

A Model; Road Map to Achieve Sustainable Development Goals 2030 Realizing Your Potential a Proposed Guidelines for National Health Policy for Integrated Health Care Delivery

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Author's Contribution

¹ Conception of study

¹ Experimentation/Study conduction

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Abstract

The goals that are set for 2030 regarding sustainable Development are a wake-up call to action that reforms should be made to end poverty, protect the planet and ensure health for all and everywhere.

The need to review and reprioritize the use of existing resources in the health sector along with significant addition and allocation of resources for health should be focusing more on primary health care. Pakistan must also adopt a holistic integrated approach that views health, education, and other social sector development as intrinsically interrelated and interwoven.

Most of the patients in Pakistan visit two to three general practitioner/family physicians to rule out and to know the exact diagnosis of their ailment. This increases the frequency of visits to the other physicians and decreases follow-up and compliance concerning the treatment provided. Another Important concern is record maintenance as most of the time patient record is not secured.

The basic purpose is the provision of health services with a timely referral if required, this will decrease patient load to Private as well as public sector health units and will decrease the unnecessary movement of patients.

The Unique Model by Using the latest Technology has evolved by putting the Communication, Coordination in a synchronization pattern and by keeping the health care provider and client in a centralized position.

This will integrate all levels of family Physicians; centralize the patient registration Mechanism in Pakistan. This will regulate Screenings & Surveillance of Communicable and Non-communicable Diseases thus supporting the District Health Administration to keep an eagle eye to monitor disease prevalence and incidence.

Efficient and effective working between Primary & secondary and specialized healthcare is the prime purpose of this model. This will achieve healthy outcomes and will Decrease Chronicity, Resistance, and Poor Compliance.

Keywords: Health Care Delivery Services, Family physicians, Referral system, Disease Screening and Surveillance, Level of the specialty of Family physicians.

Introduction

Healthcare services and delivery are crucial in raising the standards as well as the quality of human life which has a very pivotal role in national development. Improvement is the dire need of time in an individual's mental physical and social wellbeing for human welfare. Healthcare services in Pakistan are consisting of the corporate and government sector, the public sector is serving the community only 30% and the rest i.e. 70% of health services are being provided by the private sector. Pakistan has been ranked 65th amongst 102 countries having low socioeconomic budgets according to Human Poverty Index and the dilemma is that 27% of the population gets benefited from the Health services. The first and foremost level of healthcare is the primary healthcare system where most patients get interacted with the doctors and healthcare providers who provide both preventive and curative services to the patients.¹ The health care system of developing countries faces multiple issues ranging from qualified Health care Professionals, facilities at health units, equipment's up to the poor referral system. The Latest Data flow and the system can overcome the weaknesses and can facilitate the people living far furlong areas and with low information.¹

To maintain a Healthy lifestyle provision of health care services and utilization by the local population is very crucial² quality of life is monitored regularly by health indicators. Children in Japan are healthier and their predicted value is above 80 as compared to Pakistan which is 65.³

Each BHU i.e. Basic Health Unit serves 25000 of the population of the Union Council level where it is located. The next level of healthcare delivery system is the secondary healthcare which is also known to be the intermediate level for the provision of advanced health services i.e. technical including Laboratory & Diagnostics, Pharmacies, and Dental services. The Primary & secondary level of healthcare is the first step of the ladder for referral which also includes Tehsil Headquarter hospitals which have a catchment area of 0.5 to 1 million people having 40 to 60 beds. These THQs are providing the basic level of health including accidental & emergency services, Gynae & Obs, and neonatal health. They provide health facilities to all those patients who are being referred by the BHUs, RHCS, and Lady Health visitors.⁴

There is another level of healthcare, where people prefer general practitioners over physicians sitting in Basic Health Units, Rural Health Centres, Tehsil

Headquarters Hospital & Tertiary care hospitals. They find it more burdensome to go through all the phases and then get themselves checked.

GP practice commonly known as general practice started in 1700 in England where society was entrenched by the name of Society of Apothecaries and in America in the 18th century. So we can say that GP practice has roots deeply engraved even in the past too. The GPs then also known as apothecaries and surgeons who were actually barbers worked together through apprentices and provided healthcare as the first line of treatment providers then.

With the changing era and everyday rapid advancement in the medical sciences, the world saw a paradigm shift of healthcare from the general practitioners to the specialists who were more focused on organ and diseases treatment rather than treating an individual and their families. Therefore a doctor who was a jack of all trades i.e. treating grandpa's headache and grandmas knee joint pain, also taking care of child's fever was forced to be taken back seat rather a specialist took the driver's seat by treating patients organ system, their gender and according to age, thus fragmentation of the whole individual took place.⁵

In European countries, general practitioners are the first line of treatment providers for the whole family in all aspects whether it may be curative or preventive.⁶ But unfortunately, Pakistan is lagging behind in various aspects. By working on certain areas we can make our general physician's first line of defense for communicable and non-communicable diseases.

