

Equity in Primary Care:

Views of the EQuiP delegates

EQUIP spring meeting – Paris, April 2013

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Context of the project

- * Social inequalities in health have been described in many European countries
- * Every country seeks to improve the quality and performance of their health care system
- * Is primary care part of the problem or part of the solution?
- * Is equity a potential area for the improvement of the quality of primary care in Europe?

Aim of the project

- * How do equip delegates relate to the concept of (in)equity in health care?
- * To what extent are the European primary health care systems perceived as equitable in their delivery of care?

Method of the project

- * Meeting in Paris in Novembre 2012
 - * Researchers + health professionals
- * Redaction of the 1st version of a questionnaire
 - * Sara Willems, Piet Vanden Bussche, Hector Falcoff and Dorothee Rambaud
- * Revision of this 1st version by experts and the project team
 - * John Furler, Australia
 - * Jan de Maeseneer, Belgium
 - * Florence Jusot, France
 - * Christos Lionis, Greece
 - * Maria Goddard, UK
 - * Kevin Fiscella, USA

Method of the project

- * On line survey
 - * Target: 41 EQuIP delegates from 24 European Countries
 - * 1 to 3 delegates per country
 - * Asked to answer in their role as representatives of their country

- * 4 Themes, 15 questions
 - * Theme 1: The place of equity in the organisation of health care and in day-to-day practice in primary health care
 - * Theme 2: Equity in relation to quality of care
 - * Theme 3: Improving equity in health care
 - * Theme 4: EQuIP and equity in primary health care

- * Quantitative and qualitative analysis : work in progress

1st Results

Work in progress

A High Participation Among EQuIP Delegates

- * Responses from
 - * 24/24 Countries
 - * 35/41 EQuIP delegates → 85% participation

A U S T R I A
 B E L G I U M
 C R O A T I A
 C Z E C H R E P
 D E N M A R K
 E S T O N I A
 F I N L A N D
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 M A C E D O N I A
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 S W E D E N
 S W I T Z E R L A N D
 T U R K E Y
 U . K I N G D O M

1. Is Equity a problem?

2. Room for improvement?

3. Equity: a topic for EQuIP?

1. Is Equity a problem?

2. Room for improvement?

3. Equity: a topic for EQUIP?

Equity: an issue for the European health systems

- * Several national organisations show their will to achieve Equity in Health
 - * UK, Marmot review, March 2013
Working for health equity: the role of health professionals,
 - * Irish Medical Organisation, 2012
IMO Position Paper on Health Inequalities
 - * Portugal
plano Nacional de Saude 2012-2016
 - * France, 2012
Rapport annuel du Haut Conseil pour l'Avenir de l'Assurance Maladie
- * Some colleges of GPs issued position papers
- * Equity is also an important research subject

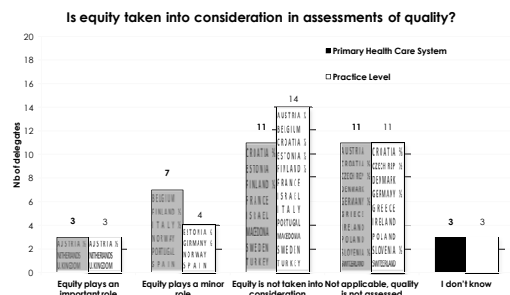
Equity: an issue for the European health systems

- * Several national organisations show their will to achieve Equity in Health
- * Some colleges of GPs issued position papers
 - * Royal College of General Practitioners: *Addressing health inequalities, a guide for GPs*, 2008
 - * Irish College of General Practitioners: *Position paper on health inequalities*, March 2012
 - * German college of General Practice, 2012
- * Equity is also an important research subject

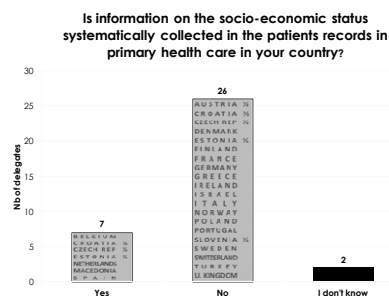
Equity: an issue for the European health systems

- * Several national organisations show their will to achieve Equity in Health
- * Some colleges of GPs issued position papers
- * Equity is also an important research subject
 - * University of Ghent, Belgium
 - * University of Crete, Greece
 - * University of Copenhagen, Denmark
 - * INSERM, France

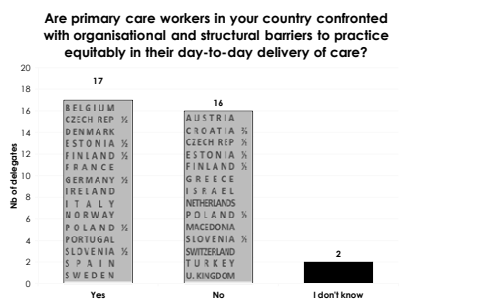
Equity: a rarely measured dimension of Quality



The patient's socio-economic status is rarely registered in the patient record



Barriers to practice in an equitable way are common



* Disagreement between delegates of the same country may illustrate the need for a common definition of equity among EquiP delegates

