

Foreword

Even before the COVID-19 pandemic, health systems in OECD countries faced significant challenges. Citizen expectations about health services are high, societies are ageing, health spending is rising in response to more complex health needs, and fiscal pressures make it difficult to expand allocations of resources to the health sector. The rapid spread of COVID-19 added complexity to these challenges, given both the surge in demand for treatment of the acutely ill and the need to continue to deliver preventive care and manage chronic patients. In this context, primary health care plays a key role for health systems to deliver more and better services. As the first point of contact that is expected to address the majority of health needs, strong primary health care has all the potential to improve health outcomes for people across socio-economic levels and to reduce unnecessary use of more expensive specialised services. But is primary health care across the OECD ready and living up to these expectations?

Realising the Potential of Primary Health Care discusses how primary health care across OECD countries needs to evolve to meet the health challenges that OECD health care systems – and societies more broadly – are facing in the 21st century. It identifies key policy ingredients that countries need to implement to realise the full potential of primary health care. Even in the aftermath of the COVID-19 pandemic, these remain as important as ever, as primary health care is expected to continue to address the majority of health needs. Based on data collected before the COVID-19 pandemic, the report uses a mix of quantitative and qualitative analyses, including information collected through a policy survey covering 26 countries, to suggest key policies and strategies to deliver better primary health care and create stronger primary health care systems. It highlights examples of useful -often local- country experiences.

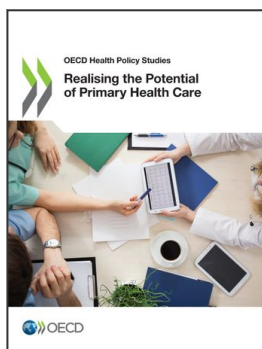
Realising the Potential of Primary Health Care stresses that there are far too many countries with unrealised opportunities from better primary health care. High-quality primary health care is not always delivered, with avoidable hospital admissions still representing 6% of hospital bed-days across 30 OECD countries for which data are available. Estimates of inappropriate antibiotic prescriptions in primary care range from 45% and 90%. One-quarter of patients suffering from chronic conditions in EU countries did not receive any preventive tests in the past 12 months. Between 29% and 51% of people in 11 OECD countries reported having experienced problems of co-ordination between primary care and specialised care.

New service delivery models, better economic incentives, and broader roles for patients are needed to boost effective, efficient and equitable health systems. Models of organising services that are based on multi-professional teams or networks are being developed in less than half of OECD countries. Better co-ordination among primary care and other providers requires efforts to reward and encourage team work. There is ample scope for further developing the role of primary care nurses and pharmacists, and develop more effective collaboration with general practitioners and other health services. Better use of digital technology, and ability to link datasets across primary care and other part of the health systems is also necessary. Payment instruments linked to outcomes (e.g. for patients with chronic conditions) or desired activities (e.g. vaccination, coordination) are needed to improve care. Better measurement of the inputs, outputs and outcomes of the primary health care sector is vital to improve performance. Patients also need

improved ability to access – and interact with – their own records, especially key for those living for many years with chronic conditions.

Countries will certainly conduct thorough reviews of the provision of health care as they seek to draw lessons from the COVID-19 pandemic. Modernising primary health care services is critical to make health systems more resilient to situations of crisis, more proactive in detecting early signs of epidemics and more prepared to act early in response to surges in demand for services.

As this report shows, while the seeds for the future of primary health care are present in local experiences across OECD countries, scaling them up will require both technical leadership and managerial support. It is time to realise the full potential of primary health care.



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