The suggested points are:

1. A family Physician / general practitioner should be a 5-star doctor i.e. he should be a Leader, Researcher, good Communicator, Manager, Care provider.
2. The role of research can change the way of treating patients dramatically.
3. They should act as a disease Screening Officer for the community instead of focusing more on treatment. In this way, they will be able to foresee the upcoming burden of diseases and can play a major role in the prevention of many epidemics.
4. For timely and remedial measures by the Health department family physicians must be supported and given proper facilitation in a way that software should be developed in which all the data regarding screenings & surveys and must be interlinked with the health department at all levels.
5. Inculcating Public Health culture amongst Family Physicians / General Practitioners that at least to start their Private practice they must have at least a

certificate of public health as they are more engaged with the community.⁶

To know the facts behind the poor/low indicators of health in Pakistan we decided to carry out a research study in one of the top medical schools in Rawalpindi Pakistan with the title that specialty choices among future doctors. It shows the inclination of doctors towards curative fields and least interested in public health which covers 80% of health care services from Health awareness, prevention, protection, early diagnosis and prompt diagnosis, Prompt treatment. 20% comprises of treating the complication and care for rehabilitation.

Most of the young students opt for the medical specialty as the option to earn a good income and respectable status in society.

It was seen that during the initial years of the medical profession the medical students have high aims and ambitions to serve humanity but later with the passage of time when it comes to choosing the specialty after their graduation the choices are seemed to divert towards major fields and public health, family medicine, and community medicine then become a least opted specialty.⁷

If a proper counseling session and orientation should be developed then a sufficient number of doctors who are still deciding about their career as their first specialty can be inspired to join the public health and family medicine.

There is a dying need for the capacity building and promotion of public health awareness and to realize the health care professional that how important is their role and how much improvement they can bring in the social well-being.

First, they should know about their potential so that deficiencies and weaknesses can be changed to strengths.

Objectives:

Proposed National Health policy and Family physicians & public health information system basic objectives are;

- To integrate all levels of family physicians.
- To centralize the patient registration mechanism in Pakistan.

Screenings & surveillance of communicable and non-communicable diseases decrease the chronicity, resistance, and poor compliance.

Solution

The Unique Model needs time, Solution of all current issues which are being faced during Outbreaks,

endemics, and epidemic due to lack or poor coordination and integration; by Using the latest technology which has evolved by linking between Communication, Coordination and synchronization pattern. A web-based system will integrate all levels of family physicians; centralize the patient registration Mechanism in Pakistan. This will regulate Screenings & Surveillance of Communicable and Non-communicable Diseases thus supporting the District Health Team and Decrease the Chronicity, Resistance and Poor Compliance.⁸

This will Integrate and improve health care delivery services, It will help to improve the quality of education and Update.

Integrated Management System

QUALIFICATION	FPRS	PUBLIC SECTOR
MBBS	PRIMARY HEALTH CARE PROVIDER	BASIC HEALTH UNIT
MBBS + CERTIFICATE / DIPOLMA PUBLIC HEALTH OR MCPS FAMILY MEDICINE	SECONDARY HEALTH CARE PROVIDER	RHC , THQ , DHQH
MBBS / FCPS / MCPS / FRCS / FRCP MPH	TERTIARY HEALTH CARE PROVIDER	TEACHING HOSPITALS

Figure 1: Primary, Secondary & Tertiary Levels Family Physicians and their inter-link with Public Health care units

Health care professionals regarding the health promotion of infectious, Communicable, and Non-Communicable diseases with current practices / Guidelines.

Improve Health Indicators in Pakistan, it will help to build a healthy and prosperous Pakistan.

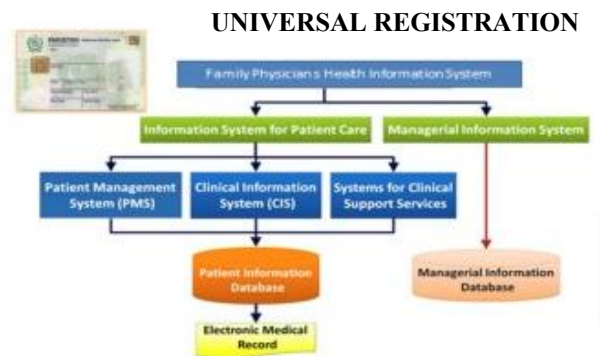


Figure 2: Centralized Registration and Data Management System

Conclusion

Family Physicians and the Private sector is contributing more than 60% to Pakistan's Health care delivery system. This is yet not been brought in well- Coordinated and synchronized.

The Liaison with all the different levels with rapid access points and tools of rescue with immediate access are very fundamental rights and necessary to improve the quality of human life in peripheral areas of Pakistan. The Family Physicians and Public health Information System (FPPHIS) will bring a revolution in the field of medicine and all Allied Departments.

A Model; Road Map to Achieve Sustainable Development Goals 2030 "Realizing Your Potential" is a Proposed Guidelines for National Health Policy. The Integrated Health Care Delivery will help the government to fill the gaps and move towards achieving Sustainable Development Goals 2030.

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