COMPREHENSIVE PRIMARY HEALTH CARE
A FRAMEWORK FOR INTERPROFESSIONAL PRACTICE IN SOUTH AFRICA

Firdouza Waggie
Interprofessional Education Unit
Faculty of Community & Health Sciences
University of the Western Cape
Interprofessional Practice Framework?

What would work for UWC?

Would it improve the health outcomes of the country’s population?

Does it support the faculty’s ethos of HPE?

Would it address the competencies that our graduates require?

Does it address health equity and social justice?

Is it driven by the health needs of the population and the needs of the health system?
Background

- In 2010, National Department of Health launched a national primary health care (PHC) initiative to strengthen health promotion, disease prevention, and early disease detection.

- The strategy, called Re-engineering Primary Health Care (rPHC), aims to provide a preventive and health-promoting community-based PHC model.

- A key component of rPHC is the use of community-based outreach teams staffed by a team of health professionals.

- The ability for health professions to collaborate within a primary health care team is increasing being emphasised. (Pillay, D & Barron, P, 2012)

- Using a common framework for developing an interprofessional care plan is seen as an essential tool for effective interprofessional teamwork. (Bridges et al., 2011)
What is required?

- Interprofessional teams to respond to patient and population health needs effectively.
- Train professionals from different backgrounds collaboratively to facilitate change and to work collaboratively.
- Upskill those already in the field towards collaborative practice and teamwork (build capacity).
- Integrate IPE in undergraduate, postgraduate and continuing education curricula.
- Ensure new graduates enter health system equipped with IPE and Teamwork skills.
District Health System Model

**District/Sub-District Management Team**
- Contracted Private Providers

**Specialist Support Teams (Incl. Emergency Services)**
- District Hospital
- Community Health Centres

**District/SUB-District Management Team**
- Local Govt / DSB
- District Hospital
- Community Health Centres

**PHC Clinic**
- Doctor
- PHC Nurse
- Pharmacy Assistant
- Counselor

**PHC Outreach Team**
- PN (x 3)
- EN (1)
- CHW (x 6)

**Community Based Health Services**
- Households
- School Health
- Environmental Health
- Community Mobilisation
- Health Promotion

**Office of Standards Compliance**
Research: Purpose

To describe the formulation of an interprofessional care plan by a team of different professions through addressing the components of the Comprehensive Primary Health Care (CPHC) framework. Furthermore, to explore the perceptions and experiences of students using this framework to develop an interprofessional care plan.
Background

- The core interprofessional curriculum is based on the PHC approach. (ITLU review 2014).

- Students are familiar with the CPHC approach as they are exposed in first year (PHC) and second year (IHP) and third year (MHD) (Student FGD, 2013).

- The need to develop a common interprofessional care framework for interprofessional practice. (Waggie F & Laattoe N, 2014)

Action

Develop a common Interprofessional Care Plan
## Planning For Comprehensive PHC

<table>
<thead>
<tr>
<th></th>
<th>Rehabilitative</th>
<th>Curative</th>
<th>Preventive</th>
<th>Promotive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diarrhoea</td>
<td>Nutrition rehabilitation</td>
<td>Oral rehydration; Nutrition support</td>
<td>Education for personal and food hygiene; Breastfeeding; Measles immunisation</td>
<td>Water; Sanitation; Household food security; Improved child care</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>Nutrition rehabilitation</td>
<td>Chemotherapy</td>
<td>Immunisation</td>
<td>Nutrition; Housing; Clean air</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>Nutrition rehabilitation; Social rehabilitation</td>
<td>Chemotherapy; Nutrition support</td>
<td>Immunisation; Contact tracing</td>
<td>Nutrition; Dry, ventilated housing and workplaces</td>
</tr>
<tr>
<td>Cardiovascular Disease</td>
<td>Weight loss; Graded exercise; Stress control</td>
<td>Drug treatment; Supportive therapy</td>
<td>Nutrition education; Increased exercise; Treatment of hypertension; Smoking cessation</td>
<td>Nutrition policy; Tobacco control; Recreational facilities</td>
</tr>
</tbody>
</table>

*CPHC planning matrix developed by Prof David Sanders from the School of Public Health (UWC)*
# Interprofessional Care Plan Template

<table>
<thead>
<tr>
<th>CLIENT/ PATIENT / VULNERABLE GROUP/ HEALTH ISSUE</th>
<th>REHABILITATIVE</th>
<th>CURATIVE</th>
<th>PREVENTIVE</th>
<th>PROMOTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Briefly describe the issue and develop a priority list that must be addressed by the team.)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Aim**  
_(Discuss and identify the aim of the intervention.)_

**Objectives**  
_(Discuss and identify how you will achieve the aim.)_

**What?**  
_(What activities are planned for each objective)_

**Who?**  
_(Discuss and identify the team and their role.)_

**How?**  
_(Discuss and identify appropriate intervention)_

**When?**  
_(Discuss and identify logistics such as date, time and place)_
### Case Study

**Peter's Story**

Peter is a 76-year-old male who was diagnosed with Parkinson's disease approximately 5 years ago. He has been referred by his neurologist for a PT and OT consult. He lives in a two-story row home in South Philadelphia with his wife, Mary. Peter reports that he had a good understanding of his disease initially, but now feels confused. He has tried to stay active in order to maintain his level of function. He is very involved in the community and has many long time friends. He has been taking medication, Sinemet, for about 3 years and it has “helped tremendously.”

