

PREFACE

Enhancing Primary Care through Research

There is a misconception that primary care is already sufficiently understood. On the contrary, primary care is quite a complex discipline that has yet to be fully grasped by the general public as well as many others in the health community. Its very nature requires its own clinical management strategies. A wide gap exists between routine daily practice and what other measures can be done to optimize better health care outcomes in primary care. A focused and independent practice-based primary care research structure on general practitioners and other primary care providers, their patients, and the communities they serve, will enable a critical evaluation of the daily practice and enhance patient care by practicing evidence-based medicine. Primary care that is drawn from research not done in primary care settings will not be fully effective.

Involving patients in research will lead to better-shared care. Additionally, there is a need for more affirmative engagement between primary care services and academic research institutions. Research networks and collaboration between primary care providers and academic institutions both nationally and internationally, need to be enhanced. Enough resources in time and money are equally important to be allocated for primary care research, including research training for primary care providers. Primary care can be

analyzed and improved using scientific methods. The research findings will help guide primary care providers in their clinical practices, with reliable evidence derived from their settings. Areas that can be studied and formulated include clinical guidelines on better disease diagnosis and management, risk assessment, and patient safety as well as delivering innovations in self-management. Others include the conceptualization of integrated and accessible care, primary care teams, patient-physician relationships, patient and family-centered care, as well as home and community care. The use of various forms and innovations of technologies suitable for primary care is a highly relevant and promising area of research. Various portable applications for primary care practitioners and their patients will allow better data collection and disease monitoring. These technologies will further create new dimensions in which primary care doctors can be further trained to lead in research.

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PREFACE

What Have We Achieved? Who Gets the Benefits?

(Reflections on Primary Service Reform in Indonesia in the Last Five Years)

Since its launch in 2008, the World Health Organization (WHO) report entitled Primary Health Care: Now More than Ever has received a very broad response. WHO recommendations that include reform of universal health financing coverage, health service system reform to be more centered on the community, health policy reform to prioritize promotive and preventive aspects, and health leadership reform, are indeed effective recipes for Primary Care to get the right position in the health system. The position is believed to be able to improve the degree of public health and improve health equity amid the fragmentation and segmentation of health services.

Meanwhile, although a bit late, Indonesia responded to WHO's recommendations through several policies. Since 2014, universal health social security has been implemented. Even though it is not perfect yet and there are still many problems here and there, we can observe that currently the access and equity of the community to enjoy health services increases. Primary Health Care Centre/*Pusat Kesehatan Masyarakat (Puskesmas)*, which is a leading health service along with clinics and other primary health care facilities, now has changed drastically both physically and culturally, so that it is closer to the community. The government has also increasingly proactively launched health programs focused on prevention and health promotion. The Healthy Indonesia Program with a Family Approach/*Program*

Indonesia Sehat dengan Pendekatan Keluarga (PIS-PK) and the Community Movement for Healthy Living/*Gerakan Masyarakat untuk Hidup Sehat (GERMAS)* are examples of such programs. Only the Health Leadership Reform has not yet felt. Efforts to improve the competency and capability of doctors working in Primary Care through the Primary Care Doctors program, hereinafter referred to as the Primary Care Family Medicine Specialist, have so far not received the proper support, even there is still a conflict with the concept of its implementation. Even though WHO has outlined that the reform must be carried out as a "policy package". That means, if it is not run consistently, it is feared that optimal results will not be achieved.

Judging from the facts in the last five years, the community gets many benefits from health reform by promoting Primary Care. It is fitting to state that by completing reforms with support for the Primary Care Family Medicine Specialist, health sector reform will reach the breaking point, with the wider community as a large beneficiary. May Allah The Mighty Grant us that.

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