Components of primary care

1) Continuity
Continuity is one of the fundamental components of PHC which means that the care is not one time and fragmented but continues as long as the patient needs.

The benefits of continuity include:-
- 1- better knowledge and trust that develops between a patient and PHC provider
- 2- higher rates of adherence to prescriptions
- 3- better recognition of medical problems
- 4- patient and provider satisfaction
- 5- fewer emergency department visits and hospitalizations and improved control of chronic diseases.

But continuity does not always mean better care quality because it is not only the length of time and the number of visits that matter.

Studies have shown that the interpersonal continuity is more important, i.e. the trust and relationship that develops between the patient and the care provider. Therefore higher continuity without greater trust may not have positive benefits.

2) Coordination
Primary health care may be provided by different care providers and in different locations. General practitioners, private physicians, specialists, nurses can all provide primary health care to the same person and this can happen in primary health centers, private or public clinics.

In countries where GP system or family doctor systems are in place, these doctors may know everything about their patient.
But even in these circumstances patients may be seen by different doctors, GPs, specialists and in different institutions. If there is no coordination, the care will be fragmented.

It is the responsibility of the primary care provider to coordinate these efforts. This coordination may be quite difficult. Establishment of care management teams in care provision localities is one way of improving this coordination. These teams will be responsible to coordinate the care of the patient at hospital, community and family level. Even such formal systems are absent; effort must be made to improve coordination of care through improved communication among different care providers.
3) Comprehensiveness
Effective primary health care requires a comprehensive approach to the patient, an approach that looks at the patient as a whole rather than focusing on an individual disease or organ system.
Primary health care providers need to look after all aspects of the individual’s life that is relevant to health.
For example providing primary health care to an individual may require attention to:
- his vaccination history
- socioeconomic status
- dietary advice
- health education
- specific medications
- family situation etc.
merely providing medications to a patient is not comprehensive primary care.
So effective primary health care requires comprehensive management of all of the patients’ health-related care needs in a coordinated and continuous way.

Primary health care services:

In the context of the Iraqi system, the primary health care is mainly provided in the primary health care centers under the departments of health. Emergency hospitals, private doctors, paramedics, traditional healers also may be the first point of contact of patients. There is no coordination between these providers. Continuity is also a problem in case management. In the PHC centers there are efforts to ensure continuity and comprehensiveness in certain services such as immunization and child and maternal health care.
In the PHC centers the all or some of the following services are provided:

1. General consultation: treatment of common diseases and injuries
2. Dental care
3. Pharmacy providing essential drugs
4. Basic laboratory and radiology services
5. School health program
7. Antenatal care: follow up of pregnant women until delivery
8. Child growth monitoring and malnutrition control for children under 5 years
9. Child diarrhea control
10. Control of communicable diseases
11. Health education
12. Monitoring environmental health
13. Monitoring food safety

Secondary care :-
Secondary care is concerned with provision of specialist health services usually provided in hospitals. Individual secondary care is usually more complicated and requires more expensive diagnostic and treatment technologies. These services are concentrated in hospitals in order to maximize the efficient use of costly equipment and expertise.

Tertiary care:-
With the further sophistication of medical technology, a three level of disease management has evolved in which highly specialist care is provided at regional or national levels. Tertiary care services include cardiac surgery, neonatal intensive care, neurosurgery, renal transplantation and cancer management.