
بسم الله الرحمن الرحیم

Family medicine:Principles, concept & Practice

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FMED 421

Objectives

1) At the end of this session, the students will be able to:

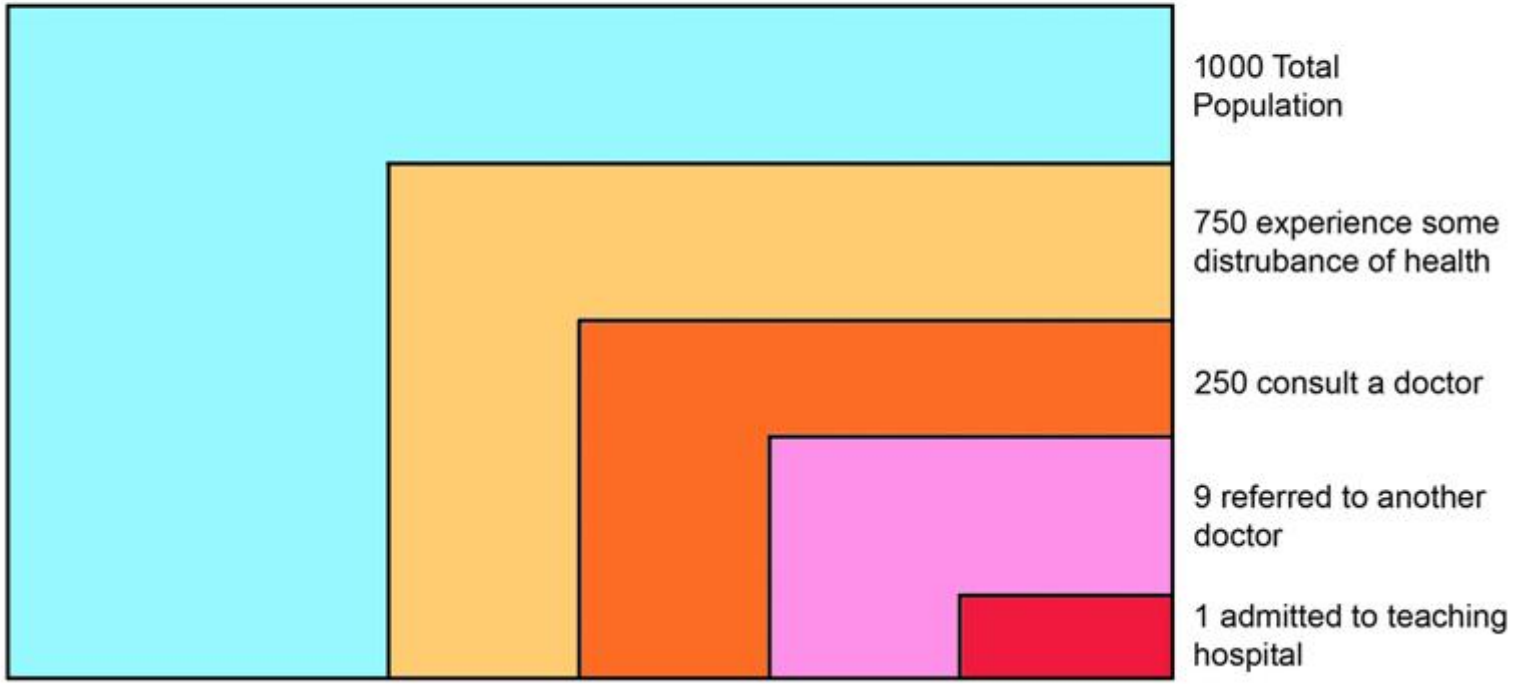
1. To become aware of the history of Family Medicine
2. To understand the concepts and principles of Family Medicine, including its definition
3. To become familiar with the desirable qualities of a Family Physician
4. To become aware of the evolution of Family Medicine in Saudi Arabia

Case 2

- Sarah a 34year old obese headmistress . She is married to heavy smoking bussinessman and has two children. She complain of abdominal pain for a three days.
- What are the differential diagnoses?
- Where should she seek help?
- What are the opportunities for LSM & prevention


أشرف غانم
طارق جوده
ليزر
ربيع قمر
إيهاب خضر
نور
محمد
محمود

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 world wide 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

*Planning not related to needs

*Absent statistics leading to maldistribution

*No community participation

*Lack of coordination

*Economical deterioration

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

The World Health Report **2008**

Primary Health Care

Now More Than Ever

World Health Organization

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**

Why Is Primary Care Important?

