Primary Care (PC) and Primary Health Care (PHC)

What is the Difference?

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Primary Care and Primary Health Care are very similar terms which are often employed interchangeably, but which are also used to denote quite different concepts. Much time and energy is spent discussing which term is the appropriate one for a particular application. There is a growing recognition internationally that the two terms describe two quite distinct entities. Recent Canadian uses of the two terms are, for the most part, consistent with the international uses. Primary Care, the shorter term, describes a narrower concept of “family doctor-type” services delivered to individuals. Primary Health Care is a broader term which derives from core principles articulated by the World Health Organization and which describes an approach to health policy and service provision that includes both services delivered to individuals (Primary Care services) and population-level “public health-type” functions.

MeSH terms: Primary care; primary health care; primary healthcare

RÉSUMÉ

« Soins primaires » et « soins de santé primaires » sont des expressions très semblables que l’on emploie souvent de façon interchangeable, mais qui peuvent aussi désigner des notions assez différentes. On consacre parfois beaucoup de temps et d’énergie à discuter de l’expression appropriée dans tel ou tel contexte. Partout dans le monde, on commence à reconnaître qu’elles décrivent deux entités bien distinctes. Les emplois récents de ces deux expressions au Canada sont, pour la plupart, conformés à leurs emplois ailleurs dans le monde. La plus courte des deux, « soins primaires », a un sens restreint et désigne les services comme ceux fournis par les médecins de famille à des particuliers. L’expression « soins de santé primaires » a un sens plus large qui découle des principes de base énoncés par l’Organisation mondiale de la santé ; elle désigne une approche des politiques sanitaires et de la prestation de services qui englobe à la fois les services aux particuliers (les services de soins de première ligne) et les fonctions de « santé publique » qui s’adressent à des populations entières.

ABSTRACT

The terms Primary Care (PC) and Primary Health Care (PHC) are similar terms which are often used interchangeably, but are also used to describe two very different concepts. The World Health Organization, which brought discussion of Primary Health Care into the forefront with its 1978 Declaration of Alma Ata, has recently acknowledged that confusion exists in the definition of the term and in its use:

“No uniform, universally applicable definition of primary health care exists. Ambiguities were present in the Alma-Ata document, in which the concept was discussed as both a level of care and an overall approach to health policy and service provision. In high-income and middle-income countries, primary health care is mainly understood to be the first level of care. In low-income countries where significant challenges in access to health care persist, it is seen more as a system-wide strategy.”1

Awofeso points out that the term “primary care” is more widely used in the literature of developed countries than “primary health care”, which is favoured in developing countries. He also points out that in some places “primary care” indicates “family doctor-type services”, while “primary health care” includes individual patient care and public health functions.

The following definitions of PC and PHC, most based on Canadian reports, contain a certain level of consistency that may help to settle this question in the Canadian context. Phrases that appear to be common to all definitions are italicized.

DEFINITIONS OF PRIMARY HEALTH CARE

1. World Health Organization 1978 Declaration of Alma Ata

Primary Health Care is essential health care made universally accessible to individuals and families in the community by means acceptable to them and at a cost that the community and country can afford. It forms an integral part both of the country’s health care system, of which it is the nucleus, and of the overall social and economic development of the community. It is the first contact of individuals, family and the community with the national health care system, bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing
health care process. PHC addresses the main health problems of the community, providing promotive, preventive, curative, supportive and rehabilitative services accordingly.5

2. Ontario Health Services Restructuring Commission, Primary Health Care Strategy (OHSSRC), 1999a
The first level of care and usually the first point of contact that people have with the health care system. PHC supports individuals and families to make the best decisions for their health. It includes advice on health promotion and disease prevention, health assessments, diagnosis and treatment of episodic and chronic conditions and supportive and rehabilitative care. Services are coordinated, accessible to all consumers and are provided by health care professionals who have the right skills to meet the needs of individuals and the communities being served. These professionals work in partnership with consumers and facilitate their use of other health-related services when needed.6

3. Commission on the Future of Health Care in Canada (“Romanow”), 20025
Primary Health Care is made up of the following diverse and complex components:
• It combines high-quality medical, nursing and other health care services with disease prevention and health education programs;
• Services are provided not only to individuals, but also to communities as a whole, including public health programs that deal with epidemics, improve water or air quality, or health promotion programs designed to reduce risks related to tobacco, alcohol and substance abuse;
• Services are organized so that they address the needs and characteristics of the population that is served – either a group of people living in a defined location (territorial approach) or a group of people who belong to a particular social or cultural group (population approach);
• Teamwork and interdisciplinary collaboration are expected from health care providers either working in primary health care organizations or participating in networks of providers;
• Services are available 24 hours a day, 7 days a week;
• Decision making is decentralized to community-based organizations to ensure that services are adapted to the needs and characteristics of the population served and that communities can be mobilized around health objectives that directly affect their community.

