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A Futuristic Vision for Patient-Centric Healthcare in Sri Lanka: Strengthening Primary Care and Empowering Communities

Panapitiya PWC[1]*, Wijewickrama BAO[2]

*lalpanapitiya@gmail.com

[1]Ministry of Health and Mass Media, Sri Lanka, [2]Post Graduate Institute of Medicine, University of Colombo

Abstract

While Sri Lanka's historical success in public health is well-documented, the current system stands at a precipice. The demographic transition towards an aging population and the epidemiological shift to Non-Communicable Diseases (NCDs) have exposed the rigidities of a hospital-centric model. To sustain our health indicators into the next decade, we must move beyond the celebration of past victories and aggressively pivot towards a primary care model that is not just a gatekeeper, but a cornerstone of community wellness. To address these issues and propel the nation towards a more resilient and responsive future, a paradigm shift is required. This article outlines a futuristic vision for a patient-centric healthcare model in Sri Lanka, grounded in the revitalization of Primary Health Care (PHC) through integrated PHC with community empowerment. Key proposed reforms include the structural reorganization of PHC through a "Shared Care Cluster System," the establishment of Family Medical Clinics as the cornerstone of community health, strengthening of emergency care and the integration of specialized care pathways for vulnerable groups such as the elderly and children with special needs. Central to this vision is the leveraging of technology, particularly telemedicine, which links peripheral emergency and other patient care services with specialist expertise, and the empowerment of communities to take an active role in their own health. By strengthening the primary care foundation and fostering integrated, holistic, and community-oriented service delivery, Sri Lanka can overcome current fragmentation and build a sustainable system that ensures efficient, high-quality, equitable, and patient-centric Universal Health Coverage for generations to come.

Introduction

Sri Lanka, an island nation in the Indian Ocean, has a healthcare system that stands as a testament to its commitment to public welfare. The nation's health indicators are on par with the Western world and are among the best in the South Asian region, an achievement gained with minimal healthcare expenditure [1, 2] and remarkable efficiency from its dedicated healthcare staff. Following independence in 1948, the country adopted a free health policy, providing care for all citizens and contributing to a high Human Development Index.

This success has deep roots, evolving from a pre-historical system based on nature and spirituality to a sophisticated model under ancient kings who established hospitals and integrated indigenous wisdom with Ayurvedic principles [3]. The colonial periods introduced Western medicine, with the Portuguese, Dutch, and British eras each contributing to the establishment of medical institutions and public health infrastructure that laid the foundation for the modern system. A steadfast commitment to universal healthcare, the expansion of primary care services, and the successful control of communicable diseases has defined the post-British era.

Despite these historic achievements, the system faces significant contemporary challenges. A major issue is the concurrent overcrowding of clinics and wards in secondary and tertiary care institutions, which compromises the quality of care, alongside the chronic underutilization of the Primary Health Care (PHC) network. This imbalance is exacerbated by an epidemiological transition towards non-communicable diseases (NCDs) like cardiovascular disease, diabetes, and cancer, which have become a growing concern and a huge burden on the health sector [4]. Furthermore, Sri Lanka is experiencing a significant demographic shift; with 12.3% of its population aged 60 or older, it has the highest proportion of elderly citizens in South Asia, a group with unique and complex healthcare requirements [5]. These realities necessitate a move beyond the traditional models of care toward a more integrated, efficient, and patient-focused approach.

This article presents a futuristic vision for Sri Lanka's health service, aimed at lowering the burden on secondary and tertiary care by fundamentally strengthening primary care services and empowering communities. It outlines a comprehensive model for integrated patient care, featuring reforms in emergency services, the establishment of step-down and day-care facilities, and specialized pathways for elderly care and children with special needs, as well as family medical services. By focusing on a holistic, patient-centric approach supported by robust clinical governance and community participation, this vision charts a course for a more resilient, equitable, and sustainable healthcare future for all Sri Lankans.

The Cornerstone of Reform: Revitalizing Primary Health Care (PHC)

The ultimate goal of primary health care is better health for all. The ideal model, adopted in the Alma Ata Declaration of 1978, defines PHC as essential healthcare made universally accessible to individuals and families in the community through their full participation [6]. To address the current underutilization of its curative PHC institutions, Sri Lanka must embark on a comprehensive

revitalization effort grounded in these foundational principles.

