

Transforming primary health care during the pandemic in Slovenia

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ABSTRACT

Disruptions from the SARS-CoV-2 (COVID-19) pandemic have had a significant impact on the practice of healthcare across the globe. It has led to the reformation of protocols and transformation of practices leading to the development of newer approaches to aid effective delivery of healthcare across multiple specialties including the primary care sector. In this brief communication, an example of how adjustments were necessary for the primary health care system in Slovenia is presented.

INTRODUCTION

Slovenia has made great progress in establishing primary health care as a cornerstone of the health system and a cost-effective way towards universal health coverage. There has also been successful integration of public health into the primary health care system.¹

We have developed a multidisciplinary, community-based, prevention-orientated service delivery model. A compulsory family medicine residency programme was introduced in 2000, and from 2004 screening and control of chronic diseases was established in family medicine practices. Health promotion centers were established, providing group interventions to support healthy lifestyles. After 2011, registered nurses were introduced to conduct screening for chronic diseases, provide counselling and manage patients with stable noncommunicable diseases.²

DESCRIPTION OF GOOD PRACTICE

Community health centres with multidisciplinary teams rapidly reformed and provided an effective dual-track approach to the SARS-CoV-2 pandemic (COVID-19).³ Slovenia's primary health care system has been central to the health system response to COVID-19 from the onset of the pandemic. A dual-track approach was activated with primary health care providers contributing both to the pandemic response and to maintaining the operation of essential health services for all conditions. Rapid response and adaptation to the pandemic context at the primary health care level was facilitated by close collaboration of primary care and public health, an important strength of Slovenia's health system. To effectively implement the dual-track approach, Slovenia had to rapidly adapt the role and responsibilities of its wide and longstanding network of publicly funded multidisciplinary community health centres across the country. To ensure separate pathways for COVID-19 and non-COVID-19 patients, special ambulatory COVID-19 primary health care clinics were organized within community health centres. Table 1 provides a summary of collocated community health centres that offer a variety of services for multiple conditions. Both physical and virtual collaboration between primary health care and public health contributed to the effectiveness of the dual-track approach in various areas, including:

- Providing surge capacity for testing and tracing;
- Identifying and responding to vulnerabilities for both COVID-19 and essential health services;
- Continued delivery of health promotion and disease prevention services;
- Population health management, priority setting and demand management.

Monitoring and Surveillance

Monitoring and surveillance of COVID-19 cases and contact tracing of high-risk contacts was carried out by The National Institute of Public Health through its network of nine regional offices. When the number of cases was too high, they couldn't trace high-risk contacts anymore.

Testing

Primary health care providers participated in public health action such as implementing early detection and surveillance protocols. For this purpose, COVID-19 testing points were organized within and outside community health centres with trained primary health care professionals working together to provide the PCR tests and later also the rapid antigen testing for public screening. Testing was supported by IT services and people got the result on their phone. The idea was to ensure good access to PCR testing/rapid antigen testing everywhere in the country, close to where people live. Infection control measures, such as separate patient pathways in primary health care facilities, were implemented by primary health care through adequate signage and information notices at all entrances and exits of the community health centres.

Mobile Units

Mobile units for testing and vaccination were established. They were used in big cities, at events, in factories, etc.

Contact tracing

Individuals who tested positive for COVID-19 were contacted by a public health field epidemiologist, who performed all contact-tracing activities. Primary health care professionals in their turn played a major role in following up on people with COVID-19 with mild and moderate symptoms, monitoring vulnerable people, providing information to their registered population, triaging suspect cases and answering questions and assuaging fears of patients.

Mobile teams

Mobile teams were established for frail older people, those living alone and people whose clinical status could rapidly deteriorate. They were closely followed up in their home setting. The mobile teams also played a significant role in testing and triaging cases.

Table 1: Services co-located in the Community Health Centres**Services co-located in Community Health Centres (CHC)**

- General practitioner/family medicine (GP/FM) practice (mostly for adults)
- Paediatrician practice (0-18 years old)
- Gynaecologist practice
- Occupational, Traffic and Sports medicine practice (mandatory for workers and drivers)
- Anticoagulant dispensary (in selected CHC)
- Pulmonary dispensary (in selected CHC)
- Diabetological dispensary (in selected CHC)
- Dermatological dispensary (in selected CHC)
- Physiotherapy and rehabilitation
- Emergency unit (in many CHC 24/7)
- Dentist practice (providing preventive and curative services)
- Psychologist
- Clinical pharmacist (pharmaceutical consulting))
- Patronage (community nursing)
- Occupational therapy
- Health promotion center
- Mental health center (under re-establishment, currently being piloted)
- Diagnostic services (laboratory, basic imaging)
- Speech therapy
- Healthcare-related transport

COVID-19 vaccination

Although the government and the National Institute of Public Health were responsible for vaccination promotion and the supply of vaccines, primary health care played a key role in ensuring access to vaccination for all population groups.

Health Promotion Centres

Health promotion centres also provide COVID- 19-related services, which have been particularly conducive to operating the dual-track approach to COVID-19 and, in this context, to protect vulnerable and marginalized groups and ensure disease prevention, patient education, health promotion and community engagement. To deal with the increased demand for mental health

services, the existing network of mental health centres enabled the rapid mobilization of mental health specialists, who offered community mental health services arising from physical distancing and the undermining of social and economic life, such as domestic violence, alcoholism and worsening or developing mental health conditions.

EVIDENCE OF IMPACT

The Primary care system has been a vital first line of emergency response and thus shielded hospitals from getting overburdened. Patients with mild or moderate disease were all managed in primary care settings. Hospitals have also been able to create capacity to accept new patients, since recovering patients could be discharged and safely and efficiently taken care of by primary care, whose clinicians and other health care staff ensured safe transitions (such as reviewing medications that were changed or added during hospitalization) and continued recovery from illness.

SUSTAINABILITY AND FEASIBILITY OF GOOD PRACTICE

The pandemic highlights the persistent shortage of healthcare workers and stresses the importance of planning ahead and investing in improvements to primary health care and disease prevention to strengthen the resilience and preparedness of the health system. Based on the previously assessed needs of the population and experience from the COVID pandemic, in the future special attention will also be given to the mental health of the population by increasing the availability of mental health services in primary health care from 2021 onwards.

Activating and educating the next generation for a dual-track approach for managing “status quo” health conditions and those yet to occur (e.g. pandemics) would likely be the strongest approach for future waves of health practitioners.

Lessons learned

while building on existing and well-functioning service offerings.

1. The ability to quickly adapt and effectively operate the dual-track system has depended on effective collaboration between primary care and public health.
2. The strong primary health care model of care, with its local integration of primary care and public health services, has been a vital shield for hospitals during the pandemic and conducive to protecting vulnerable and marginalized groups.
3. To address the needs of vulnerable populations, rapid reconfiguration of health and social services is needed as part of an overall emergency response at the community level while building on existing and well-functioning service offerings.
4. Maintenance of essential services to patients with chronic conditions was facilitated by ensuring safe access to services through establishing an effective dual-track approach.
5. Health promotion and education programmes as well as multidisciplinary mental health services are a critical part of the essential health service offerings to safeguard the well-being and health of the population during and after the pandemic ⁴.

Keywords: primary health care, SARS-Cov-2, COVID-19 pandemic, best practice, universal health coverage, best practice, Slovenia

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