



Family Medicine: Principles and concept

Color Index

IMPORTANT

NOTES

GOLD

EXTRA

OBJECTIVES

- **Outline the history of Family Medicine Development**
- **Understand the concepts and principles of Family Medicine, including its definition**
- **Explain the desirable qualities of a Family Physician.**
- **Describe the evolution of Family Medicine in Saudi Arabia**

DONE BY

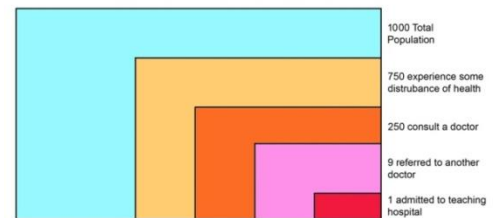
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Members	-
Revise	Moaid Alyousef
Sources	Drs Slides and Notes

Case Scenarios

Sarah a 34-year-old obese headmistress. She is married to heavy smoking businessman and has two children. She complains of abdominal pain for three days.

- What are the differential diagnoses?
- Where should she seek help?
- What are the opportunities for LSM (life style modification "Smoking, Obesity") & prevention?

THE HEALTH EXPERIENCE OF A POPULATION OVER A PERIOD OF ONE MONTH



WHO Report- Major barriers to equitable health care:

- Unequal access to disease prevention & care
- Rising cost of health care
- Inefficient health care system
- Lack of emphasis on Generalists' (Family Medicine) training.

Reversing the trend:

- In 1962 WHO discussed the worldwide shortage of family practitioners in Geneva conference.
- The report expressed a need to train GPs to serve as physicians of first contact with the patient.

How to overcome these barriers?

The WHO states, that the best option to overcome these barriers is to utilize the services of trained Family Physicians.

WHO International study of health of all people in 1973:

- In Both Developed and Developing Countries, there is low access to comprehensive services.
- In some countries one out of two see health worker once/year.
- Services were urban based.
- Services were curative oriented. (Not Prevention oriented)
- Planning not related to needs.
- Absent statistics leading to misdistribution.
- No community participation.
- Lack of coordination. (between 1ry, 2ry and tertiary hospitals)
- Economical deterioration.

مثال الصناعية والسويدي، إذا راح أسوي مركز صحي بالسويدي لازم أخذ بالاعتبار طبقات المجتمع الموجودة هناك من الكبار والاطفال والحوامل وأستعد لها بالموارد المناسبة.. أما بالنسبة للصناعية فأخذ بالاعتبار أن أكبرهم بالغبين وأغلب الإصابات بتكون Trauma فأكون مستعد لها وما أهدر موارد اخرى.

Health for all 2000 through PHC Cardinal Features of PHC (WHO 1978)

PHC is essential health care based on practical, scientifically & socially acceptable methods & technology made universally accessible to individuals & families in the community through their full participation and a cost that the country can afford to maintain self-reliance and self-determination. It forms an integral part of health system & the overall social & economic development of the community. First level of contact, close as possible to people & constitutes continuing care

Importance:

Overall, countries that achieve better health levels:

- Are primary care-oriented
- Have more equitable resource distributions
- Have government-provided health services or health insurance
- Have little or no private health insurance
- Have no or low co-payments for health services

And it's Important because of its **Better health outcomes, Lower costs, and Greater equity in health.**

Evolution of Family Medicine

At the start of the modern medical profession- everyone was a General Practitioner (GP)
In the 60s and 70s, the age of Specialization, a lot of court cases and patient's dissatisfaction

Realizing the need for a specialist for the whole person.

In the 1950s the public began to express their dissatisfaction mainly: The shortage of physicians, The high cost of medical care, and the fragmentation of care.

The family practitioner evolved as a specialist to replace the rapidly disappearing general practitioner in 1950s.

And at the start of the 70s, 3-4 years training in Family Medicine after graduation

Related names are General practitioner (GP), General practice (GP), Family physician (FP), Family medicine (FM), Family doctor, Primary care, and Primary care physician.

Definition of Family Medicine:

A medical specialty of first contact with the patient and is devoted to providing preventive, promotive, rehabilitative and curative care with emphasis on the physical, psychological and social aspects for the patient, his family and the community.

The scope is not limited by system, organ, disease entity, age or sex.
(comprehensive)

Miscellaneous studies

BARBRA STARFIELD STUDY:

In a large multicenter study, she found that the central role of FM in the health care system of a country results in enhanced quality & cost-effective care. She proved that the health outcome indicators are significantly better in those countries in which Family Medicine plays a central role in the HC system.

