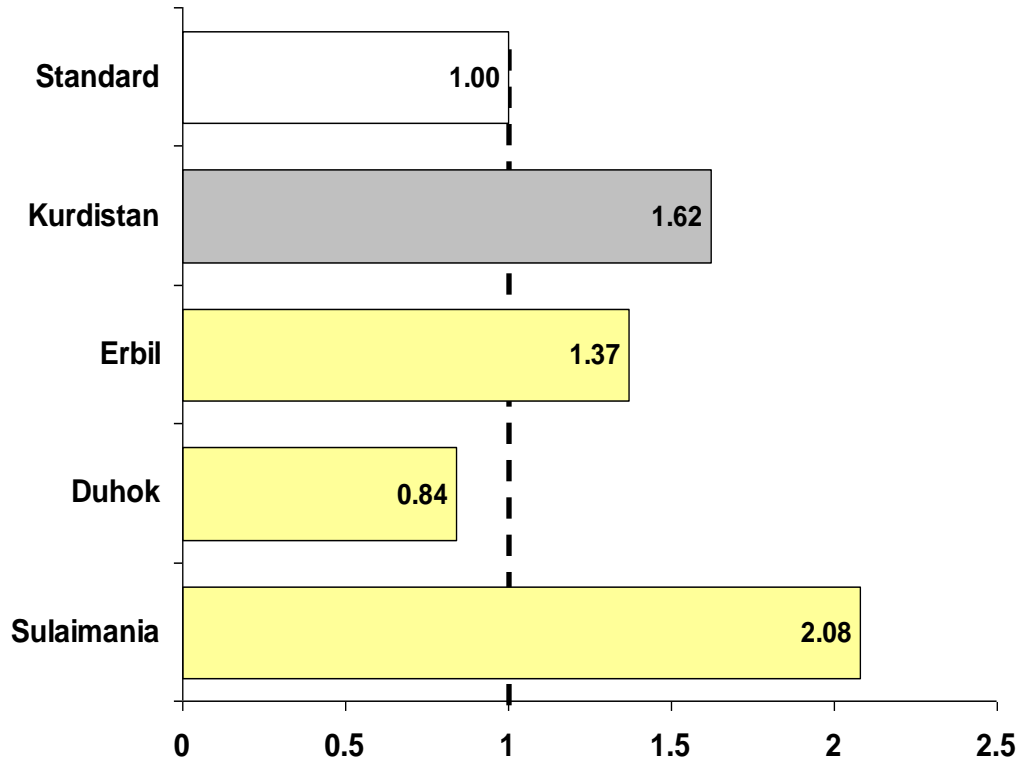
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Interventions in Three Key Areas May Help Strengthen Primary Care in Kurdistan

- **Organization & management of primary care services**
 - Efficient distribution and management of facilities & services
 - Referrals and continuity of care
 - Continuous quality improvement
- **Health care workforce** (*especially primary care physicians, nurses*)
 - Education and training to improve qualifications
 - Management interventions to enhance distribution and performance
- **Data**
 - Surveillance and response systems
 - Management information systems

Organization (1): Ensure the Right Number and Right Mix of Main Centers and Branches