Main barriers

- * Financial barriers
Uninsured people, fee-for-service system, copayment
- * Lack of resources: Time/Money
- * Waiting list to access secondary care
- * Communication barriers

Main barriers

- * Financial barriers
Uninsured people, fee for service system, copayment

* L **Health insurance does not cover all population**, people without health insurance have to pay for their primary care services themselves (emergencies not included) and usually those people are not able to pay and avoid primary care until their health problem has escalated to an emergency (Estonia)

* C Depending on the area where the practice is located patients have problems to finance the **copayment (5€)** for their medication. (Germany)

Main barriers

* F **Currently, in my country we have too much consultation per day** and it is very hard to talk about equity in this situation. (Croatia)

- * Lack of resources: Time/Money

* W **Fee-for-service payment** is a strong barrier. It does not take into account complicated encounters with patients with complex needs and social needs. (...) I think that **it's a barrier to take time** when it's necessary. (France)

- * Communication barriers

Main barriers

- * Financial barriers
Uninsured people, fee for service system, copayment

* L There are long **waiting lists for specialized services**, so rich people buy health insurance, or buy their way into private health services. (Norway)

- * Waiting list to access secondary care

* C In general practice, referral to specialist out patient care depends on whether or not patients have private insurance (**short waiting times – patient pays**) or go through the public system (**long waiting times – taxpayer pays**). (...) (Ireland)

Main barriers

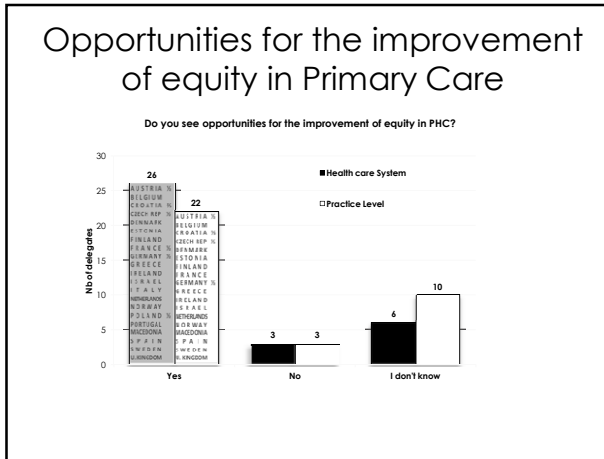
- * Financial barriers
Uninsured people, fee for service system, copayment

- * Lack of resources: Time/Money

* W I believe the most important source of inequity is the **language and cultural barrier towards citizens with a foreign background**. There is definitely room for improvement there. (Austria)

- * Communication barriers

1. Is Equity A problem?
2. Room for improvement?
3. Equity: a topic for EQUIP?



- ### Opportunities for the improvement of equity in PHC
- * Promote **universal Access to health insurance** and **lower patient financial participation**
 - * **Public health actions**
 - * Adapt primary care organisation resources (Time/Money) according to health needs of the patients
 - * **Overcompensate** areas of social deprivation
 - * Health professionals education and **training on equity**
 - * Fight against **language and cultural barriers**
 - * Promote **cooperation** between Primary care services and social workers or secondary health services
 - * Empowerment
 - * Continuous Quality Improvement : **measure and monitor equity**

- ### Opportunities for the improvement of equity in PHC
- * Promote **universal Access to health insurance** and **lower patient financial participation**
 - * Promoting **universal coverage with no moderating taxes in primary care, and increase the response on secondary health care providers.** (Portugal)
 - * **Overcompensate** areas of social deprivation
 - * Financial support (**copayments for drugs**)
With the beginning of 2013 the **fee for access to the practice (10€)** was skipped, this is an improvement regarding equity. (Germany)
 - * Promote **cooperation** between Primary care services and social workers or secondary health services
 - * Empowerment
 - * Continuous Quality Improvement : **measure and monitor equity**

Opportunities for the improvement of equity in PHC

- * Promote **universal Access to health insurance** and **lower patient financial participation**
- * **Public health actions**
- * A We consider **national wide screening campaign** (HPV vaccination, HVB vaccination, colorectal cancer, breast cancer, flu vaccination) (...) **equitable quality in primary health care.** (Italy)
- * O
- * Health professionals education and **training on equity**
- * Fight against **language and cultural barriers**
- * Promote **cooperation** between Primary care services and social workers or secondary health services
- * Empowerment
- * Continuous Quality Improvement : **measure and monitor equity**

Opportunities for the improvement of equity in PHC

- * P **More support for the practice by providing staff and time/money** to take up responsibility for socio-economic frail people and groups of patients. (Belgium)
- * P
- * Adapt primary care organisation resources (Time/Money) according to health needs of the patients
- * **Overcompensate** areas of social deprivation
- * H **The payment system can be changed taking into account the complexity of the person** (education, social environment, multimorbidity, resources...)
- * F **For example different encounter length** according to patient needs and payment of the doctor (team) according to that. (France)
- * P
- * w
- * Empowerment
- * Continuous Quality Improvement : **measure and monitor equity**