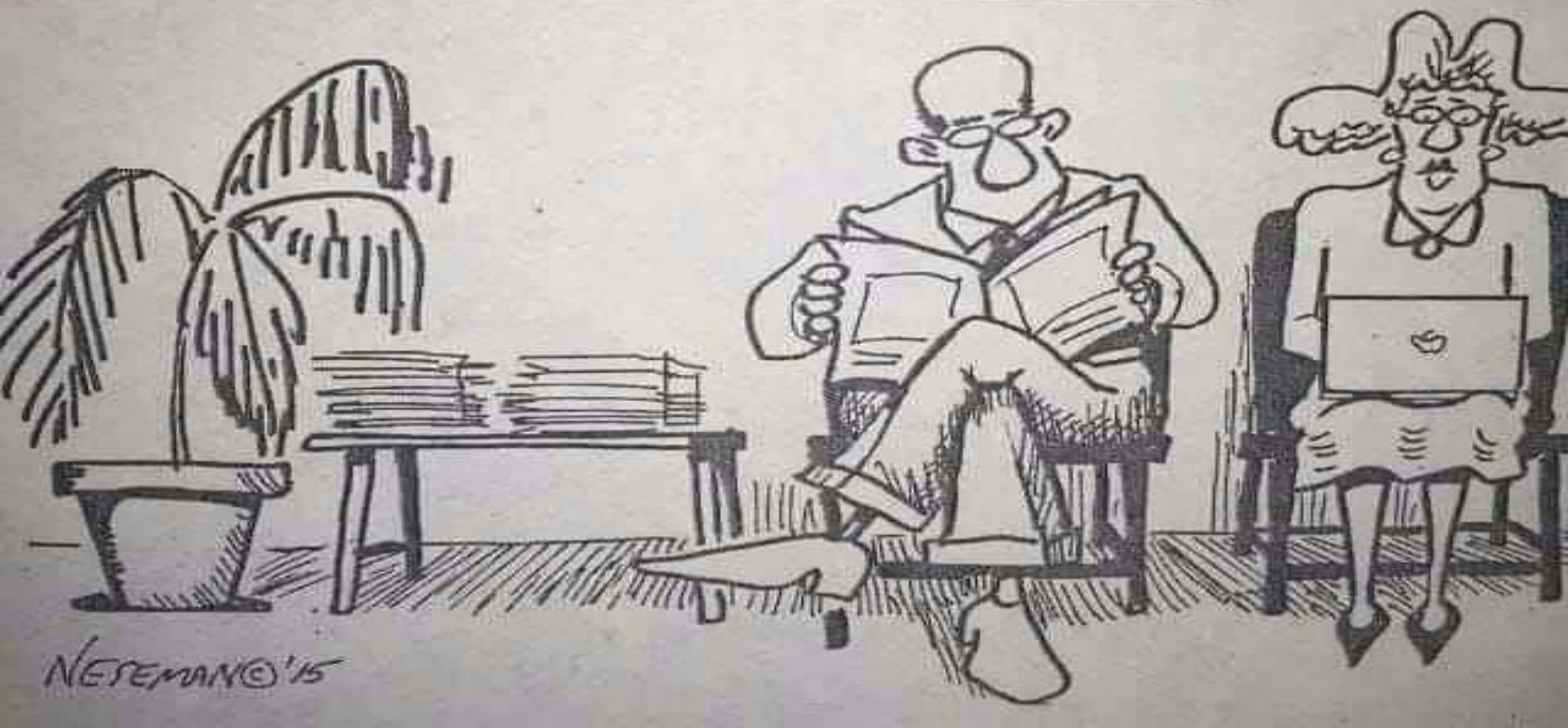
Better health outcomes

Lower costs

Greater equity in health

DOCTOR'S OFFICE

THOSE WHO ALREADY SELF-DIAGNOSED THEIR SYMPTOMS ON GOOGLE AND JUST WANT A SECOND OPINION, PLEASE CHECK YAHOO.COM



NESEMAN©'15

HOW WAS FAMILY MEDICINE EVOLVED

- At the start of the modern medical profession- every one was a General Practitioner (GP)

- In the 60s and 70s, the age of Specialization, a lot of court cases and patients 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
  - The fragmentation of care

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

- **Family Medicine as a Clinical and Academic Discipline**
- At the start of the 70s, 3-4 years training in Family Medicine after graduation

- In 1982, three years training in family medicine became a requirement

Related names with family medicine

- General practitioner (GP)
- General practice (GP)
- Family physician (FP)
- Family medicine (FM)
- Family doctor
- Primary care
- Primary care physician

Definition of Family Med

- 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.

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.

Ambulatory medical care: a comparison of internists and family-general practitioners

N Engl J Med. 1980 Jan 3;302(1):11-6.