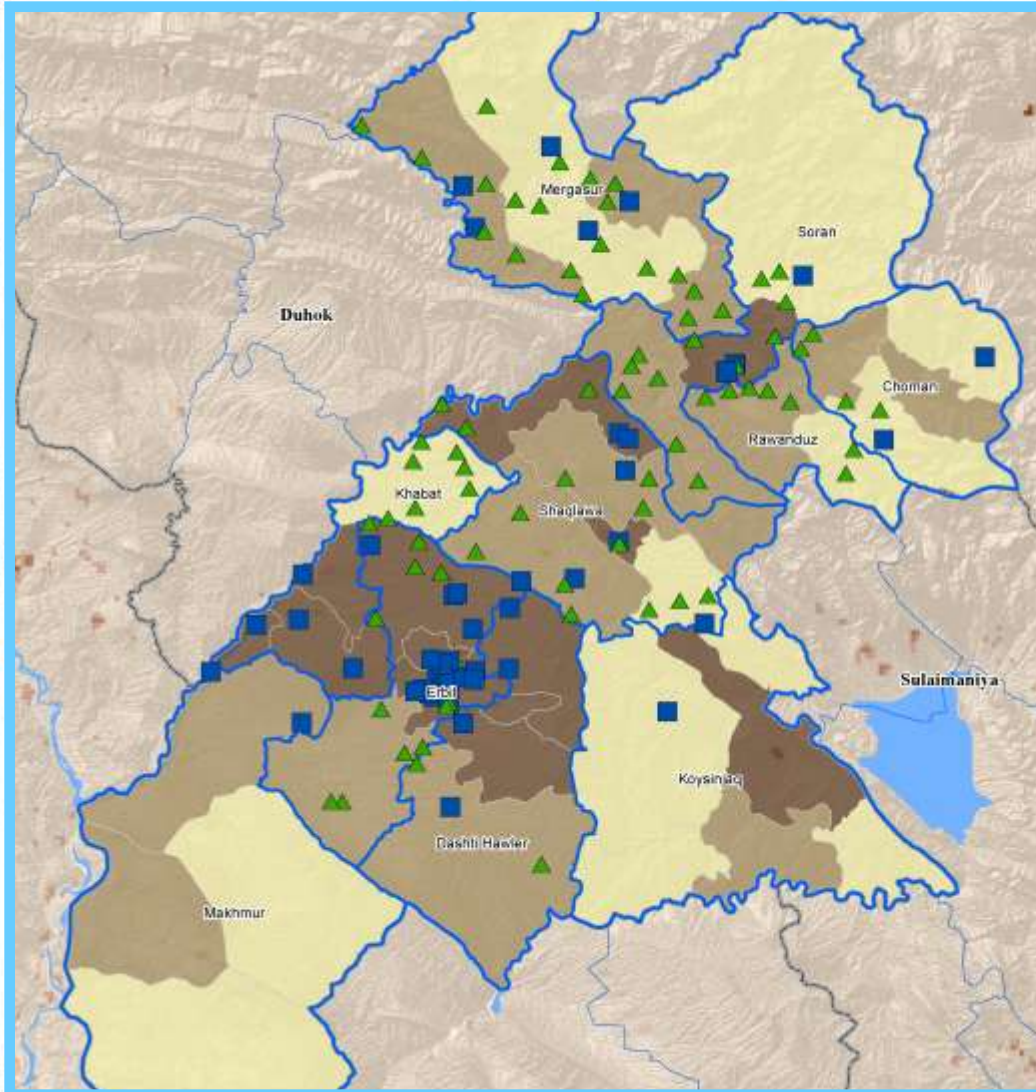


Number of PHCs per 10,000 population
(includes both main and branch PHCs)

Kurdistan has enough PHCs overall (the number of main centers and branches combined exceeds the WHO standard), but:

- **They should be standardized and categorized in the same way across provinces**
- **The size of the population served (catchment area) for branches and main centers should be more systematic and standardized**

