

SLOVENIA

 Transforming primary health care during the pandemic

COMMUNITY HEALTH CENTRES WITH MULTIDISCIPLINARY TEAMS PROVIDE AN EFFECTIVE DUAL-TRACK APPROACH TO COVID-19

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MOTIVATION

Slovenia's primary health care system has been central to the health system response to COVID-19 from the onset of the pandemic. A dual-track approach was activated with primary health care providers contributing both to the pandemic response and to maintaining the operation of essential health services for all conditions. Rapid response and adaptation to the pandemic context at the primary health care level was facilitated by close collaboration of primary care and public health – an important strength of Slovenia's health system.

To effectively implement the dual-track approach, Slovenia had to rapidly adapt the role and responsibilities of its wide and longstanding network of publicly funded multidisciplinary community health centres across the country (1). Community health centres, and associated private providers, are people's first point of contact with the health system and offer a set of preventive, promotive, diagnostic, curative, rehabilitative and palliative health services throughout the life-course (1,2). Multidisciplinary health promotion centres with a focus on preventive services and combining the expertise of various professions (2,3) are considered an important part of the community health centres for providing high-quality comprehensive care with demonstrated impact on health outcomes (1,4).

To ensure separate pathways for COVID-19 and non-COVID-19 patients, special ambulatory COVID-19 primary health care clinics were organized within community health centres. Health promotion centres also provide COVID-19-related services, which has been particularly conducive to operating the dual-track approach to COVID-19 and, in this context, to protect vulnerable and marginalized groups and ensure disease prevention, patient education, health promotion and community engagement (5,6).

INTEGRATED RESPONSES OF THE PRIMARY CARE AND PUBLIC HEALTH SYSTEM TO COVID-19

Slovenia has succeeded in effectively operationalizing the COVID-19 and essential routine primary health care services track in accordance with WHO's policy considerations on strengthening and adjusting public health measures throughout the COVID-19 transition phases (5,6). The response to COVID-19 was governed by the Ministry of Health and a COVID-19 Advisory Board and supported by the National Institute of Public Health. A series of government decrees enabled delivery on the COVID-19 and the essential services track, fostering stakeholder involvement from primary and public health officials and various patient communities.

Both physical and virtual collaboration between primary health care and public health contributed to the effectiveness of the dual-track approach in various areas, including: (1) providing surge capacity for testing and tracing, (2) identifying and responding to vulnerabilities for both COVID-19 and essential health services, (3) continued delivery of health promotion and disease prevention services and (4) population health management, priority setting and demand management.

Each of these areas is further outlined below.

1. Contribution of primary health care to public health surge capacity related to testing and patient education

The National Institute of Public Health carried out monitoring and surveillance of COVID-19 cases as well as contact tracing of their high-risk contacts through its network of nine regional offices. Primary health care providers participated in public health action such as implementing early detection and surveillance protocols. For this purpose, COVID-19 testing points were organized within and outside community health centres with trained primary health care professionals working together to provide the PCR tests and later also the rapid antigen testing for public screening. The idea was to ensure good access to PCR testing everywhere in the country, close to where people live. Infection control measures, such as separate patient pathways in primary health care facilities, were implemented by primary health care through adequate signage and information notices at all entrances and exits of the community health centres.

Individuals who tested positive for COVID-19 were contacted by a public health field epidemiologist, who performed all contact-tracing activities. But primary health care professionals in their turn played a major role in following up on people with COVID-19 with mild and moderate symptoms, monitoring vulnerable people, providing information to their registered population, triaging suspect cases and answering questions and assuaging fears of patients.

Protocols for following up people with COVID-19 have been defined and implemented by primary health care, which also provided training for primary health care professionals across the country. Primary health care professionals, especially family medicine physicians and primary paediatricians, very quickly organized to share up-to-date evidence and information among themselves on COVID-19 clinical management, as provided by national experts and international organizations such as WHO, the European Centre for Disease Prevention and Control and others.

2. Identifying and responding to vulnerability, both for COVID-19 and essential health services

At the start of the pandemic, community health centres rapidly reconfigured their service offerings for most vulnerable patients. Primary health care teams identified vulnerability for COVID-19 on an individual basis during consultations with patients. Vulnerable people were also identified by analysing nonresponse data to screening programmes (such as primary health care screening programmes for cancer and noncommunicable diseases).

