Equity in Primary Care:

Views of the EQuIP delegates

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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 Justo, 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

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: a rarely measured dimension of Quality

Is equity taken into consideration in assessments of quality?

Primary Health Care System

Barriers to practice in an equitable way are common

Are primary care workers in your country confronted with organisational and structural barriers to practice equitably in their day-to-day delivery of care?

Main barriers

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

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

Is information on the socio-economic status systematically collected in the patients records in primary health care in your country?

Primary care workers in your country are confronted with organisational and structural barriers to practice equitably in their day-to-day delivery of care?

Main barriers

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Main barriers

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

  * 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)

  * Depending on the area where the practice is located patients have problems to finance the copayment (3€) for their medication (Germany)

Main barriers

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

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

  * 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

  * 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

  * 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

  * Waiting

  * Communication barriers

Main barriers

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  * Lack of resources: Time/Money

  * Communication barriers
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Opportunities for the improvement of equity in Primary Care

- Promote universal Access to health insurance and lower patient financial participation
- Public health actions
- Adapt primary care organization 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 population

Public health actions:
- Fight against language and cultural barriers
- Promote cooperation between primary care services and social
- Provide financial participation and supporting of the social health

Universal Access to health insurance

Continuous Quality Improvement:
- Adapt primary care organisation resources (Time/Money) according to health needs of the patients
- Foster primary care organisation resources (Time/Money) according to health needs of the patients

Overcompensate Access to health insurance and lower patient

- Promote universal Access to health insurance and lower patient
- Public health actions:
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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)
- 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

Opportunities for the improvement of equity in PHC

- 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

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EQuIP and the Topic of Equity

- At the international level, Equity is one of the 6 dimensions of the quality of Health Care.
- 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.

EQuIP delegates seem to be motivated by the topic

Potential aims for a new EQuIP 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!