

journées
annuelles
de santé
publique

1^{er} au 4 décembre 2003
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ON VEILLE SUR L'AVENIR
DU 1^{ER} AU 4 DÉCEMBRE 2003
HÔTEL LE REINE ELIZABETH, MONTRÉAL
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Developments in Primary Care in Europe

.....*relevant to Public Health?*

Wienke G.W.Boerma

(Netherlands Institute for health services research)

Utrecht, The Netherlands

w.boerma@nivel.nl

tel -31 30 2729652

fax -31 30 2729729

www.nivel.nl

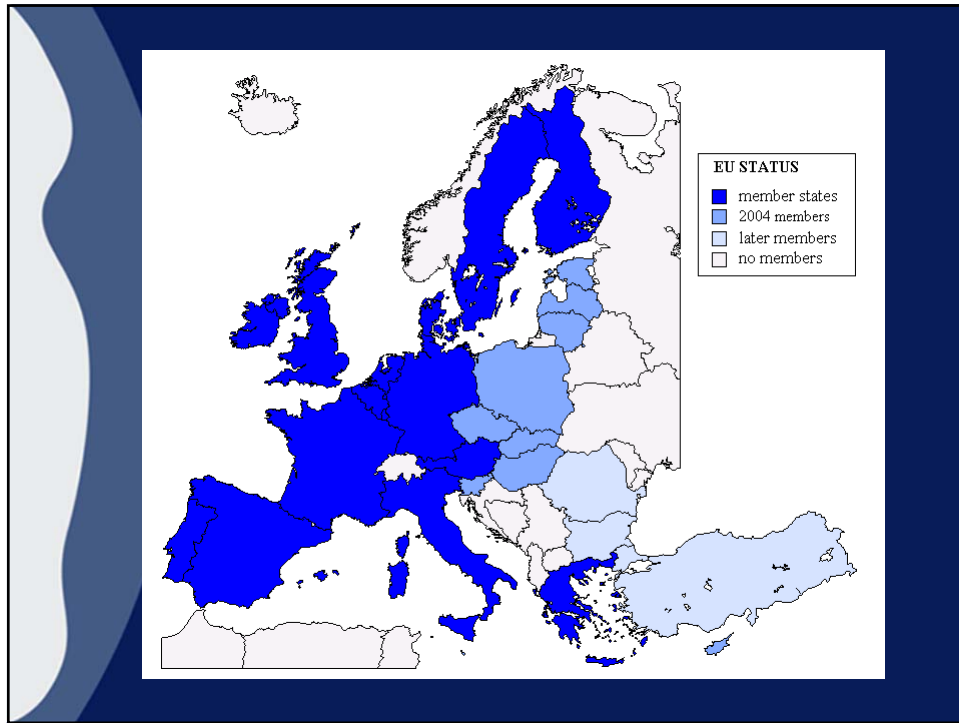
JASP Conference 2003 Montreal

Cette présentation a été effectuée le 3 décembre 2003, au cours de la journée « L'organisation des services de première ligne : s'y intéresser un peu, beaucoup, passionnément » dans le cadre des Journées annuelles de santé publique (JASP) 2003. L'ensemble des présentations est disponible sur le site Web des JASP, à l'adresse <http://www.inspq.qc.ca/jasp/archives/>.

Content of the presentation

- Europe and the European Union
- Diversity in primary care
- Reforms in primary care
- Relevance to public health