Organization (2): Distribute Facilities Efficiently

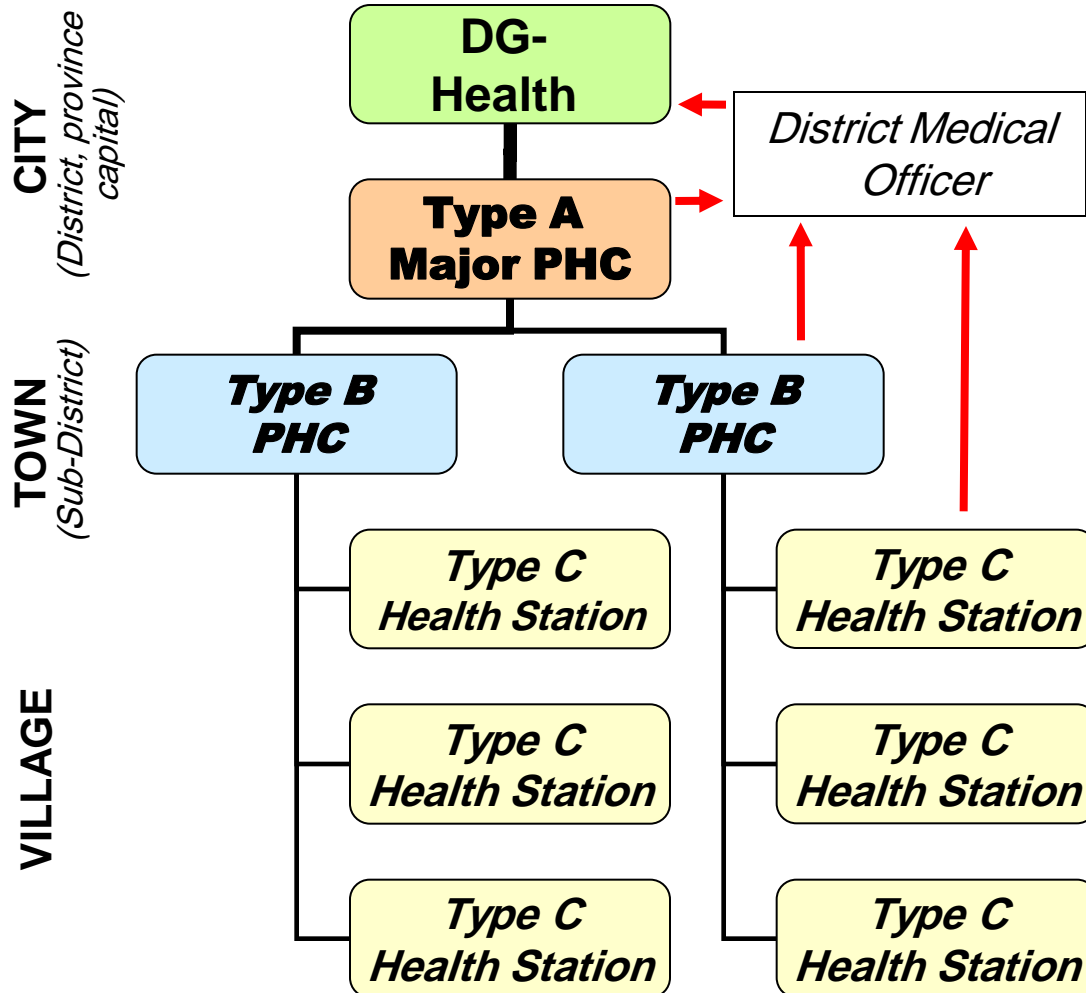


➤ **Distribute PHCs (main centers and branches) systematically: Locate them to cover defined catchment areas that meet the Iraqi national standards**

- **1 main center per 10,000 population**
- **1 subsidiary center (branch) per 5,000 people**

Source of standards: Iraq National Development Plan for 2010-2014

Organization (3): Organize PHC Facilities Systematically



➤ **Distribute primary care centers (PHCs) based mainly on a three-tier networked system**

- Types A, B and C clinics are linked / networked for advice and some referrals
- All levels report to District Medical Officer (DMO)
- DMO reports to Director-General for Health in Province

➤ **Define the scope of services for clinics (PHCs) at each level**

Services (1): All PHCs (Branch and Main) Should Offer Basic Primary Health Care Services



- **Child growth monitoring**
- **Immunizations**
- **Oral rehydration therapy**
- **First aid**
- **Basic drugs**
- **Health education**

Services (2): Main PHCs Should Also Offer Basic Medical and Diagnostic Services



- **Basic curative & chronic disease management**
- **Dental**
- **Laboratory**
- **X-Ray**
- **Pharmacy**

