

# MEDICINA GENERALE CONVENZIONATA, DIRITTO DELL'INDIVIDUO.

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How primary health care helps health systems adapt during the COVID-19 pandemic

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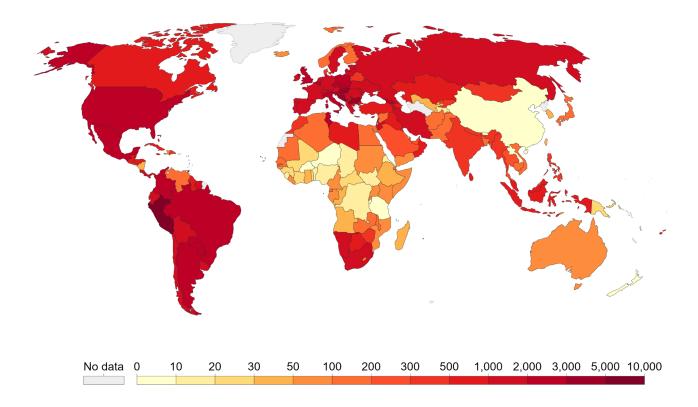


### The COVID-19 pandemic imposed a heavy health toll in many countries

#### Cumulative confirmed COVID-19 deaths per million people



Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.







## The COVID-19 pandemic presents a double burden for people living with health conditions

The pandemic also has deeply impacted many people who had not contracted the virus, specially those who need **continuous and accessible routine-care**. In particular, people with chronic conditions face a double burden:

1

They are more likely to have severe symptoms, more often need hospitalisation and ICU treatment and have higher mortality risks

2

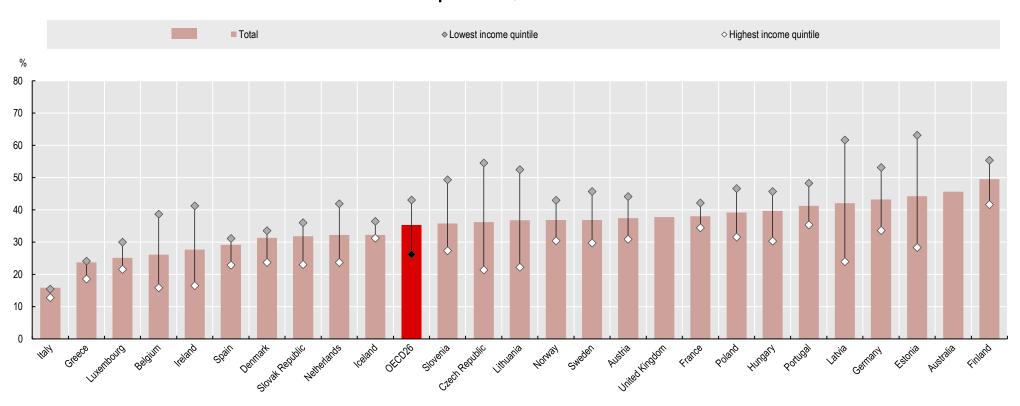
They face indirect effects of the COVID-19 crisis, resulting from disruptions of their essential care and unintended effects of containment policies





# This is of great concern given the high proportion of population with long-standing or chronic illness

People reporting a long-standing illness or health problem, by income level quintile, 2019

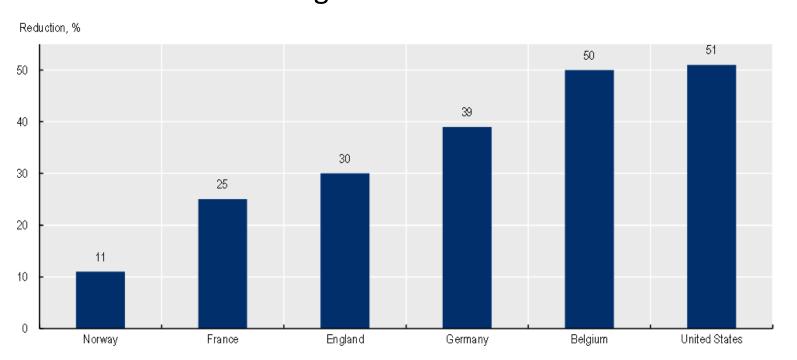






# Health care utilisation disrupted, affected vulnerable groups

#### Reduction in the volume of primary care consultations during the first wave



#### Reduction in cancer care

 In France, the number of cancer diagnoses decreased by 35%-50% in April 2020 (as compared to April 2019)

 In the Netherlands, the number of cancer diagnoses decreased by 26% in April 2020 (as compared to January 2020)

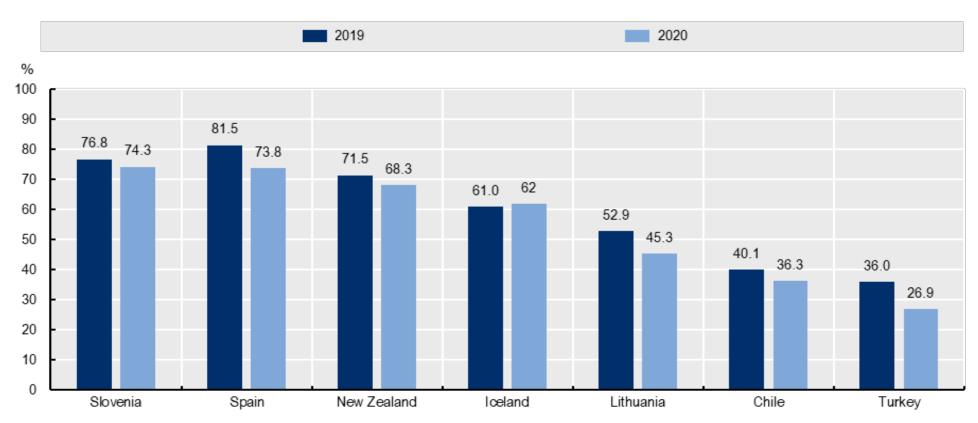
Source: OECD (2021). Strengthening the frontline. The role of primary health care in the COVID-19 pandemic.





