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Experiences of primary care workers in the implementation of primary health care approach to address noncommunicable diseases: A qualitative study

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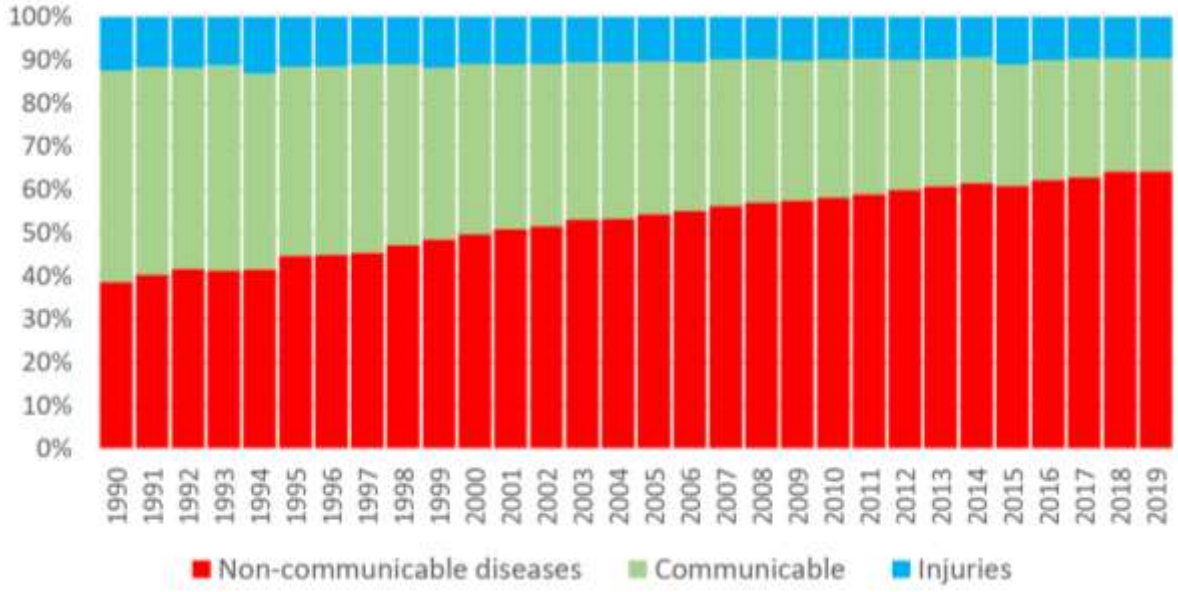
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The authors have no conflicts of interest to declare.

