SHORT COMMUNICATION

Strengthening primary health care to better address NCDs: piloting new models of patient-centred care in Belarus

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ABSTRACT

The development of primary health care in the Republic of Belarus has been uneven and has only recently become a priority of state health-care policy. Focusing on the development of this area of health care is driven by the need to ensure an effective response to the growing burden of noncommunicable diseases (NCDs) and the related demographic, social and economic problems. The World Health Organization provides technical assistance to Belarus to strengthen primary health care as part of the "Preventing noncommunicable diseases, promoting healthy lifestyle and support to modernization of the health system in Belarus 2016–2019" project (BELMED) in the following areas: 1) improving coordination among the various levels of care, integration of specialized care and public health interventions in primary care; 2) strengthening the clinical competencies of health professionals in the framework of patient-centred care; 3) revising incentive schemes for primary care workers; and 4) improving reporting documentation and streamlining document flow in the primary health-care system. New models of patient-centred care are being developed at two pilot sites in urban and rural areas. The project will help to ensure that primary care is more focused on the needs of patients, increase the competencies of health professionals and reorient the system for evaluating their work from analysing processes to assessing results. Information on the reform of primary health care in Belarus and the innovative mechanisms used for introducing changes may be useful for a wide range of policymakers and health services researchers.

Keywords: BELARUS, HEALTH POLICY ANALYSIS, PRIMARY HEALTH CARE, NONCOMMUNICABLE DISEASES

INTRODUCTION

The Alma-Ata Declaration of 1978 identified primary health care as the key to the attainment of universal coverage of the population with affordable and high-quality medical care *(1)*. The goals and principles of the Declaration – accessibility of and equal rights to the necessary medical assistance; comprehensive, uninterrupted and preventive health care; social justice; and involving the general public in the resolution of health-care issues – are as relevant today as they ever were. Since the adoption of the Declaration, compelling scientific evidence has emerged that primary health care is the most effective model for organizing health care in modern conditions, as it produces better health outcomes, makes better use of resources and ensures that people are satisfied with their interactions with their respective health-care systems *(2, 3, 4)*.

However, it turned out to be far more challenging to implement the principles of the Declaration that had originally been anticipated, due to a number of factors that go well beyond the scope of health-care systems *(5)*. The dynamics of the development of primary health care have been affected by the global economic crisis, the collapse and emergence of new political systems, the increase of social inequalities, the ageing population and the increasing burden of NCDs. All these factors have led to the uneven development of primary health care in different regions around the world, including the World Health Organization (WHO) European Region. Based on the interim results of the 2008 reforms in primary health care, WHO established new approaches for implementing the principles of the Declaration in current conditions in four action areas: universal health coverage, health-care systems, state policy and health-care system management *(6)*.

An analysis of international experience shows that, while the basic principles of organizing primary health care are similar around the world, each country has its own unique context that largely determines the structural and functional characteristics of its national health-care system. Differences in how countries organize primary health care provide a unique opportunity to share experience and learn from past successes and failures. The present review describes the development of primary health care in Belarus in the post-Soviet period, with a special focus on the comprehensive modernization processes that are currently taking shape. In order to develop a comprehensive and objective understanding of the development of primary health care in Belarus, the authors conducted a thorough analysis of national and international publications on the subject, as well as a review of the legislative and regulatory framework governing the organization and functioning of primary health care in Belarus. We hope that information on the reform of primary health care in Belarus and the innovative mechanisms used for introducing changes may be useful for a wide range of policymakers and health services researchers.

REVIEW OF THE HISTORY OF THE DEVELOPMENT OF PRIMARY HEALTH CARE

There have been several stages in the development of primary health care in Belarus, each determined by the priorities of state health policy at the time *(7)*. At the same time, the guiding principles of this policy remained the same, providing state guarantees for the provision of a wide range of free medical services to all segments of society. Belarus is noted for its low household share of health-care spending and the generally high financial protection from medical risks *(8)*. The country has achieved significant success in ensuring universal coverage of the population with affordable health care. Stability in the provision of health care has been made possible through the gradual modernization of the Semashko system inherited from Soviet times, which has been carried out without abrupt changes or reforms. However, this phased approach has not enjoyed the same kind of success when it comes to reducing the number of redundant inpatient facilities, improving the quality of medical care and developing primary health care *(9)*.