As part of the screening programmes and in case of repeated non-attendance, data are communicated to the health promotion centres, which contact the patient to determine the reasons for non-attendance and their willingness to participate. Community nurses are critically important to these outreach activities, and although the approach was initiated already before the pandemic, it turned out to be an efficient way to identify and follow up on vulnerable groups during the pandemic too.

In addition, the National Institute of Public Health organized specifically designed campaigns for vulnerable populations in collaboration with local communities to raise awareness about the importance of screening but also COVID-19-related testing, non-pharmaceutical protective measures and vaccination.

Primary health care teams also provided special attention and outreach services to frail older people, those living alone and people whose clinical status could rapidly deteriorate. Mobile teams were established for this purpose, which closely followed up patients in their home setting. The teams also played a significant role in testing and triaging cases.

To further improve essential services for vulnerable groups, the National Institute of Public Health launched a European Union–funded project to target mental health and other health needs in vulnerable populations (7). Through the project, multidisciplinary mobile teams were established with primary care professionals to provide mental health services, health promotion and vaccination for vulnerable groups. Specific mental health services in primary health care were provided by a network of newly established mental health centres (introduced in 2018) that operate as part of community health centres. Primary health care mental health teams offer preventive services, early detection, treatment, rehabilitation and social integration of people with mental disorders. Mental health teams address inequalities in access to mental health services among vulnerable groups such as children and adolescents, older people, poor people, people with disabilities, immigrants and ethnic minorities, including Roma populations. In addition, mental health teams carry out disease prevention and health promotion programmes to support mental health in all environments, reduce the number of suicides, support deinstitutionalization, reduce stigma and discrimination, increase mental health literacy and ensure the quality of programmes and services and monitoring and evaluation in the field of mental health care.

Some of the community health centres, such as the one in Ljubljana, play an important role in training primary health care professionals on health emergency protocols, including those related to COVID-19. For this purpose, the Ljubljana community health centre operates a simulation centre that provides advanced simulations with state-of-the-art equipment to ensure that health care workers are trained to deal with a range of scenarios. The Ljubljana community health centre also developed a protocol to improve the response to other health emergencies, such as natural disasters and accidents, which is now mandatory in other community health centres to strengthen Slovenia's system overall.

3. Continued delivery of disease prevention and health promotion – both for COVID-19 and essential health services

During the pandemic, primary health care professionals played a critical role in communicating infection control measures to the people, including advice on hand hygiene, cough etiquette, the use of facemasks, disinfection of premises and social distancing. Primary health care professionals also motivated patients to use a national app (#OstaniZdrav), designed to notify users if contact with an infected person occurred.

Health promotion centres also played a critical role in continuing disease prevention and health promotion programmes as developed, supported and evaluated by the National Institute of Public Health. The main role of health promotion centres is to improve health literacy in the population by emphasizing disease prevention and health promotion in all health-related areas and to conduct thematic workshops to support people in achieving and maintaining healthy lifestyles (2,3). Although some health promotion and educational programmes were discontinued during the first waves of the pandemic, many programmes have restarted once infection rates went down, targeting a wide range of audiences (children, adolescents, adults, parents and older people) and topics including healthy lifestyles, perinatal care, oral health, sexual and reproductive health and mental health. Slovenia has a national programme for noncommunicable disease screening and prevention, including adults 30 years and older. The aim of the programme is to detect people who are at risk for developing noncommunicable diseases, such as cardiovascular diseases, diabetes, chronic obstructive pulmonary disease and depression (8) and to offer them targeted interventions aimed at achieving and maintaining healthy lifestyles (2,3). The programme is implemented nationally, offering people with identified lifestyle-related risk factors active counselling and support on healthy lifestyles. Building on this successful programme, Slovenia could rapidly restart the screening of adults for noncommunicable diseases and their risk factors.

To deal with the increased demand for mental health services, the existing network of mental health centres enabled the rapid mobilization of mental health specialists, who offered community mental health services arising from physical distancing and the undermining of social and economic life, such as domestic violence, alcoholism and worsening or developing mental health conditions.

“BOTH PHYSICAL AND VIRTUAL COLLABORATION BETWEEN PRIMARY HEALTH CARE AND PUBLIC HEALTH CONTRIBUTED TO THE EFFECTIVENESS OF VARIOUS AREAS OF THE DUAL-TRACK APPROACH.”