Europe and the European Union



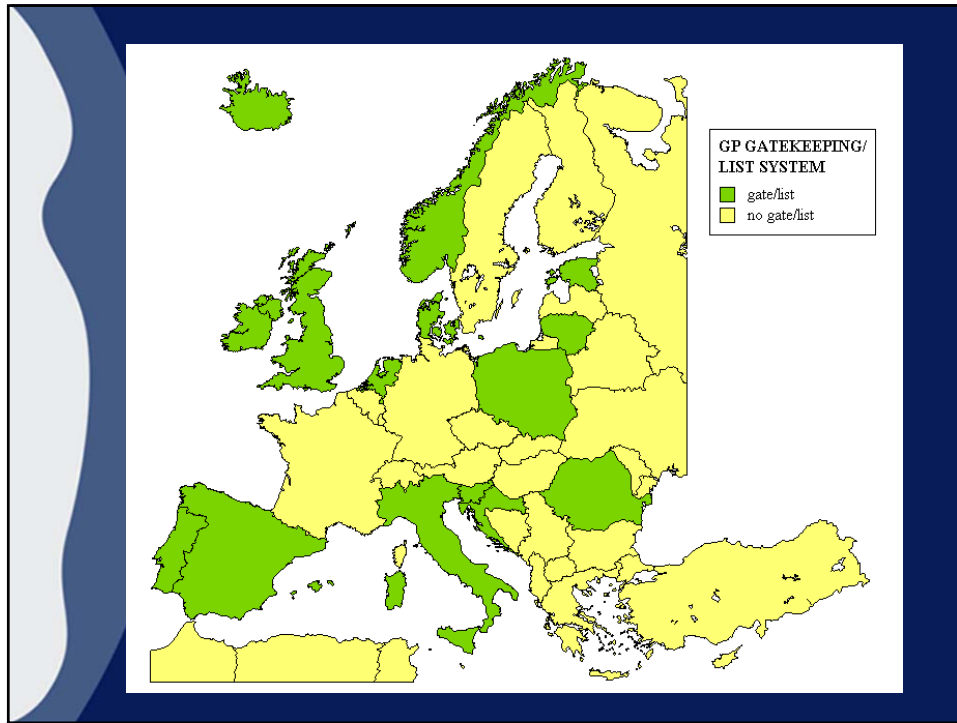
The 2004 EU enlargement

- Member states $15+10 = 25$
- Official languages $11+9 = 20$
- Citizens $375+105 = 480$ mln

Health impact of the 2004 EU enlargement

- EU laws in new members
- Internal market effects
- Contrasting health expenditures
- Contrasting life expectancy
- Health care systems in transition

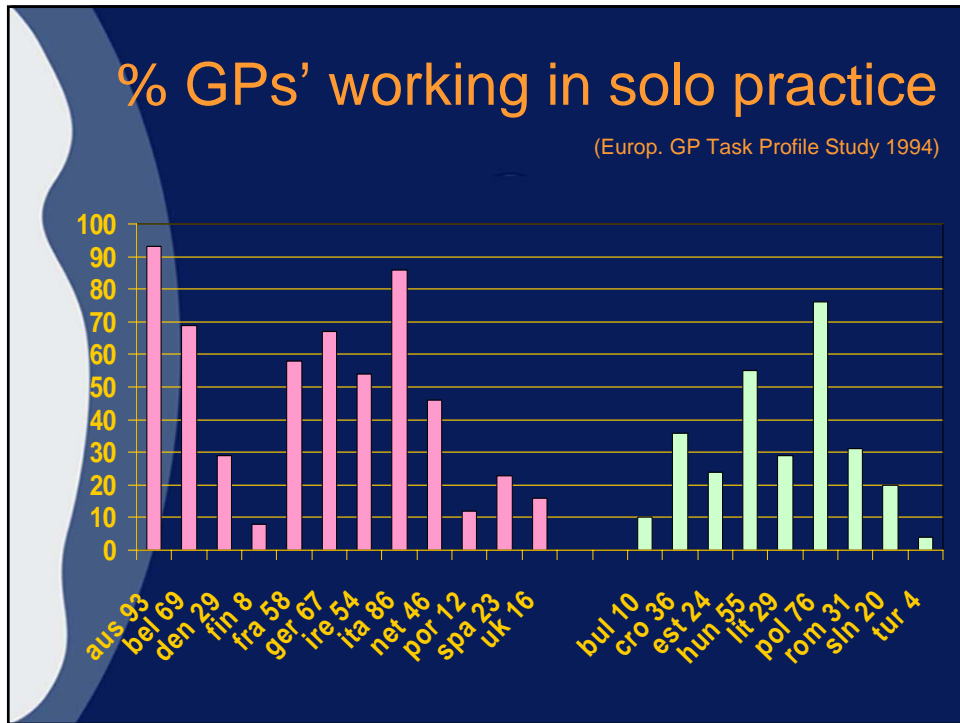
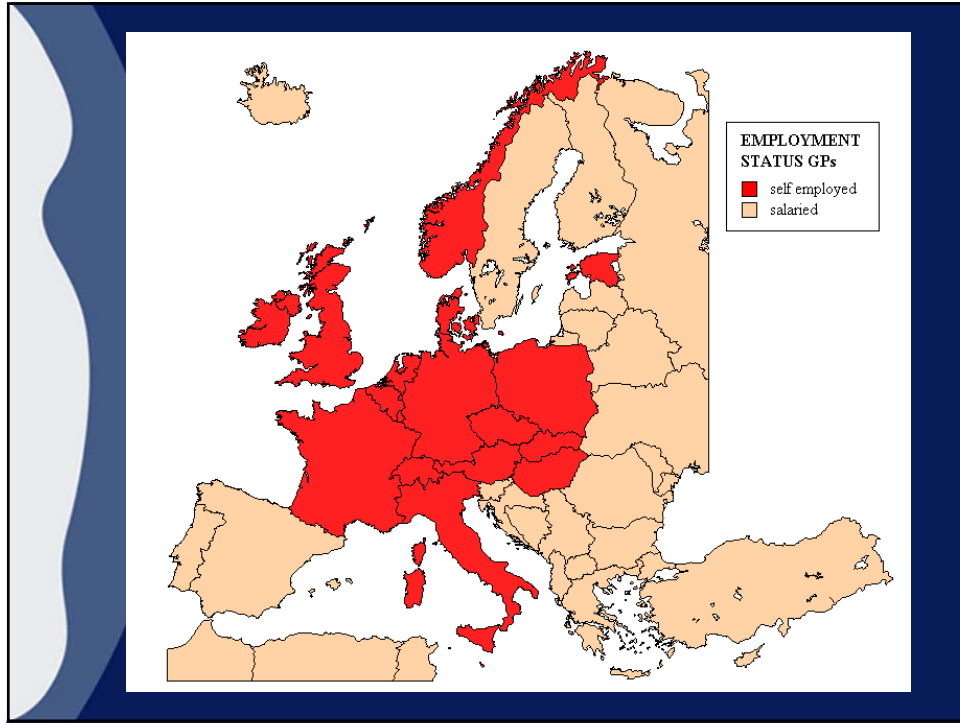
Diversity in European primary care (general practice)