INTRODUCTION

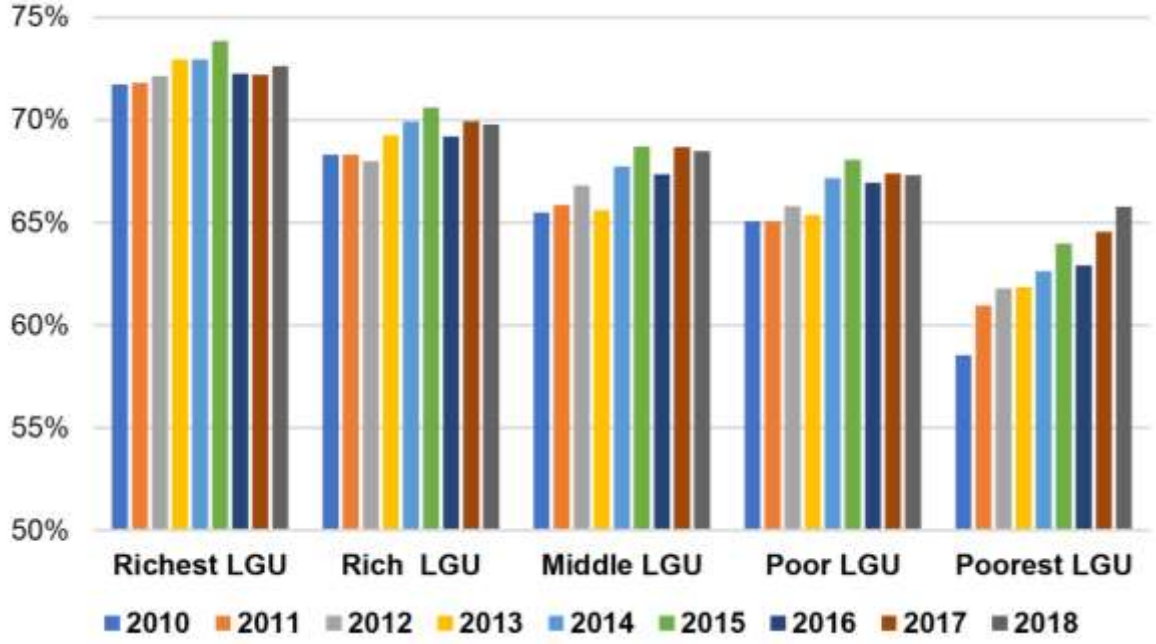
INCREASING BURDEN OF NCDs – AN EXAMPLE OF CHALLENGED HEALTH CARE SYSTEM

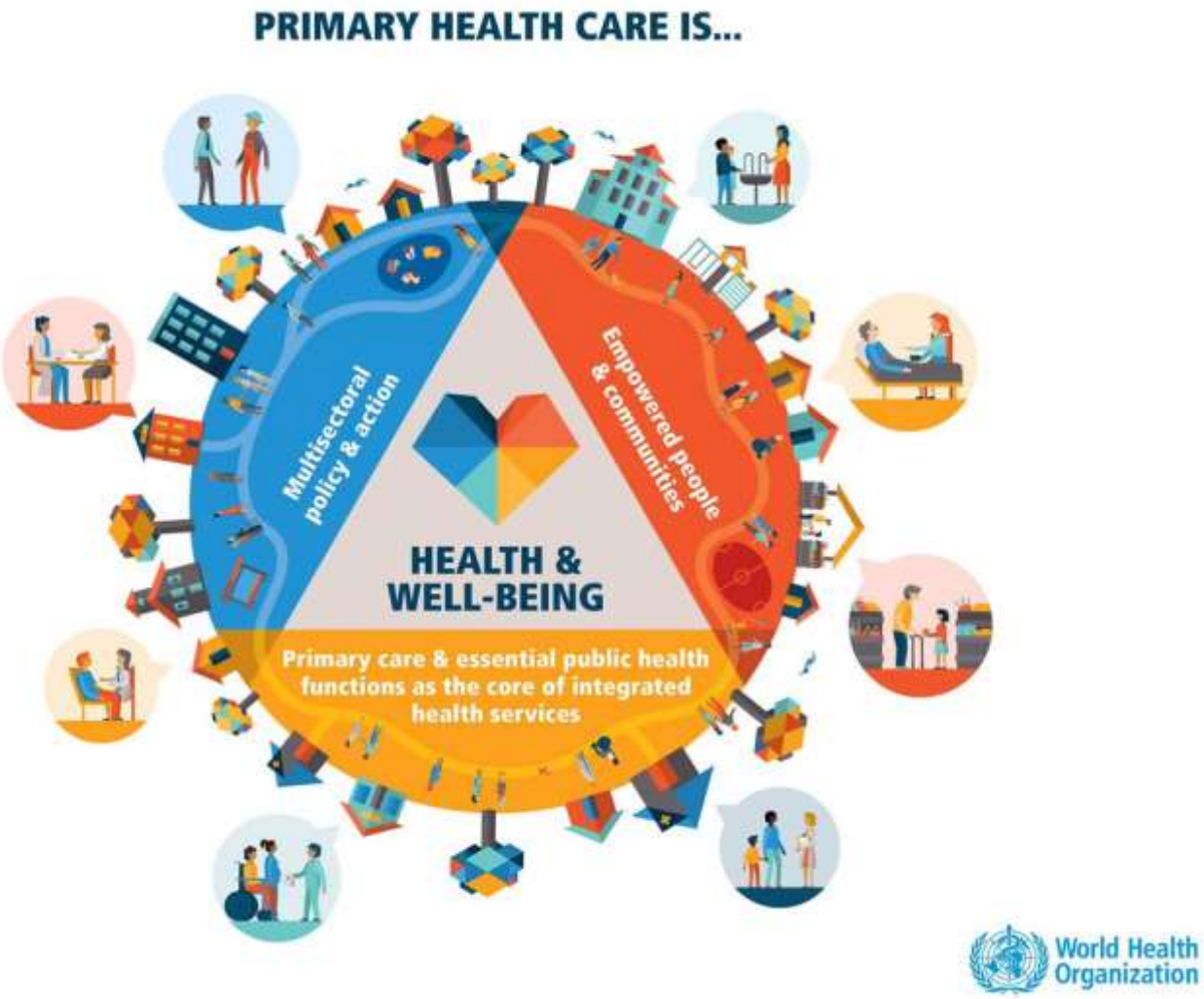
Figure 1. Burden of disease, proportion of deaths by cause, Philippines