- Internist:
  - Spent 18.4 minutes with the average patient
  - used laboratory tests in 73 per cent of visits and x-ray tests in 53 per cent,
- family-general practitioners:
  - Spent 13.0 minutes with the average patient
  - used these studies in 34 and 19 per cent of visits

The Need For Trained Family Physicians

The central role of a well trained Family Physician in health care is well recognized in:

- Developed countries -- UK, USA and Canada
- Rich countries – Gulf countries ??
- Developing countries -- ? ? ? ? ?

The need is even greater in all less developed 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 modelling

- Primary care management:
  - Dealing with unselected problems
  - Cover the full range of health problems
  - Coordinate care with other health care professionals
  - Make health care system available to the patient
  - Act as patient's advocate
- To adopt a person-centered approach in dealing with patients
- To use the consultation to bring about an effective doctor-patient relationship
  - Respect patient's autonomy
  - To set priorities in partnership with the patient
  - Provide long-term continuity and coordinated care
- **Specific problem solving skills**
- Relate decision making processes to the prevalence of illness in the community
  - To apply the clinical information to an appropriate management plan in collaboration with the patient
  - To tolerate uncertainty in dealing with early & undifferentiated problems
  - To intervene urgently when necessary
  - To make effective and efficient use of diagnostic and therapeutic interventions
- **Comprehensive approach**
- To manage simultaneously multiple complaints and pathologies, both acute and chronic
- To promote health and well-being
- To manage & coordinate health promotion, prevention, curative care, rehabilitation and palliative care
- **Community orientation**
- To reconcile the health needs of the individual patients and the health needs of the community in which they live, balancing with available resources
- **Holistic approach**
- To use bio-psycho-social models, taking into account the cultural dimensions

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10 Cs OF FAMILY PRACTICE

1= Caring/Compassionate

2= Clinically Competent

3= Cost-effective Care

4= Continuity of Care

5= Comprehensive Care

6= Common Problems Management

7= Co-ordination of Care

8= Community-based Care & Research

9= Continuing Professional Development

10= Communication & Counseling Skills` with confidentiality

1-**Caring/Compassionate care**

An essential quality in a Family Physician

- Personal patient centered Care

2-**Clinically Competent**

- Only caring is not enough
- Need for three/four years training after graduation and internship

3-Cost-effective Care

- In time and money
- Gate keeper- Use of appropriate resources
- Use of time as a diagnostic tool

4-Continuity of Care

- For acute, chronic, from childhood to old age, and terminal care patients and those requiring rehabilitation
- Preventive care/ Promotion of health
- Care from cradle to grave

5-COMPREHENSIVE CARE

- Responsibility for every problem a patient presents with
- Physical, Psychological & Social
- Holistic approach with triple diagnosis

6-COMMON PROBLEMS MANAGEMENT

- e.g. Hypertension, Diabetes, Asthma, Depression, Anemia, Allergic Rhinitis, Urinary Tract Infection
- Common problems in children and women

7-CONTINUING PROFESSIONAL DEVELOPMENT

- To keep up-to-date
- Need for breath of knowledge

8-CO-ORDINATION OF CARE

- Patient's advocate
- Organizing multiple sources of help

9-COMMUNITY BASED CARE AND RESEARCH

- Care nearer patients' home
- Preventive, promotive, rehabilitative and curative care in patient's own environment
- Relevant research within the patient's own surroundings

10-COMMUNICATION & COUNSELING SKILLS

- Essential for compliance of advice and treatment/sharing understanding
- Confidentiality and safety netting
- Needed for patient satisfaction
- Involving patient in the management

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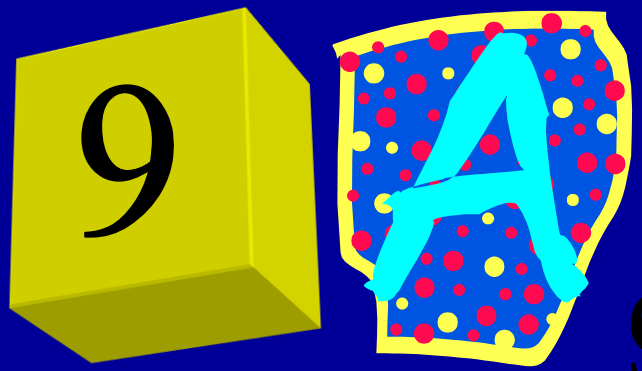
According to W. Fabb and J. Fry, good primary health care must include the following "As" It must be:

1. Available
2. Accessible
3. Affordable
4. Acceptable
5. Adaptable
6. Applicable
7. Attainable
8. Appropriate
9. Assessable



PLUS

Patient Safety

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.**

1- **Many situations facing the physician are complex combinations of physical and behavioral factors and today's practitioners are more likely to help patients to achieve equilibrium with their environment.**

2-Age of Specialization

- **Technology and research lead to specialties and sub-specialties.**
- **Specialist prestige and valuation of technical and research skills over personal care made PHC.**
- **This lead to deterioration of Dr/Pt relationship and malpractice crisis.**
- **Therefore there is need for new kind of generalist.**

3-**Changes in Mortality and Morbidity**

- **Successful control of infectious diseases.**
- **Emergence of a new pattern of disease.**
  - **Chronic diseases.**
  - **Developmental disorders.**
  - **Behavioral disorders.**
  - **Accidents.**
  - **Different infectious diseases.**
  - **Increased proportion of elderly.**

4-**New Development in the Behavioral Sciences.**

Directed attention to:-

Process of seeking medical care.

Aware of physician behavior in decision making and prescribing.

Doctor-patient relationship.

Behavioral aspect of illness.

Concepts of health, disease and illness.

Role of physician and ethics.

FP in key position to integrate these into practice.

5-**The changing role of the hospital.**

- **Resurgence of care outside hospital particularly at neighborhood.**
- **Balanced of personal continuing care neighborhood with hospital providing support.**
- **Family Medicine as a clinical and Academic Discipline.**

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Contrast between Primary and Specialist Care regarding contact

Primary Care

consultations, contact is initiated by the patient.

Specialist Care (Hospital)

Contact is usually initiated by referral from another doctor

Contrast between Primary and Specialist Care regarding accessability

Primary Care

Pt, relative & Dr are readily accessible to each other, often over many years. This provides opportunity for:

- Extended observation
- Extended diagnosis
- Comprehensive care
- Continuing care
- Preventive care

Specialist Care (Hospital)

Accessibility is often restricted, resulting in:

- The need to elicit maximal information in as few consultations as possible.
- A concern with physical or psychological diagnosis.
- Care reflecting Dr interests / referral
- Continuing care restricted
- Preventive care not feasible

Contrast between Primary and Specialist Care regarding Presenting problems

Primary Care

a. 'Undifferentiated'

b. At early stage of development,

c. Not a major threat to life or function.

Specialist Care (Hospital)

a. Selected.

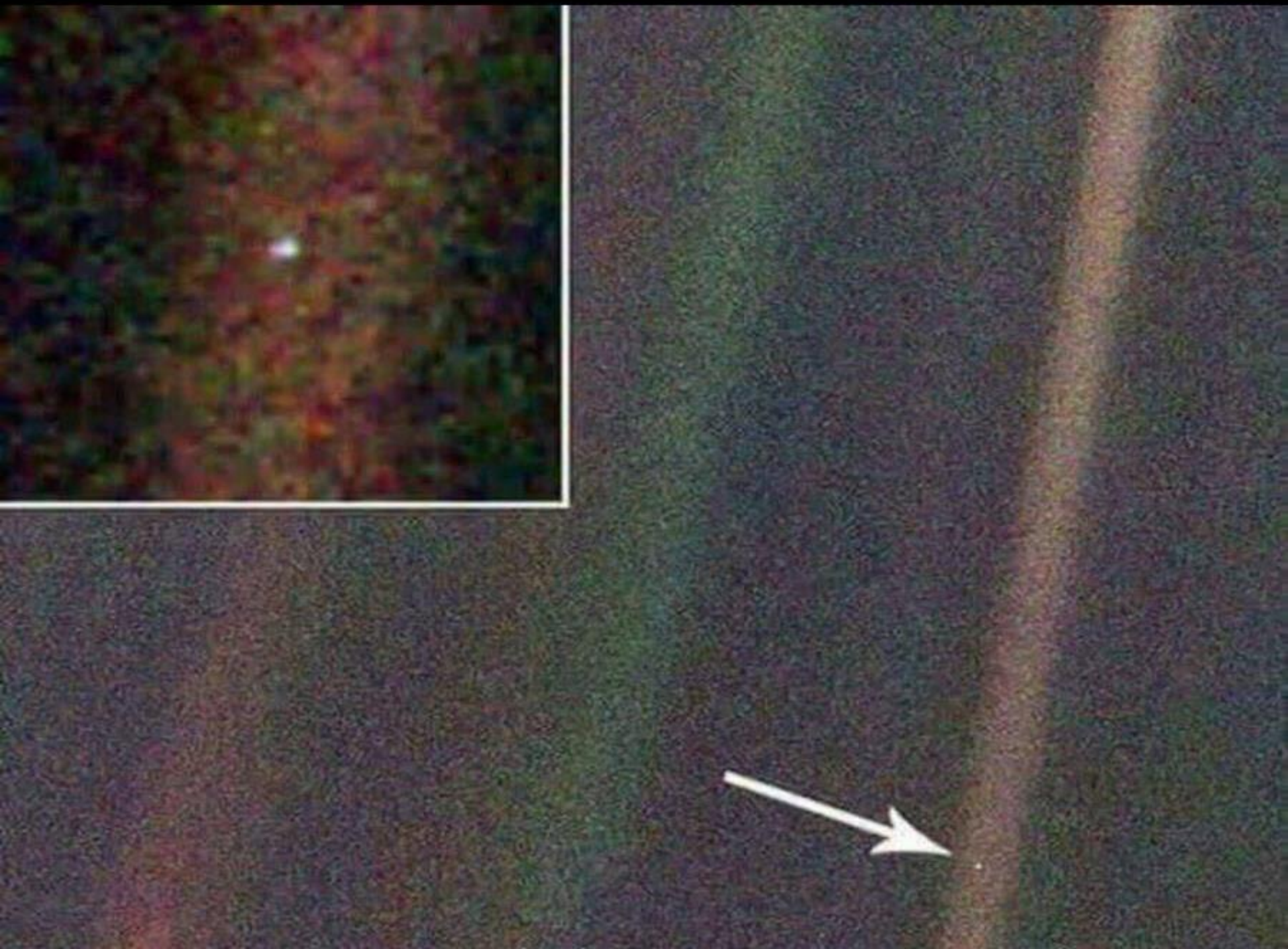
b. Deferred in presentation.

