

Strengthening Primary Care Using Hub And Spoke Model around PCP

“Nothing is more difficult, and therefore more precious, than to be able to decide”

Prof. Sunil Raina

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A health care delivery model focusing on development of a cadre of primary care physicians—Recommendations of Organized Medicine Academic Guild

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ABSTRACT

Organized medicine is the academic guild of professional medical organizations in India. It was founded at the annual conference of Indian Academy of Pediatrics (PEDICON) on January 7, 2018. Organized medicine is constituted by leading professional medical organizations and mandated to support the sustainability of health agenda of the Government of India. A group of experts on behalf of Organized Medicine Academic Guild (OMAG) of India was constituted to facilitate adequate theories and models on how to make primary care integral to participation of people and intersectoral collaboration in equitable delivery of health care. A subtle, flexible, and comprehensive approach instead of a "compartmentalized existing in silos" approach is likely to be needed. This paper is a formal recommendation on behalf of OMAG with an aspiration to deliver to the people of India, what they need, focusing on discrete objectives with long-term plans.

Keywords: Cadre, Health care delivery model, Organized Medicine Academic Guild, primary care physicians

Need for a novel health care delivery model focusing on primary care

healthcare has been ineffective at improving rural health. On a lighter note, I am remembered of a news item published in Mumbai Mirror, an English daily, and titled "Doctors, Lawyers, MBAs in the race to be Mumbai police constable."¹

To my understanding, the current health model is more "Urban friendly" with greater barriers in rural areas to preventive, primary, and emergency care. Added to these is the fact that the rural populations also experience different demographic, environmental, economic, and social health risks than their urban counterparts.

Therefore, what probably is needed is a "Novel health care delivery model" providing quality healthcare services ranging from health promotion to prevention, treatment, rehabilitation, and palliative care across geographies through emphasis on the development of a primary care team, as no matter how many medical graduates we produce, the health divide will continue to persist. I think this article by Kumar *et al.* is evidence enough to start thinking in this direction.

Editorial

A primary care-based patient centric palliative care model

ABSTRACT

The World Health Organization defined palliative care as "an approach that improves the quality of life of patients and their families facing the problems associated with life threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial, and spiritual. The patient centric primary care model (PCCM) promises to provide a solution to control these health-care challenges. The model is largely based on the chronic care model (CCM) and the model developed by the Organized Medicine Academic Guild (OMAG) for delivering health care in India.

Keywords: Palliative care, patient centric, primary care

India achieves WHO recommended doctor population ratio: A call for paradigm shift in public health discourse!

ABSTRACT

The Indian medical education system has been able to pull through a major turnaround and has been successfully able to double the numbers of MBBS graduate (modern medicine training) positions during recent decades. With more than 479 medical schools, India has reached the capacity of an annual intake of 67,218 MBBS students at medical colleges regulated by the Medical Council of India. Additionally, India produces medical graduates in the "traditional Indian system of medicine," regulated through Central Council for Indian Medicine. Considering the number of registered medical practitioners of both modern medicine (MBBS) and traditional medicine (AYUSH), India has already achieved the World Health Organization recommended doctor to population ratio of 1:1,000 the "Golden Finishing Line" in the year 2018 by most conservative estimates. It is indeed a matter of jubilation and celebration! Now, the time has come to critically analyze the whole premise of doctor-population ratio and its value. Public health experts and policy makers now need to move forward from the fixation and excuse of scarcity of doctors. There is an urgent need to focus on augmenting the fiscal capacity as well as development of infrastructure both in public and private health sectors toward addressing pressing healthcare needs of the growing population. It is also an opportunity to call for change in the public health discourse in India in the background of aspirations of attaining sustainable development goals by 2030.