Recognizing that problems continue to exist, the Belarusian health-care system authorities have constantly taken measures to strengthen primary health care in the country. In 1998, "general practitioner" and "general practice nurse" were added to the nomenclature of medical professions, and the requirements in terms of competencies and qualifications for these specialists, as well as the requirements for organizing general medical practice, were developed *(7)*. However, the first initiatives in the development of primary health care were not comprehensive, as they applied to rural areas only. Further measures to strengthen primary health care in Belarus were taken at a higher level and were reflected in documents produced by the Council of Ministers, as well as in the Concept on the Development of Healthcare in the Republic of Belarus for 2003–2007 and the state programmes for rural development in 2005–2010 and 2011–2015 *(7)*. In terms of policy, the recognition of the priority role that primary care plays in the health-care system, as well as the need to shift the focus from the hospital sector to primary health care, proved to be important steps. Policies at the national level redistribute financial and human resources in favour of primary health care, introduce the general medical practice model in cities and develop the scientific and management capacity of primary health care. Departments for primary health care were set up in the Ministry of Health and regional administrations to provide scientific, methodological and organizational support of reforms in Belarus. General medical practice departments were opened at medical universities around the country.

The state programme "People's Health and Demographic Security of the Republic of Belarus" for 2016–2020, which sets the targets and timeframes for the phased modernization of the health sector, has had a significant impact on the development of primary health care in Belarus *(10)*. The objectives of the state programme are to reduce the impact of NCDs on premature death and general morbidity among the working population, lessen the impact of NCD risk factors on human health and ensure the prevention of NCDs throughout the life course by providing universal coverage of the population with affordable high-quality health care. In terms of primary health care, the state programme aims to increase the proportion of primary care physicians who are general practitioners from 20% in 2016 to 100% in 2020. In order to achieve this, the Ministry of Health of the Republic of Belarus developed and approved an updated version of the regulation on general practitioners in early 2018. The regulation details the competencies and functions of general practitioners and how they are to interact with health-care system specialists, and also establishes the requirements for setting up a general medical practice and the equipment that is needed to do so *(11)*.

The increased attention to the development of primary health care in the country has been caused by the need to deliver an effective response to the growing burden of NCDs and the related demographic, social and economic problems.

The incidence of NCDs in Belarus is among the highest in the European Region, accounting for 89% of all deaths and 77% of total morbidity in the country *(12)*. These diseases are the primary cause of the excessively high mortality rates among the working-age population, with men being disproportionately affected: men are twice as likely to die from an NCD than women *(13)*.

The STEPwise approach to surveillance (STEPS) survey carried out in 2016–2017 demonstrated a high prevalence of NCD risk factors in the Belarusian population: approximately 27% of adults aged 18 to 69 smoke tobacco daily; 53% consume alcohol on a regular basis; 72% do not eat the recommended five portions of fruit and/or vegetables a day; 13% report low physical activity; 61% are overweight; 45% have high blood pressure; 39% have raised total cholesterol; and 7% have a high blood glucose level *(14)*. At the same time, the potential of the health-care system to correct NCD behavioural risk factors is not being exploited to the fullest: according to the STEPS survey, only 32% of adults received recommendations from health workers to quit smoking; a mere 42% of patients were advised to cut down on their salt intake; only 41% of adults were told that they should eat a minimum of five portions of fruit and/or vegetables per day; and only 41% and 43% of adults were advised that they need to increase their physical activity and lose weight, respectively *(14)*.

According to the estimates of the Belarusian health-care system, the current model of primary health care does not adequately coordinate the activities of primary and secondary health-care specialists, integrate public health-care programmes into primary health care and involve patients in the health-care process *(15)*. Primary care professionals do not have the knowledge, skills or abilities to change the behaviour of patients with NCD risk factors and existing chronic illnesses. At the same time, international experience demonstrates that measures aimed at the early detection and treatment of NCDs and NCD risk factors are most effective at the primary care level. Chronic diseases require the patient to be actively involved in terms of self-control, strictly adhere to the treatment programme, take responsibility for their health and trust medical professionals. To combat NCDs effectively, the traditional biomedical model of care needs to be reoriented towards the needs and requirements of the patient, and the patient needs to be viewed in the context of his/her life situation.

PILOTING NEW MODELS OF PATIENT-CENTRED CARE IN BELARUS: AN OVERVIEW

The introduction of a new, patient-centred model of primary health care in Belarus is being carried out as part of the "Preventing noncommunicable diseases, promoting healthy lifestyle and support to modernization of the health system in Belarus 2016–2019" project (BELMED). The project is funded by the European Union and is being implemented by several United Nations agencies in conjunction with the Ministry of Health. The development of project activities was preceded by an international mission by WHO experts in 2014 which analysed the existing opportunities and barriers in the Belarusian health-care system in order to develop an effective response to the NCD problem *(15)*. The subsequent recommendations made on the basis of the findings of the WHO expert mission pointed to the necessity to strengthen primary health care and reorient it towards the needs and requirements of patients. An integrated approach is needed in order to overcome the barriers to the modernization of primary health care – one that covers all components of the health system. The main areas of the BELMED project were formulated in accordance with these recommendations: 1) improving coordination among the various levels of care, integration of specialized care and public health interventions in primary care; 2) strengthening the clinical competencies of health professionals in the framework of patient-centred care; 3) revising incentive schemes for primary care professionals; and 4) improving accounting documentation and streamlining document flow in the primary health-care system.

