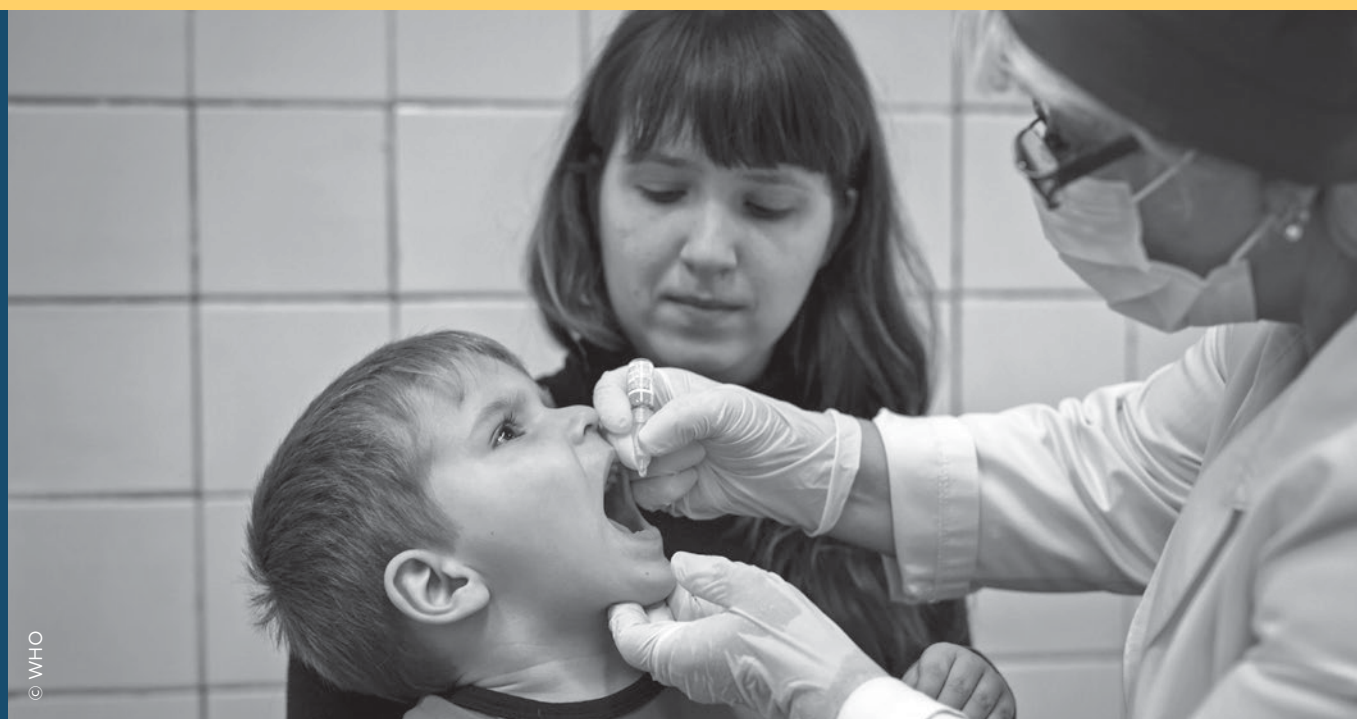


NORTH MACEDONIA

Transforming primary health
care during the pandemic

THE PARADOX OF THE COVID-19 RESPONSE: AN OPPORTUNITY FOR EXPANDING THE ROLE OF PRIMARY HEALTH CARE PHYSICIANS AND NURSES

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MOTIVATION

Strengthening the health system has been the focus of the national priorities for North Macedonia in recent years. Many system-wide interventions and reforms have been initiated to improve health and social protection and the quality of care and services. With the support of WHO, a primary health care reform in accordance with the Astana Declaration (1) was adopted by the Ministry of Health in 2019 to be the basis for an overall health reform aiming at achieving universal health coverage (2).

