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SUCCESSFUL IMPLEMENTATION OF INTEGRATED CARE IN SLOVENIAN PRIMARY CARE

USPEŠNA IMPLEMENTACIJA INTEGRIRANE OSKRBE PACIENTOV V SLOVENSKO PRIMARNO ZDRAVSTVENO VARSTVO

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ABSTRACT

For the purpose of celebrating the 40th anniversary of Alma Ata declaration, the WHO published a successful model of integrated patient care being performed in Slovenia. After two years, the WHO experts evaluated the success in practise during a visit to the Slovenian primary care environment. This report showed that Slovenia was a notable exception regarding developing effective primary care systems. The country has an impressive primary care which performs very well.

Keywords:
primary care, integrated care, person-centred care, family medicine, Slovenia

IZVLEČEK

Ob praznovanju 40. obletnice izjave Alma Ata je Svetovna zdravstvena organizacija objavila prikaz uspešnega modela celostne oskrbe pacientov, ki se izvaja v Sloveniji. Po dveh letih so strokovnjaki SZO med obiskom slovenskega okolja primarnega zdravstva ocenili uspeh v praksi. To poročilo je pokazalo, da je bila Slovenija pomembna izjema pri razvoju učinkovitih sistemov primarnega zdravstvenega varstva. Država ima impresivno primarno zdravstveno oskrbo, ki deluje zelo dobro.

Ključne besede:
primarno zdravstveno varstvo, integrirana oskrba pacientov, individualizirana oskrba pacientov, družinska medicina, Slovenija

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1 INTRODUCTION

For the purpose of celebrating the 40th anniversary of Alma Ata declaration, the WHO published a successful model of integrated patient care being performed in Slovenia (1). After two years, the WHO experts evaluated the success in practise during a visit to the Slovenian primary care environment (2).

2 INTEGRATED CARE

Although there is no single definition of integrated care, it can be described as a coherent and coordinated set of services planned, managed and offered to individual service users by a number of organisations and a range of cooperating professionals and informal carers (3). There are four types of integration: organisational (bringing together different organisations), functional (integration of non-clinical and back-office functions), service (integration of different clinical services), and clinical (integration of care) (4).

Three models of integrated care exist: individual, group- and disease-specific, and population (5). Individual model is described by an individual coordination of care for patients in need. Individual models of integrated care aim to facilitate the appropriate delivery of health care services and overcome fragmentation between providers (6). Group- and disease-specific models are based on chronic care models and on specific groups of patients (such as elderly and frail) (5). Population-based models stem from population, an example is extended Kaiser Pyramid of care. This model identifies three levels of intervention depending on the chronic user's complexity level, with a focus on promotion and prevention actions to control the risk factors contributing to chronic illnesses (7).

3 ASSESSMENT OF INTEGRATED PRIMARY CARE IN SLOVENIA BY WHO

According to the recent report on integrated primary care in Slovenia by WHO (2), Slovenia is a notable exception regarding developing effective primary care systems. The country has an impressive primary care which performs very well. This could be partly attributed also to the successful integration of public health and primary care. Such way of work has contributed to an impressive decline in the burden of disease due to non-communicable diseases and a rapid increase in life expectancy at birth (2).

In primary care in Slovenia, the predominant model of integration is group- and disease-specific.

Family medicine practises introduced years ago active screening for the population 35 years and older, management of chronic patients for the eight major chronic diseases according to protocols and clearly defined work competencies (8–10). The treatment of patients is regularly organised and precisely defined in 10 steps (11). In parallel with patient management, chronic disease registries have been established, allowing for more targeted actions both at the level of the personal health care team and public actions carried out in the health promotion centres in the Community health centres. Instead of large demographic data survey, the actual prevalence of chronic diseases in each of the ten national regions is known. The quality of care, which is assessed on the basis of quality indicators, is another fact that is emphasised in family medicine practises that control the structural, process and outcome data of patient management (8, 12–14).

Informing the individual patient during consultation strengthens him or her and makes them more self-confident by enabling them to take early action if the disease worsens, which is important in terms of promoting self-health and prevention.

4 FUTURE CHALLENGES

Primary care/family medicine in Slovenia still has enormous potential to improve the existing model of integrated care in line with the WHO prediction of patient management in the coming era (2). With increased home care (home visiting, community nurses, reorganisation of team work), coordination of seamless patient care and the creation of a personal management plan tailored to each individual patient, Slovenian primary care can enhance an individual model of integrated care. Slovenia can also become one of the leading countries in providing population-based integrated care by transferring skills and knowledge downwards to patients. Some mechanisms are well known and useful, such as the introduction of lay educators, group workshops among chronic patients themselves supervised by members of the primary care team, and telemedicine including webinars

5 CONCLUSIONS

Primary care in Slovenia is continuously responding to the emerging challenges in the health sector and is able to predict future changes. By responding to the needs of patients, monitoring health conditions and taking into account the socio-economic circumstances of the population and introducing appropriate models, we will further develop the content of the declaration Alma Ata. There is still a lack of a national professional institution that could respond not only to the health needs of the population but also to the needs of the service providers.

CONFLICTS OF INTEREST

The authors declare that no conflicts of interest exist.

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ETHICAL APPROVAL

The study is in accordance with the Declaration of Helsinki.

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