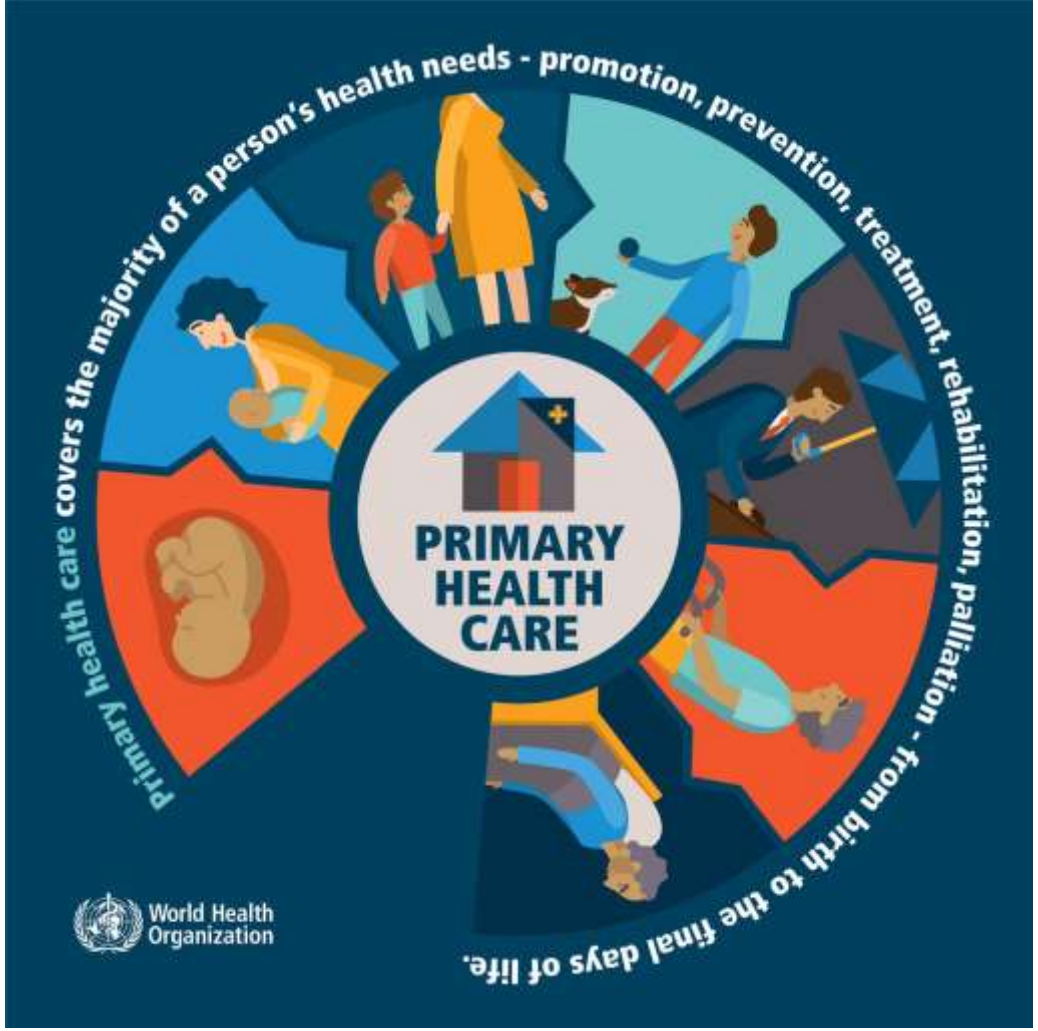


Source: Ulep, VG. et.al., 2020

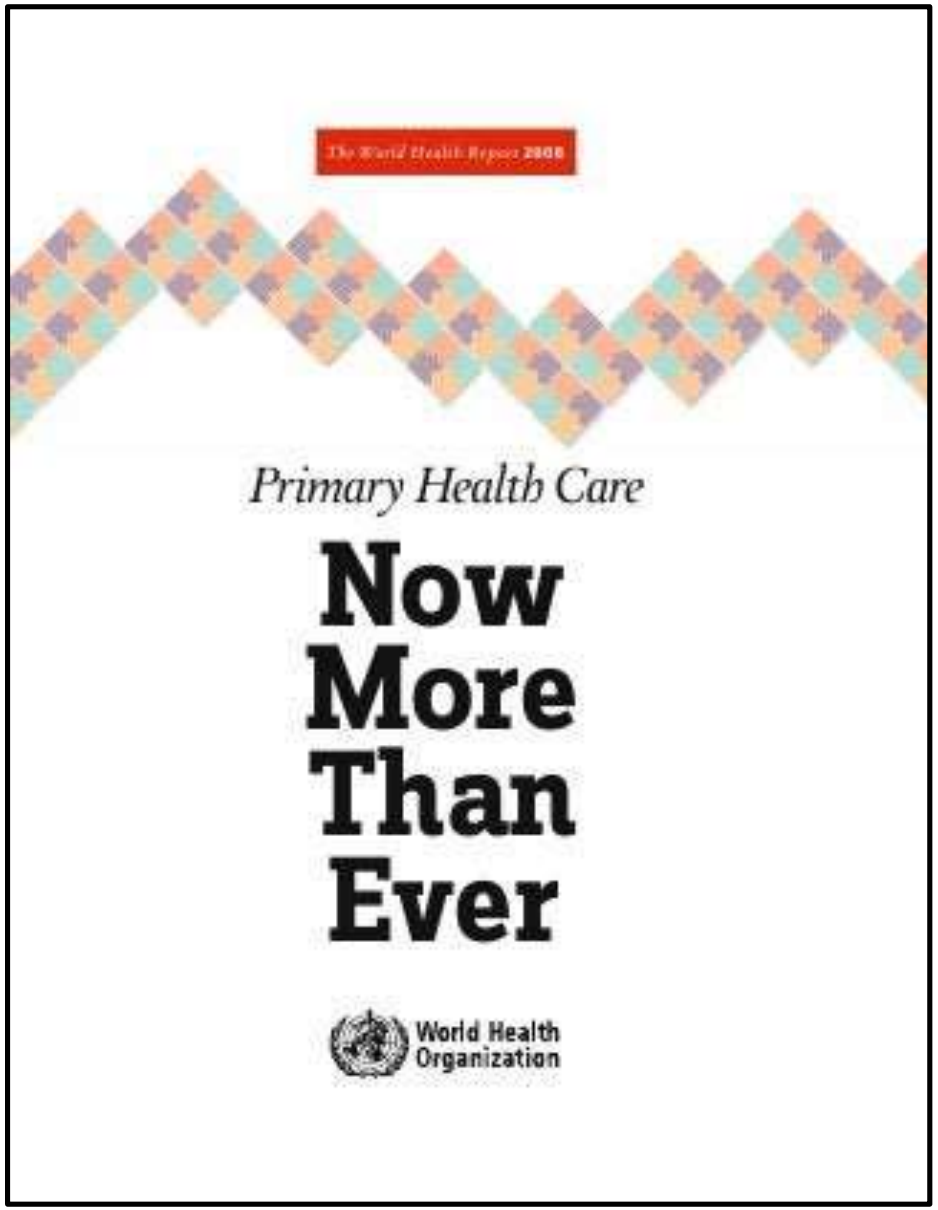
Figure 2. Share of NCDs among total deaths, by year and municipal poverty incidence, Philippines







Focuses on health, individuals, families, and communities addressing social and economic health care through **active community participation.**



Ultimate Goal of PHC: *"Better health of ALL"*

Whole systems approach based PHC values, which are *cost-effective* and *sustainable* way of strengthening the health systems.

PHC cornerstone: *Access, equity, essentiality, appropriate technology multisectoral collaboration, community participation, and empowerment*.