Structural Reorganization:

The Shared Care Cluster System A key strategy for strengthening PHC is the reorganization of the delivery system into a "Shared Care Cluster System" [7]. In this model, Primary Medical Care Institutions (PMCIs)—which include Divisional Hospitals and Primary Medical Care Units—are grouped into clusters around a nearby secondary or tertiary care institution, designated as the "Apex Hospital". This structure facilitates the sharing of specialist care, laboratory services, and other resources for the populations empaneled to the PMCIs within that cluster [8]. A critical first step in this process is population empanelment, where the total population of a Grama Niladhari (GN) division is formally affiliated with a single, designated PMCI closest to their residence. This creates a defined catchment area for each institution, enabling proactive health management and clear referral pathways. Following empanelment, families are to be registered, screened, and entered into a database with a unique Personal Health Number (PHN), and a paper-based Personal Health Record (PHR) is issued, allowing for continuity of care and robust data collection. This structural reform moves away from a fragmented system towards an organized, geographically defined network capable of delivering coordinated care.

The Family Medical Clinic Model: A Holistic Hub for Community Health

At the heart of the revitalized PHC model is the proposal to transform the Out-Patient Departments (OPDs) of all hospitals, including divisional hospitals, into comprehensive Family Medical Clinics (FMCs) [9]. These clinics will serve their registered and empaneled populations, providing holistic, patient-centered care that goes beyond treating acute illnesses. FMCs will be managed by Family Medicine specialists or trained Medical Officers in Family Medicine and will be networked through a database containing the health details of all screened families.

This model offers several advantages. Firstly, it establishes a framework for the long-term follow-up of patients with chronic NCDs, a significant burden on the current system. Uncomplicated cases can be managed at the PHC level, with necessary medications and diagnostic facilities made available, thereby reducing the workload of specialist clinics in overburdened secondary and tertiary hospitals. Secondly, it provides a platform for integrated care, where services like Maternal and Child Health (MCH), family planning, and screening through Healthy Life Centres (HLCs) can be delivered collectively. By creating a single, trusted point of contact for families, the FMC model fosters continuity of care and empowers primary care providers to manage health proactively across the life course [10].

Strengthening Emergency Care at the Primary Level through Telemedicine

A major reason for bypassing primary care institutions is the public perception that they lack the capacity to handle emergencies. To counter this, the vision proposes a significant upgrade of emergency services at the PHC level. All PMCIs will be equipped to function as Level IV Accident & Emergency (A&E) units, essentially a well-equipped Emergency Room (ER) staffed by trained personnel (Medical Officers and Nursing Officers), making them reliable first contact points for emergency management.

The transformative element of this reform is the integration of telemedicine to link these peripheral ERs directly with Consultant Emergency Physicians at the apex hospitals [11, 12]. This technology allows for rapid access to specialized care, enabling first responders and PHC medical officers to receive immediate guidance on resuscitation and stabilization within the critical "Platinum 10 Minutes of the Golden Hour". Telemedicine transcends geographic boundaries, significantly reducing response times (door-to-needle time) and preventing delays in receiving adequate healthcare [13, 14]. By bringing expert advice virtually to the patient's locality, this system improves pre-hospital care, facilitates informed and prioritized referrals, and builds public confidence in the capabilities of their local healthcare facility. During the COVID-19 pandemic, telemedicine was successfully utilized for home-based care, pre-hospital care, and consultations, proving its viability and importance in the Sri Lankan context.

Integrated Patient Care Pathways for Comprehensive Service Delivery

A truly patient-centric system requires seamless care pathways that cater to the specific needs of diverse patient populations, particularly those requiring long-term management. An Integrated Care Service (ICS) aims to provide comprehensive and coordinated care across different healthcare settings and disciplines, reducing fragmentation and improving patient outcomes. This involves establishing clear care pathways and leveraging the revitalized PHC system to support patients transitioning from specialized hospital care back to their homes in the community [15]. An obstacle to overcome in the primary level of care is a lack of Consultant coverage. Arranging review visits regularly by Consultants to the primary level may not be feasible long-term. However, this could be overcome by the use of telemedicine linking the Consultants to the Medical Officers in Primary Care. This is not limited only to Emergency Care. It could be utilized in many of the specialties.

