EDITORIAL INTRODUCTION

Person Centered Medicine, Primary Care, and Public Health

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Introduction

Ensuring that members of a society are healthy and reaching their full potential is the duty of each nation This necessitates preventing disease and injury, promoting health and well-being, assuring a healthy environment in which people can live together and the provision of timely, accessible, effective, and coordinated health care [1].

Public health is about the health of people made up of individual persons each with their own unique biomedical, psychological, social, and spiritual elements within the culture of their own societies. Primary health care (PHC) is set up to meet each person's needs, providing a point of first contact for whatever a person might consider a health or health care issue. Thus, primary care service should be comprehensive and enable sustained relationships between patients and health care professionals over time This continuity of care allows deeper knowledge and understanding of individuals' health status, behaviours, needs, preference, and goals.

A Shared Goal for Primary Care and Public Health

Primary care must look after a person's psychological as well as somatic health. This involves a team approach with co-ordination and integration between health and other relevant services. Mental, behavioral, and physical health are so closely entwined that they must be considered in conjunction with one another.

Starfield and colleagues [2,3] found that countries with the highest numbers of primary care providers have the best health outcomes; and people who consistently receive care from a primary care service have better health outcomes than those who do not. Primary care and public health have complementary functions with the common goal of ensuring a healthier population. But often by focusing on their own perceived 'raison d'etre' and limitations of their budgets create barriers, which encourage them to operate largely independently. However by working together, primary care and public health are uniquely positioned to play critical roles in tackling complex health problems. that exist. Each may achieve their own goals and simultaneously have a greater impact on the health of populations than either of them would have working independently [4]. They share a similar goal of health improvement and can build on this common ground to encourage partnerships with other sectors designed to bring about sustained improvements in population health. Furthermore, each have strong ties at the local level and can establish links with community and voluntary organizations.

The Challenges

The current difficulties in primary health care and public health have been well summarised by the World Health Organization [5]. These include a lack of empowerment among the people served by the health sector so that they are unable to make appropriate decisions about their own health and health care, or exercise control over service providers. This problem is particularly acute among vulnerable and marginalized segments of the population and further exacerbates existing inequities.

In addition, weak engagement of users and communities with health service providers means that providers may be relatively unaccountable to the populations that they serve, and as a consequence have limited incentives to provide responsive care that matches the preferences and needs of their clients. Weak priority setting and failure to support strategies that are demonstrated to be cost-effective mean that resources are often captured by more powerful and affluent groups, leading to a lack of transparency in resource allocation, excessive reliance on hospital services, and inappropriate

resource distribution. Limited coordination across different levels and types of services, and with other service sectors, are characterized by weak information, fragmentation of services (particularly when funded by external donors), and often leads to duplication and unnecessary provision of services.

A Local Focus

There is a continuing need for an increased emphasis on the health literacy of local populations, facilitating and sharing the skills necessary for self-management. As health services become focused towards people-centered and integrated care, understanding *local* needs and preferences is pivotal to any priority setting exercise. A local focus to priority setting has several benefits:

Firstly, it enables services to be appropriately targeted to areas of highest importance and ensures priority setting that reflects the needs of a people. Secondly, it operationalizes the connection of planning and management for health services to the communities to whom those services are provided. And thirdly it allows priority setting to be built in a 'bottom-up' way. In this sense, priority setting should take account of the expectations and needs of local individuals, families, and communities, to fulfill their need for services and to involve people as participants in their own care.

Many countries are slowly but surely recognizing the vital role of primary care and its value to health services. In the United States, for example, more individuals receive care in primary care settings than in any other setting of formal health care. On average, primary care settings see 11 percent of the entire population each month, compared with 1.3 percent for emergency departments and 0.07 percent for academic medical center hospitals [6]. Interestingly, these percentages have not changed substantially since the 1950s and 1960s despite the remarkable progress of medical knowledge, new technology, and expansion of health services [7].

The sharp increase in non-communicable diseases globally poses challenges for primary care and serves to motivate greater collaboration. Chronic diseases are linked to a number of unhealthy behaviors, such as lack of physical activity, poor nutrition, and tobacco use, but primary care often has struggled to address these behaviors adequately. In recognition of the difficulties associated with treating chronic diseases, the Chronic Care Model was implemented [8]. This initiative emphasized a systematic and more efficient means of improving chronic care management for individual patients [9]. The Model contains six critical elements (community resources and policies, health care organization, self-management support, delivery system design, decision support, and clinical information systems) and effectively bridged patient care across the practice setting, the delivery system, and the broader community [10, 11].

The Person Centered Approach

A person-centered approach supports the freedom and the responsibility to develop a person's life in ways that are personally meaningful and that are respectful of others and of the environment in which they live together [12].