New models of primary care are being developed at two pilot sites: Polyclinic No. 39 in Minsk; and Gorki Central District Hospital, which has a network of general outpatient clinics in rural areas. For piloting purposes, new models for the provision of health care have been built for the three main NCDs – circulatory system diseases, type 2 diabetes and chronic obstructive pulmonary disease. The pilot regions receive consultative and technical assistance from the Ministry of Health, with the participation of staff from the WHO Country Office in Belarus, the WHO European Centre for Primary Health Care in Almaty, Kazakhstan, and national experts. These measures aim to improve the coordination of medical care, ensure its continuity and optimize patient pathways for improving the quality of medical care. The project activities will help primary care to become more focused on the needs of patients, increase the competencies of medical professionals and reorient the system for evaluating their work, from analysing processes to assessing results.

ENSURING BETTER COORDINATION, CONTINUITY AND INTEGRATION OF MEDICAL CARE

To coordinate medical care in the pilot regions more effectively, the roles of various categories of health professionals with regard to the main NCDs, and the scope and type of

services provided by them, were revised, and changes were made to patient pathways in order to ensure coordinated, comprehensive and continuous health care. Medical care in the pilot regions is currently provided by a general practice team. Nurses and doctors' assistants play an important role within this team, seeing patients themselves and significantly expanding the scope of services provided.

The introduction of a new health-care model also required structural changes at the pilot institutions. To establish better contact and ensure confidentiality, general practitioners, doctors' assistants and nurses are located in different rooms and provide care to patients independently of each other. Patient pathways have also changed in accordance with the realignment of the functions and tasks of health professionals in the general practice team, and now include motivational counselling appointments with doctors' assistants and nurses on NCD control and behavioural risk factors. A greater amount of time is allotted for motivational counselling than for initial appointment, and this type of activity is assigned to a different category for the purposes of planning the work schedule of medical staff. As part of the project, general practitioners' and nurses' offices will be equipped with basic equipment for the effective management of the major NCDs and the associated risk factors at the primary health-care level.

STRENGTHENING THE PROFESSIONAL COMPETENCIES OF HEALTH PROFESSIONALS

Primary health-care professionals at pilot institutions undergo an interdisciplinary training course on the effective prevention and control of NCDs based on a person-centred approach, to improve their clinical competencies and skills. The course was developed by the WHO European Centre for Primary Health Care, and the instructors include leading experts from the Belarusian health-care system. The course programme includes participatory learning methods, such as case discussions, role play and problem-solving sessions, all of which allow participants to model real-world situations that involve communication with patients and specialists. As a result of the training, participants are becoming aware of, and identifying, new roles for members of general practice teams in the prevention and control of NCDs. Significant emphasis is placed on the new functions of health professionals: motivational counselling for patients with NCDs and those at risk, and becoming leaders in the provision of home care to patients and families in order to better respond to the NCD burden *(17)*.

During the training course, it became clear that strengthening the role of nurses and doctors' assistants in terms of promoting health and carrying out preventative activities to ensure the control and treatment of NCDs has significant potential. At present, nurses have a very small role in the process of assisting patients with NCDs at the community level. They lack the necessary management and teamwork skills and knowledge, and are incapable of coordinating patient treatment with the involvement of experts from outside the health-care sector and/or members of the patient's family and community. Given the importance of these skills and proficiencies for the staff at the pilot institutions, the course programme also includes study modules on integrated care and taking a holistic approach to the provision of medical assistance. Over 50 medical professionals have successfully completed the training course in Minsk so far, and subject-specific interdisciplinary seminars have been launched in Mogilev in order to expand the number of primary care professionals who have taken part in training activities *(18)*.

In addition, experts from the thematic working group of the Ministry of Health have developed instructions on the procedure for providing medical care for patients with NCDs and motivational counselling on behavioural risk factors (smoking, alcohol abuse, an unhealthy diet and low physical activity). These instructions are approved by pilot institutions and are used by general practice teams in their day-to-day activities. Once the instructions are refined and analysed, they will be recommended for use throughout the health-care system, as well as in the undergraduate and postgraduate training of general practitioners and nurses.