The Step-Down Care Concept

Due to accommodation pressures, patients requiring long-term care, such as those recovering from a stroke or major orthopedic surgery, are often discharged from tertiary hospitals within a few days. The step-down concept proposes using underutilized wards in divisional hospitals as intermediate care centers for these patients. In these centers, patients can receive continued medical supervision and rehabilitation during a transit period before being

discharged home. These units would be managed by medical officers and nurses trained in rehabilitation and palliative care, under the direct supervision of specialists from higher centers, who can provide guidance either through physical visits or virtually via telemedicine. This model ensures a safer, more gradual transition, provides crucial rehabilitation services closer to home, and trains family members as caregivers, ultimately improving recovery outcomes and reducing re-hospitalizations. It could be further expanded with a community-based rehabilitation process coordinated by Public Health Nursing Officers (PHNO) attached to Family Medicine Clinics and Community Psychiatry Nursing Officers (CPN) attached to Mental Health Clinics. This would reduce the burden on families, and care is delivered to the home setting.

A Focus on the Aging Population: Comprehensive Geriatric Care

With a rapidly aging population, establishing comprehensive geriatric and disability care is a national priority [16]. An integrated care pathway for the elderly is essential to manage common issues such as chronic NCDs, frailty, multi-morbidity, and cognitive impairments [17].

This pathway begins with early identification and screening at the primary care level through FMCs and Healthy Life Centres. Elderly patients with chronic diseases can be followed up holistically at their local FMC, avoiding the need to visit multiple specialist clinics. For those requiring hospitalization, the step-down model provides an ideal setting for post-acute care and rehabilitation. A vital component of this pathway is Home-Based Care, supported by trained family members and monitored by PHNOs or FMC staff, with telemedicine facilitating remote consultations for patients with limited mobility and ongoing illness through call center facilities.

Furthermore, to promote active aging and combat social isolation, the establishment of Day Care Centers for Elders at the community level is proposed [18]. These centers, potentially located in underutilized hospital spaces, would offer mechanical gyms, recreational areas, and support groups, providing a space for social interaction and engagement that enhances the overall quality of life.

Addressing the Needs of Children with Special Needs

There is a significant need for a structured service to screen, diagnose, and manage children with developmental defects, birth defects, and learning difficulties. The proposed vision addresses this through the deployment of Consultant Community Pediatricians to lead multi-disciplinary teams that extend from tertiary centers into the community.

This service would be organized in a tiered structure to ensure comprehensive coverage. A national apex referral center would provide the highest level of specialized care. Each province would have a specialist center designed for diagnosis and assessment. The final tier would consist of peripheral follow-up centers at the regional level, where visiting teams or tele-consultations would provide ongoing management and rehabilitation. The follow-up of the diagnosed children will be arranged through Child Development Centers manned by Medical Officers and Nursing Officers who have received training at the specialist center. This creates an integrated pathway that connects specialized expertise with community-based support, ensuring children with special needs receive timely and continuous care.

Strengthening Community Mental Health Services

Mental health is a critical component of holistic care that must be integrated at the primary level [19]. The revitalized PHC system provides an ideal platform for this. Screening for mental health issues can be incorporated into routine check-ups at FMCs and HLCs, especially for vulnerable groups like the elderly. Follow-up and management of stable psychiatric conditions can be decentralized to the primary care level, reducing the stigma associated with seeking care at specialized institutions. Furthermore, underutilized wards in divisional hospitals can be repurposed as day centers for psychiatric patients, offering therapeutic activities and support in a community setting, mirroring the model proposed for elderly care.

Enabling the Vision: Governance, Empowerment, and Quality

Implementing this futuristic vision requires more than just structural changes; it demands a foundation of strong governance, an empowered community and workforce, and an unwavering commitment to quality and safety.