Primary care strength

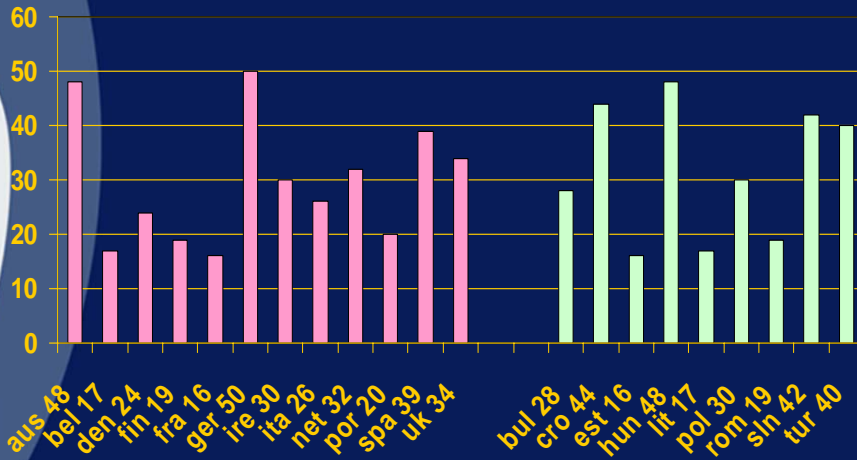
(1995; Macinko et al. 2003)

UK	19	Portugal	7
Denmark	18	Belgium	4
Spain	14	Greece	4
Netherlands	15	USA	3
Italy	14	Germany	3
Finland	14	Switzerland	2.5
Norway	13	France	2
Canada	11.5		
Sweden	11	<i>Mean score OECD</i>	<i>9.65</i>



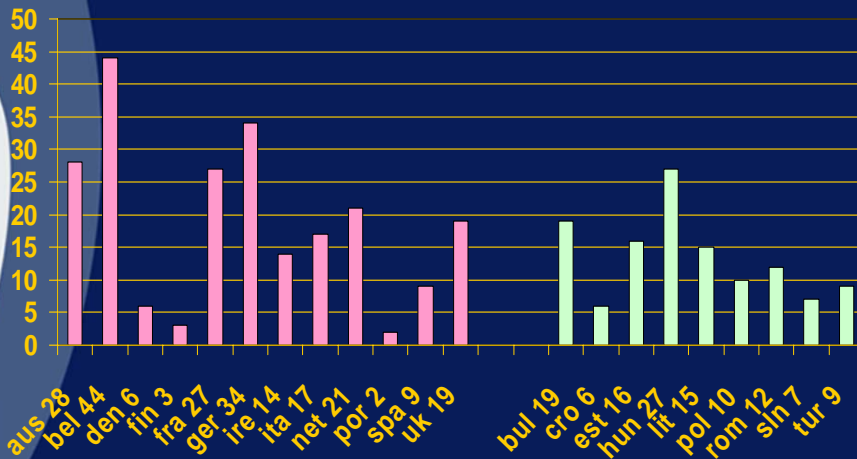
GPs' office consultations per day

(Europ. GP Task Profile Study 1994)



