A New Primary Care Model for the Guatemalan Health System: Training Providers (Doctors & Nurses) in Practice

Jennifer L Hoock MD, MPH in collaboration with Juan Carlos Verdugo and the **Instituto de Salud Incluyentes (ISIS)**

9/16/20 4:25-5:10 PM

1

Conflicts of Interest & Affiliations

- Conflicts of interest
  - None of us will benefit in any way from the sharing of this except perhaps to recruit colleagues to help make this a reality and substantially improve the health of the Guatemalan people from which we would all draw satisfaction
- Funding of my time for this work
  - Kaiser Permanente of Washington Sabbatical
  - Fulbright US Scholars Program
- Co-presenters all work for Instituto de Salud Incluyentes and are authors of the Manuals from which I learned about the MIS system
  - Referenced on next slide
  - Source of diagrams

2

Acknowledgements & Attributions

Instituto de Salud Incluyentes

Juan Carlos Verdugo
Carmen Arriaga
Zully Hernández
Juana Milián
Gustavo Molina
Donato Carney
Cristian Osorio
Lidia Morales
Gustavo Estrada
Raquel Diaz

El camino a la transformación del sistema público de salud

- Plan Maestro Nacional de la red de atención en salud; Completando la espiral
  Guatemala 2020-2030
- Serie: Hacia una reforma de salud integral e incluyente

Primera Edición:
- Guatemala, septiembre 2019
- ISBN: 978-9929-772-43-4

Elaborado por:
- Instituto de Salud Incluyente – ISIS

3

Supporting Network – Medicus Mundi International

- A network of organizations working in the field of international health cooperation and global health to promote access to health and health care as a fundamental human right and supports the efforts undertaken in this respect by its members.
- An international NGO, Medicus Mundi International is a non-state actor in official relations with the World Health Organization.

- Health for All
  - **Universal Health Coverage**
  - **Strong National Health Systems**
  - **Policies that address the social and political determinants of health**
  - **Linking the local and national with the global level**
  - **Policies and practices based on evidence**
  - **Role of international health cooperation to achieve above**

4

Learning Objectives

After this session the participant will be able to…

- Describe a comprehensive model and plan for implementation of a primary-care based health system created and piloted in a developing country, Guatemala.
- Participate in development of a strategy for training of existing care providers and adapting to local primary care practice and teaching needs as a step toward implementation of traditional family medicine residency training.
- Provide feedback and discuss a training curriculum in primary care developed for doctors and nurses in practice based on the principles of family medicine.

5

Knowledge Gaps

- Many countries (including our own) lack an integrated system of primary care staffed by adequately trained physicians and professional nurses able to provide quality accessible care to all members of their population.
- **Guatemala** is a prime example with some of the worst health outcome and health system statistics of all the Americas.
- Components needed to address this deficit range from the
  - commitment to healthcare as a right for all
  - **development of effective low resource models for health systems (MIS)**
  - training providers to work in these systems (my work)

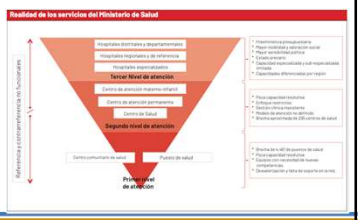
6

Knowledge Gaps, cont.

- **Family physicians** have been working through **WONCA** on global development of family medicine for some time, change in healthcare systems which integrate these well-trained primary care providers has lagged behind
- **WHO, now in collaboration with the WONCA**, has committed to primary care and specifically family medicine as key to addressing our renewed commitment to healthcare as a right
- But, we lack **models for integrating family medicine trained healthcare professionals into existing public health systems**, and **for training** not just new family medicine residents, but also physicians and advance practice nurses currently in practice who can most rapidly implement changes in care.

7

The DREAM



The REALITY

8

Modelo Incluyetes de Salud (MIS)
Inclusive Model of Health

A **comprehensive** and **inclusive** public health system, building **universal access** to health

9

Defining Terms – Language & System Difference

- Comprehensive (Integral) –meeting all healthcare needs of patients
- Inclusive (Incluyentes) – includes all the people, families & communities
- Integrated (Atención Integral) – integrated across the 3 levels of care system and the traditional healthcare (Terapéuticas Mayas) of the villages
- Longitudinal (Continuidad) – know patients, families and communities over time and location (village, health post, health center)
- Continuity (Logitudinalidad) – across caregivers and levels of the system
- Traditional Healers (Terapauticas Mayas) – Mayan ancestral healers using plant and spirit based treatments for conditions often not defined in western medicine
- Popular Healers (Curanderos) – lay healers who diagnose & prescribe using a combination of home remedies and OTC western medications