Peter states that his condition has been steadily worsening, especially over the last 6 months. When he was diagnosed 5 years ago, his right arm and leg seemed stiff and he had trouble moving them. Now he has more difficulty initiating his movements, especially in the morning and after he gets to the bottom or top of the stairs. He says, “I get stuck, and I just can’t move.” He also states that it has been taking him longer and longer to get to where he is going and he is often late for his community activities, such as attending church, meeting friends for breakfast, and playing cards. He reported falling twice within a week about 2 months ago, both times tripping over uneven sidewalks. Since then Mary suggested he carry a cane that she used after her hip replacement surgery ten years ago. He reports that he is “embarrassed” to use it.

He is experiencing increased shaking, and more recently has had some difficulty eating, holding cards, and keeping his buttons on the bingo cards. Two weeks ago when he was calling numbers for bingo, he pushed the wrong numbers several times and was very upset and embarrassed. His wife reports that he has always carried the bags for their grocery shopping, but recently he has had difficulty because he is “too tired.” Mary also reports that he has been getting extremely frustrated with his condition, and wonders if he is depressed, as he has been leaving the house less frequently.

**PMH:** BPH, GERD, dyslipidemia, hypertension, Parkinson’s disease (PD)

Current medications:
- terazosin 4mg PO daily
- omeprazole 20mg PO daily
- atorvastatin 10mg PO daily
- hydrochlorothiazide 25mg PO daily
- Sinemet (carbidopa/levodopa) 50/200 ER PO at 8am, noon, 3pm, and 7 pm
- Azilect (rasagiline) 0.5mg PO daily
- Comtan (entacapone) 200mg PO 4 times daily

### Case Study Table

<table>
<thead>
<tr>
<th>Case Study</th>
<th>Rehabilitative</th>
<th>Curative</th>
<th>Preventive</th>
<th>Proactive</th>
</tr>
</thead>
</table>
| History | Pain relief | Medication | Nutrition | |}
| Objectives | Pain relief | Medication | Nutrition | |}
| Peter’s Story | Pain relief | Medication | Nutrition | |}
| Peter’s Story | Pain relief | Medication | Nutrition | |}
How did we evaluate it?

- Aim: To explore the perceptions and experiences of students using the CPHC framework to develop an interprofessional care plan.
Methods

• The study employed the associative group analysis (AGA) process to collect the data.
• Data were collected immediately after the programme.
• Sixty six students from Nursing, Social Work, Occupational Therapy, Biokinetics and Natural Medicine participated in the study.
• The qualitative data was thematically analysed.
Example Question

• Think about the Comprehensive Primary Health Care (CPHC) planning framework that you were exposed to. Think how the CPHC approach to patient care contributed to your development as future health care professional.

• What comes to mind first?
• What else? ........
• What else? ........
• What else? ........
• What else? ........
Findings

• Holistic Care:
  • “Broaden my understanding & not to focus on only one aspect of patient/clients life but to address it holistically”
  • “Dealing with social determinants of health”
  • “To treat as well as prevent”
  • “To look beyond the patient…e.g. the community”
  • “Looking at the patient’s whole environment rather than at the patient only”.

• Better health for patients:
  • “Looking at the patient’s needs”
  • “Improving patients quality of life’

• Integrated management:
  • “How can we apply PHC, how can it be effective”
  • “Laid a good foundation”
  • “Provide continuous health care and support”
  • “Facilities to have all disciplines together”
• **Team work:**
  
  “Collaboration with other disciplines”
  
  “Work as an interdisciplinary team towards one goal”
  
  “To enhance my ability to work collaboratively within a professional health care group”

• **Role clarification:**
  
  “Learning what each profession does.”
  
  “Learning how I fit into the bigger picture”

• **There is so much we can do when we know about each other’s profession.**

• **Planning Framework:**
  
  “Like it, the framework needs more detail”
  
  “Feel more confident about working with other professions”

  “Gives me confidence cos I will know what to do when a patient walks through the door”

  “Gave insight”

• **Assess and treat correctly, helps us to prevent and promote health**
Conclusion from the study

• The overall perception and experience of the students were that the Comprehensive Primary Health Care (CPHC) framework is a useful tool when developing an interprofessional care plan.
What does it mean for the future?

The CPHC framework outlines a strategy which would assist interprofessional health care teams to respond more equitably, appropriately and effectively to basic health care needs and also address the underlying social, economic and political causes of poor health.

“Together we can make a difference through Interprofessional education for health and social justice”

Prof José Frantz, 2015
Recommendations

1. Pilot it with students in the clinical and community setting.
2. A Delphi study to get input from international and local experts in the IPE field.
3. A scoping or systematic review on all interprofessional collaborative practice templates used globally and in South Africa.
4. Refine the current template to include the above.
5. Research the usability and reliability of the template and as an assessment tool.
any questions?
References:

3. Pillay, D & Barron, P, 2012. This paper draws upon and summarises a document distributed to the provinces by the National DoH in September, 2012. “Provincial Guidelines For The Implementation Of The Three Streams Of PHC Re-Engineering”