Understanding complexity, interdependence and fragmentation in Primary Care

Dr. Cagri KALACA
EFPC
Understanding complexity, interdependence and fragmentation in Primary Care

Is there a role for EFPC?
KEEP CALM

BUT

HOUSTON
we have a problem
“We can't solve problems by using the same kind of thinking we used when we created them.”

ALBERT EINSTEIN
Writer and futurist
... inability to mobilize the requisite resources and institutions to transform health around the values of primary health care as well as a failure to either counter or substantially modify forces that pull the health sector in other directions,

namely:

- a disproportionate focus on specialist hospital care;
- fragmentation of health systems; and
- the proliferation of unregulated commercial care.
The experience in “healthcare” systems: the opposite of healing
The experience in “healthcare” systems: the opposite of healing

- Healing requires **relationships**
  - Relationships lead to **trust**, **hope**, and a **sense of being known**

- Our healthcare system increasingly delivers **commodities**
  - Commodities can be **sold**, **bought**, **quantified**, and **incentivized**.
While the **whole**—whole people, whole systems, whole communities—**gets worse**.

While governments, health care systems, and individuals spend more and more on healthcare, for less and less value.
This unbalance, this brokenness, is at the root of the more obvious healthcare crises of

- unsustainable cost increases,
- poor quality,
- Inequality,
- ...
In fact, breathtaking advances...

- From isolating, partitioning, and manipulating the components of physical, biological, and human systems...

- COMPLEX SYSTEMS:
  - We understood that complex systems as more than the sum of their parts...
COMPLEXITY AND INTERDEPENDABILITY
Complexity science

The challenge of complexity in health care

Paul E Plsek, Trisha Greenhalgh
The science of complex adaptive systems provides important concepts and tools for responding to the challenges of health care in the 21st century. Clinical practice, organisation, information management, research, education, and professional development are interdependent and built around multiple self-adjusting and interacting systems.
Fuzzy, rather than rigid, boundaries
Systems are embedded within other systems and co-evolve
Tension and paradox are natural phenomena, not necessarily to be resolved
Systems are embedded within other systems and co-evolve
Inherent non-linear
Inherent unpredictability
...
In healthcare?

Could we manage to keep up with these advances by translating

Information to knowledge?
Knowledge to wisdom?
COMPARTMENTALIZATION

- ...an unconscious psychological defense mechanism
- used to avoid cognitive dissonance, or the mental discomfort and anxiety
- caused by a person's having conflicting values, cognitions, emotions, beliefs, etc. within themselves...
FRAGMENTATION

- ...the absence or the underdevelopment of connections
- between the society and the groupings of some members of that society
- on the lines of a common culture, nationality, race, language, occupation, religion, income level, or other common interests...
EDITORIAL

The Problem of Fragmentation and the Need for Integrative Solutions

Kurt C. Stange, MD, PhD, Editor

Ann Fam Med 2009;7:100-103. DOI: 10.1370/afm.971.
FRAGMENTATION

- The unintended consequences of fragmentation
  - Inefficiency
  - Ineffectiveness
  - Inequality
  - Commoditization
  - Commercialization
  - Medicalization
  - Alienation
  - ...
Inefficiency

“A cacophony of narrowly-focused programs and services is an excellent strategy for expanding revenues for service and commodity providers. It is not a strategy for efficiently delivering health care.”
Ineffectiveness

- Spending more on the parts has not improved the whole.

- Because of the fragmentary configuration of current scientific evidence, the narrowly defined “performance” (incentivized in pay-for-performance schemes) risks disincentivizing optimal care of whole people and populations.
Inequality

In a fragmented system, it is easy to ignore the poor

“The spiral of spending on healthcare risks worsening inequalities by siphoning resources from the social determinants of health that are even more important drivers of equitable population health.”
Commoditization & Commercialization

- Treating healthcare as a commodity can unintentionally devalue “health care”.
  - Specialists, drug and device makers, hospitals and service agencies focus on delivering their well-reimbursed services without a way to consider their effect on the whole person or system, or the opportunity costs on the social determinants of health, such as education and employment.

- “The promise of health care is reduced when it is treated as a commodity when patients become customers, citizens become consumers, healers become providers, and costs for the public good of health care are shifted around like the hot potato.”
Medicalization

Medicalization is frequently defined as a process by which some non-medical aspects of human life become to be considered as medical problems.

A “modern epidemic” of

- Over-diagnosis
- Over-treatment
The effects of work alienation and policy alienation on behavior of public employees

2014

Accepted article for Administration & Society

Lars Tummers*, Victor Bekkers*, Sandra van Thiel** & Bram Steijn*
Alienation

When people feel that they have no influence in their work (hence, when they feel ‘powerless’) and especially when they feel that their work is not worthwhile (when they feel ‘meaningless’), this has substantial negative effects.
Houston, we have a problem
CONTRACT

This CONTRACT is executed on the 15th day of March, 2010, between
John R. Smith, of 2306 Main St., Northridge, New York, and George W. Jones of
24 Oak Ave., Rosedale, New York.