The COVID-19 pandemic highlighted the need to accelerate the implementation of the primary health care reform, integrate primary care services with public health and social services and strengthen the responsive capacity of primary care in emergencies. The pandemic put additional pressure on primary care as the first level of care for most of the population in the country and accelerated transformation. Primary care doctors and nurses have been tasked with taking care of people with asymptomatic and mild COVID-19, triaging people suspected of having COVID-19 and referring for testing while maintaining the essential services and providing care to people without COVID-19 who need health care.

PRIMARY CARE BEFORE THE COVID-19 OUTBREAK

Before the COVID-19 outbreak, the primary care providers were organized in single-handed private general practices, which hampered the accessibility, quality and efficiency of health services and were not effective in dealing with chronic noncommunicable diseases, as indicated by the observed high referral rate to specialists. In addition, primary care doctors were not allowed to prescribe certain medicines, such as insulin for people with diabetes or statins to prevent cardiovascular disease, or to order specific diagnostic tests such as endoscopy, magnetic resonance imaging or computed tomography. In some cases, primary care physicians can write a refill prescription only, otherwise, they must refer patients to specialists, which leads to unnecessary bottlenecks (3).

Nurses in primary care did not have their own portfolio of services and acted predominantly as administrators for the practices, rather than as nurses who care for and promote the health of their patients (3). They mainly assisted doctors in administrative tasks and in dealing with the significant paperwork needed to run the practice. In addition, the non-standardized and suboptimal nursing education was coupled with the fact that nursing was yet to be recognized as a full profession (4).

The high administrative burden impeded full deployment of the existing competencies among primary health care doctors and nurses, who operated without a quality framework and lacked feedback and benchmarking information that could enhance their clinical work. Information systems, despite their advantages, fell short of effectively supporting clinical governance at all levels, and the absence of an e-booking system for primary care practices led to unsatisfactory and reactive care.

To address the above challenges, several types of technical assistance in planning the primary health care reform were initiated, which included in-depth analysis of the health system capacity, vulnerability and windows of opportunity. This resulted in the production of high-quality evidence, which was translated into a national strategy and action plan for implementing the primary health care reform (5). Two national policy dialogues on primary health care were organized in 2019 and 2020, and wide stakeholder consensus and support of the plan to pilot the renewed model of primary health care was obtained right before the COVID-19 outbreak.