FAMILY PRACTICE IN UNITED STATES: A STATUS REPORT, JAMA 2002

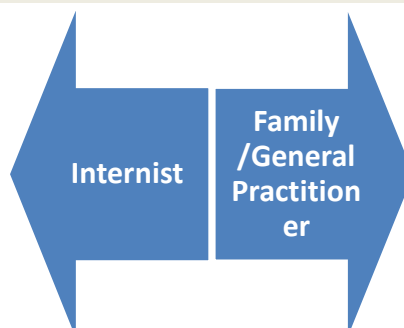
- ❑ There are countless diseases and if all diseases were prevalent in equal proportion it would be impossible for a family physician to deal with it.
- ❑ Fortunately, 90% of the symptoms are due to a handful of diseases, Example; chronic cough
- ❑ 95% of cases of cough over 2 months are due to post nasal drip, asthma, GERD, chronic bronchitis due to cigarette smoking or ace induce cough.
- ❑ Only 6.3% of all cases needs referral.

Family medicine; its core principles and impact on patient care and medical education in united states. keio medical journal of medicine, 2004

- ❑ Studies have shown that family physicians see more patients than internist
- ❑ In the office with shorter time, low cost with more patient satisfaction and equal clinical outcome.

Spent 18.4 minutes with the average patient.

used laboratory tests in 73 per cent of visits and x-ray tests in 53%



Spent 13.0 minutes with the average patient. (less time)

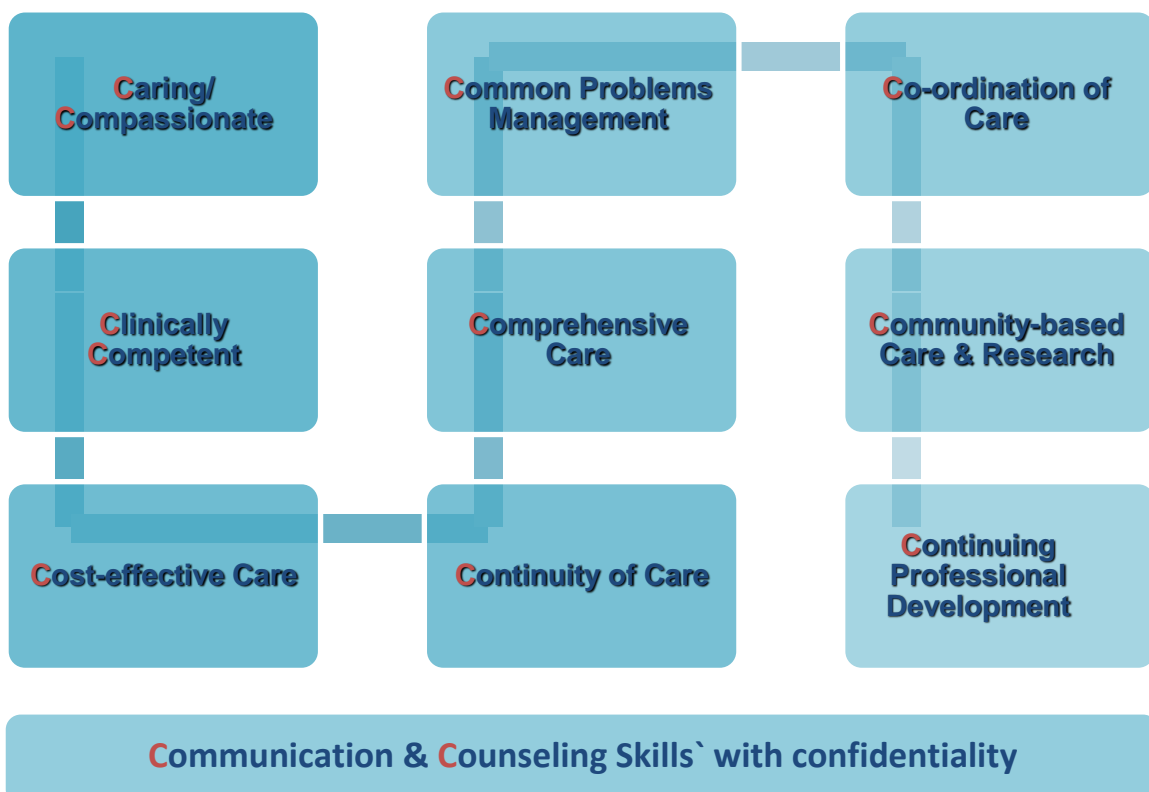
used these studies in 34 and 19 per cent of visits

The central role of a well-trained Family Physician in health care is well recognized in Developed countries as UK, USA and Canada, but not well recognizes in Developing countries. Rich countries as Gulf countries?