John R. Smith

George W. Jones
EXPECTATIONS AND OBLIGATIONS

professionalism and medicine’s social contract with society

Richard L. Cruess and Sylvia R. Cruess

Perspectives in Biology and Medicine, volume 51, number 4 (autumn 2008):579–98
© 2008 by The Johns Hopkins University Press
Society has granted medicine autonomy in practice, a monopoly over the use of its knowledge base, the privilege of self-regulation, and both financial and nonfinancial rewards.

In return, physicians are expected to put the patient’s interest above their own, assure competence through self-regulation, demonstrate morality and integrity, address issues of societal concern, and be devoted to the public good.
“By focusing their role narrowly on a technical skill, procedure, or body part, healthcare professionals have completed one part of their contract with society.

But in focusing narrowly on expertise without also attending to their responsibility to the whole person and to society, healthcare providers have accepted the rewards of a profession without accepting the full responsibility.”
Is There a Role for EFPC?
What would we expect from an international network organization?

1. Creating a climate for change
2. Engaging and enabling the organization(s)
3. Implementing and sustaining the change
1. “Creating a climate for change”
   i. establishing a sense of urgency,
   ii. creating a guiding coalition, and
   iii. developing a vision and strategy

2. “Engaging and enabling the organization”
   i. communicating the vision,
   ii. empowering action, and
   iii. creating short-term wins

3. “Implementing and sustaining the change”
   i. consolidating gains and producing more change,
   ii. anchoring new approaches in the culture
And...

“Defining the new professionalism...”
EFPC aims for...

- reducing fragmentation
- fostering integration
EFPC is an international network organization, working to contribute to the *multi-professional* and *multi-level collaboration* in:

- Developing a better understanding about the need for change in primary care
- Searching and evaluating real life data and evidence
- Supporting the creation of a multi-professional and multi-level collaborative ecosystem
- Monitoring and evaluating change, in action
- Measuring effectiveness
- Learning about, and from the implementations of partners
- Thinking ahead
History of the forum

- Created in 2005
- The secretariat of European Forum for Primary Care is based in the Netherlands.
- Board members from Belgium, UK, Italy, Sweden, Slovenia, Hungary, the Netherlands, Greece, Latvia, ...
- The patient perspective as a starting point for service delivery!

- **Multi-professional membership network**
  - Members from the 3 levels: Policy, Research & Practice
  - 100 institutional & 60 individual members
Why this forum?

- Dissemination of expertise and knowledge on the organization of Primary Care
- Support to members for implementation
- To show the key principles of the World Health Report 2008: “Primary Health Care Now More Than Ever”!!
  - universal coverage (focus of the WHR 2010)
  - service delivery
  - public policy
  - leadership
- And its relevance in relation to the WHO/Europe emphasis on Health System initiated at the Tallinn 2008 Ministerial conference on "Health Systems, Health and Wealth"
Activities of the Forum

- Website & Two weekly Newsflash
- Position Papers in development
  - Patient/Community participation in Primary Care
  - PC and care for migrants/refugees
- Conferences/workshops
  - Riga 5/6 Sept 2016, "Cross-cutting Informal Care and Primary Care"
  - Porto 24/26 Sept 2017 “The Citizen Voice in Primary Care”
- Advocacy (EU, National Governments, WHO)
  - Responding to EU consultations
  - Advisory role to European Medicine Agency (EMA)
  - EC EXPH Expert Panel on Effective Ways of Investing in Health
- Multi Country Study Visits
  - Visits to Primary Care innovations based on WHR 2008
The Citizen Voice in Primary Care
a social commitment to 'health for all'

12th EFPC conference
24/26 SEPTEMBER
PORTO 2017
http://efpc2017.pe.hu

Conference fees

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<th>Category</th>
<th>Fee</th>
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<tr>
<td>Students</td>
<td>€ 175</td>
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<tr>
<td>Early bird EFPC members</td>
<td>€ 225</td>
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<tr>
<td>Early bird Non members</td>
<td>€ 400</td>
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<tr>
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<tr>
<td>Non members</td>
<td>€ 500</td>
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<tr>
<td>Pre-conference Sunday 24/9</td>
<td>+ € 100</td>
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</tbody>
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Early bird ends June 16
EFPC on the Web

- Web based database on European Primary Care:
  - www.euprimarycare.org

- LinkedIn discussion group: “Primary Care Forum”
  - Currently 6500 members from all over the world

- Twitter: @PrimaryCare4um
  - Currently >1600 followers

- Facebook-page: Primary Care Forum

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THANK YOU

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