



Integrating prevention into health care

Due to public health successes, populations are ageing and increasingly, people are living with one or more chronic conditions for decades. This places new, long-term demands on health care systems. Not only are chronic conditions projected to be the leading cause of disability throughout the world by the year 2020; if not successfully prevented and managed, they will become the most expensive problems faced by our health care systems. People with diabetes, for example, generate health care costs that are two to three times those without the condition, and in Latin America the costs of lost production due to diabetes are estimated to be five times the direct health care costs. In this respect, chronic conditions pose a threat to all countries from a health and economic standpoint.

Many costly and disabling conditions - cardiovascular diseases, cancer, diabetes and chronic respiratory diseases - are linked by common preventable risk factors. Tobacco use, prolonged, unhealthy nutrition, physical inactivity, and excessive alcohol use are major causes and risk factors for these conditions. Trends in tobacco use will increase in the foreseeable future especially in developing countries. The ongoing nutritional transition expressed through increased consumption of high fat and high salt food products will contribute to the rising burden of heart disease, stroke, obesity and diabetes. Changes in activity patterns as a consequence of the rise of motorised transport, sedentary leisure time activities such as television watching will lead to physical inactivity in all but the poorest populations. Many diseases can be prevented, yet health care systems do not make the best use of their available resources to support this process. All too often, health care workers fail to seize patient interactions as opportunities to inform patients about health promotion and disease prevention strategies.

Current systems of health care

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Most current health care systems are based on responding to acute problems, urgent needs of patients, and pressing concerns. Testing, diagnosing, relieving symptoms, and expecting a cure are hallmarks of contemporary health care. While these functions are appropriate for acute and episodic health problems, a notable disparity occurs when applying this model of care to the prevention and management of chronic conditions. Preventive health care is inherently different from health care for acute problems, and in this regard, current health care

systems worldwide fall remarkably short.

How can health systems respond to this challenge?

Given that many conditions are preventable, every health care interaction should include prevention support. When patients are systematically provided with information and skills to reduce health risks, they are more likely to reduce substance use, to stop using tobacco products, to practice safe sex, to eat healthy foods, and to engage in physical activity. These risk reducing behaviours can dramatically reduce the long-term burden and health care demands of chronic conditions. To promote prevention in health care, awareness raising is crucial to promote a change in thinking and to stimulate the commitment and action of patients and families, health care teams, communities, and policy-makers.

A collaborative management approach at the primary health care level with patients, their families and other health care actors is a must to effectively prevent many major contributors to the burden of disease.

Essential elements for action

- Support a paradigm shift towards integrated, preventive health care
- Promote financing systems and policies that support prevention in health care
- Equip patients with needed information, motivation, and skills in prevention and self-management
- Make prevention an element of every health care interaction

WHO's response

WHO's Non-communicable Diseases and Mental Health cluster has created a new framework for assisting countries to reorganize their health care for more effective and efficient prevention and management of chronic conditions. The Innovative Care for Chronic Conditions Framework is centred on the idea that optimal outcomes occur when a health care triad is formed. This triad is a partnership among patients and families, health care teams, and community supporters that functions at its best when each member is informed, motivated, and prepared to manage their health, and communicates and collaborates with the other members of the triad. The triad is influenced and supported by the larger health care organization, the broader community, and the policy environment. When the integration of the components is optimal, the patient and family become active participants in their care, supported by the community and the health care team.

Examples of innovation from around the world

The following three case studies demonstrate successful implementation of one or more components of prevention in health care.

Brazil: Establishing preventive health services in low resource communities

Cearà, a poor state in Brazil presents a model of care that may be achievable for other countries in which resources, income, and education levels are limited. In

1987, auxiliary health workers, supervised by trained nurses (one nurse to 30 health workers) and living in local communities, initiated once-monthly home visits to families to provide several essential health services. The programme was successful in improving child health status and vaccinations, prenatal care, and cancer screening in women. It was low cost, too. Salaries for the health workers were normal wage, few medications were used and no physicians were included. Overall, the programme used a very small portion of the state's health care budget.