The capacity of staff at the pilot institutions has been strengthened by three study visits to the Republic of Lithuania, where the health-care system is mainly based on primary care. Participants were introduced to the stages in the reform of primary care and different approaches to the prevention, early detection and management of NCDs, as well as to the ways in which the health-care system responds to the needs of people with these illnesses *(19)*. Delegations from Belarus observed the work of various health-care institutions, where general practitioners work alongside nurses and specialist physicians to implement the national NCD prevention programmes. Belarusian medical professionals visited small private practices, public polyclinics, the Centre of Family Medicine at Vilnius University Hospital and the Druskininkai District Primary Health Care Centre. Participants had the opportunity to discuss the support received by nurses and doctors when they assumed new functions and tasks in the prevention and control of NCDs. During the visits, working contacts were established and ways of interacting and exchanging experience

with Vilnius University and the Lithuanian Society of Family Medicine were outlined.

IMPROVING INCENTIVE SCHEMES FOR HEALTH PROFESSIONALS

Expanding the functions and increasing the volume of medical assistance heightens the burden on medical personnel at the pilot institutions. For this reason, the project includes activities to improve incentive schemes for health professionals and stimulate the preventive component of NCD management. These incentives should help to motivate and retain staff, and also assist patients to take a proactive role in their own therapy, and strengthen their commitment to the treatment programme and recommendations for lifestyle changes. Ultimately, the aim of these incentives is to increase the responsibility of medical services providers, and not just for observing clinical guidelines. The emphasis has thus shifted from the assessment of clinical processes to the assessment of performance results. Improving incentive schemes involves a revision of the indicators and mechanisms for carrying out monitoring and evaluation activities, taking due account of the results achieved in relation to NCDs and the efficiency of health-care services. As part of this component of the project, experts from the thematic working group of the Ministry of Health have developed a new list of indicators for assessing the work of the pilot institutions. Using these indicators to analyse the performance of NCD prevention and treatment measures in the pilot institutions will facilitate better evaluation of the effectiveness of new models of care, as well as to justify the need for additional financial incentives.

IMPROVING ACCOUNTING DOCUMENTATION IN THE PRIMARY HEALTH-CARE SYSTEM

The current reporting system in Belarus is too cumbersome, and creates an additional burden of paperwork for primary care professionals. What is more, reported information is either used extremely sparingly or not at all and has little to do with monitoring the quality of performance *(15)*. The typical task profile of a primary health-care practitioner usually includes the provision of preventive services such as clinical examinations (including annual health check-ups), patient education, health promotion, screening for several NCD groups, and a large number of administrative tasks that take time away from clinical activities *(7)*. Under the project, the volume and content of reporting and accounting documentation in the primary health-care system is set to be revised, with the aim of creating an effective information system. The data obtained will subsequently be used to assess the quality of the work being carried out and will form the basis for the creation of financial incentives. As part of this component of the project, experts from the thematic working group of the Ministry of Health are preparing proposals on improving reporting and accounting documentation and integrating the updated databases into a single electronic health-care information system.

The project management team, which consists of staff from the WHO Country Office in Belarus, the WHO European Centre for Primary Health Care in Almaty, Kazakhstan, and national experts, makes regular monitoring visits to the project's pilot institutions. Positive changes had already taken place and were progressing at both pilot sites, just six months after the project was launched in January 2018. These changes have primarily affected patient pathways, as well as the role of primary-care nurses. Doctors' assistants and nurses have expanded the scope of their competencies and increased patient awareness of health issues. They also provide motivational counselling on how to manage NCDs and the risk factors associated with their development. Nurses and doctors' assistants have noted that patients have responded positively to the new roles of medical personnel, are demonstrating a greater commitment to their treatment and are altering their behavioural patterns. In addition, experts have shown an interest in further improving their communication skills in order to achieve more tangible results. General practitioners are also positive about the changes in the structure and procedure for providing medical care and believe that these changes will improve both the quality of care and patient satisfaction *(20)*.

CONCLUSION

A new patient-centred model of primary health care has been developed in Belarus as part of the implementation of the BELMED project. Project activities are currently being carried out on the basis of this model, and they have already led to positive shifts in the provision of comprehensive, integrated and patient-centred primary care. The initial results of the work carried out under the new primary care model indicate that patients are adhering to the prescribed treatment, taking greater responsibility for their health and modifying behavioural risk factors. A systemic analysis of the results of pilot activities will be prepared during the final stage of the project and will be used as the basis for providing recommendations on the large-scale introduction of new primary health-care models throughout Belarus. It will also contribute to ensuring the prevention of NCDs throughout the life course by providing universal coverage of the population with affordable and high-quality medical care.

The example of the pilot activities being carried out in Belarus for the introduction of a new, patient-centred model of primary health care could be useful for countries that are currently reforming their own primary health-care systems. We believe that a description of the nature of, and mechanisms for introducing, pilot activities in primary health care could be of interest to a wide range of experts involved in developing policies on primary health-care reform.

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