Opportunities for the improvement of equity in PHC

- * Promote **universal Access to health insurance** and **lower patient financial participation**
- * P **I think it is necessary to economically overcompensate health centers** in poor areas to make it possible to have more GPs per 1000 inhabitants and to have counselors, social workers etc at the health centers. (Sweden)
- * A
- * to health needs of the patients
- * **Overcompensate** areas of social deprivation
- * Health professionals education and **training on equity**
- * Fight against **language and cultural barriers**
- * Promote **cooperation** between Primary care services and social workers or secondary health services
- * Empowerment
- * Continuous Quality Improvement : **measure and monitor equity**

Opportunities for the improvement of equity in PHC

- * Promote **universal Access to health insurance** and **lower patient financial participation**
- * **Public health actions**
- * A **At first explanation of the term "equity in PHC" is needed and then assessment.** (Poland)
- * **Overcompensate** areas of social deprivation
- * Health professionals education and **training on equity**
- * F **The key is that all those who work at the health centre understand the differences in people's control over their lives and how powerlessness breaks down your sense of initiative.** (Sweden)
- * P
- * w
- * Empowerment
- * Continuous Quality Improvement : **measure and monitor equity**

Opportunities for the improvement of equity in PHC

- * Promote **universal Access to health insurance** and **lower patient financial participation**
 - Patients with a foreign background don't receive adequate care (...) We would need a **translating service** as well as a **facilitator** (e.g. physician's assistant, practice nurse) to improve communication with these patients. (Austria)
- * **Address the needs of social disadvantaged**
 - Patient information material** in different languages (Turkish, Polish, Russian) (Germany)
- * Fight against **language and cultural barriers**
 - This is limited at a national level, but for example in my Region (Emilia Romagna) the "**cultural mediator**" is actually active for the refugee also at the PC level. (Italy)
- * Continuous Quality Improvement : **measure and monitor equity**

Opportunities for the improvement of equity in PHC

- * Promote **universal Access to health insurance** and **lower patient financial participation**
- * **Public health actions**
 - Adapt primary care organisation resources (Time/Money) according to health needs of the patients
 - We need time and **better inter professional cooperation** to be successful.
 - Cooperation between medical and social sectors.** (France)
- * Fight against **language and cultural barriers**
- * Promote **cooperation** between Primary care services and social workers or secondary health services
- * Empowerment
- * Continuous Quality Improvement : **measure and monitor equity**

Opportunities for the improvement of equity in PHC

- * **Empowerment strategies can improve health and social outcomes through several pathways; the condition for success is that they are embedded in local contexts and based on a strong and direct relationship between people and their health workers.** The strategies can relate to a variety of areas, as shown below:
 - ⊙ developing household capacities to stay healthy, make healthy decisions and respond to emergencies
 - ⊙ increasing citizens' awareness of their rights, needs and potential problems
 - ⊙ strengthening linkages for social support within communities and with the health system – support and advice to family caregivers dealing with dementia in developing country settings
- * **Primary Health Care – Now More Than ever, WHO 2008**
- * Continuous Quality Improvement : **measure and monitor equity**

Opportunities for the improvement of equity in PHC

- * Promote **universal Access to health insurance** and **lower patient financial participation**
 - Recording data about the patient social position** and patient outcomes could be a beginning to measure equity. (France)
- * **Address the needs of social disadvantaged**
 - By comparing different groups in the country according to quality indicators and outcomes, we can target specific needs. This is already being done in the case of diabetic care. (Israël)
- * Fight against **language and cultural barriers**
- * Promote **cooperation** between Primary care services and social workers or secondary health services
- * Empowerment
- * Continuous Quality Improvement : **measure and monitor equity**

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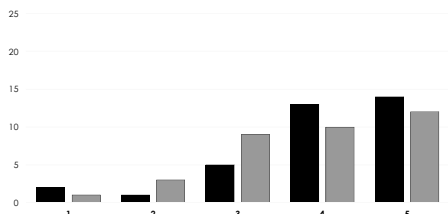
3. Equity: a topic for EQiP?

EQiP and the Topic of Equity

- * At the International level, Equity is one of the 6 dimensions of the quality of Health Care
- * **Crossing the quality chasm: a new health system for the 21st century, IOM, 2001**
- * The core need for health care:
 1. **Safe**
 2. **Effective**
 3. **Patient-centered**
 4. **Timely**
 5. **Efficient**
 6. **Equitable**: providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

EQiP delegates seem to be motivated by the topic

Do you agree with the following statements?



■ Equity has to be elevated to a measured domain of quality in primary health care.
 ■ Equity in primary health care could become a topic for a new working group in EQiP.

Potential aims for a new EQiP working group

- * Define/Clarify the concepts surrounding equity
- * Write a position paper/statement/recommendation on equity
- * Create/Share a database of documents concerning equity from European countries
- * Produce and validate a set of European Indicators for equity
- * Use indicators to assess equity in primary care in the European countries (look for social gradients of quality)

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Thank you for your attention !