Health Systems Strengthening based on PHC Approach

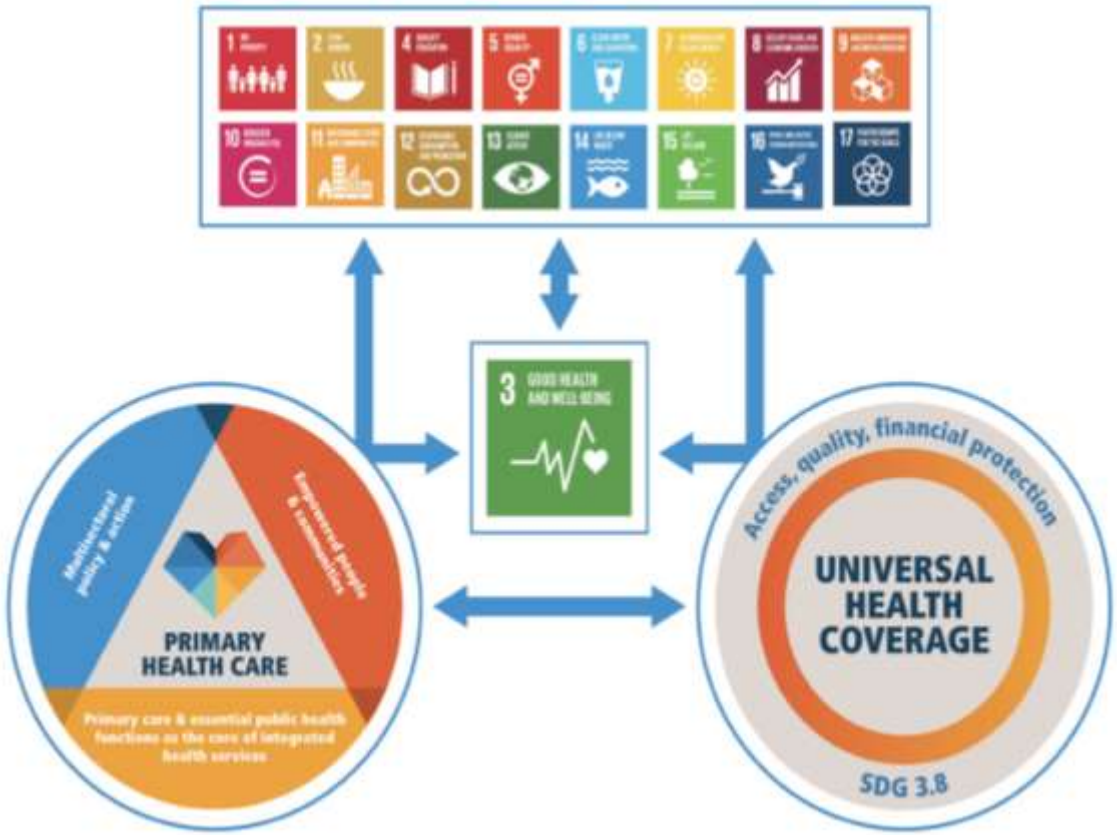


Health systems based on PHC aims to provide **cost-effective, comprehensive, equitable, and quality care** to the *entire population* including the poor, vulnerable, and the marginalized.

Comprehensive PHC Package

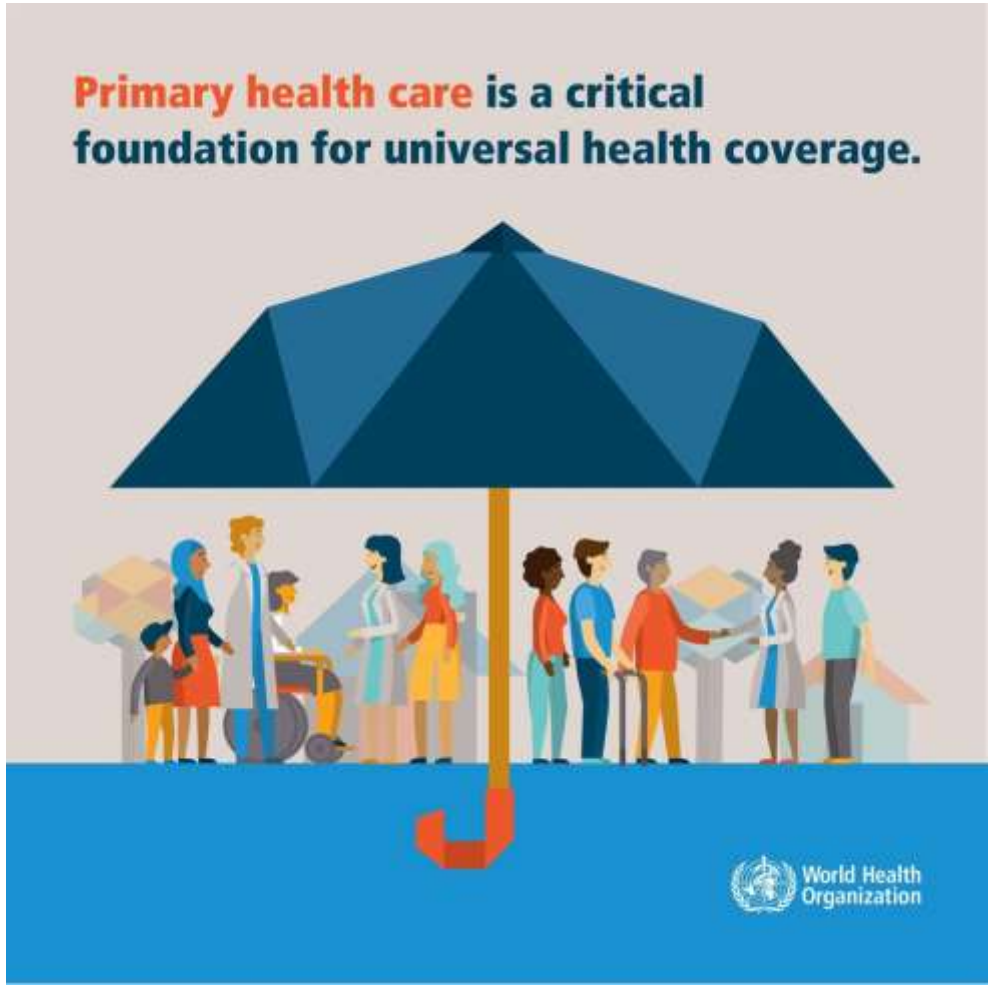
Health education and promotion	Food supply and nutrition	Safe water and basic sanitation	Maternal and child health, family planning
Immunization	Prevention and control of endemic diseases	Treatment of common diseases and injuries	Provision of essential drugs

RELEVANCE OF FOCUSING ON PHC STUDIES



1. PHC allows health systems to adapt and respond to complex changing world;
2. Highly efficient and effective people-centered approach;
3. UHC and the health-related SDGs can only be sustainably achieved with a stronger emphasis on PHC.

