

Primary Care in Israel: Recommendations of the National Council for Health in the Community

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Primary care is a central component of any good and efficient health system. In the modern world, where specialization in medicine prevails, only a physician with a holistic approach, who sees a patient and not a disease in an organ, is the true answer for community medicine. Human health is a complex entity in which – alongside the organic aspect – exist also psychological, social and environmental aspects. Besides treating patients' medical problems, preventive medicine, health promotion and rehabilitation are essential. Therefore, only the primary physician can cope with this battery of aspects of medical care.

In an effort to promote primary care in Israel, we recently proposed several recommendations to the Minister of Health:

The personal primary care physician

- From the year 2003, every member of a sick fund must be assigned a personal primary care physician.
- Starting on 1 January 2004, only physicians or internists specializing in areas defined as relating to the personal primary physician will be employed by the sick funds.
- All physicians employed by the sick funds as personal primary physicians who are not specialists in one of the areas defined as relating to the personal primary physician will be required to take part in and complete a course recognized by the Ministry of Health and Scientific Council.
- Starting on 1 January 2007, the sick funds will employ as personal primary physicians only specialist physicians, internists, or graduates of the aforementioned course.

To insure that each member of the sick fund has freedom of choice, we suggest using the Danish Health Bill as a guideline. Members of the Danish Sick Fund have the option of approaching specialists directly, for a higher fee. It is of cardinal importance that a patient who is referred by his personal primary physician to a specialist not be required to pay any additional fee. However a patient who is interested in directly approaching will be required to pay "Cost Sharing."

It is also most important that the Ministry of Health and the Scientific Council of the Physicians Union agree to initiate a 6

month specialization period for internists in internal medicine and pediatric medicine, to take place in community sick fund clinics.

Nurses in Primary Care

Primary healthcare is first and foremost a team effort, in which the nurse plays a central role. All over the world the concept of Disease Management is evolving. In management of diseases such as cardiac insufficiency, hypertension, asthma and diabetes, the nurse plays an important and central role alongside the physician. The nurse's role is central also in cases of acute care of various diseases. This process cannot be halted, but it should be advanced with caution. Therefore, regulations should be set in place allocating more responsibility to nurses in small communities – "rural nurses."

Activities the rural nurse is permitted to perform

- Nurses in small communities with no pharmacist should be permitted to distribute medicine.
- Nurses functioning in small isolated communities should be granted authority in three specific cases:
 - i. Emergency treatment
 - ii. Chronic disease management in communities where no physician is available, or treatment administered in the patient's home, such as:
 - a) Management of chronic medication as directed by the patient's physician.
 - b) Dietary recommendations
 - c) Physical therapy recommendations
 - d) Referral to the emergency room
 - e) Scheduling standard tests
 - Blood tests such as diabetes tests, blood count, electrolytes, and the level of medications in the blood
 - Urinalysis – general and cultures
 - Fecal tests for occult blood and parasites
 - Throat culture
 - Wound cultures

iii. Assistance in acute situations, as follows:

- a) Referral to the emergency room
- b) Administration of antibiotics in the following cases:
 - Throat infections
 - Infections of the respiratory tract
 - Bladder infections
 - Standard skin and soft tissue afflictions

Here the concept is not simply to allot more authority to a particular nurse, but rather a recognition of the certification of "Rural Nurse" (nurses in isolated communities), which will require defined capabilities, and authority will be granted only to nurses meeting the criteria.

National standards for and regulation of clinics

Another important aspect is that all clinics (also private clinics) function according to one standard. Therefore we recommend that the Minister of Health include in the National

Health Regulations the standards required for the function of health clinics, in accordance with the principles put forth in Paragraph 1.

Since the sick fund clinics are closed in the evening and at night, the various health services are available to the public for only 12 hours. Hence, the importance of the recommendation that the Minister of Health adopt the recommendations put forth by the Council for Community Health with regard to sick fund after-office hours medical service.

Obviously it will be necessary for the Ministry of Health to set up a unit to oversee clinic function, which will be according to the principles set down by the Council.

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