Keywords: Doctor population ratio, medical council of India, medical education, public health policy, universal health coverage

Sr,
Went through with interest the article by Kumar *et al.* titled "India achieves WHO recommended doctor population ratio: A call for paradigm shift in public health discourse" published in the Journal of Family Medicine and Primary Care (2018;7:841-4).¹ The authors deserve to be complimented for their effort in bringing to the fore one of the stark realities of public health system in India. The publication is noteworthy on at least two counts - (1) it sets in motion a call for paradigm shift in primary healthcare and (2) it lays down a solid ground for the same.

Another important point to note is the timing of the article. Here

Improving the capacity of health system and community for screening and management of some non-communicable diseases among schedule tribes; An Implementation research in Lahaul and Spiti District/Bharmour, Himachal Pradesh.

IT/S7182/2022

NHMHP-NCD0GEN/4/2019-NCD-NHM (11539) 3447
Department of Health and Family Welfare
National Health Mission, Himachal Pradesh.

To

The Professor & Head
Department of Community Medicine
Dr RPGMC Tanda Kangra

Dated Shimla the



Subject: Regarding request to facilitate the declaration of
5 Developmental Blocks of Himachal Pradesh Tobacco-Free.

Sir,

This is in reference to your letter dated 20.5.2022 on the subject cited above. You may proceed to implement the various strategies to make the proposed Blocks (Nagrota Dagwan, Shahpur, Kaza, Chamba and Pooh) as Tobacco Free in collaboration with the BMO concerned and other key stakeholders. The expenditure on account of the activities for this project shall be borne by CATCH team

Yours Faithfully,




Dy. Mission Director
National Health Mission

Endst. No. As above/- Shimla-9 (H.P.)