In 1994, the health worker programme integrated into the Family Health Programme that includes physicians and nurses on the team with the health workers. For the first time in Brazil, large scale integrated, preventive health services were in place.

Svitone, EC, Garfield, R, Vasconcelos, MI, & Craveiro, VA Primary health care lessons for the Northeast of Brazil: the Agentes de Saude Program, Pan Am J Public Health 2000;7(5):293-301.

USA: Incorporating prevention into primary care

Kaiser Permanente, a large managed care organization in California, recently reoriented its primary care clinics to better meet the needs of patients, emphasizing the needs of those with chronic conditions. Multidisciplinary teams were created that include physicians, nurses, health educators, psychologists, and physical therapists. These primary care teams link with pharmacy, the telephone advice and appointment centre, chronic conditions management programmes, and specialist clinics creating a totally integrated system of care from outpatient clinics to inpatient hospital care.

Patients are enrolled in the chronic conditions management programs via outreach strategies that identify those with chronic conditions who have not sought primary care, and through physician identification during primary care office visits. Patients receive services from multiple disciplines, based on the intensity of their needs. The diagram depicts the three levels of care. There is an emphasis on prevention, patient education, and self-management. Non-physician team members facilitate group appointments. Biological indices have improved across conditions such as heart disease, asthma, and diabetes. Screening and prevention services have increased and hospital admission rates have declined.

A recent comparison of Kaiser's integrated care system with the UK's National Health System found that although costs per capita in each system were similar, Kaiser's performance was considerably better in terms of access, treatment, and waiting times. Explanations for Kaiser's better performance included real integration across all components of health care, treating patients at the most cost-effective level of care, market competition, and advanced information systems.

Feachem GA, Sekhri NK, & White KL. Getting more for their dollar: a comparison of the NHS with California's Kaiser Permanente. British Medical Journal 2002;324:135-143

India: Integrating non-communicable disease prevention and management

Cardiovascular and cerebrovascular diseases, diabetes, and cancer are emerging as major public health problems in India. Apart from a rising proportion of older adults, population exposure to risks associated with certain chronic conditions is increasing. Obesity is increasing, physical activity is declining, and tobacco use is a substantial problem in the country.

Although it is commonly believed that non-communicable diseases (NCDs) are more prevalent in higher income groups, data from India's 1995-1996 national survey showed that tobacco intake and alcohol misuse are higher in the poorest 20% of the income quintile. As a result, the government of India is anticipating that the prevalence of tobacco-related conditions will increase in lower socio-economic groups in the coming years.

The government has adopted an integrated NCD prevention and management programme. The main components of this programme are:

- Health education for primary and secondary prevention of NCDs through mobilizing community action;
- Development of treatment protocols for education and training of physicians in the prevention and management of NCDs;
- Strengthening/creation of facilities for the diagnosis and treatment of CVD and stroke, and the establishment of referral linkages;
- Promotion of the production of affordable drugs to combat diabetes, hypertension, and myocardial infarction;
- Development and support of institutions for the rehabilitation of people with disabilities;
- Research support for: Multisectoral population-based interventions to reduce risk factors;
- The role of nutrition and lifestyle-related factors;
- The development of cost effective interventions at each level of care.

Planning Commission, India, 2002.

Conclusion

- Many of the costly and disabling conditions facing health systems today can be prevented. Additionally, with proper support many of their complications can be averted or delayed.
- Strategies for reducing onset and complications include early detection, increasing physical activity, reducing tobacco use, and limiting prolonged, unhealthy nutrition.
- Through innovation, health care systems can maximize their returns from scarce and seemingly non-existent resources by shifting towards activities that emphasize prevention and delay in complications.
- Small steps are as important as system overhaul. Those who initiate change, large or small, are experiencing benefits today and creating the foundation for success in the future.

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