4. Population health management, priority setting, demand management – maintained response for priority conditions

Ongoing and effective population health management during the pandemic has been facilitated by existing multidisciplinary teams operating in community health centres offering a comprehensive service basket, supported by social care services and local community organizations (3). Population health management has three dimensions: (1) assessing the community's state of health and the factors affecting it, (2) responding at the patient and population levels and (3) measuring the effectiveness of these combined responses. Priority conditions that were tackled by multidisciplinary teams during the pandemic included noncommunicable diseases such as cardiovascular disease, diabetes, kidney and chronic respiratory disease, since a large proportion of the additional health care burden of COVID-19 was likely to result from infection of people with such underlying conditions. It has proven to be an advantage to have standardized clinical protocols for these conditions and registered nurses with an expanded role within the teams of family physicians for following up patients who already had stable chronic conditions before the pandemic (8).

A pre-existing pilot project targeting the involvement of clinical pharmacists in some of the community health centres (9) enabled clinical pharmacists to be rapidly mobilized into general practitioners' teams during the pandemic to support medication review, drug–drug interactions, possible adverse events, existing drug indications, potentially inappropriate medication for older people, an evaluation of drug adherence (refill-based system) and final recommendations depending on the patient's outcomes. Other instruments of critical importance to effective population health management during the pandemic were: chronic disease registries, evidence-based treatment protocols, multidisciplinary assessments, risk stratification tools, care coordination with other providers, organizations and the voluntary sector, patient education and self-management programmes, quality indicators and further development and extensive use of tele-consultations, electronic prescriptions, electronic referral and electronic certification of sick leave.

Pre-existing multidisciplinary teams also enabled rapid responses to new patients' needs such as multidisciplinary rehabilitation services for patients with post-COVID conditions. Other advantages of pre-existing multidisciplinary teams included rapid deployment of COVID-19 vaccination programmes. Although the government and the National Institute of Public Health were responsible for vaccination promotion and the supply of vaccines, primary health care played a key role in ensuring access to vaccination for all population groups (10).



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EARLY ACHIEVEMENTS

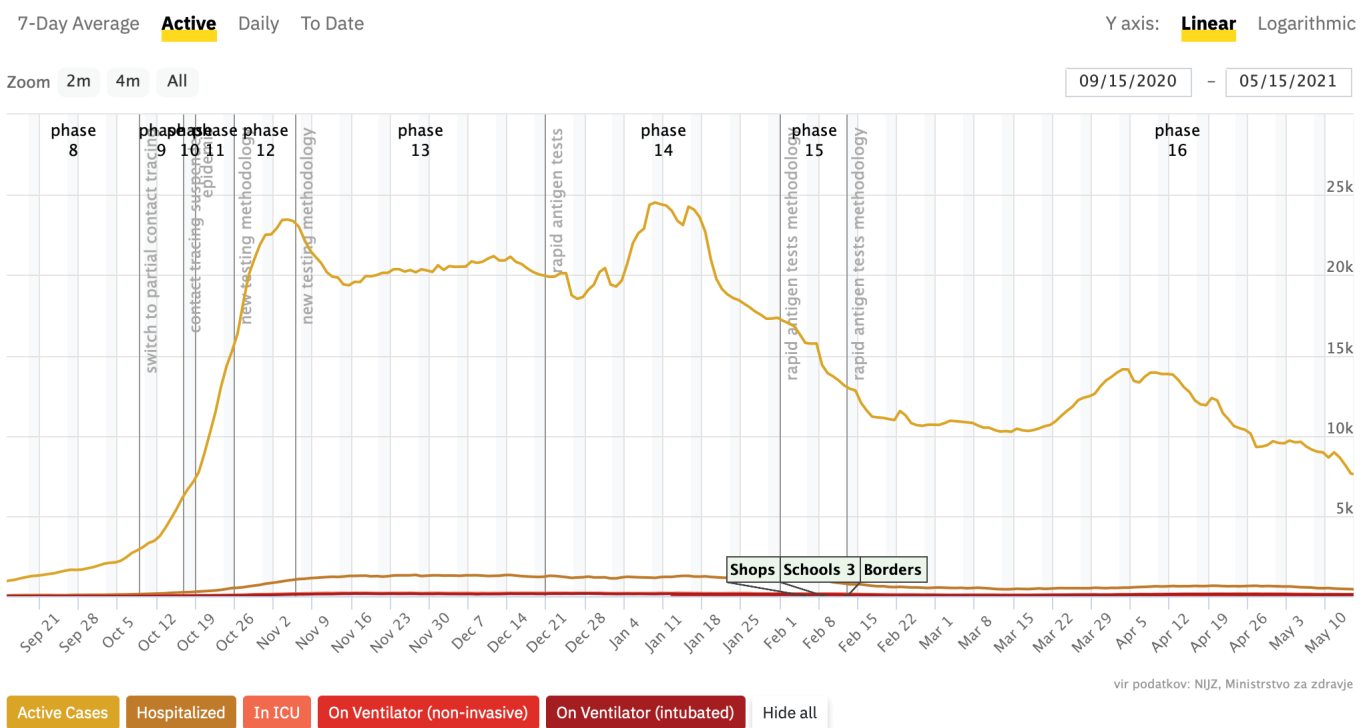
Slovenia’s primary care system, through its integrated and comprehensive service offerings, has been a vital first line of emergency response and thus shielded hospitals from getting overburdened. Patients with mild or moderate disease were all managed in primary care settings.