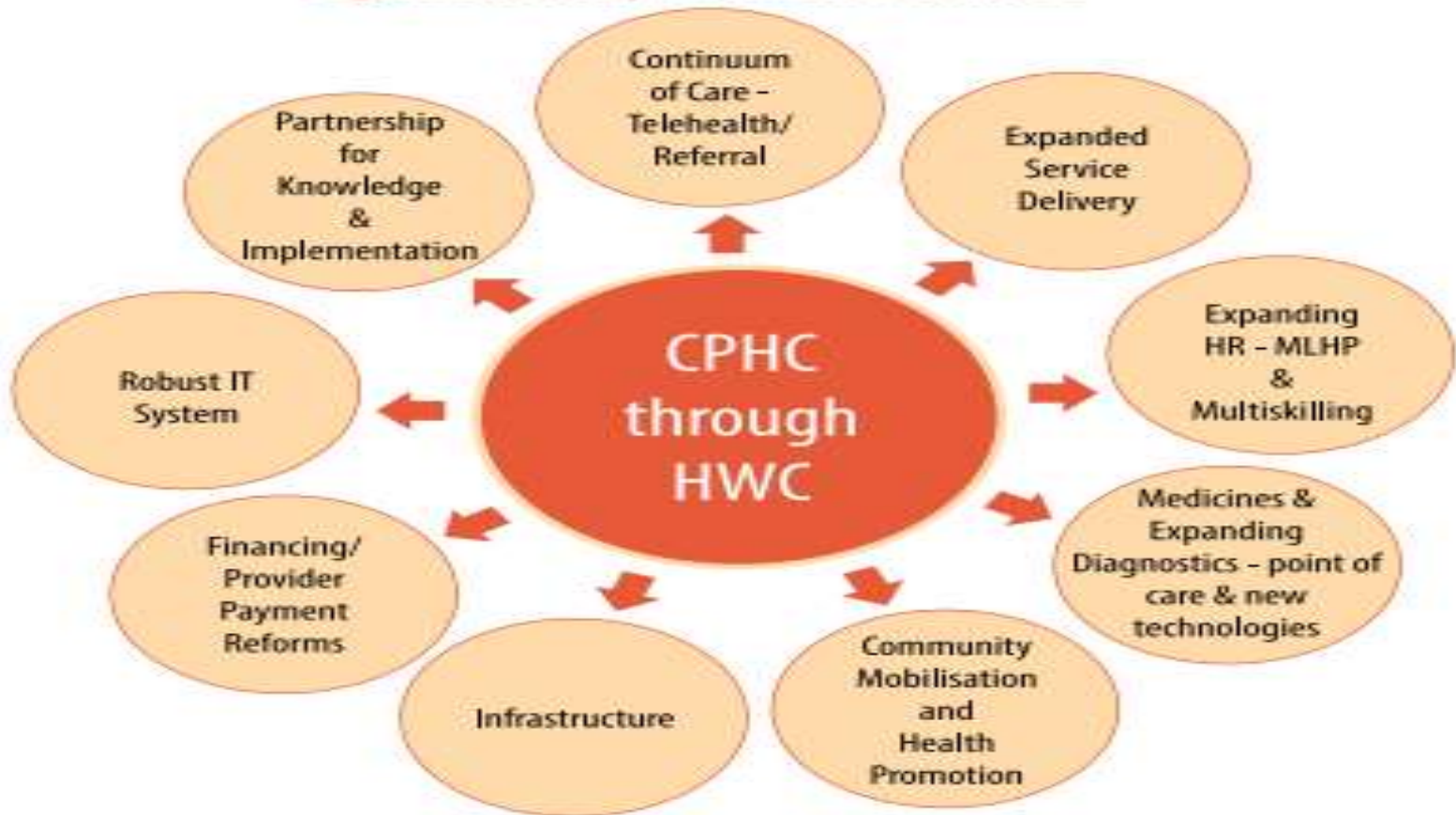
Dated, Shimla-9, the

1. Director Health Safety & Regulations Himachal Pradesh for information and necessary action please.
2. Principal Dr RPGMC Tanda for information and necessary action please.
3. The CMO Kangra, Chamba, Kinnour and Lahol & Spiti for information and w.r.t provide the necessary support to the CATCH team for successful implementation of the strategies so that they can be scaled up in other Blocks in the state.


Dy. Mission Director
National Health Mission

Comprehensive Primary Health Care: continuum of promotive, preventive, rehabilitative and curative

Figure 2.1: Key Elements of HWC



Is it Possible to deliver it without PCP? Do We Have the PCP? Yes, But are we willing to recruit them: Not so sure