c. A major threat to life or function, frequently requiring elaborate technology in assessment and/or management

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]



1926 Primary Health Care Centers (Taif & Makkah)

Health Directorate of Makkah

1928 Health and Emergency Services Directorates

1931 Ministry of Interior (Department of Health)

1950 Establishment of Ministry of Health (MoH)

HRH Prince Abdullah Al Faisal
(First Minister of Health)

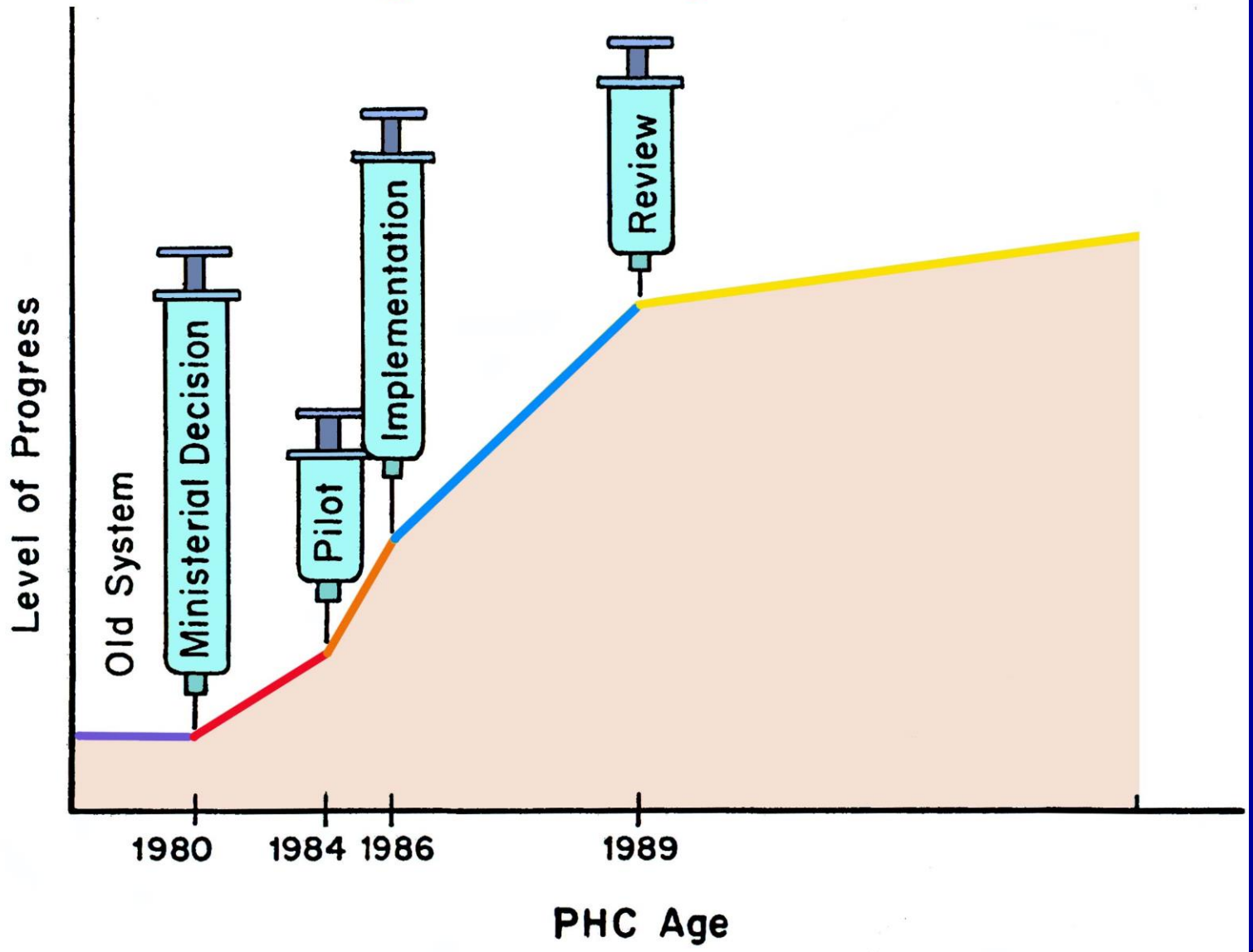
Formation of MoH coincided with establishment of hospitals