PHC and UHC

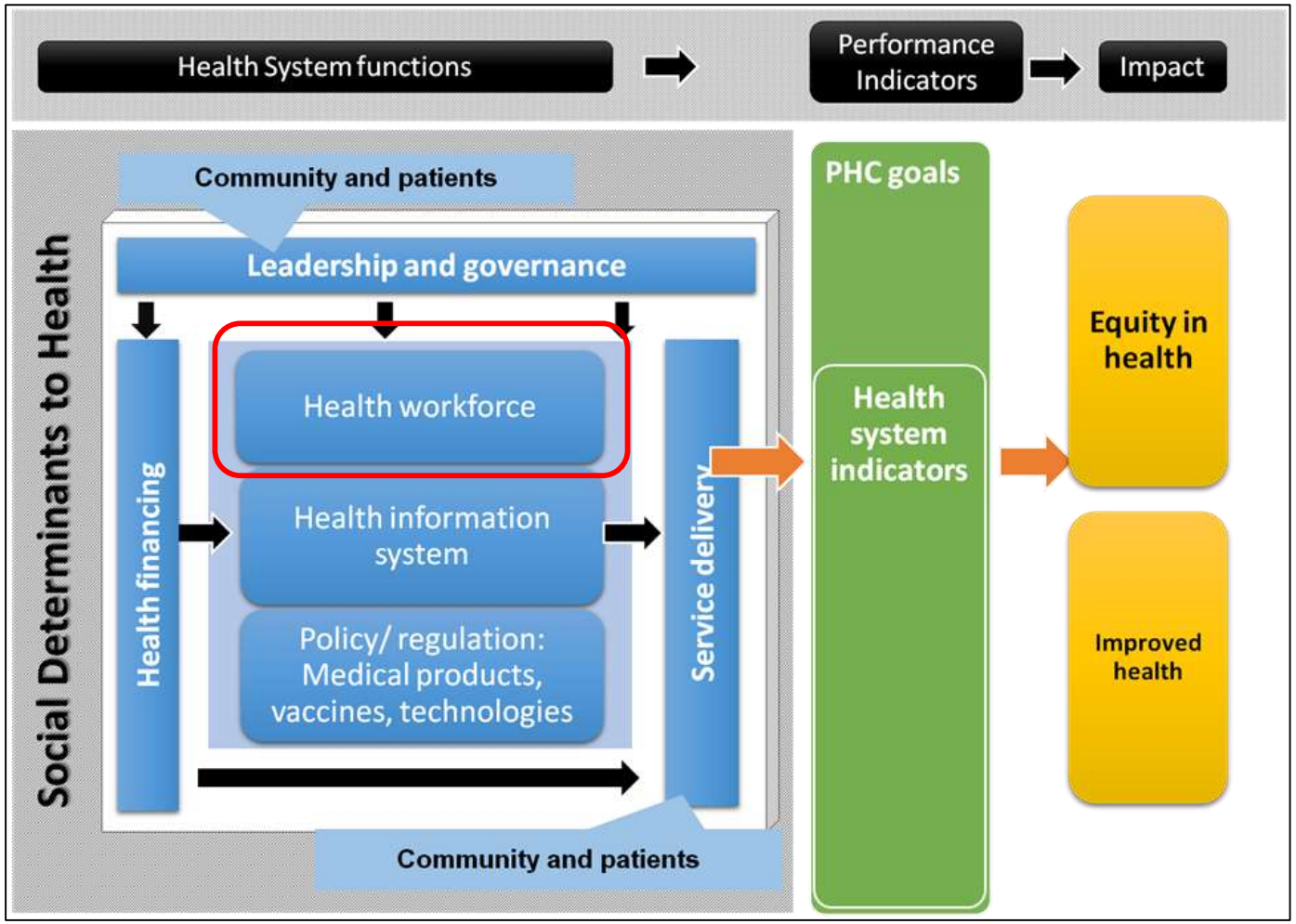


1. Empowered people and communities are key advocates for increasing financial protection for health services;

2. PHC is cost-effective to deliver services. Best value to move towards universal access;

3. Focus on community-based services to address determinants of health.

HEALTH SYSTEMS PILLARS THAT IMPACT HEALTH OUTCOMES

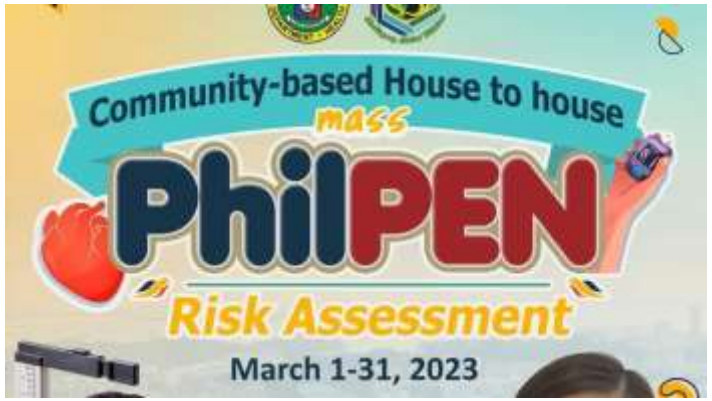


Actions needed for PHC-based health systems strengthening

- Reaffirm high political commitment through PHC
- Improve health equity through specific actions
- Foster more effective multisectoral collaboration
- Strengthen health workforce
- Implement equitable health care financing
- Promote better transparency of accountability and health
- Utilize to their fullest various global health initiatives

Package of Essential Noncommunicable Disease Interventions (PhilPEN)

- Total risk approach complementing population-based intervention;
- Adapted in the Philippines to curb the burden of NCDs through primary care approach;



Implementation of integrated management of NCDs (PhilPEN): **Highly dependent on sufficient and skilled personnel**

PHILIPPINE UNIVERSAL HEALTH CARE ACT 2019





Public system reorganized as province- or city-wide health systems, within which health care provider networks will be **formed/integrated**.