Provider (Management) VS Service VS Patient Centric

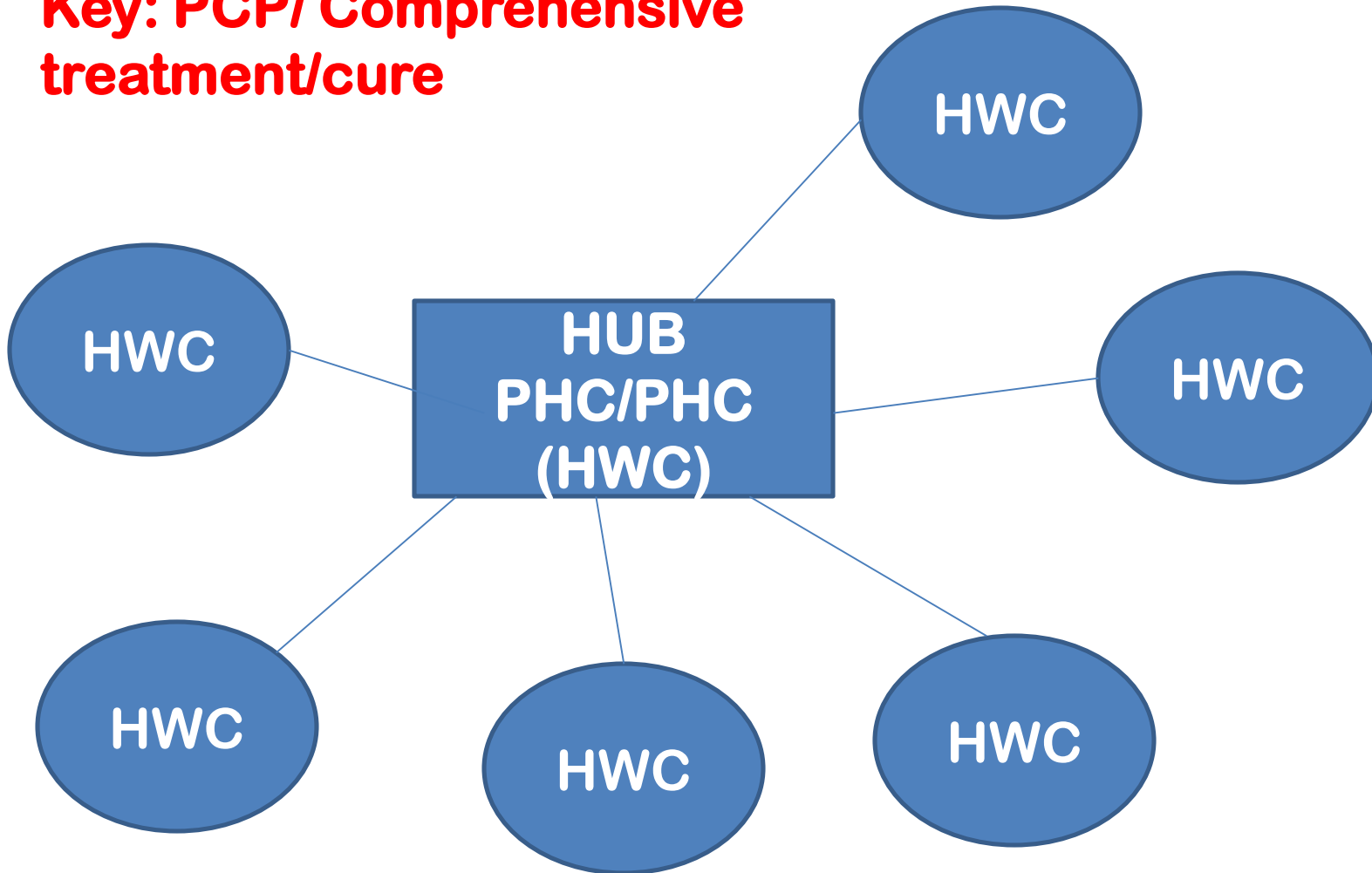
Treatment Critical for Patient , CHO: Inadequately Trained

Health Care: Complex Sciences

NQAS- NHSRC : Details of Services Provided At HWC_HSC					
1	Care in pregnancy & Childbirth	Mandatory	7	Management of Non Communicable Diseases	Mandatory
2	Neonatal & Infant Health Services	Mandatory	8	Care for Common Ophthalmic and ENT	
3	Childhood & adolescent Health Services	Mandatory	9	Oral health care.	
4	Family Planning	Mandatory	10	Elderly and Palliative health care	
5	Management of Communicable diseases	Mandatory	11	Emergency Medical Services	
6	Management of Simple illness including Minor Elements	Mandatory	12	Management of Mental health ailments.	

Leverage the system through time and Geography Dynamic, Hub & Spoke using PCP Based Facility as Hub

**Key: PCP/ Comprehensive
treatment/cure**



Role of stakeholders and Low hanging fruits:

**FICCI and other partners: Medicine , Point of care
Diagnostics, Telehealth, M/M (Including National
Programs)**

OMAG:

Capacity building to help expand services

**Evidence based Guidelines/Protocols – Screening for Risk
Prevention & Control including Epidemic Science**

Working on dynamicity- Local Needs

**Building and testing of a continuum of care and
Community Mobilization model**

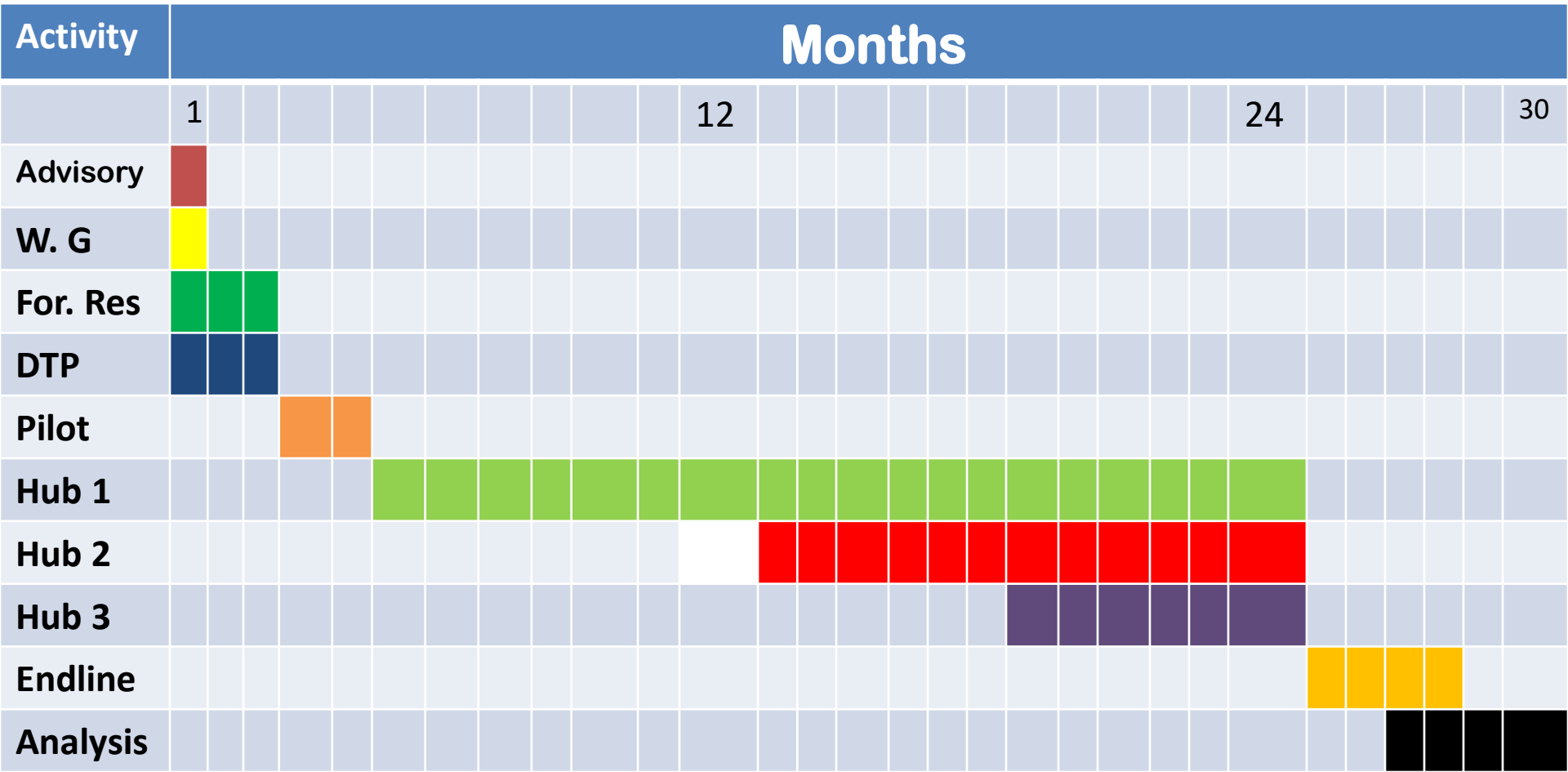


Chronic Care Model

Implementation and Timelines:

Hub based three stepped wedge design.

Analysis : Definite Outcomes/ Indicators



https://www.researchgate.net/profile/Sunil_Raina2

Thank You