Services (3): The Highest Level Centers Should Offer More Advanced Services



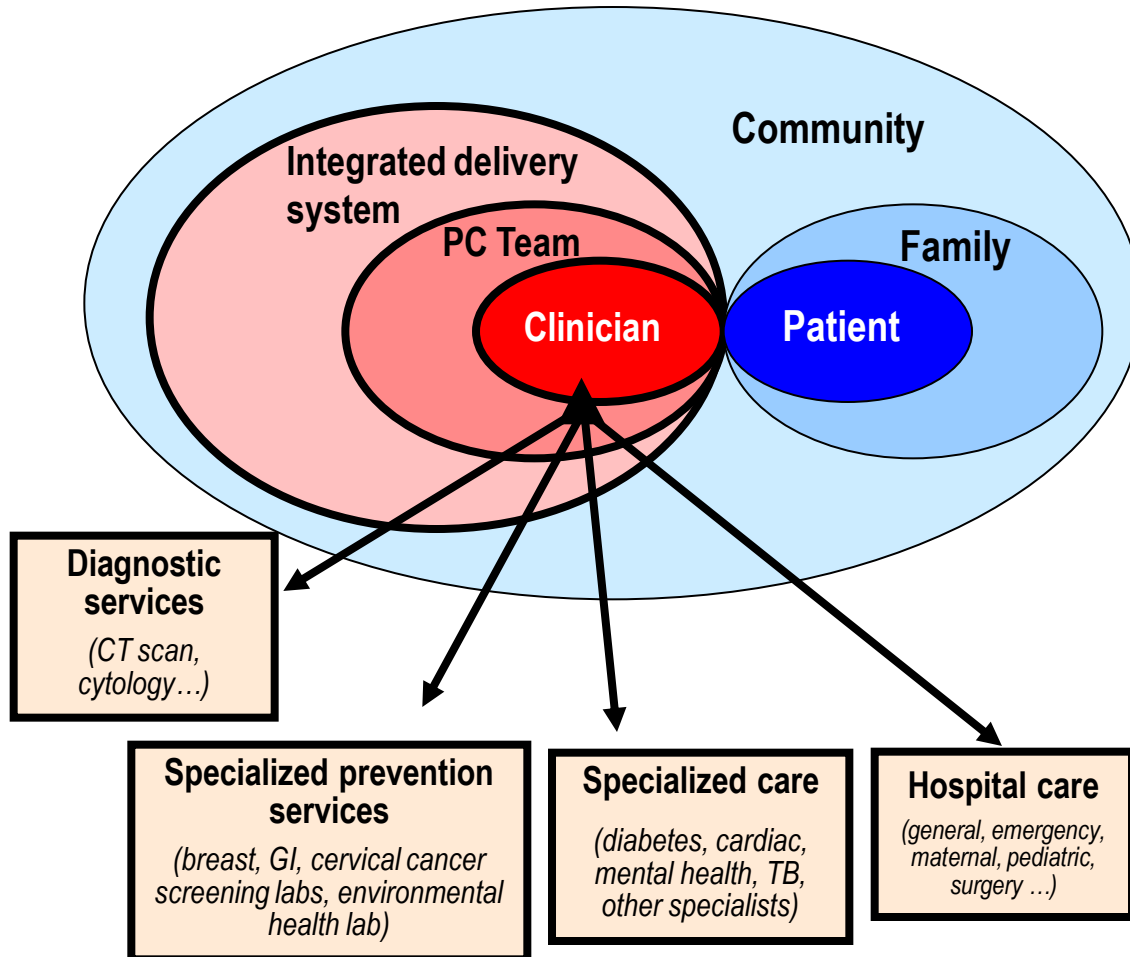
- **Specialty medical care**
- **Obstetrics and newborn care**
- **Specialty dental care**
- **Advanced laboratory**
- **Larger pharmacy**

Management (1): Take Other Actions to Improve Medical Services and Promote Health



- **Increase the use of telemedicine**
- **Expand health education in clinics and schools, and develop public education campaigns to promote relevant safe and healthy behaviors**