1950	The Eye Hospital (Jeddah)
1952	Isolation Hospital (Jeddah)
1954	Riyadh Central Hospital (KSMC)
1961	National Guard Hospital (KAMC)
1967	Security Forces Hospital
	King Abdulaziz University Hospital
1978	Military Hospital (RMH)

1978 Arab Board Training Programs

1993 Saudi Council for Health Specialties

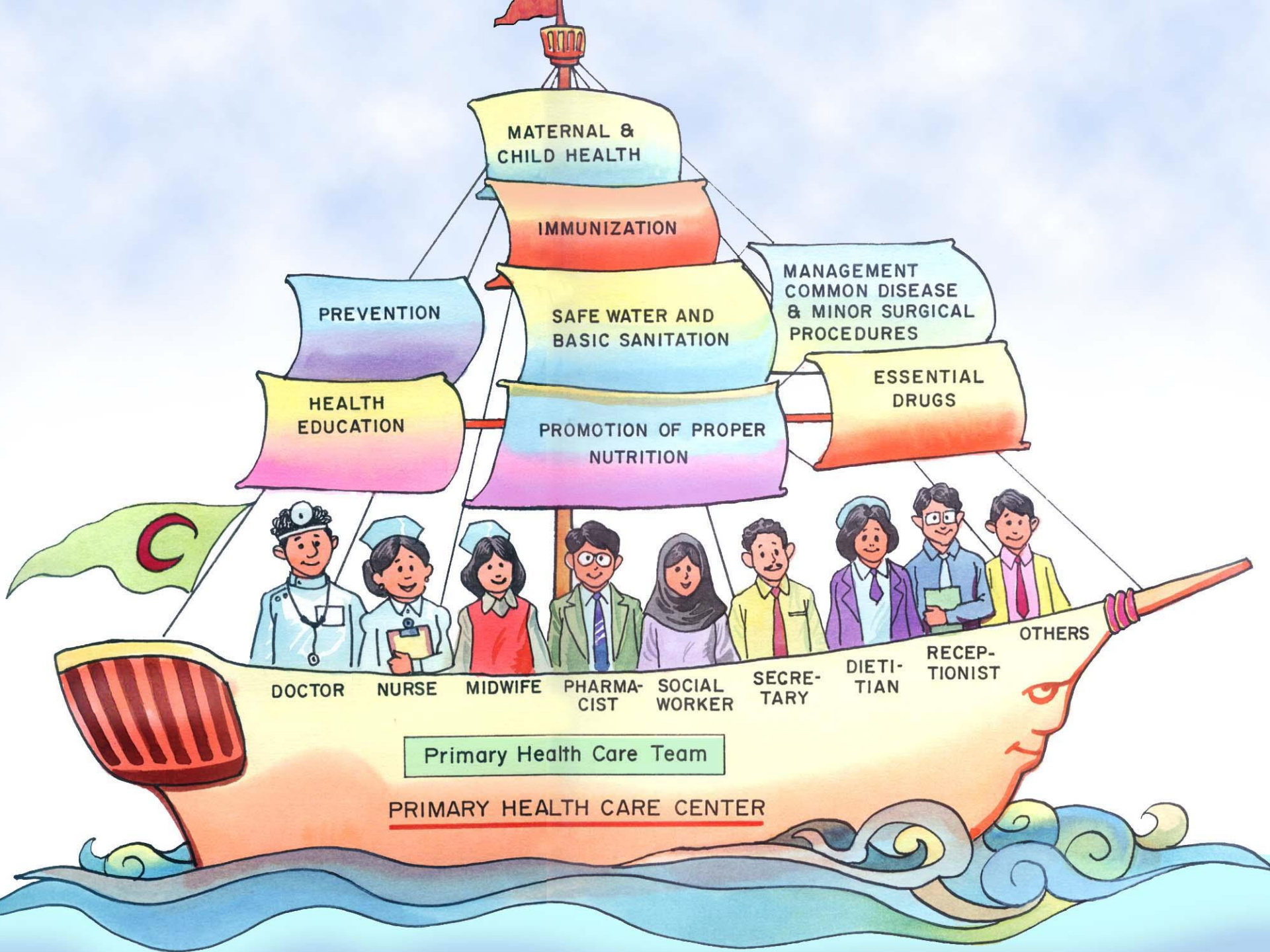
Chronological Development of PHC

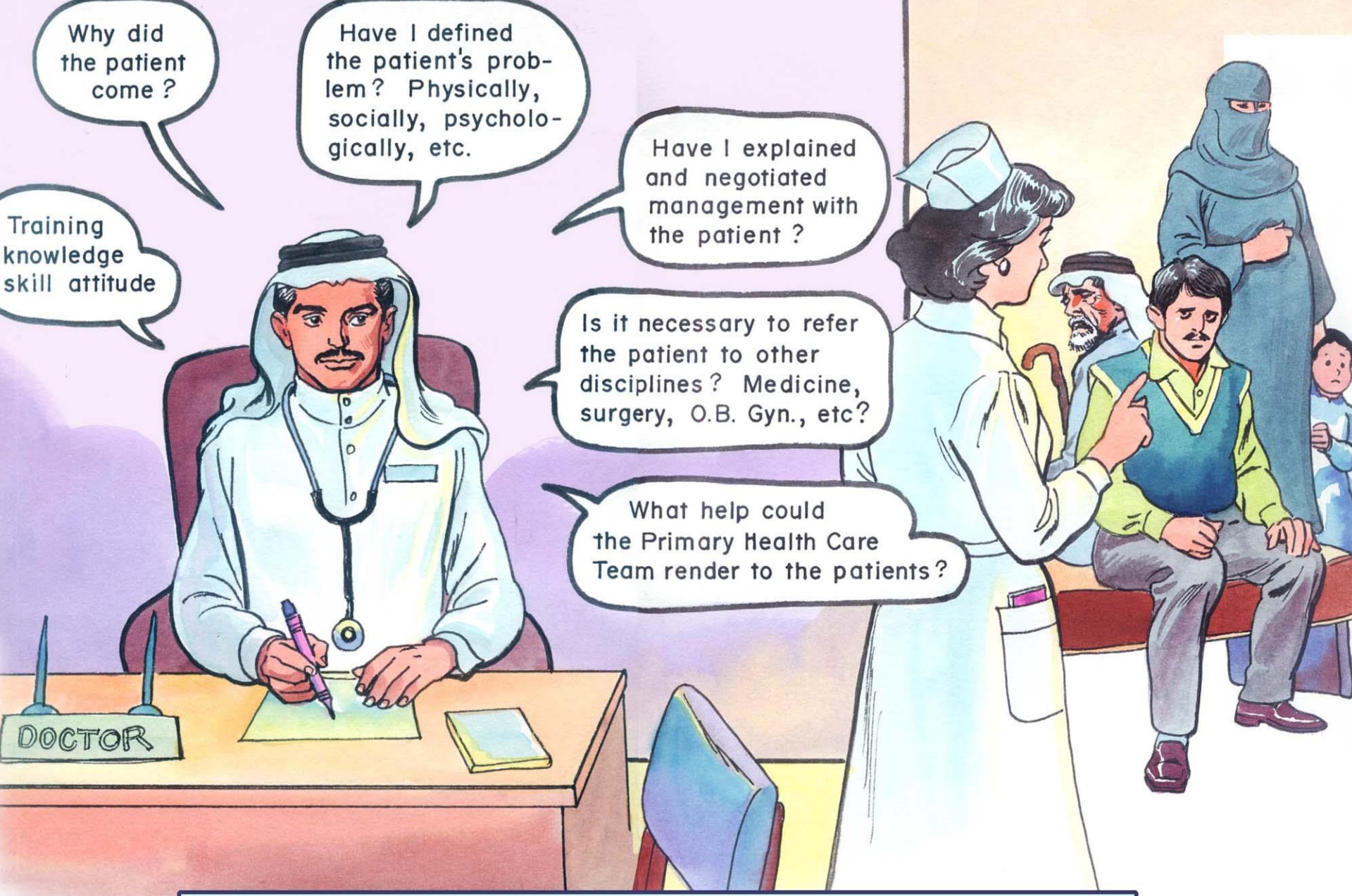


Development of PHC/FM

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

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


MATERNAL & CHILD HEALTH
IMMUNIZATION
PREVENTION
SAFE WATER AND BASIC SANITATION
MANAGEMENT COMMON DISEASE & MINOR SURGICAL PROCEDURES
HEALTH EDUCATION
PROMOTION OF PROPER NUTRITION
ESSENTIAL DRUGS
DOCTOR
NURSE
MIDWIFE
PHARMA-CIST
SOCIAL WORKER
SECRE-TARY
DIETI-TIAN
RECEP-TIONIST
OTHERS
Primary Health Care Team
PRIMARY HEALTH CARE CENTER

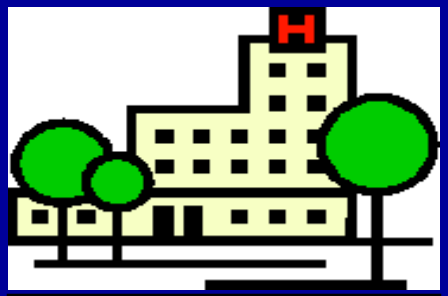