The overall aim of primary health care is to significantly increase the importance of the first line of care and those who deliver these “first contact” services. In effect, primary health care is the “central focus and main function” of the health care system (WHO, 1978).

There are a number of benefits of primary health care:
• More coordinated care
• Better quality of care
• Better use of resources.5

4. Canadian Health Services Research Foundation (CHSRF), 2003b
PHC is defined as a set of universally accessible first-level services that promote health, prevent disease, and provide diagnostic, curative, rehabilitative, supportive and palliative services.6

5. Health Canada (HC)d
Primary health care refers to an approach to health and a spectrum of services beyond the traditional health care system. It includes all services that play a part in health, such as income, housing, education, and environment. Primary care is the element within primary health care that focuses on health care services, including health promotion, illness and injury prevention, and the diagnosis and treatment of illness and injury.7

DEFINITIONS OF PRIMARY CARE

1. Institute of Medicine (IOM)
Committee on the Future of Primary Care, 19968
The provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of the family and the community.7

2. Barbara Starfield, 1998b
Primary Care is “that level of a health service system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care provided elsewhere by others.”9

Features common to all definitions:
In the definitions above, commonalities are noted in italics. They are:
1. First Contact Care (except IOM)
2. Accessibility
3. comprehensiveness
4. Coordination of care.

Features of PHC not found in most PC definitions:
1. Essential services/Universal accessibility (WHO, CHSRF, OHSSRC)
2. Nucleus of country’s health care system (WHO, Romanow)
3. Integral part of overall social and economic development of the country (WHO)
4. Provided at a cost the community and country can afford/better use of resources (WHO, Romanow)
5. Brings health care as close as possible to where people live and work (WHO)
6. Services provided to community as a whole (Romanow)
7. Services organized and adapted to needs of population served (Romanow)
8. High-quality services (Romanow)
9. Teamwork and interdisciplinary collaboration (Romanow)
10. Services decentralized to community-based organizations (Romanow)
11. Provided by health care professionals who have the right skills to meet the needs of individuals and the communities being served (OHSRC).

Features of PC not found in PHC definitions:
1. Person-focused (not disease-oriented) care (Starfield)
2. Care over time (Starfield)
3. Sustained partnership with patients (IOM).

Comparing the similarities and differences in the definitions of the terms “PC” and “PHC”, we note that the term Primary Care (PC) generally describes the “family doctor-type” services provided to individuals (Starfield, IOM). The “PC”
definitions do not contain any reference to system-level functions, such as universal access, public participation, or appropriate use of resources. On the other hand, many of the definitions of Primary Health Care (PHC) describe an “approach to health policy and services provision” which has as a defining characteristic the relationship between patient care and public health functions. Three PHC definitions (WHO, Romanow, and HC) describe an ideology which includes in its activities the functions of PC but which is based on the following “core” principles articulated by the WHO:

- Universal access to care and coverage on the basis of need;
- Commitment to health equity as part of development oriented to social justice;
- Community participation in defining and implementing health agendas;
- Intersectoral approaches to health.

In Canada, there is common acceptance for the notion that there is a distinction between PC and PHC. However, as the above definitions demonstrate, while the term “PC” is consistently defined, there is still heterogeneity in the use of the term “PHC”. Much debate occurs whenever the question of the use of the terms “PC” versus “PHC” arises, rarely reaching consensus. We propose that in future discussions and reports, the term “Primary Care” be used to refer to “family doctor-type” services delivered to individuals. The term “Primary Health Care” should be reserved to describe an approach to health policy and service provision which includes all services delivered to individuals and population-level “public health-type” functions and which derives from core principles articulated by the World Health Organization. It is unfortunate that the two terms are so similar, as they clearly refer to two very different concepts. Fortunately, the “longer” term (Primary Health Care) refers to the broader concept.

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