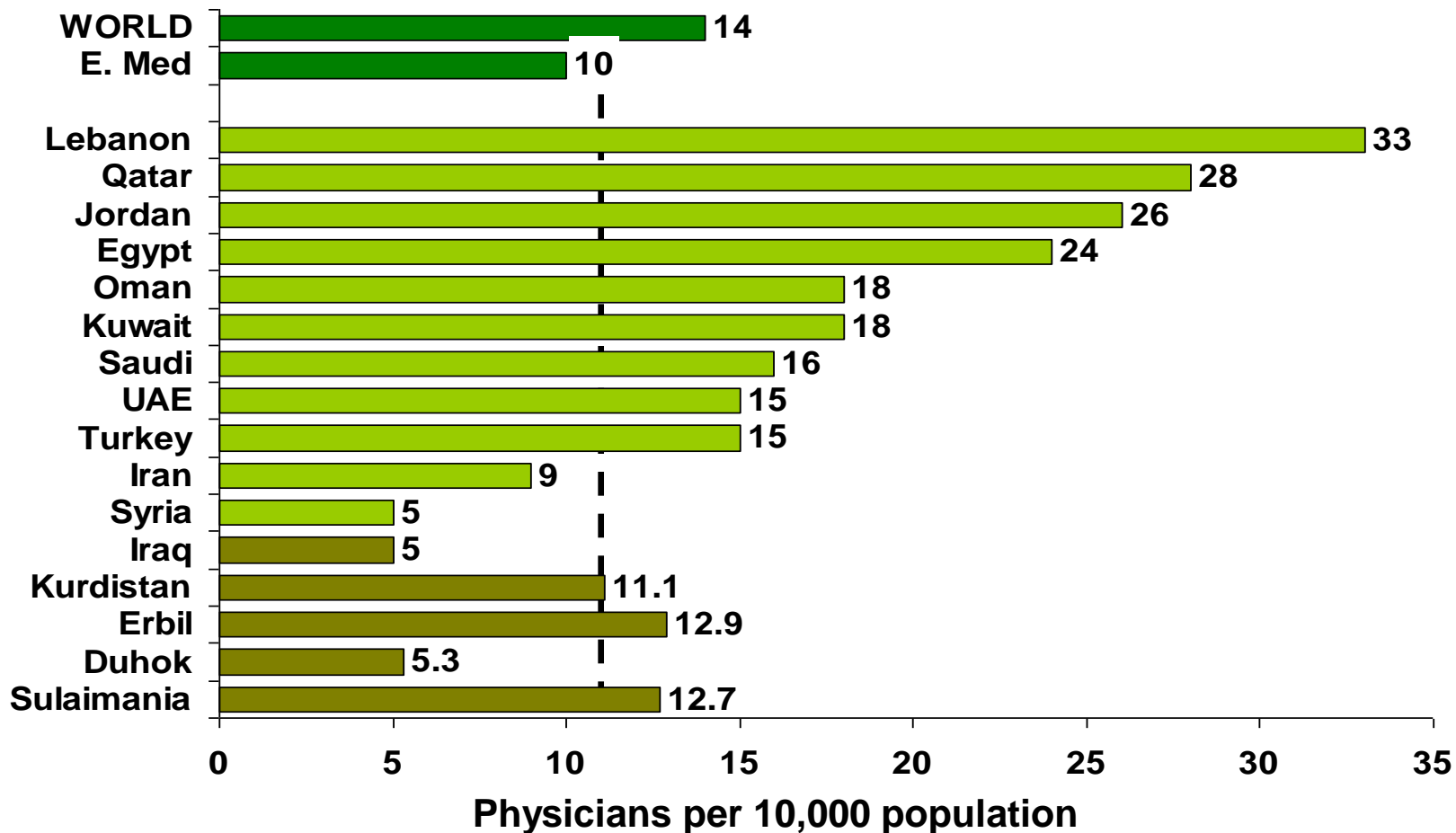
Management (2): Incorporate Core Elements of Primary Care into System Design



- **Adopt concept of the PHC as the “first/main primary care provider” for everyone within a PHC catchment area**
- **Develop and implement a patient referral system, to enhance continuity of care** (*as part of this, transition eventually to fully electronic health records*)
- **Promote local awareness of available services**