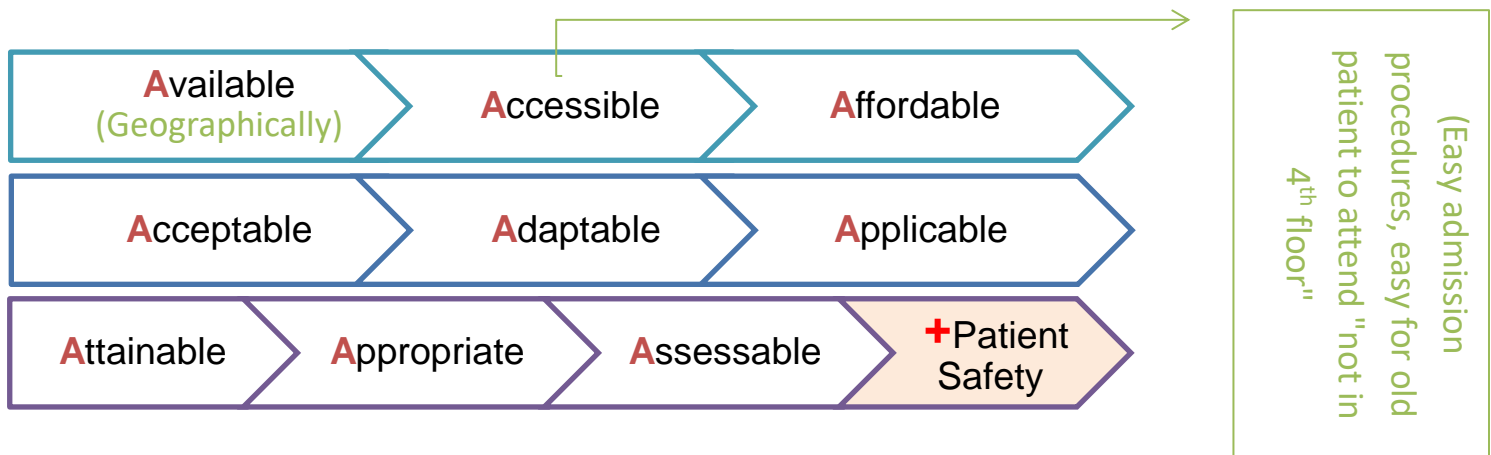
The Core Competencies of the General Practitioner / Family Doctor:

- Primary care management
- Person-centered care.
- Specific problem-solving skills
- Comprehensive approach
- Community orientation
- Holistic modeling

10 Cs OF FAMILY PRACTICE



According to W. Fabb and J. Fry, good primary health care must include the following “As” It must be:



Influences lead to FM:

- Social changes.
- Specialization.
- New pattern of illness demanded a new type of physician.
- Behavioral sciences gave new insights into old problem.
- Existing disciplines neglect problems encountered in fm.

FAMILY CARE

Every 10 additional primary care physicians per **100 000** population in the US was associated with a 51 day increase in life expectancy, after accounting for healthcare, demographic, socioeconomic, and behavioural factors

[JAMA Internal Medicine]



- First Ambulance car in KSA
- The start of PHC in KSA were in 1926.

Contrast between Primary and Specialist Care		
	Primary Care	Specialist Care (Hospital)
regarding contact	consultations, contact is initiated by the patient.	Contact is usually initiated by referral from another doctor.
regarding accessibility	<p>Patient, relative & Doctors are readily accessible to each other, often over many years. This provides opportunity for:</p> <ul style="list-style-type: none"> Extended observation (Pt seen more than one time) Extended diagnosis Comprehensive care Continuing care Preventive care 	<p>Accessibility is often restricted, resulting in:</p> <ul style="list-style-type: none"> The need to elicit maximal information in as few consultations as possible. A concern with physical or psychological diagnosis. Care reflecting Doctor interests / referral Continuing care restricted Preventive care not feasible
regarding Presenting problems	<ol style="list-style-type: none"> Undifferentiated. At early stage of development. Not a major threat to life or function. 	<ol style="list-style-type: none"> Selected. Deferred in presentation. A major threat to life or function, frequently requiring elaborate technology in assessment and/or management.

Development of PHC/FM:

- 1982
- 300HCs
- No Family physicians
- No undergraduate
- No postgraduate
- No commission

- 2019
- >2400HCs
- ~1000 FPs
- All universities
- About 45 training centers
- SCFHS



Development of PHC/FM:

	1960	2015
Infant Mortality(per 1000 live births)	185	7(44 regional average 37 global average)
Life Expenctancy (+63%)	46	74(68 regional average 70 global average) (By 2030 it will reach 80s)

Future Vision / 2030 Vision



Practices working together by sharing expertise and capacity

Training model for health care professionals emphasising patient centeredness and communication skills.

Saudi 2030 Vision is a package of social and economic policies that are designed to free the kingdom from dependence on oil exports and to build a prosperous and sustainable economic future by focusing on country's strength and policies. (عند عام 2030 سوف تصل النسبة تقريبا إلى:

60% يتبع وزارة الصحة و20% يتبع القطاعات الحكومية و20% يتبع للقطاع الخاص)

QUESTIONS

QUESTIONS (1)

- countries that achieve better health levels were

A) Primary care oriented

B) Developing countries

C) Specialized clinic oriented

QUESTIONS (2)

A medical specialty of first contact with the patient is a definition of:

A) Internal Medicine

B) Family Medicine

C) General Practitioner

QUESTIONS (3)

- Which of the following is considered a (C) of the 10 Cs of Family Medicine?

A) Concern

B) Complexity

C) Cost effective care

ANSWERS

A, B, C