

Contributions of Primary Health Care and Next Step Considerations: A Systematic Review

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How to cite this paper: Ndubuisi, C., Ohadugha, A. and Ndukwe, U. (2022) Contributions of Primary Health Care and Next Step Considerations: A Systematic Review. *Journal of Biosciences and Medicines*, 10, 41-47.

<https://doi.org/10.4236/jbm.2022.109004>

Received: July 13, 2022

Accepted: September 3, 2022

Published: September 6, 2022

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Abstract

The essential consideration is the cornerstone of a solid medical care system that provides outstanding health outcomes at a low cost. Medical therapy has evolved over the previous century from concentrating on random etiologies to lifestyle, race, and environmental factors. The aim behind these changes is to serve the public health requirements by delivering frequent and easy services based on the individual, couple, or family. Accurate evaluation of the magnitude by which primary health care contributes to the health care system is essential to the improvement of these contributions and determining next step considerations. The number one factor has been associated with greater access to medical care, better health outcomes, and reduced hospitalization and ER (emergency room) visits. The number one consideration may also help balance the adverse effects of poor financial situations on well-being. Therefore, we need more primary care doctors in the US. Research is also necessary to understand which essential consideration models provide acceptable health results.

Keywords

Primary Care, Health Outcomes, Population Health, Essential Medical Care, Primary Care Physician

1. Introduction

The necessity of Primary health care (PHC) is indisputable. In many parts of the world, though, it has been neglected, and the focus shifting to curative care.

From 2002 to 2015, the percentage of Americans who had a primary care physician declined from 77% to 75%. The rate of 30-year-olds declined from 71% to

64% in the same period [1]. A doctor's primary duty is to take care of their patients. It is the responsibility of each health care practitioner to respect the human rights of each patient during treatment and care. The well-being of the patient should be the priority at all times. People's physical and mental health can be maintained or improved by preventing, diagnosing, and treating illness, injury, and other physical and mental deficiencies on time.

PHC is the most inclusive, egalitarian, cost-effective, and efficient strategy to improve health and well-being for everyone [2]. Primary care significantly impacts health in the community with its effective services and quality work.

There are five fundamental functions of primary care:

- 1) First contact accessibility, which creates a strategic entry point for and improves patient access to health care services.
- 2) Continuity promotes the development of long-lasting personal relationships between a patient, the health professional, or a team of healthcare providers.
- 3) Comprehensiveness ensures a diverse range of promotive, protective, preventive, curative, rehabilitative, and palliative services.
- 4) Coordination organizes services and cares across levels of the health system and over time.
- 5) People-centered care ensures that people have the education and support needed to make decisions and participate in their care (Figure 1) [2].

A wide range of internal and environmental factors make it hard for these functions to work. These factors range from the first framework of facilitators and barriers to the most recent progress in this field. Well-targeted intervention strategies can be used to deal with each of these things.

PHC can be made more accessible by changing law or finance systems, for example.

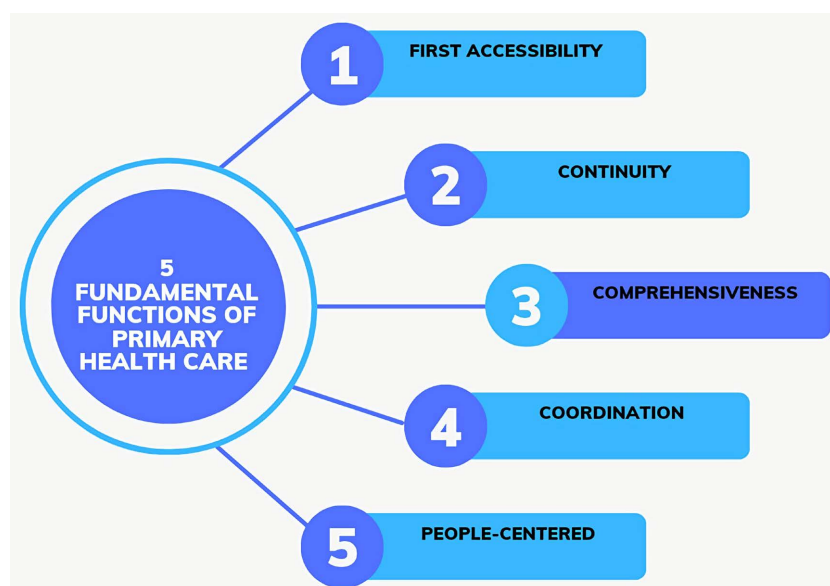


Figure 1. The fundamental functions of primary healthcare [2].

