

Organisation of Primary Care Services for Patients Suffering from Common Chronic Conditions

Poster presentation at the 13th National Rural Health Conference
Rural Doctors Association of Southern Africa (Rudasa). August 2009

Abstract

Because of the high and escalating prevalence of debilitating and distressing chronic communicable and non-communicable diseases in all population groups, it is essential to deploy efficient, effective and affordable preventive and control measures in the community, at the work-place, and at all levels of medical service. The role of primary care as a gate-keeper for specialised medical care and as an entry portal to public action is pivotal. It is the focus of this presentation.

The common-sense organisational criteria of WHO's ICCC (Innovative Care for Chronic Conditions) complement an infra-structure like the one I developed and implemented at three clinics years ago. The structure included informed patient and family participation; a patient-centred focus; a one-stop internally-consistent service; an in-service trained, empathetic and motivated team of entry-level clinical clerks, a health educator and part-time clinicians; evidence-based, cost-effective, feasible, and regularly up-dated clinical and administrative protocols; procedures for ensuring patient and provider compliance; regular, sustained follow-up of patients including defaulter tracing; good patient and facility record-keeping; and programme monitoring and evaluation. The WHO also stressed co-ordination and continuity of care across health care settings, categories of conditions, communities and time, and disease surveillance.

The successful implementation of a chronic disease management strategy is predicated on a patient education programme. This empowers patients, facilitates participation and promotes loyalty. Patients should know about the determinants, risk factors, features and management modalities of the disease/s from which they suffer. They should also know how to access services, why and how to implement non-drug measures, how to use prescribed drugs, and how to manage common acute conditions.

The service should be area-based so that the facility can participate as a respected partner in local programmes on issues relevant to chronic disease, prevention and control including access to healthy food, recreational services and public transport.