



ARISTOTLE
UNIVERSITY OF
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**“Policies for Enhancing Access to Health Services in
Deprived Areas: The Healthy Municipality”**

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Deliverable 4.2.1

**Setting up examination protocols in partner areas upon
most frequent diseases**

Executive Summary

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English Summary on the rationale behind the proposal of the examination protocols on the seven most prevent diseases in the municipality of Arriana and lasmos

The analysis of the data that derived from the questionnaire about access to and degree of needs' coverage by existing health services in the municipality of Arriana and lasmos revealed a huge gap in primary health care services. Although in each municipality a health center is available (Health Center of lasmos with eight connected rural practices and Health Center of Sapes with thirteen rural practices), significant underuse of preventative services and of the wider range of services that can be offered within primary health care was detected.

The use of preventive services during the previous year were found significantly low, since two out of ten habitants of the municipality of Arriana and three out of ten in the municipality of lasmos had performed any vaccination. About half of the habitants had performed preventative blood examinations, while any other preventative exam was prevalent in less than 15% of the participants in both municipalities. These results clearly indicate the absence of preventative protocols and population's ignorance about the importance of prevention in terms of primary prevention (i.e. immunization) and secondary prevention (i.e. screening for cancer and any other preventable disease).

Looking into the way that the participants chose to cover their medical needs during last year, the percentage of habitants of the municipality of Arriana that declared not seeking any medical care for a health problem/ symptom ranged from 10.9 to 14.8% (for the several different mentioned health problems). The corresponding percentage for the habitants of the municipality of lasmos was 24 to 29.8% %. Five out of ten habitants of the municipality of Arriana and seven out of ten habitants of the municipality of lasmos didn't initially visit the public primary health care services offered in their areas because of perceived lack of the appropriate medical specialty and equipment. Their health behavior clearly displays the ignorance of the role of primary care and

the absence of general practitioners who serve in the area as family physicians.

The strengthening of the provided primary health services, including registering the population in the lists of family physicians within the primary health care setting that are already available in the area is an urgent need. According to World Health Organization (WHO) primary health care can cover the majority of a person's health needs throughout their life including prevention, treatment, rehabilitation and palliative care. Primary health care is a whole-of-society approach to health and well-being centered on the needs and preferences of individuals, families and communities. It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental and social health and wellbeing. It provides whole-person care for health needs throughout the lifespan, not just for a set of specific diseases. Primary health care ensures people receive comprehensive care- ranging from promotion and prevention to treatment, rehabilitation and palliative care - as close as feasible to people's everyday environment. Primary health care is rooted in a commitment to social justice and equity and in the recognition of the fundamental right to the highest attainable standard of health.

Strong primary health care is undoubtedly the cornerstone of a high quality healthcare system. Patient-centeredness, comprehensiveness, integration and continuity of care are among its core features that have been associated with better health outcomes, cost-effectiveness and higher users' satisfaction. It is well-known that primary health care can offer much more than the reduction of costs. The increased accessibility, the provision of long term care, the strong physician- patient relationship, the emphasis on prevention, the reduction of unnecessary medical care are among the benefits that a strong primary health care can offer, narrowing the gap between socially deprived and advantaged populations.

WHO has developed a cohesive definition based on three components:

- meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course, strategically prioritizing key health care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services;
- systematically addressing the broader determinants of health (including social, economic, environmental, as well as people's characteristics and behaviors) through evidence-informed public policies and actions across all sectors; and
- empowering individuals, families, and communities to optimize their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services, and as self-carers and care-givers to others.

Renewing primary health care and placing it at the centre of efforts to improve health and wellbeing are critical for three reasons:

- Primary health care is well-positioned to respond to rapid economic, technological, and demographic changes, all of which impact health and well-being. Treating people and communities as key actors in the production of their own health and well-being is critical for understanding and responding to the complexities of our changing world.
- Primary health care has been proven to be a highly effective and efficient way to address the main causes and risks of poor health and well-being today, as well as handling the emerging challenges that threaten health and well-being tomorrow. It has also been shown to be a good value investment, as there is evidence that quality primary health care reduces total healthcare costs and improves efficiency by reducing hospital admissions. Addressing increasingly complex health needs calls for a multi-sectoral approach that integrates health-promoting and preventive policies, solutions that are responsive to communities, and health services that are people-centered. Primary

health care also includes the key elements needed to improve health security and prevent health threats such as epidemics and antimicrobial resistance, through such measures as community engagement and education, rational prescribing, and a core set of essential public health functions, including surveillance. Strengthening systems at the community and peripheral health facility level contributes to building resilience, which is critical for withstanding shocks to the health system.

- Stronger primary health care is essential to achieving the health-related Sustainable Development Goals (SDGs) and universal health coverage.

Within this context, examination protocols for primary care physicians were developed taking into consideration primarily the seven most prevalent problems/ diseases found. The proposed protocols derived from the relevant guidelines that are approved for use in primary health care by the Greek Ministry of Health and after thorough literature review. According to the results of this study, the most prevalent diseases/ symptoms were coming from the cardiovascular system, being followed by endocrine/ metabolic diseases, psychological and musculoskeletal symptoms according to the International Classification of Primary Care – 2nd Edition (ICPC-2). In particular hypertension, diabetes mellitus, dyslipidaemias, depression, coronary heart disease, anxiety disorder and back pain were the most prevalent.

In the seven examination protocols proposed, after an introductory section and the definition of each disease, questions about early diagnosis, prevention and follow up- where applicable- are answered via evidence-based recommendations for primary care physicians. The hierarchy of evidence (level I-IV) used to build the recommendations is based on the rigor of the research methods of the studies used, according to the National Health and Medical Research Council of Australia (NHMRC). Finally, taking into consideration the level of evidence, the clinical impact, the ability to generate and apply, each recommendation was categorized from A to D (ranging from A= strong recommendation supported by high to moderate-quality evidence

suggested for clinical practice to D= weak recommendation supported low quality evidence suggesting that it should be followed with caution). Implementing evidence based primary health care- with the integration of clinical expertise, patient values and the best research evidence into the decision-making process for patient care- can contribute significantly in achieving universal health coverage and "health for all", especially in deprived areas.