

Correspondence

Evaluation of health care services provided for older adults in primary health care centers and its internal environments

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To the Editor

I read with great interest the article by Alhamdan et al¹ on the evaluation of primary health care centers (PHCC) on health care services and internal environments. This article is dealing on an important issue of primary health care services.

The World Health Organization (WHO) Age-Friendly Toolkit (AFT) has been adapted in different settings and countries since its publication in 2008.² This toolkit has inspired different health systems, such as the Turkish Transition in Health Project.³ The content of this toolkit included not only health services and internal environmental arrangements, it also described ways and processes to overcome linguistic and procedural barriers in primary health care settings.² To mention, the toolkit is a comprehensive instrument for the primary care practitioner and his team. A 10 minute screening toolkit is helping to screen patients beforehand in the waiting room, and to help physicians focus on the evolving problems deeply. The AFT toolkit covers “4 geriatric giants,” and asks concerning problems on mobility, weight loss, hearing and visual acuity, which comprehensively covering common problems in PHCCs.² Information on health promotion (such as, smoking cessation, nutrition and physical exercise) are guiding practitioners through the preventive care process. Additional suggestions on establishing an appointment system and promotion of priority during their doctor visits will also help to break down barriers of patients, and would maybe also contribute to their empowerment to receive appropriate care.

Physical and structural purposes are certainly important for proper health care services, but the training of health professional and the sustainable implementation of clinical guidelines are more important. As formerly suggested by the WHO, elderly care should be integrated in all medical schools around the globe.⁴ Certification and training programs on age-friendly PHCC needs to be introduced to the agenda of health ministries around the world.² A quality framework in PHCC is also needed to monitor outcomes of the implementation of this AFT.

Reply from the Author

Thank you for your valuable and respected correspondence, which received a great attention. Actually, the study¹ that was published in Saudi Medical Journal is a part of a large research project, supported by the National Plan for Science and Technology, King Abdulaziz City for Sciences & Technology (Project No# 10-MED-121902), Riyadh, Kingdom of Saudi Arabia.

Many of the issues addressed by Prof. Yaman are really of great importance, and they were included in the above project. The WHO calls for age-friendly PHCCs.^{2,5} Accordingly, one of the important step to receive this call properly is to assess the current status of these centers in terms of their internal environment, design, ease of entry, and suitability of health services provided for the community, particularly older adults.

Most preventive health care, screening and management of chronic diseases should take place in PHCCs, which are considered the backbone of the health care system. In the above project, in addition to the evaluation of PHCCs in terms of health care services provided and their internal environments, assessment of physical health, nutritional, and cognitive status of older persons attending these centers currently is under investigation.

Physicians and nurses working in PHCCs collaborated in this research project to be familiar with the health assessments used to assess health status of older adults, and to be aware of the importance of health screening in reducing the risk of developing chronic disease/disabilities. To prepare for their participation, a one-day workshop-training program “Assessment of older persons’ health status” for health care professionals working in PHCCs was conducted on the 9th of May 2013. The goal of the program was to develop the knowledge and skills of PHCCs’ physicians and nurses needed to assess physical health, nutritional status, and cognitive functions in older adults. The workshop was carried out through lectures and practical demonstrations. In addition, on-site training to assess physical health, nutritional, and cognitive status of older persons was provided to physicians working in PHCCs and participated in the project.

The suitability of PHCCs for older adults in terms of design and the internal environment, and the improvement of health services in these centers would attract older people to visit PHCCs for checkup “health screening” and for follow up appointments.

Furthermore, provision of necessary health services, in respect of application of screening protocols and health assessments that are commensurate with the nature of the older persons, and that based on evidence-based practice and sources would inevitably reduce the risk of developing chronic diseases and/or their complications, and would result in a better return on investment to the economies of the Ministry of Health.

We are optimistic that the outcomes and recommendations that will emerge from the research project would be an important document for the health-policy makers to improve PHCCs to be friendlier for older adults.

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