Workforce (1): Train More Doctors

**Kurdistan Has Significantly Fewer Doctors than Other Countries
(but More than Iraq as a Whole)**



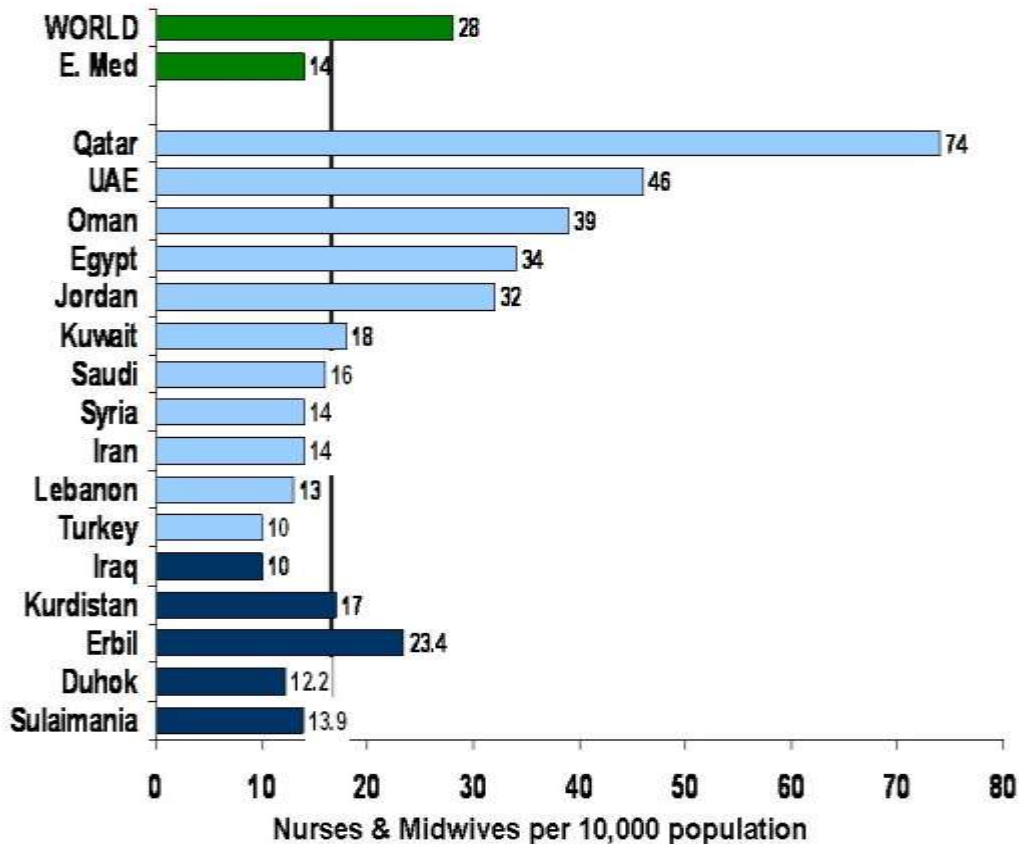
Workforce (2): Target Improvements in the Education and Training of Doctors



- **Train medical students in primary care: Include primary care in medical school curricula and clinical rotations**
- **Train more primary care specialists and enhance the reputation of such specialties (e.g., family medicine) -- as a foundation for modern medical care**
- **Enhance training in practical clinical skills** – from medical school and continuing through residency and post-graduate training years
- **Improve the experience of general practice physicians during their year of obligatory medical service in PHCs** (provide incentives for rural service; provide professional development opportunities, e.g., preferential opportunities for conferences; develop and test key primary care competencies)

Workforce (3): Improve the Training, Qualifications, and Utilization of Nurses

Kurdistan has more nurses than Iraq as a whole and more than some countries in the region, but fewer than several other countries.