The Role of Community Empowerment

Community empowerment is the process of enhancing the capacity of individuals and communities to take control of their lives and influence decisions that affect their health [20]. It transforms community members from passive recipients of care into active partners. This vision proposes a comprehensive community empowerment program with several key activities. This begins with community needs assessments to identify local health priorities and barriers to care. Based on these findings, health promotion campaigns and workshops can be organized to disseminate vital information and build health literacy. To facilitate active participation, community health committees will be established, giving communities a formal platform for engaging in health-related decision-making and monitoring the health of their own members.

Job Enrichment for Frontline Health Workers

The Public Health Midwife (PHM) is a cornerstone of Sri Lanka's domiciliary health services, traditionally focused on maternal and child health. The integrated care model calls for a significant job enrichment of the PHM's role [21]. It is proposed that their scope be expanded to cover the entire family's health issues, including follow-up for NCDs, monitoring of elderly patients in home-based care, and supporting community-based rehabilitation. This evolution would position the PHM as a versatile community health worker, acting as the crucial link between the Family Medical Clinic and the

households it serves, thereby strengthening the entire primary care ecosystem. Similarly, the Public Health Inspectors (PHI) should be trained to take up a greater role in the Environmental and Occupational Health sphere. Medical Officers of Health and Assistant Medical Officers of Health should be given training to expand their supervisory role of the new paradigms introduced to frontline health workers.

Clinical Governance and Quality Assurance

Strong leadership and effective communication are the main pillars that underpin resilience and quality in a health system. Clinical Governance is the framework through which healthcare organizations are accountable for continuously improving the quality of their services and safeguarding high standards of care [22]. This includes implementing and adhering to clinical audits, management protocols, and safety guidelines. To ensure a uniformly high standard across the country, it is essential to establish a formal hospital/ health institution accreditation program. Accreditation serves as a mechanism to assess institutions against predefined quality and safety standards, driving continuous improvement and building public trust. A system of accredited hospitals not only guarantees better patient outcomes but is also a prerequisite for positioning Sri Lanka as a destination for medical tourism, which can serve as an alternative source of revenue generation for the health sector.

Ensuring Good Governance and Patient Safety

Ultimately, all reforms must be anchored in the principles of good governance: accountability, transparency, participation, integrity, and stewardship. This is critical for building trust among the public and ensuring that the health system is responsive to the needs of the people it serves. Regulatory bodies, most notably the Sri Lanka Medical Council (SLMC), have a foremost responsibility in this domain. The SLMC's role in setting professional standards, ensuring ethical practice, and overseeing the quality of medical education and practice is fundamental to guaranteeing that patient safety is given paramount importance throughout the health system [23]. Strong, independent governance is the bedrock upon which a safe, effective, and patient-centric healthcare service is built.

Conclusion

The vision for the future of Sri Lanka's healthcare system is one of transformative change, moving decisively away from a hospital-centric, fragmented model towards a holistic, integrated, and community-based system. The cornerstone of this transformation is the comprehensive revitalization of Primary Health Care. By reorganizing the primary care network into shared care clusters, establishing Family Medical Clinics as the hubs of community health, and leveraging technology like telemedicine to enhance emergency response, the foundation is laid for a system that is both more accessible and more resilient.

Building upon this foundation, integrated care pathways for the nation's most vulnerable populations—the elderly, children with special needs, and those with chronic mental and physical conditions—ensure that care is continuous, coordinated, and tailored to the individual. This patient-centric approach is further strengthened by the active empowerment of communities, turning passive recipients into engaged partners in health, and by enriching the roles of frontline workers like Public Health Midwives to serve the complete health needs of the family.

Achieving this vision requires an unwavering commitment to quality, underpinned by robust clinical governance, a national accreditation system, and the steadfast oversight of regulatory bodies to ensure patient safety remains the highest priority. While the path to reform presents challenges, the proposed model offers a clear, strategic, and sustainable roadmap. By embracing this futuristic vision, Sri Lanka can build upon its historic successes to create a healthcare system that not only meets the complex demands of the 21st century but also realizes the ultimate goal of Universal Health Coverage for all its citizens.

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