PERCEPTION OF THE DOCTOR'S ROLE IN THE PRIMARY HEALTH CARE CLINIC

PHC& Hospitals in SA

64,114,758
visits

3 visits / Person / Year



83.5 %
PHC Centers

16.5 %
Hospitals

Table 1-1 : Demographic Indicators

جدول ١-١ : المؤشرات السكانية

السنة Year	Indicator		المؤشر
2017	Total Estimated Population Size	32,552,336	إجمالي عدد السكان التقديري
2017	Saudi Population (Males)	10,396,914	عدد السكان السعوديين (ذكور)
2017	Saudi Population (Females)	10,011,448	عدد السكان السعوديين (إناث)
2017	Non-Saudi Population (Males)	8,313,559	عدد السكان غير السعوديين (ذكور)
2017	Non-Saudi Population (Females)	3,830,415	عدد السكان غير السعوديين (إناث)
2016	Crude Birth Rate /1000 Population	17.23	المعدل الخام للمواليد لكل ١٠٠٠ نسمة
2017	Annual Population Growth Rate (%)	2.52	معدل النمو السنوي للسكان (٪)
2017	Population Under 5 Years %	8.4	النسبة المئوية للسكان أقل من ٥ سنوات
2017	Population Under 15 Years %	24.7	النسبة المئوية للسكان أقل من ١٥ سنة
2017	Population 15- 64 Years %	72.1	النسبة المئوية للسكان من ١٥-٦٤ سنة