RESEARCH PROBLEM





A *stronger PHC system* is seen as a **vital foundation** for *achieving UHC*.

However, it is critical to understand how PHC is implemented towards addressing NCDs by *varied health workers* from *different types of primary care facilities as it has been limited*.

OBJECTIVES OF THE STUDY







UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

To determine the experiences in implementing primary health care approach to address NCDs based from different primary care facilities in a UHC study site in the Philippines

METHODS

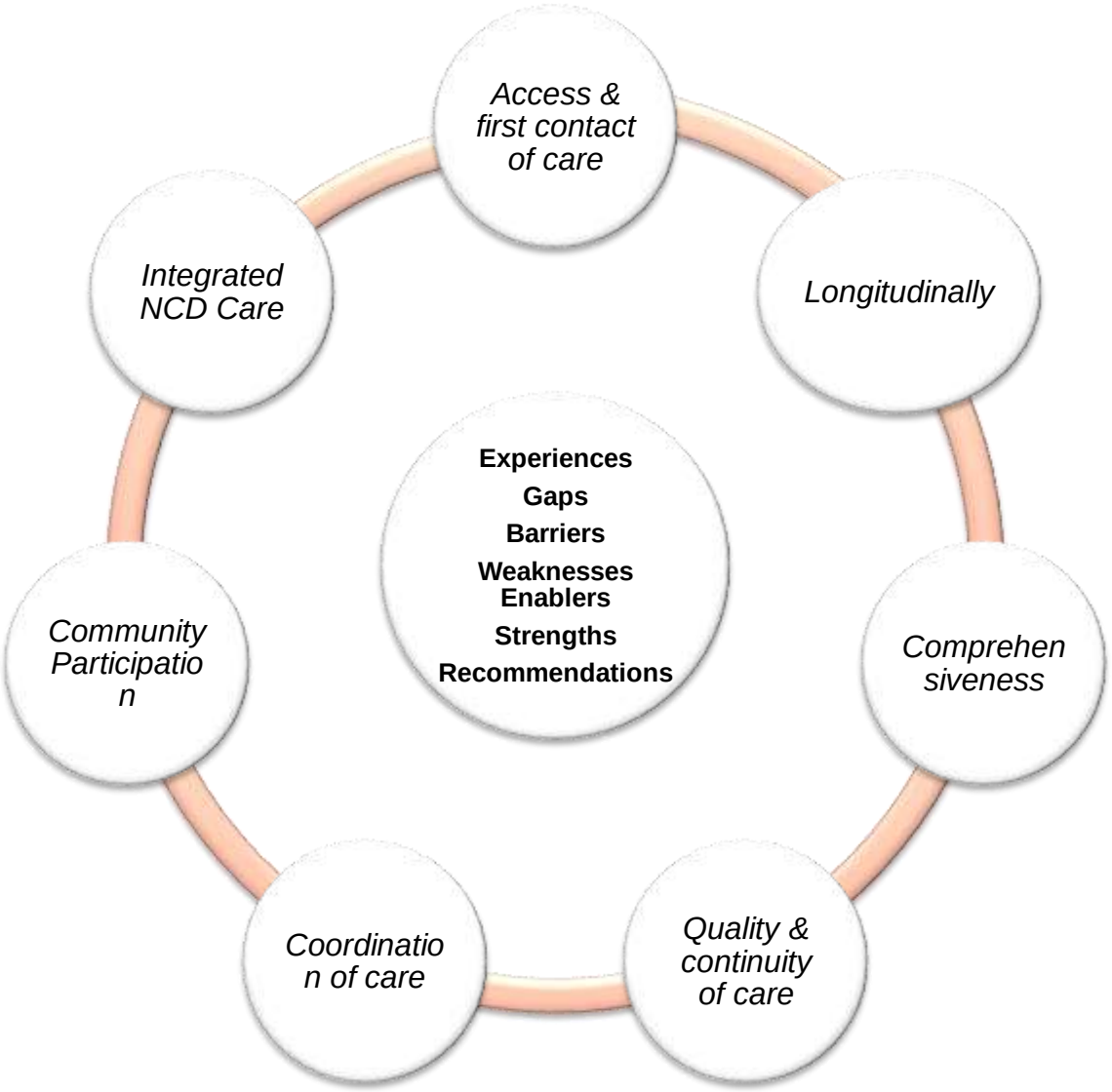
RESEARCH DESIGN

Qualitative Approach and Theory:

- Exploratory-Descriptive Case Study; Social Constructivism Theory
- Online FGD through Zoom Conferencing platform: Recorded discussion
- Conducted using English and Tagalog language
- Interview duration: 60-90 minutes
- Ethics clearance approval: UPM-REB