10

Putting them in MIS Context – Three Health Programs

- Community Healthcare (PCOS)
  - Focused on the promotion of health in the community
  - Where you can transform the social determinants of health to improve opportunities and reduce risk
  - Includes preventive actions aimed at reducing community health risk (e.g. dengue prevention by cleaning up the community and providing education)
  - High touch, low tech
- Family Healthcare (PFAS)
  - Focused on health prevention working to reduce health risks
  - Locus of rehabilitation and palliative care
  - Potentiates preventive work by providing monitoring and encouragement
  - Where the social determinants of health manifest and can be identified as risks

11

Putting them in MIS Context – Three Health Programs

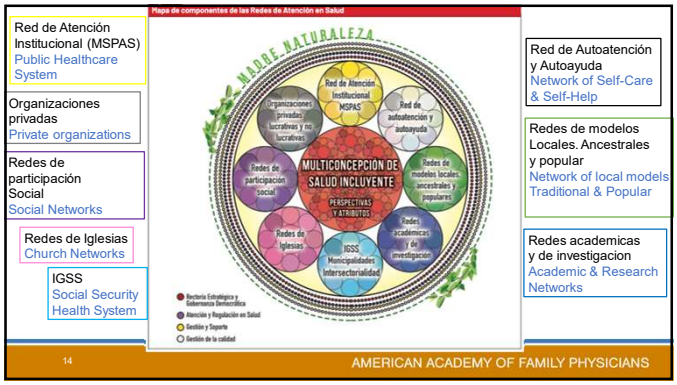
- Individual Healthcare (PIAS)
  - Focused on diagnosis & treatment, prevention, rehabilitation, and palliative care
  - Individual health has implications for health of the family due to stress and the impact of seeking and implementing care recommendations
  - Recognizes that individual is multi-dimensional with a combination of characteristic energy, spirit, psyche, ideologies, biology, culture, society, economics and politics
  - Their decisions are affected by their family, community and relationship with Mother Nature
  - Culture and community provide context for the individual and their health beliefs, practices and expectations.

12

Modelo de Salud Incluyentes (MIS): A model healthcare system for Guatemala

- What is MIS?
  - A new model of management and care for the Ministry of Health that serves everyone equally
- Components
  - Focus on Primary Care
  - Values of inclusion, universal access, integration,
  - Care at the First Level – in communities, led by professional nurses
  - Second Level – Management and Patient Care by family doctors
  - A system organized in levels with an institutional network of care
  - Territorially based system based on population and needs

13



14

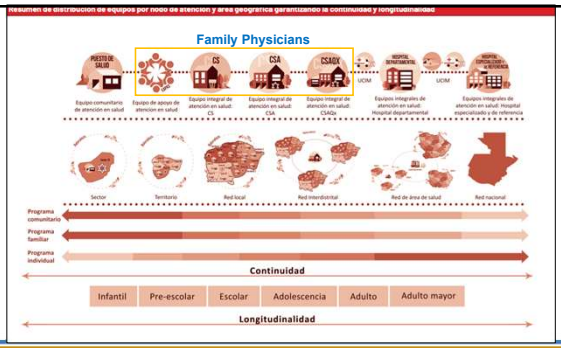
Components of the First Level of Care/Primary Care

- **Health Post** (with **E**quipo **C**omunitario de Atención en **S**alud /ECOS)
  - Serves a Health Sector (1250 people in 2 or more communities < 1 hr apart by foot)
  - Provides "first contact" for **individual care** (M-F 8a-4p)
  - Staffed by 2-3 community-based Auxillary Nurses (MA) supervised by a Professional Nurse (RN) from the EAPAS based at Health Center
  - Medical Student Interns – for 6 months sometimes
  - Nurses rotate between working on the 3 programs so know all of them
  - Focus on prevention but also provide basic care and triage
  - Collect **community health data** for monitoring health care and outcomes
  - Complete a **home visit to every family** in all their communities annually
    - Rank families based on risks and need for services
    - Inform EAPAS team members where care is needed
  - Guarantee longitidunality of care over time and location
  - Provide continuity between the 3 health programs
  - Are the point of contact for the MOH for initiatives/programs

16

Puesto de Salud/Health Post in Tectitan, Huehuetenango

17



15

Components of the First Level of Care/Primary Care

- Support Team for Healthcare (Equipo de **A**poyo de **A**tención en **S**alud/**EAPAS**)
  - Based at Health Center with weekly visits to each Health Post
  - Cover a territory (≥ 4 sectors) – 10,000 people
  - Provides 2nd contact by following up on assessment of nurses in Health Post
  - Team includes
    - Technician in Community Health (PCOS) and Data Manager
    - Social Worker (PFAS)
    - **Doctor of Families & Communities** (theoretical at this point) (PIAS)
      - Currently this role is fulfilled by a professional nurse (like an LPN)
  - Responsible for supervision of data collection, analysis and program planning w/ Health Post
  - Provide second level consults by accompanying nurses to homes
  - Train Auxillary Nurses in clinical care, data collection, healthcare planning