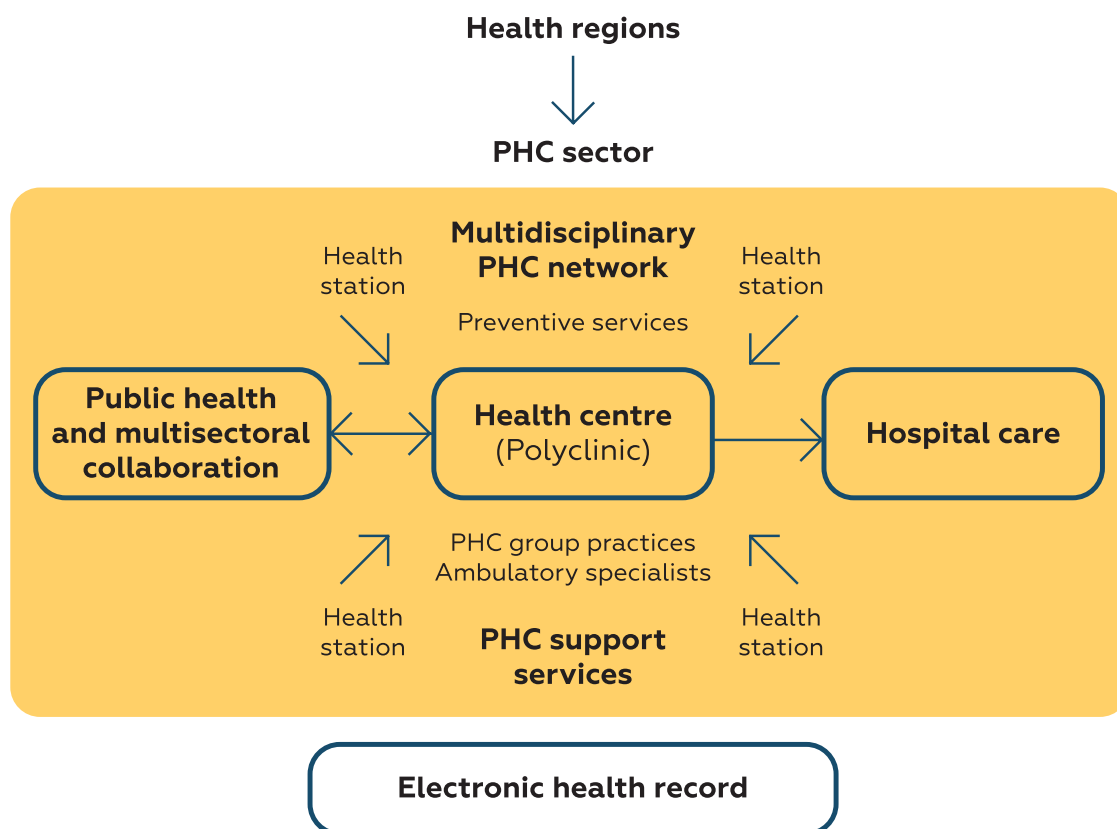
The renewed model of primary health care is focused on (1) improving the competencies and role of primary care doctors and nurses; (2) monitoring primary health care input not only in care but also in disease prevention and health promotion; (3) building capacity to strengthen home-based care and other outreach programmes; (4) exploring new models of care based on multi-profile teams in primary care oriented towards noncommunicable diseases and underlying factors in prevention and management, other chronic diseases and better maternal, newborn and child health; and (5) giving special attention to integrating the health and social sectors for care of older people and other people with complex chronic conditions (2).

Following the COVID-19 outbreak in North Macedonia, in the efforts to maintain the essential health services while responding to the health needs of the growing number of people with COVID-19, the scope of practice of the primary care doctors and nurses has been extended. Primary care doctors were given special authority to prescribe and manage chronic conditions, rehabilitation, prescription and other conditions without referral to a specialist for people with non-COVID-19-related conditions. This has substantially contributed to improving the accessibility and efficiency of the health services, since before COVID-19, the high referral rates, which were a result of the restriction of primary care doctors to prescribe certain medicines, such as insulin for people with diabetes or statins to prevent cardiovascular disease, were leading to unnecessary bottlenecks in care.

In addition to maintaining the essential health services and providing care to the people with non-COVID-19-related conditions, primary care doctors and nurses, as the first-line contact for the majority of the patients, were tasked to triage suspect COVID-19 cases and refer for testing to support the national efforts for early detection, isolation and treatment of COVID-19 cases. In addition, they were following up on asymptomatic and mild COVID-19 cases. This included daily monitoring of the disease progression, treatment and counselling for prevention and reducing the risk of transmission in the household. This expanded role of primary care doctors and nurses in terms of enabling primary care doctors to prescribe for common chronic conditions without referral to a specialist and involving primary care doctors and nurses in managing asymptomatic and mild COVID-19 cases has also contributed to decreasing the burden towards specialists' care.

Expanding the role of primary care doctors and nurses for more responsive primary health care service delivery during the pandemic

Fig. 1. Composition of a multidisciplinary primary health care network operating in a primary health care sector according to the renewed model of primary health care



Primary care professionals also started providing telephone and video consultations and increased home visits. The deployment of such digital tools has enabled the primary care providers to organize the flow of patients and to be able to respond to the patients' needs remotely while decreasing the risk of COVID-19 transmission in their facility. In the absence of an e-booking system for primary care practices, this contributed to shifting from unsatisfactory and reactive care to more organized and proactive care for patients and communities. In the efforts to reach the most vulnerable people such as older people, people with comorbidities, people living in poverty and other marginalized groups, primary care doctors and nurses were engaged in identifying and reaching out to their at-risk patients and linking them to care and COVID-19 vaccination. This has demonstrated the flexibility and the resilience of primary care doctors and nurses to support the national efforts to respond to the acute needs coming from the pandemic and has reaffirmed the need for establishing a network of primary care providers integrated with the public health, social and outreach community-based services for prompt identification of the vulnerable and marginalized groups most affected by the crisis and linking them to health and social care.