# The proportion of women screened for breast cancer fell during the pandemic

Percentage of women aged 50-69 screened for breast cancer



Source: 2021 OECD JQNMH data collection.





# Primary care is the most inclusive, effective and efficient way to protect the health of people

1st point of contact with the health system

Accessible

Comprehensive

Continuous

Coordinated

- Boosting preventive care and screening
- Treat those who need it
- Help people become more active in managing their own health





# Strong primary health care provide comprehensive and continuity of care during and after the pandemic

#### Routine care and continuity of care

Management of acute conditions

Providing care for those with existing chronic conditions

Vaccination, screening and other disease prevention activities

Health education for selfmanagement of chronic conditions

Community engagement

#### During the COVID-19 crisis

Care for people experiencing mild COVID-19 symptoms

Follow up care and rehabilitation for patients who have contracted COVID-19

Help in diagnosing, tracking and tracing of COVID-19

Promotion of public health measures

Supporting patients physically, psychologically and socially in adapting to COVID-19 contexts

#### Following the acute phase of COVID-19 crisis

Care for people who experience worsening of health conditions due to direct and indirect effects of COVID-19 crisis

Psychological and social support; social prescribing for those who need it following the crisis

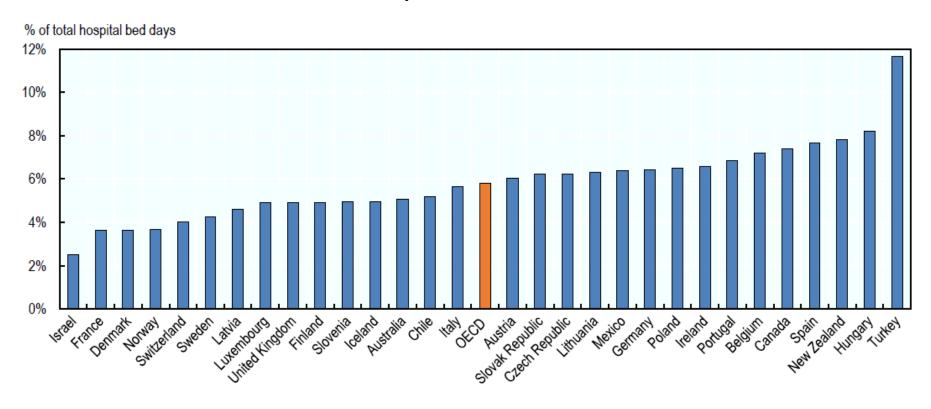






#### Primary health care is cost-effective

Strong PHC reduces avoidable hospitalisations – saving the equivalent of 6% of total bed days across OECD countries



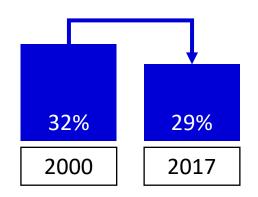




### Greater investment in primary health care is urgently needed

Less than one every 6 dollars of health spending goes to primary care

\$ \$ \$ \$ \$ \$ The share of medical practitioners continues to drop



Large focus on hospital care and workforce capacities during the pandemic









### Some encouraging moves toward strengthening the role of primary care

- 1 Reorganising the delivery of primary health care services
  - Collaboration between multidisciplinary primary care teams and COVID-19 community care facilities (Iceland, Slovenia or United Kingdom)
  - Expanded 'hospital at home programs (Australia, Germany, UK)
- 2 Rearranging tasks and responsibilities in primary health care settings
  - Increase scope of practice of community pharmacists (Austria, France, Ireland, Portugal and Spain), and of community health workers (United Kingdom)

- 3 Development of telemedicine and digital tool
  - Telemedicine accounted for only 4% of health services in OECD countries. This number multiplied by a factor of 10 in many countries.
  - E-health application to remotely monitor patients with COVID-19 at home (Germany, South Korea, Israel)
- 4 Designing add-on payments for primary health care providers
  - Add-on payments for home, telephone, or teleconsultations (Denmark, Canada, Australia)
  - Extra compensation for hygiene and safety due to covid-19 (Germany, United Kingdom)





#### To conclude

- COVID-19 has considerable direct and indirect impacts; too many health systems are not resilient enough to pandemics and high risk shocks
- Building more resilient health systems requires significant future investments to help prepare, absorb, recover and adapt to future shocks
- It requires efforts to modernise care practices, invest in the workforce.
- Innovations triggered by the pandemic should be accelerated and efforts to modernise the sector continue



### GRAZIE PER L'ATTENZIONE



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