The shift in health care over the last century has made it important to consider how cultural, racial, and ethnic factors affect health.

Specifically, Alma-Ata Declaration outlined eight essential components of PHC [3], including:

- 1) Nutritional promotion including food supply;
- 2) Supply of adequate safe water and sanitation;
- 3) Maternal and child health care;
- 4) Immunization;
- 5) Prevention and control of diseases that are endemic;
- 6) Appropriate treatment of common illnesses and injuries;
- 7) Provision of essential medications;
- 8) Educating people on prevailing health problems and the methods of preventing and controlling them.

These basic requirements are Part of the SDGs (sustainable development goals) 2030 [4].

PHC professionals play essential roles in promoting, preventing, treating, and rehabilitating patients. Proper provision of PHC depends on physicians, nurses, midwives, and community and auxiliary workers, to respond to the health care requirements of the community [3] [5]. Nevertheless, due to the strain on resources and the increasing dearth of PHC physicians and nurses, especially in developing countries [6] [7], policy-makers and other stakeholders should appraise new, creative and valuable methods to expand and improve the delivery of PHC [7].

An international agreement on these elements has helped people to determine what kind of PHC services are available and how good they are [8]. The improved primary care services will be helpful for people to get treatments from specialists for diagnosed illnesses by Practitioners on time.

This review aims to summarize the most recent research and suggest helpful advice.

Primary care physicians include practitioners in family and general practice, internal medicine, geriatrics, and pediatrics (Figure 2) [9].

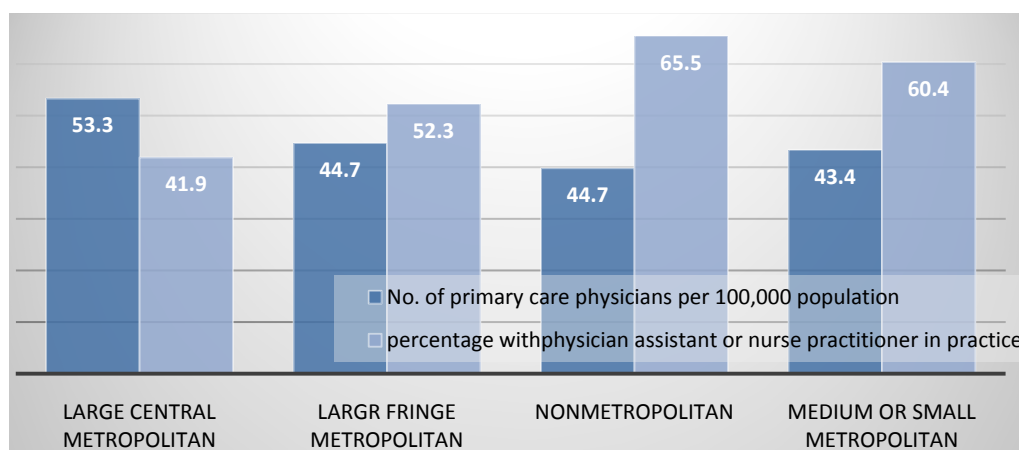


Figure 2. Primary care physician availability and percentage of physicians working with physician assistants or nurse practitioners, by urbanicity of physician's office location [9].

2. Review

Our research methods involved review and analysis of information available in medical journals about Primary health care. The data collected from the health-care journals was sorted out to properly understand primary health care. We hope to close some gaps existing in our understanding of the gaps in Primary care and identify and address existing questions.

Our review and analysis of the journals led us to conclude that PHC is entitled to the greatest attention for policy-making [9]. Health care systems which are aligned toward PHC are more likely to have greater health outcomes and greater public satisfaction at reduced costs [7] [10]. PHC has been regarded as the initial point of contact for individuals wishing to access health care [2], especially for vulnerable groups [6]. For instance, about 75% of child and adolescent mental health problems were treated by PHC providers first, usually, the first medical professionals consulted by children and their families [11].