Building the capacity of primary health care nurses

To prepare the primary care nurses for the expanded role in the renewed model of care, specific training tailored to the needs of the primary care nurses was delivered from November 2020 to March 2021. The training was conducted as part of the national primary care reform plans and was aligned with the country's new model of primary health care and adapted to the challenges and needs emerging from the COVID-19 pandemic. About 430 primary care nurses and midwives participated in the programme and acquired new knowledge and skills aimed to provide better-quality health care services.

This competency-based nursing course was prepared with the national nursing team (based on *Competencies for nurses working in primary health care*) (6). The course comprised six 25-hour modules tailored to the needs of the nurses encompassing basic skills for primary health care nursing and midwifery practice such as: nursing communication and professionalism, primary care nursing in COVID-19, public health, health education, leadership and empowerment of nurses and midwives. All the modules will remain available online during 2021.

The need for using digital tools and platforms for training, accelerated by the COVID-19 pandemic and the restrictive measures in place preventing in-person education, has contributed to reaching and strengthening the capacity of a significant proportion of the primary care nurses in a short period of time. Through this programme, primary care nurses were trained to respond and put in place systems in primary health care to manage the current and future epidemics. The knowledge and skills obtained in managing common chronic conditions have enabled them to contribute to maintaining the dual-track approach in taking care of people with COVID-19 while maintaining the essential health services and enabling access to people with non-COVID-19-related conditions. This involved greater autonomy of the nurses and task shifting from doctors to nurses, especially around managing people with chronic conditions, health promotion and patient counselling and providing more holistic care, including not only health care but the social aspects as well. Finally, it has established a common ground for continuous professional education as part of the ongoing professional development of the nurses. Overall, the training programme has demonstrated the importance of having high-quality education and continual training opportunities for the primary care nurses to prepare them for providing efficient and better-quality care and, as a result, an investment in nursing education is to be given priority.

Digital solutions to reduce the administrative burden of primary care providers

Early in the pandemic, the Health Insurance Fund introduced an e-prescription for chronic conditions. Starting on 1 May 2020, people with chronic conditions were able to obtain or extend their prescriptions through a phone call, and primary care doctors were enabled to prescribe electronically. The e-prescription was one of the interventions under the primary health care reform, and COVID-19 has accelerated its implementation in the efforts to reduce the contact between the patients and the health-care providers in a health setting and to reduce the risk for transmission of COVID-19. In addition, telephone consultations and pilot videoconferencing — built on the health information system Moj Termin, the national digital health system — were rolled out. An online platform for registering people for COVID-19 vaccination was developed that enabled integration of the immunization teams in the primary health care centres, the primary care doctors and nurses and the information health system Moj Termin. It also enabled the interest and uptake of the vaccine to be monitored and potentially to develop interventions in geographical areas or among certain age groups where vaccination is lagging.



EARLY ACHIEVEMENTS

The COVID-19 pandemic has highlighted the need to strengthen the primary care system and has accelerated the rollout of key interventions under the primary health care reform declared right before the outbreak.

Primary care doctors and nurses have shown resilience and have taken on expanded roles in the efforts to diagnose early, isolate and treat patients and have contributed to decreased pressure on hospitals and emergency services.

Capacity building prepared primary care nurses for the extended scope of practice in disease prevention, health education and care of patients. It has been delivered through the first training tailored to the needs of primary care nurses and adapted to the COVID-19 challenges.