FGD TOPIC GUIDE

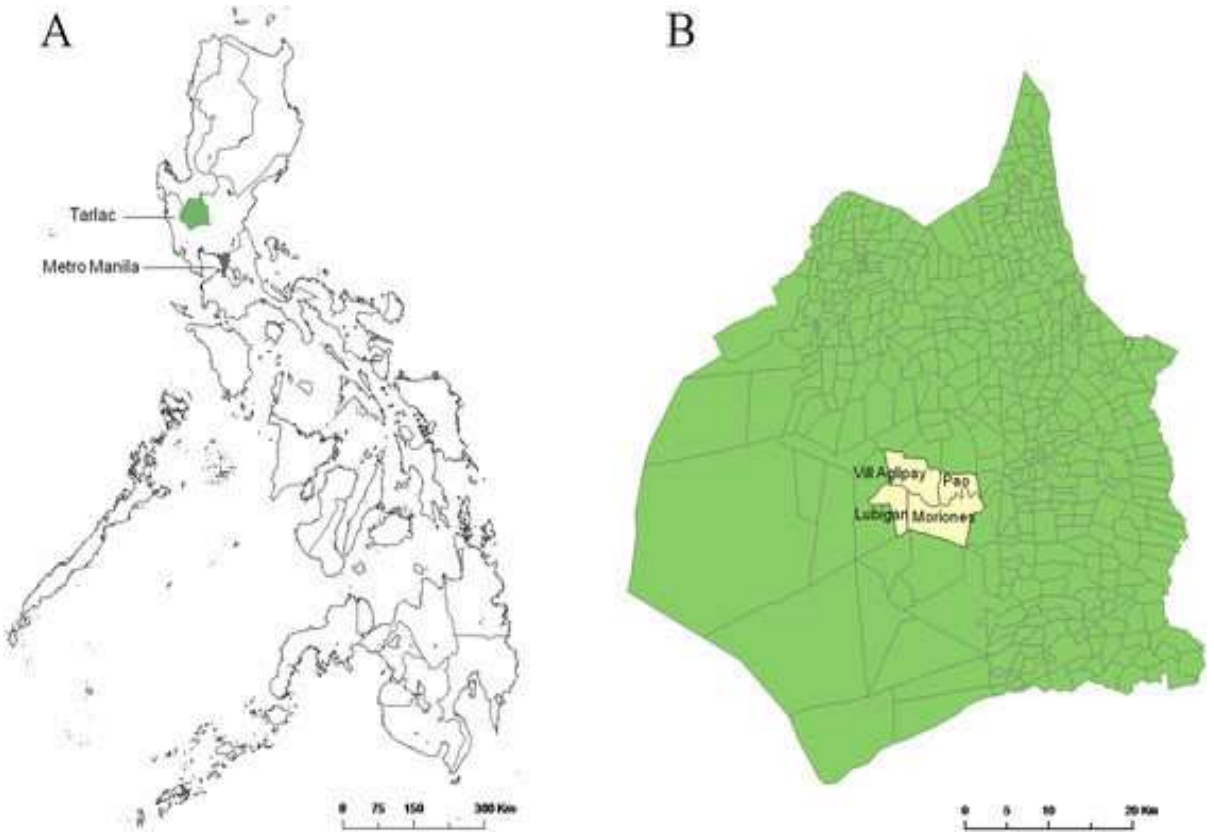


- **Primary Health Care Implementation**
- **NCDs and Services at the Primary Health Care Level**
- **Collaborative Approach towards Addressing NCDs**
- **Integrated NCD Care Delivery Approach at the Primary Health Care Level**
- **Recommendations / Others**

CASE STUDY SITE

Province of Tarlac, Central Luzon Region

17 municipalities and 1 city	3 congressional district
1st Income class province	Population *(2021)*: 1,366,027
Land area: 2,736.6 km^2	With large indigenous population



FACILITIES AND PROFESSIONS COVERED DURING FGDs

Public-owned Health Facility

- Rural Health Unit: *Physicians and Nurses*
- Barangay Health Station: *Midwives and Community Health Workers*
- Level 1 Public Hospital and/or infirmaries: *Physicians and Nurses*

Private-owned Health Facility

- Free-standing clinics: *Physicians*
- Level 1 Public Hospital and/or infirmaries: *Physicians and Nurses*

TARGET NO. OF PARTICIPANTS AND FGDs

Setting/Institution Represented	Group	Number of Participants per FGD	Number of FGDs to Conduct per Group
Public Primary Care Health Unit/Health Center	a. Physicians	▪ 5-10 individuals	3 FGDs
	b. Nurses	▪ 5-10 individuals	3 FGDs
Community Health Station	a. Midwives	▪ 5-10 individuals	2 FGDs
	b. BHWs	▪ 5-10 individuals	1 FGD
Private Free-Standing Clinic	a. Physicians	▪ 5-10 individuals	3 FGDs
Public Level 1 Hospital/Infirmary	a. Physicians	▪ 5-10 individuals	1 FGD
	b. Nurses	▪ 5-10 individuals	1 FGD
Private Level 1 Hospital/Infirmary	a. Physicians	▪ 5-10 individuals	1 FGD
	b. Nurses	▪ 5-10 individuals	1 FGD
			Total FGDs: 16 FGDs

GROUPINGS PER FGD

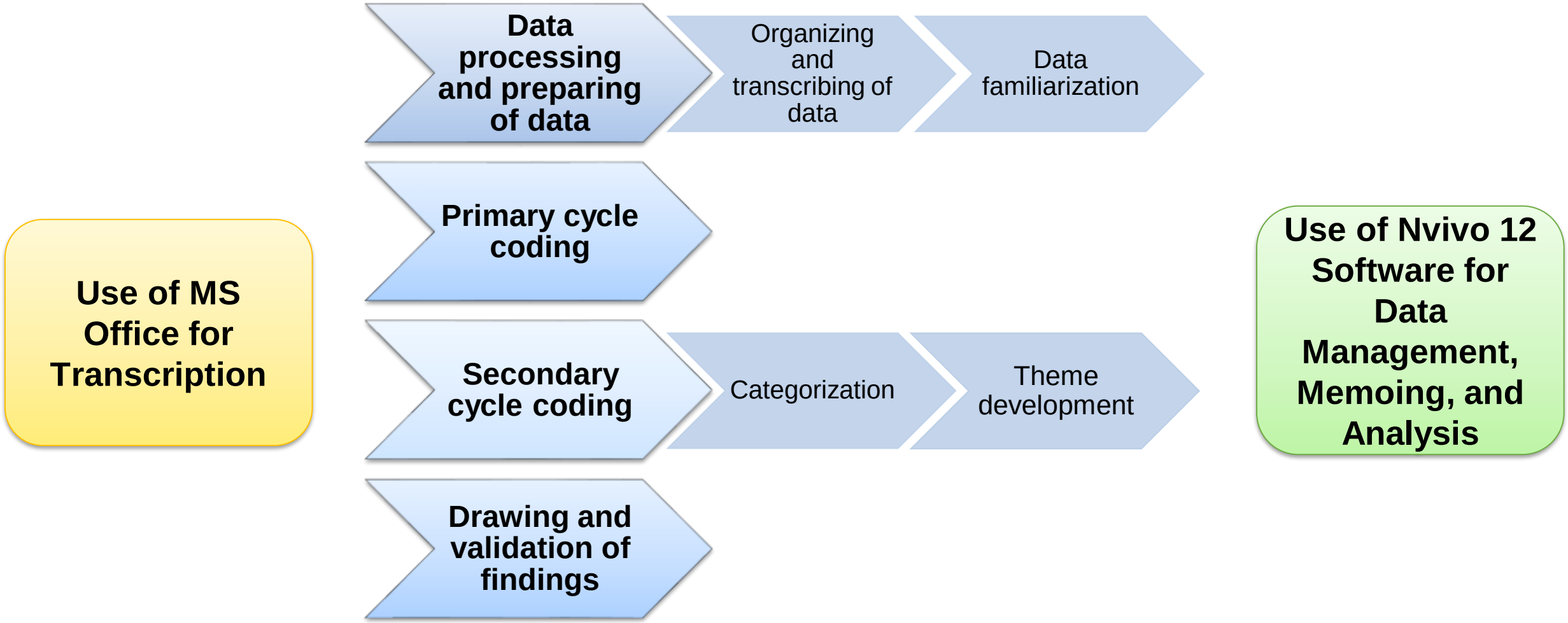
Homogenous – Profession and Type of Facility