We have sought to emphasize that PHC integrates different elements of disease management, focuses on prevention, early detection, and health maintenance, and links multiple sectors and disciplines. Being the most affordable and attainable health service for residents, especially for those living in remote locations, PHC has been long viewed as the “first element” as well as part of a “continuing health care process” [12].

Primary care supports first-contact, accessible, continuous, comprehensive, and coordinated person-focused care. It optimizes population health and reduces disparities across the population by ensuring that subgroups have equal access to services. [2]

Primary care is an essential process in a health system that provides promotive, preventive, curative, rehabilitative, and palliative services throughout life. Primary health care (PHC) is a broader approach with three components: Public health and primary care comprise the core of integrated health care, including multisectoral policies, action, and empowerment of people and communities. [2]

The gap between capacity requirements and the status quo for PHC providers.

Our study revealed that PHC providers had a low to moderate perceived capacity in delivering Primary health care services, suggesting a gap between the PHC system requirements and the performance of healthcare providers. A gap exists between PHC providers' performance and the PHC system's requirements. In line with other relevant studies, the results of this study are consistent. Albeit the PHC suppliers significantly impact evaluating and overseeing medical issues, there is low proper training accessible to them [11]. Specifically, a national study in Canada showed a lack of confidence, adequate training, and skills in mental health care for primary health care providers.

The providers themselves also recognize this gap and express interest in training programs for building and strengthening their capacity if available. The actual suppliers additionally perceive this inadequacy and express interest in preparing programs for building and reinforcing their ability if accessible [11] [13].

The outcomes likewise show that the focal point of any preparation for PHC professionals ought to change their knowledge into expertise and ability into capacity. While information is the establishment, capacity is the objective. In this way, the supposition will be that PHC suppliers would perform better assuming they were furnished with preparation to apply theory to knowledge.

The findings also suggest that any training for PHC providers should focus on turning knowledge into skills and skills into expertise. Knowledge is the foundation, and expertise is the goal.

3. Implications

The overall state of primary health care provider capacity in developing countries provides evidence and meaningful implications for understanding the underdevelopment of primary health care services in developing or transition economies.

4. Limitations

Despite interest in strengthening primary care in the United States in recent years, a lot of challenges exist. Foremost is assuring an adequate number and distribution of primary care providers. For instance, more than 25% of the current primary care physician workforce is 60 or above and will likely retire during the next 5 to 10 years. Many of these older physicians practice in rural areas [14]. The primary care provider shortage is exacerbated by an increasing mismatch between the needs of the population in the United States for primary care providers and the current trends in graduate medical education and training [14]. Population expanse, population aging, and health insurance expansion under the Affordable Care Act will likely create additional demand for primary care providers. The U.S. will require nearly 261,000 practicing primary care physicians, an increase of almost 52,000 more than the labor pool in 2025 [15]. Innovative models for delivering primary care services more efficiently can also help address the growing demand.

5. Next Step Considerations

The status of PHC providers' capacity cannot currently meet the goal of SDGs by the UN (United Nations) in 2030 [9].

One of the factors contributing to this phenomenon lies in the failure to emphasize high-quality health education and professional training. Training programs for primary health care providers with low- and moderate-capacity are recommended. Training programs need to incorporate ways to transform theory into practice and content related to safe water and sanitation, nutrition, prevention of endemic diseases, and essential drugs.

6. Conclusions

Primary care, is the center of the U.S. healthcare system. Reforms in healthcare

coverage will improve the infrastructure and aid in rebuilding the primary care payment and delivery model. The comprehensive care provided by Primary Care Physicians and the continuous patient and physician relationships are essential to improve the quality of care, leading to positive patient outcomes in the long run.

Positive health results and quality care can be justified among people with number one essential care. Many logical factors ensure the best health care, like the easiness of access, after-hours health care, waiting for an appointment, and the flexibility of choosing a PCP.

Moreover, insured treatment, on-time handling, medical quality, consistency and availability of staff, and interaction with the patient all work together to determine the quality of healthcare services. Primary care is essential for building an outstanding, strong, and ambitious healthcare structure.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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