Hospitals have also been able to create capacity to accept new patients, since recovering patients could be discharged and safely and efficiently taken care of by primary care, whose clinicians and other health care staff ensured safe transitions (such as reviewing medications that were changed or added during hospitalization) and continued recovery from illness.

Primary care also provided health care services and education in nursing homes and in ad-hoc care facilities for people with mild or moderate COVID-19 symptoms, who did not need hospitalization but had to be medically supervised while sick at home. This further contributed to reducing pressure on hospitals. Fig. 1 shows the number of active COVID-19 cases treated in primary care settings and in hospitals.

Fig. 1. Number of people with COVID-19 treated in primary health care settings and hospital settings

COVID-19 Situation in Slovenia



Confirmed COVID-19 cases – active (treated by primary health care), hospitalized, in intensive care, on ventilator in Slovenia, 15 September 2020–15 May 2021

Source: COVID-19 Sledilnik, <https://covid-19.sledilnik.org/en/stats>.

“PRE-EXISTING MULTIDISCIPLINARY PRIMARY HEALTH CARE TEAMS ENABLED RAPID RESPONSES TO THE NEW PATIENTS’ NEEDS AND PROVIDED SURGE CAPACITY FOR THE NEW COVID-19-RELATED SERVICES.”

SUSTAINABILITY PROSPECTS AND NEXT STEPS

The development of strategies and national health plans giving priority to primary health care will continue with parallel investments in developing critical policy levers such as health care financing, the quality and safety of health care, competencies and training of the health care workforce, access to high-quality medicines, information solutions, governance and intersectoral action relevant to primary health care.

The National Health Care Plan 2016–2025, which gives priority to equal rights and access to health care services as two core values for the development of Slovenia's health system, will be further strengthened and adapted based on lessons learned from the pandemic (11). The plan includes three strategies: (1) strengthening disease prevention and early detection of risk factors and reducing health inequalities at the primary care level, (2) implementing health promotion in educational institutions, at the workplace and in local communities and (3) integrating the management of patients with chronic diseases and conditions.

The forthcoming national strategy on primary health care will further focus on developing institutional capacity and information solutions for primary health care governance, monitoring and evaluation of primary health care performance and continuous quality development.

Based on the previously assessed needs of the population and experience from the COVID pandemic, in the future special attention will be given to the mental health of the population by increasing the availability of mental health services in primary health care from 2021 on. A rapid increase in the number of mental health centres (as part of the community health centres) is planned (7) together with educating and employing more clinical psychologists. Health education programmes (as provided by health promotion centres) that were discontinued during the pandemic will be restarted.

Assuring appropriate balance between governance and management of the emergency response with that of the everyday health service delivery will also represent a challenge in the future and will be addressed most appropriately based on dialogue between key stakeholders, including patient, community and health worker representatives and policy-makers.

LESSONS LEARNED

- 1. The ability to quickly adapt and effectively operate the dual-track system has depended on effective collaboration between primary care and public health.**
- 2. The strong primary health care model of care, with its local integration of primary care and public health services, has been a vital shield for hospitals during the pandemic and conducive to protecting vulnerable and marginalized groups.**
- 3. To address the needs of vulnerable populations, rapid reconfiguration of health and social services is needed as part of an overall emergency response at the community level while building on existing and well-functioning service offerings.**
- 4. Maintenance of essential services to patients with chronic conditions was facilitated by ensuring safe access to services through establishing an effective dual-track approach.**
- 5. Health promotion and education programmes as well as multidisciplinary mental health services are a critical part of the essential health service offerings to safeguard the well-being and health of the population during and after the pandemic.**



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