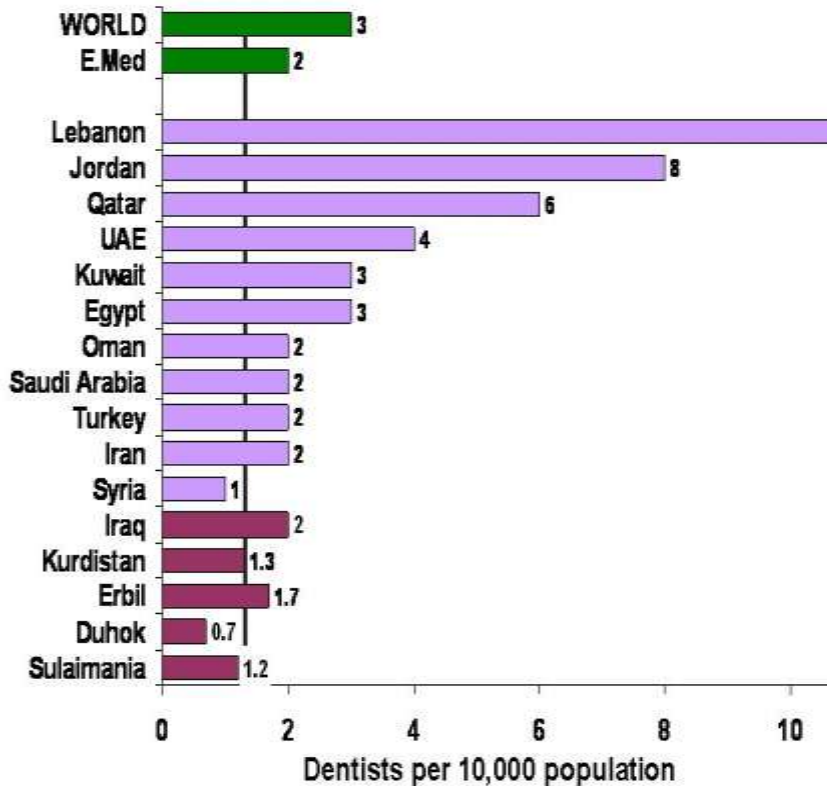


- Train more nurses
- Redesign and implement new nursing curriculum and training at all levels
- Train more nurses in primary care: Include primary care in nursing school curricula and clinical rotations
- Enhance training in relevant clinical skills for nurses throughout their education and training
- Use nurses better at PHCs

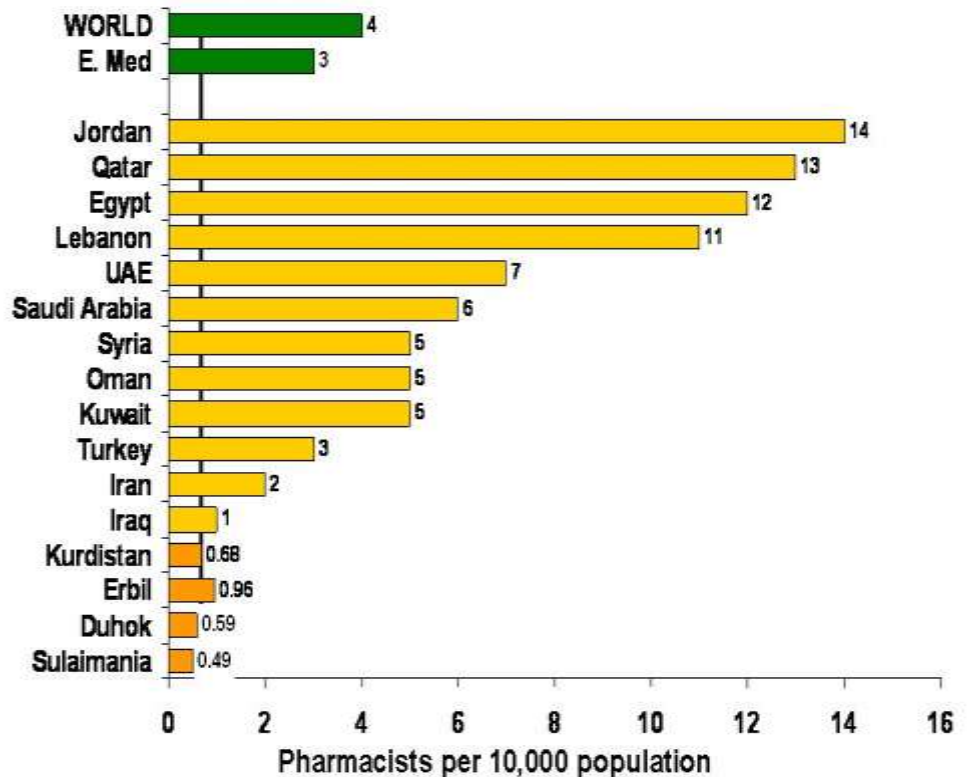
Workforce (4): Train More Dentists and Pharmacists to Meet Current & Future Needs