Digital solutions were quickly implemented to enable monitoring of the COVID-19 vaccination and to reduce the administrative burden on primary care providers by introducing e-prescription and video and teleconsultations.

To maintain the essential health services whose provision was disrupted or delayed for six months (March–August 2020), technical guidance was provided by sharing the WHO guidelines, and a partial move to tele- and video consultations was implemented.

SUSTAINABILITY PROSPECTS AND NEXT STEPS

The primary health care plan is built into the European Union's Instrument of Pre-accession III framework, the first National Health Strategy 2030 is newly prepared and is aligned with the Sustainable Development Goals.

There is considerable mobilization of additional financial resources for health aligned with national priorities, attracting United Nations partners' contribution to health through the newly developed United Nations Sustainable Development Cooperation Framework 2021–2025, the World Bank and the Instrument of Pre-accession III 2021–2027 programming of European Union support for reforms in North Macedonia.

As part of the national strategy and action plan, the initiated and accelerated activities will consolidate with the implementation of the entire plan through pilots and national deployment, including expanded roles of nurses and digital health developments.

Strengthening the quality of care and integrating primary care services at the local level with public health and social services are the immediate next steps foreseen in the action plan.

To address the deepening health inequities in the country brought by the pandemic, the focus in the upcoming period will be on developing strategic documents that include interventions and setting up systems for monitoring the effects of the implemented actions on reducing inequities through meaningful participation of the stakeholders and creating a multidisciplinary primary health care network organized in primary health care sectors or zones.

"THE EXPANDED ROLE OF PRIMARY CARE DOCTORS TO PRESCRIBE FOR COMMON CHRONIC CONDITIONS WITHOUT REFERRAL TO A SPECIALIST AND INVOLVING PRIMARY CARE DOCTORS AND NURSES IN MANAGING ASYMPTOMATIC AND MILD COVID-19 CASES HAS CONTRIBUTED TO DECREASING THE BURDEN OF SPECIALISTS' CARE."

LESSONS LEARNED FOR OTHER COUNTRIES

1. National primary health care strategic and implementation plans developed before the pandemic helped to roll out activities to strengthen primary care responsiveness in a short period of time. Nationwide consensus and support for the primary health care reform has been obtained, which contributed to swift implementation of the immediate measures under COVID-19, such as expanding the role of primary care doctors and nurses and introducing digital solutions to reduce the administrative burden of primary care providers.

2. Expansion of roles of primary health care providers was an essential step towards better responsiveness of primary health care during the pandemic. Primary care doctors and nurses have shown resilience and flexibility in supporting the national efforts to detect early, isolate and treat patients in challenging and demanding times while maintaining the care for the people with non-COVID-19-related conditions.

3. Although nurses continued to play a vital role in the response to the pandemic, a shortage of nurses impeded the communities' ability to effectively respond to COVID-19. Coupled with the non-standardized suboptimal nursing education of the nurses, investing in high-quality education and continuous training for the primary care nurses has proven to be essential in strengthening their capacity and providing better-quality care services for the people and communities.

4. COVID-19 has highlighted the health inequities and disparities in North Macedonia. Older people are particularly affected by COVID-19 — they are more vulnerable to COVID-19 complications and risk of death. At the same time, younger people are the ones bearing the burden of the prolonged lockdowns and curfews in terms of access to health-related goods and services, such as education and work-related opportunities. Establishing a network of primary care providers integrated with the public health, social and outreach community-based services is crucial for promptly identifying the vulnerable and marginalized groups most affected by the crisis and linking them to care and social support and is to be a priority intervention under the primary health care reform.

5. The strong relationship and trust between the Ministry of Health, the primary health-care providers and the professional associations at the primary health-care level based on regular communication, responsiveness and active listening about needs and dialogue proved to be highly effective as COVID-19 brought the need for daily interaction between the key stakeholders, to be able to quickly identify the local needs and to support effective planning and implementation in primary health care based on the local needs.



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