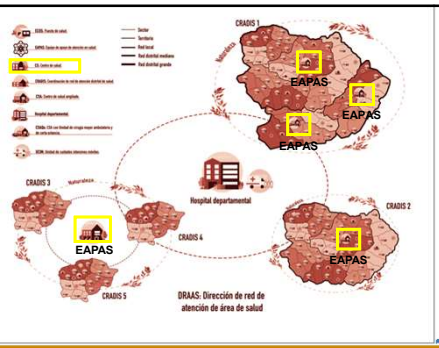
18

Components of the First Level of Care/Primary Care

- **Health Center** (Centro de Salud/**CS**)
  - 3rd contact for population its manages, and 1st contact for emergencies & complicated patients focused on the individual (PIAS)
  - Responsible for the continuity between Health Post and the hospital
  - Outpatient consults – complex medical, OB/gyn, Peds
  - Labor & Delivery, Short stay pediatrics
  - Facilities lab, L&D, ER bay (no xray), Operating room for C-sections sometimes
  - Staff includes
    - Social Worker (PFAS) & Psychologist
    - Physical Therapist & Nutritionist
    - Professional & Advanced Practice Nurses
    - **GPs – should be Doctor of Families & Communities** (some from Cuba)
    - Residents in Peds, OB/GYN (for 1-2 yrs)
  - Also are **CSA** (with Gen Surg, ERs & inpatient care) & **CSAux** (ambulatory surgery)

19

22



20

Model for Training Clinical Providers

Includes both **Doctors & Nurses** (professional/advance practice)

For those **in practice** and **just graduating** medical school

23

Pilot in Cuilco, Huehuetenango

Implementation of the FIRST level of MIS from Health Post to Health Center

21

Training Plan for MIS Providers – Doctors/Nurses

- Themes
  - Family and community health
  - Patient care (Individual health)
  - Emphasis on nutrition
  - For the primary (health center) and secondary levels (local hospital) of care
  - Comprehensive and inclusive health care and surveillance (screening)
  - Population health regulation, surveillance and control
- Training Programs
  - On site training for Medicos (GPs) in practice and Professional Nurses
  - Formal training in Family Medicine residency for new doctors
  - Classroom training for Medical Students (exists at Landivar University)

24

Training for MIS Providers – Doctors/Nurses

- Values and Attitudes
  - Integrated (traditional & western) and inclusive
  - Personalized care
  - Multi-dimensional focus (including all factors that influence health in the context of nature)
  - Formation of a Medical Home
  - Emphasis on Screening and Prevention (not disease-focused)
  - Focus on detection of Nutritional problems with adequate management
  - Guarantee of care that is longitudinal (across time/location) and continuous (across levels/disciplines)
  - Quality clinical management
  - Individual care linked to both family and community care
- Structure
  - 2 years in 4 modules each with 2 face-to-face sessions

25

MIS Training Content Plan

Content	Medicos/Doctors	Enfermeras/Nurses
OVERALL	"Diagnose & Treat"	"Classify & Care For"
MIS Model	Approach to managing health problems at the community, family and individual level in an integrated and inclusive manner using a care team	
Prevention & Detection	Plan implementation protocols	Implement protocols & followup
Care of Individual Patients with emphasis on nutrition	Diagnosis & Treatment of illness prevelant at the primary & secondary levels	Care & Followup for illness from the clinic to the community, family & individual
Rehabilitation	Lead team (EAPAS) to make Therapeutic Plan	Implement Therapeutic plan & support compliance with family, Health Post staff
Focus on Priority Groups*	Increase Dx & Rx	Improve care & followup
Supervision &Training	Health Center	Health Post staff and operations
Quality/Evidence-Base Care	Interpret local health data & use in health service planning	Analyze data collected by Health Post & supervise collection

* Priority groups – Malnourished, Infected, Pregnant/postpartum, Chronic disease,

26

Needs Assessment Structure

- Key Informant Interviews
  - CS Medical Director, Nursing Director, Nurse Manager, 4 GPs, 2 OB/1Peds residents, 2 Cuban Family Doctors
- Questionnaire about skills & knowledge
  - Based on competencies defined by MIS Training Plan
- Site visits with Observation of Practice
  - Spent several days following providers around to see what they do when they see patients
  - Plan was to do more of this, but then there was COVID-19
  - This will be an ongoing part of education/feedback loop so we can adjust training as we go