Kurdistan Has Fewer than Iraq as a Whole and Fewer than Most Other Countries in the Region

Dentists per 10,000 Population



Pharmacists per 10,000 Population



Sources: WHO, World Statistics 2010; Kurdistan figures from MOH Annual Report for 2009

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Workforce (5): Establish Continuing Education, Licensure, Recertification to Improve Quality



- **Develop continuing education systems for medical professionals** (e.g., for doctors, nurses, etc.)
- **Develop licensing and recertification systems for medical professionals** -- including requirements for testing of knowledge and practical core competencies (e.g., for doctors, nurses, etc.)

Workforce (6): Take Management Actions to Improve the Quality and Efficiency of Services



- **Develop required qualifications and job descriptions**
- **Distribute staff based on standards** – especially doctors and nurses
- **Develop a supportive supervision system** – especially for rural/remote areas
- **Institute appropriate incentives** -- to attract doctors and nurses to serve (and remain) in rural/remote areas
- **Use online human resource management forms** -- such as reference documents and applications for study, training, placement, etc.

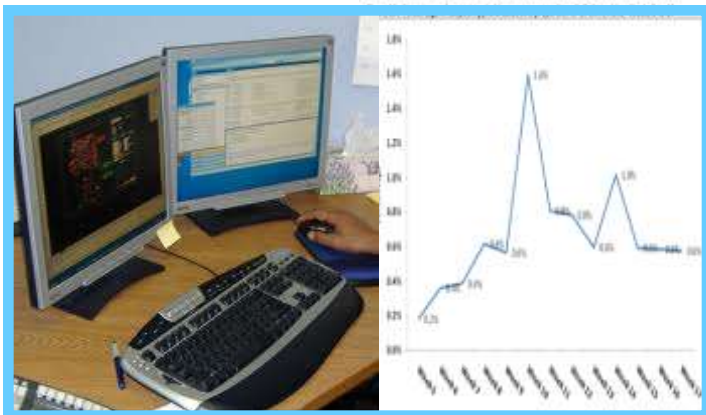


Data (1): Establish Modern Data Systems, Which Are Also Essential to Improving Services

Replace paper records



.... With computerized records, reporting, analysis



➤ **Improve surveillance and response systems** - hire or train key personnel; standardize data collection, processing, analysis, and presentation; use surveillance data to monitor programs & target policies

- **Mortality**
- **Morbidity**
- **Risk factors**

➤ **Improve management information systems**

- **Systematically monitor health resources and services**
- **Systematically monitor clinic utilization**

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Most Important & Feasible Interventions to Improve Primary Care in Kurdistan (1)

Organize services more systematically

- Define the appropriate range of services delivered by PHCs
- Distribute PHCs within a three-tiered system, based on population catchment areas meeting national standards

Enhance professional education, training, management

- Recruit medical and nursing students from rural areas
- Include primary care in medical & nursing school curricula
- Improve the experience of GP physicians during mandatory year of service
- Develop required qualifications and job descriptions for professional staff at all levels
- Distribute PHC staff based on national standards

Most Important & Feasible Interventions to Improve Primary Care in Kurdistan (2)

DATA

Enhance surveillance and response systems

- Standardize the diseases and conditions included in routine surveillance
- Standardize the sources of surveillance information
- Standardize data collection forms

Enhance management information systems

- Monitor clinic resources and services in a systematic and standardized way

Conclusions:

Primary Care Is an Appropriate Foundation for Modernizing Kurdistan's Health Care System



- **Consistent with international best practices**
- **People-centered, comprehensive, integrated, accessible, accountable**
- **Good investment: Value for money in terms of efficiency, effectiveness**
- **Builds upon Kurdistan's tradition of medical excellence, while expanding, upgrading & modernizing health services**
- **Opportunities for improvement address:**
 - **Organization and management of services**
 - **Health workforce**
 - **Health information systems**





HEALTH

The work described here was carried out by the RAND Corporation, in collaboration with the KRG Ministry of Planning and Ministry of Health

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