- Group of same healthcare professionals and type of health care facility currently employed

Heterogenous – Area of Origin

- *Based on combination of different income classification, population size, and percent of urban population among cities and municipalities in the province*

DATA ANALYSIS



RESULTS

RESULTS

Completed FGD Interviews in Tarlac

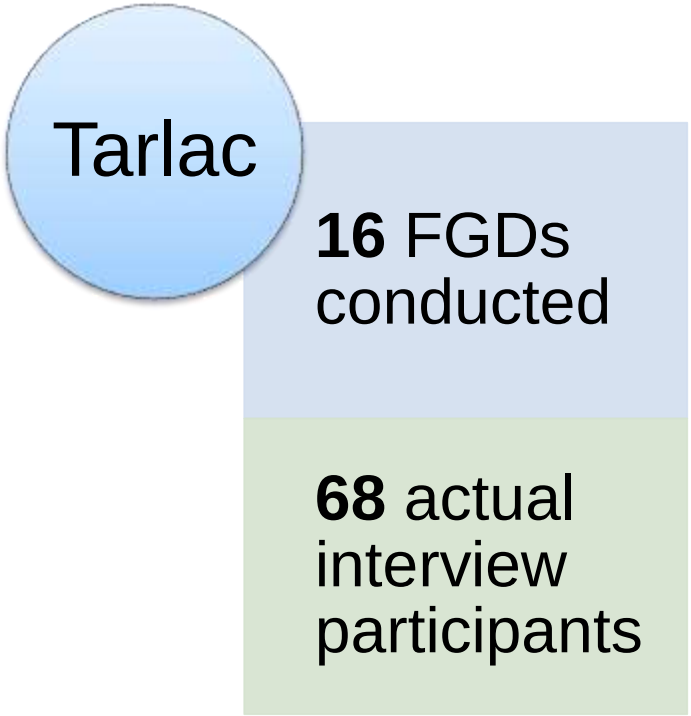


Table 1. Profile of FGD Participants in Tarlac

Characteristics	Tarlac	
	n=68	%
Age (yrs)		
21-40	14	20.6
41-60	**43**	**63.2**
> 60	11	16.2
Gender		
Female	**46**	**67.6**
Male	22	32.4
Occupation		
Physician	**32**	**47.1**
Nurse	23	33.8
Midwife	7	10.3
BHW	6	8.8
Facility		
RHU	**39**	**57.4**
Infirmary/Level 1 Hospital	19	27.9
Private Primary Clinic	10	14.7
Ownership		
Public	**48**	**70.6**
Private	20	29.4
Length of Service		
1-10 years	**27**	**39.7**
11-20 years	21	30.9
> 20	20	29.4
Training/s Received		
PHC (UHC Training)	17	25.0
NCD Training	10	14.7
Received Both	6	8.8
Others	8	11.8
None	**27**	**39.7**

Perceived delivery of Primary Health Care Approach in addressing NCDs through…

Health education and promotion

Patient assessment and monitoring

Patient treatment and management

Collaboration among professionals and institutions

Resulted to efficacious health outcomes

Increased health knowledge and awareness

Prevention of disease or untoward progression

Better patient satisfaction

Enablers of primary health care implementation to address NCDs

- Supportive leadership and governance
- Dedicated and competent healthcare workers
- Prioritization of noncommunicable diseases
- Functional referral mechanism
- Efficient utilization of limited resources

However, NCD care delivery anchored on a strong primary health care approach was viewed to be overshadowed by different challenges:

Health human resource constraints

Logistical inadequacies

Limited access and availability of services and facility

Patient issues and impediments

Structural restrictions

STRENGTHS AND LIMITATIONS OF THE STUDY

Strengths:

1. Wide coverage of health care facilities and job types
2. Representation and inclusion of all cities and municipalities in the province

Limitations:

1. Narrow geographic area covered
2. Lower number of participants from the private level
3. Perceptions of actual service and care recipients not included

CONCLUSION

Robust delivery of primary health care approach to **confront NCDs** positively ***enhancing patient health***

PHC implementation to address NCDs is determined by **concurrence of various facilitating and hindering factors**

Recommendations

- Pre-service and in-service knowledge and capacity building of HRH
- UHC Policy Implementation Strengthening
- Increase of Implementation science researches focused on PHC approach
- Further research investigation on the influence of identified determinants

Primary health care throughout our life



Thank you for listening!

Any questions?

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This study is a part of "Integrating Noncommunicable Disease Management in Primary Health Care: A Population Health Survey and Action Initiative."