People-centered health and health care extends the holistic perspective of person-centered health care beyond the individual. People-centered care continues to emphasize that the needs of the person is the foremost consideration across all levels of organization of health systems, but also recognizes that persons live together with other people organized in families, communities and populations dispersed around the world. Evidence suggests that health professionals function well when they operate in a person- and people-centered manner because that stimulates better coordination, cooperation, and social trust. According to the World Health Organization, people-centered care is grounded on mutual collaboration and respect for all stakeholders in health care, recognizing the need for empowerment of personal decision-making while addressing broader social needs with a commitment to equity and justice. The stakeholders in health care include patients, providers, and their families, communities, and countries, as well as the local, national, and international organizations concerned with human welfare. Thus, the perspective of people-centered care is universal and equitable, so that the stakeholders in people-centered care include all people at some level of organization. Person-centered care becomes people-centered when people do as much as they can to respect others and to help them, rather than interfering with their health and well-being.

The Need for Integration

To achieve health benefits from a person centered perspective primary care needs to be integrated and well-coordinated around people's needs. Integration of perspectives and services is crucial for all aspects of well-being, whether they are economic, physical, mental, social, intellectual, or spiritual. The linkage of programs and activities promote overall efficiency and effectiveness and achieve gains in population health. All complex systems are influenced by dynamic interactions among all their components. Ecological, economic, and health systems are all highly intertwined with one another as complex adaptive systems that should be well-integrated. Thus, integration must be looked at all levels and within each partnership [13]. Developing collaboration between primary care and public health requires an awareness of each other's strengths and weaknesses, cooperation, and a merger of interests.

Some principles have been judged essential for successful integration of primary care and public health, including the following:

- There must be a shared goal of population health improvement, a united leadership with clear roles, accountability that bridges professional disciplines,

and individual programs that have the capacity to manage change. It is essential to engage the local community in defining and addressing population health needs and to reduce fragmentation and foster continuity.

- The establishment of a shared infrastructure with enduring value and impact will enhance sustainability.
- The sharing and collaborative use of anonymised data and analysis is essential. The development of a workforce capable of functioning in an integrated environment is also important.
- Competing funding streams have the effect of creating inflexible silos at the local level, which limit what agencies can do with their own funds and how they could be used for encouraging cooperation and integration across departments and services. By joining forces, agencies can create much greater momentum toward integration.

Adding extra impetus is the recognition of the unaffordability of lost opportunities. Health research continues to clarify the importance of social and environmental determinants of health [14-16] and the limitations of the acute care medical system in addressing prevention and care needs in chronic illness. Advances in data collection techniques and health informatics have afforded an opportunity to facilitate the utilization and sharing of data among health professionals.

The Way Forward

Improving population health will require activities in three domains: Firstly, efforts to address social and environmental conditions that are the primary determinants of health; secondly, health care services must be directed to individuals (person centered); and thirdly, public health activities operating at the population level are required to address health behaviors and exposures.

There is abundant evidence for the benefit and value of activities in each of these domains for achieving the aim of better and more equitable population health. The Maternal, Infant, and Early Childhood Home Visiting Program in the USA represents a well researched example of an opportunity to integrate primary care and public health because the health care service delivered is not based on an illness or in response to a person seeking care, but instead it is aimed at prevention and wellness for all members of a community [17, 18]. It is possible to benchmark areas for improved maternal and newborn health, such as the following: prevention of child injuries, abuse, neglect, and maltreatment, reduction of emergency department visits, improvement in school readiness and achievement, reduction in crime or domestic violence, improvements in family economic self-sufficiency, and improvements in coordination and referrals for other community resources and supports.

Readings for Further Thought

In this edition of the Journal, the following papers are published.

Fernando Carbone-Campaverde reflects on the dictum "persons caring for persons" following national health policy changes in Peru, which are presented architecturally, emphasizing the importance of human rights and the need to humanize health care and social life [19].

Richard Wexler et al in their article on patient responses to decision aids in the United States conclude that patients in primary care settings rate them independently from the patient's age and education [20].

Ottomar Bahr and colleagues report their study on Review Dialogues, which might help to contribute to a better achievement of comprehensive diagnosis and more effective care [21].

Ihsan Salloum and his colleagues [22] evaluate the applicability, internal structure and clinical patterns of the Multicultural Quality of Life Index as measurement of quality of life and estimate of well being, a domain that is assuming increasing importance in the evaluation of health care and treatment efficacy.

Brain Walsh [23] gives an insightful paper with a post modern view of evidence based medicine. EBM is modern. Postmodern theorists view it as an image, now that "reality" is being eased off stage.. The boundaries between categories, such as "science" and "capitalism", have become semi-permeable membranes. For example a patient does not know whether the doctor is advising the most effective or the most cost-effective management.

All the Abstracts on Primary Care, Public Health and Person Centered Medicine [24] from the Third International Congress of Person Centered Medicine and the First International Conference of Primary Care and Public Health appear after the above articles.

In the Events section of this issue of the Journal, Sandra van Dulmen and Jim Appleyard offer a summary report of the London Congress where the above mentioned Abstracts were presented. Finally, the Events section provides a an announcement and program outline of the upcoming 9th Geneva Conference on Person Centered Medicine, the main theme of which will be *Person-centered Integrated Care across the Life Course*.

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