27

Needs Assessment Results -Themes

- Gaps
  - Leadership
  - Medical staff
- Openness to Training
- Identified Skills

28

Themes & Content of the Training Pilot

- MIS Model
  - Overall plan for individual care, family care and community care
  - Roles of Health Health Post vs Health Center in overall care system
  - What is the EAPAS team and how can they support patient care plan
  - Health data at community, family and individual level: what exists & how to use it
  - Integration of care across disciplines and continuity across levels
- Therapeutic Relationship
  - Respect for patients, colleagues and yourself => Training abuses, Racism/Genderism
  - Empathy and human connection => Non verbal communication, Active Listening
  - Clinical use of relationship => Shared Decision Making, Motivational Interviewing
  - Knowing the patient and context of life circumstances/family/community
  - Health team leadership and

29

Themes & Content of the Training Pilot, cont.

- Mental Health
  - Diagnosis & Primary treatment of depression & anxiety with medications
  - Brief counseling interventions for acute events & collaboration with local care resources
  - Identification of complex mental health illness, referral for Dx, coordination of Rx plan
  - Understand impact of mental illness on physical health, family & community
- Evidence-based Clinical Care
  - Importance of evidence-based diagnosis and treatment
  - Accessing the evidence for use a point of care – online resources, practice protocols
  - How to incorporate evidence in clinical decision making at the point of care
  - Talking to patients about evidence & using it in shared decision making

30

Themes & Content of the Training Pilot, cont.

- Procedure Training
  - Sterile technique
  - Gyn procedures (IUD, Hormone implant, Endometrial biopsy, Colposcopy)
  - ER procedures (complex laceration repair, FAST ultrasound, resuscitation/ACLS)
  - OB procedures (shoulder dystocia, postpartum hemorrhage, etc/ALSO)
  - Office procedures (I&D, skin biopsy, skin lesion removal, cyst removal)
  - Followup care & pathology
- Other?

31

Structure of Training

- Conferences/Workshops (knowledge)
  - Concentrated didactic/interactive training (1-2 days over a weekend with pay)
  - Covering themes identified by clinic leaders, clinicians, MIS staff
  - Including joint physician/nurse sessions and separate role focused sessions
  - Taught by multidisciplinary team including members of MIS staff, clinical staff, experts
- Individual Observation & Feedback (behavior)
  - Weeklong visitation with one day per physician or nurse to walk through all daily activities
  - Family physician walking beside provider to serve as a resource, give formative feedback
  - Focus on clinical care: quality of care, use of evidence, provider-patient interactions
- Mentorship (attitudes)
  - Ongoing relationship by email/What App with Family Physician in US/?Spain
  - Monthly conversations about patient care dilemmas & experiences
  - Clinical consults within the time of patient care decision-making (precepting)

32

Issues for Consideration

- Conceptualization of Family Medicine
  - US care based on the unit of the patient
    - FP see **individuals** in context of family/community and may care for multiple family members depending on insurance/logistic limitations
  - Guatemala care currently is based on the patient, but…
    - MIS is based care for the unit of **individual, family and community** with the goal to promote health for that entity
- Providers of Continuity
  - US family **doctors** provide continuity over time and to some extent location of care
  - Guatemala **community nurses** (with 1 yr medical training/8th grade education) who live in the community are the providers of continuity; public primary care doctors don't have a panel

33

Issues for Consideration

- Length of Training
  - US training post HS
    - ARNP-6 yrs; DNP-7-8 yrs
    - Family Doctor (11 yrs)
  - Guatemalan training
    - Technical nurse (Enf Prof) 4 yrs; Licensed Nurse 6 yrs (BA)
    - GP (Medico) 7yrs ;Family Doctor (10 yrs)
- Provider Salaries/Cost to Health System
  - US salaries
    - ARNP - $100K
    - GP – (few now); Family Doctor -$200,000
  - Guatemalan Salaries
    - Licensed nurse/NP $17K
    - GP – $24-32K annually; Pediatrician $36K, Internist $50K

http://www.salaryexplorer.com/salary-survey.php?loc=89&loctype=1&job=2&jobtype=1

34

DISCUSSION

Comments, clarfications, ideas…..

35

36

37

Macroprocesses of the MIS Model

- Governance (Gobernanza) - strategic and democratic
- Clinical Care (Atención Integral & Incluyentes) - Comprehensive and Inclusive clinical care is the work MSPAS (Ministry of Public Health and Social Assistance), the RASI for MIS
- Regulation, Screening and Management (Regulación,Vigilancia y Control) – work of MSPAS to determine policies and their execution, maintain a screening and health prevention program and
- Gestation & Support (Gestación/GESE) – development & training for the staff at every level
- Quality (Calidad) – development of mechanisms to assure that all care given is the highest quality

38