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EDITORIAL

Primary care and outpatient rehabilitation: complementary approaches for comprehensive healthcare

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The World Health Organization (WHO) recently released an important document synthesizing experiences and research on primary care (PC) from various countries.[1] This document will guide governments, stakeholders, and healthcare professionals in developing PC activities and services. In this issue of the European Journal of Physical and Rehabilitation Medicine, the Physical and Rehabilitation Medicine (PRM) Section of the European Union of Medical Specialists (UEMS) publishes the position statement on PRM for outpatients.[2] While focused on different aspects of healthcare delivery, these two documents highlight complementary approaches crucial for comprehensive, accessible, and effective healthcare systems.

The WHO document rightly emphasizes the importance of PC services in providing health protection close to populations and their needs.[1] It promotes the concept of Primary Health Care (PHC), which integrates PC services with specialist skills and the potential of national healthcare systems. This integration aims to overcome the "silo" mentality often prevalent in specialist services, fostering bidirectional communication between community-level interventions and more specialized experiences and skills.

However, we believe that the WHO document should better address several critical areas. Most notably, it fails to utilize the International Classification of Functioning, Disability and Health (ICF) and the concept of functioning as necessary references for health assessment.[3] The ICF is the WHO framework for measuring health and disability at both individual and population levels. This oversight is significant, as the ICF provides a comprehensive framework for describing health and health-related states, which is essential for a holistic approach to healthcare. A revised WHO document should incorporate these crucial concepts into the working methodologies for an effective PHC system in every country.

Furthermore, the WHO document[1] dedicates substantial space to regulatory and organizational aspects but does not adequately address the central issue of the population health conditions that PC and PHC should target. It also requires more precise definitions of the contents and functions of PC and PHC, which are essential for effective implementation and evaluation. Moreover, it overlooks crucial WHO documents such as "Rehabilitation 2030: A Call for Action" and the recent World Health Assembly recommendations on chronic diseases and disability.[4, 5]

The UEMS PRM Section's position statement on outpatient rehabilitation[2] addresses some of these gaps, particularly in the context of rehabilitation services. It emphasizes the critical role of PRM in primary healthcare, highlight-

ing its unique position in addressing the care of individuals coping with various types of disabilities. The statement underscores the importance of integrating biomedical clinical problems with community social, relational, and contextual life issues. The position statement outlines several critical principles for outpatient PRM, including adherence to the ICF, the relevance of the Individual Rehabilitation Project (IRP),[6] and a holistic, patient-centered approach. It also emphasizes the importance of validated assessment measures and the leadership role of PRM physicians in multi-professional rehabilitation teams.

Both documents, the WHO document[1] and the UEMS PRM Section's position statement,[2] recognize the value of community-based interventions in providing timely, accessible, and cost-effective healthcare. However, the UEMS PRM position statement specifies outpatient settings, including day rehabilitation, home-based programs, and outpatient clinics. It delineates the comprehensive role of PRM physicians in these settings, encompassing clinical assessment, treatment planning, medical management, supervision, education, and advocacy.

The UEMS PRM Section position statement's focus on chronic conditions and disability addresses a significant gap in the WHO document. As populations age and medical care improves survival rates, the burden of chronic diseases and disabilities is increasing globally. As defined by the ICF, the PRM's emphasis on functioning provides a crucial perspective that complements the traditional biomedical approach often dominant in PC settings. This focus on functioning is a critical element that should be added to the WHO document, which, if incorporated, could significantly enhance the effectiveness of PHC systems.

Integrating PC/PHC and outpatient rehabilitation services could address many challenges facing healthcare systems today. By combining primary care's community-based, first-contact nature with the specialized, function-oriented approach of PRM, healthcare systems could provide more comprehensive, continuous, and personalized care to individuals with chronic conditions and disabilities.

However, achieving this integration requires addressing several challenges. First, PC providers and PRM specialists must have clearly delineated roles and responsibilities. Second, effective communication and coordination mechanisms must be established to ensure continuity of care and avoid parallel services. Third, healthcare systems must invest in training PC health professionals in basic rehabilitation principles, including the use of the ICF and the role of PRM specialists in PC and general outpatient rehabilitation. This last point aligns with another significant document on access to rehabilitation in PHC, published by WHO in 2018.[7] This document provides evidence that general practitioners often lack knowledge of the rehabilitation needs of their patients, which require a rehabilitation workforce that includes PRM physicians.

Furthermore, both documents, the WHO document[1] and the UEMS PRM Section position statement,[2] highlight the importance of multi-professional teams, but more guidance is needed on effectively implementing and managing such teams in community settings. The role of technology, particularly telerehabilitation, in facilitating outpatient services also warrants more attention, especially in light of lessons learned during the COVID-19 pandemic.[8]

In conclusion, while the WHO document[1] on PC provides valuable insights, its failure to incorporate the ICF and functioning as core components of health assessment and PHC methodologies is a significant oversight. The UEMS PRM Section position statement on outpatient rehabilitation offers a perspective on rehabilitation services in community settings, emphasizing the role of PRM specialists as part of a multi-professional team.2 Combining these approaches and addressing the identified issues could lead to more effective, efficient, patient-centered healthcare systems that address the functioning and well-being of individuals and populations.

Looking forward, there is a need for more research demonstrating the effectiveness of integrating PC and outpatient rehabilitation services, particularly in managing chronic conditions and disabilities, with a strong emphasis on incorporating the ICF and functioning assessments. Policymakers should consider both documents when designing healthcare models, ensuring that the strengths of PC and specialized rehabilitation services are leveraged to meet the complex health needs of populations while also addressing the critical gaps in the WHO document regarding the use of ICF and functioning assessments. With this perspective, we can work towards healthcare systems that are comprehensive, accessible, and responsive to the diverse needs of individuals and communities.

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