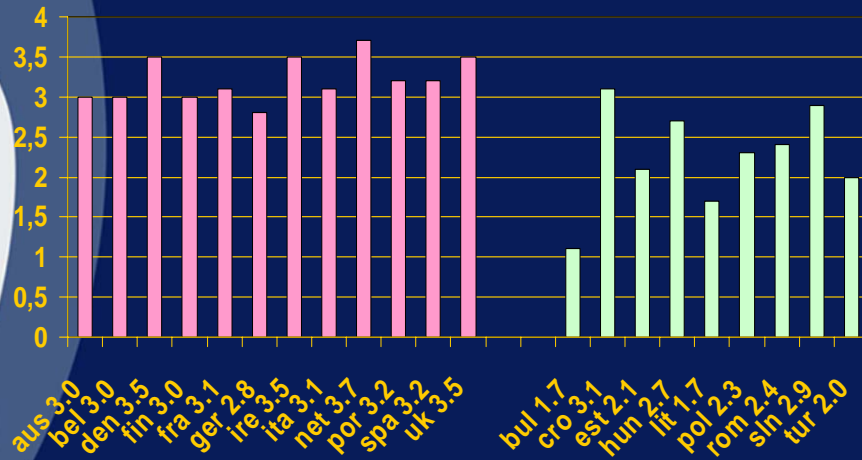
GPs' home visits per week

(Europ. GP Task Profile Study 1994)



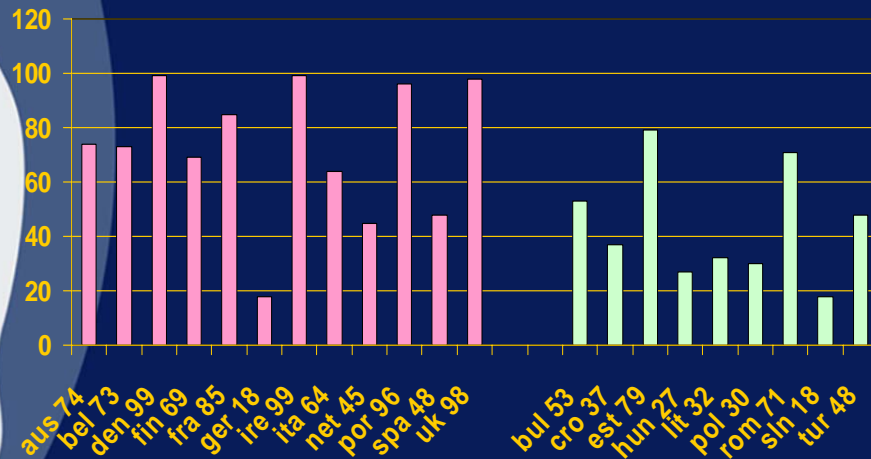
GP as doctor of first contact (score from 22 items)

(Europ. GP Task Profile Study 1994)



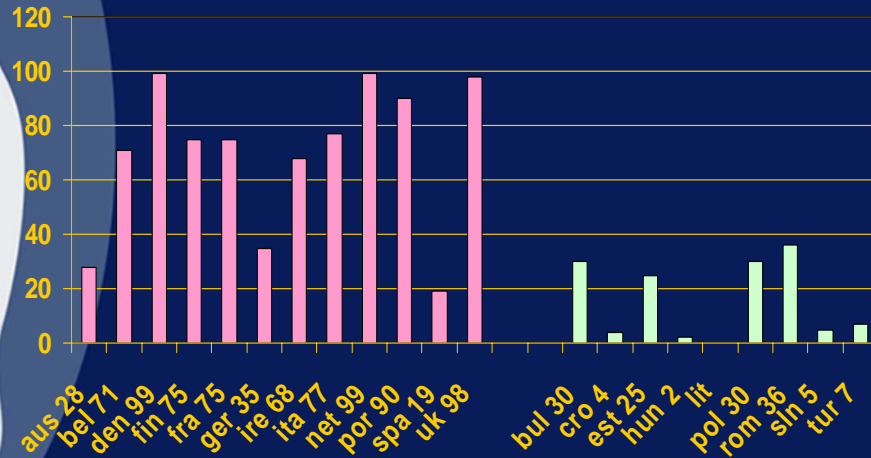
% GPs active in antenatal care

(Europ. GP Task Profile Study 1994)



% GPs involved in cervical cancer screening

(Europ. GP Task Profile Study 1994)



Reforms in primary care

Similar problems



Different conditions



Different solutions

Similar problems

- Increasing life expectancy (ageing)
- Changing demand: (chronic diseases, co-morbidity, need for more integrated care including prevention, patients better informed and more demanding,)
- Less informal care (individualisation)
- New technologies: (growing possibilities)
- Financial constraints (rising costs, need for more efficiency and better quality)

Stronger primary care
as a solution

3 strategies

- PC controlling hospitals, nursing homes etc. (e.g. by purchasing, fundholding, contracting)
- Expanding services in PC (either new services or those transferred from secondary care)
- Supporting conditions in PC (technology, human resources, teamwork, quality measures)

Requirements for stronger primary care

- Accountable GPs
- Continued patient-doctor relationship (list of patients)
- Well-designed payment scheme
- Well-designed practice / skill mix
- Well-kept patient records
- Professional infrastructure

Public health benefits from stronger primary care

- Better conditions for (practice) population-based prevention
- Better opportunities for follow-up
- Effective monitoring of local health problems
- Availability of primary care epidemiological data