2017	Population 65+ Years %	3.2	النسبة المئوية للسكان من ٦٥ سنة فأكثر
2016	Total Fertility Rate	2.4	معدل الخصوبة الكلي
	Life Expectancy at Birth		**متوسط العمر المأمول عند الولادة**
2017	Total	74.9	الكلي
2017	Male	73.6	للذكور
2017	Female	76.3	للإناث
2017	Low Birth Weight %	8.65	النسبة المئوية للمواليد الذين تقل أوزانهم عن الوزن الطبيعي

Source: General Authority for Statistics

المصدر: الهيئة العامة للإحصاء

Table 1-2 : Mortality Indicators

جدول ١-٢ : مؤشرات الوفيات

السنة Year	Indicator		المؤشر
2017	Crude Death Rate / 1000 Population	2.9	المعدل الخام للوفيات لكل ١٠٠٠ نسمة
2016	Neonatal Mortality Rate / 1000 Live Birth	2.74	معدل وفيات حديثي الولادة لكل ١٠٠٠ مولود حي
2017	Infant Mortality Rate / 1000 Live Birth	6.3	معدل وفيات الرضع لكل ١٠٠٠ مولود حي
2017	Under 5 Mortality Rate/1000 Live Birth	8.9	معدل وفيات الأطفال دون الخامسة لكل ١٠٠٠ مولود حي
2015	Maternal Mortality Rate/ 100,000 Live Birth	12	معدل وفيات الأمومة لكل ١٠٠,٠٠٠ مولود حي

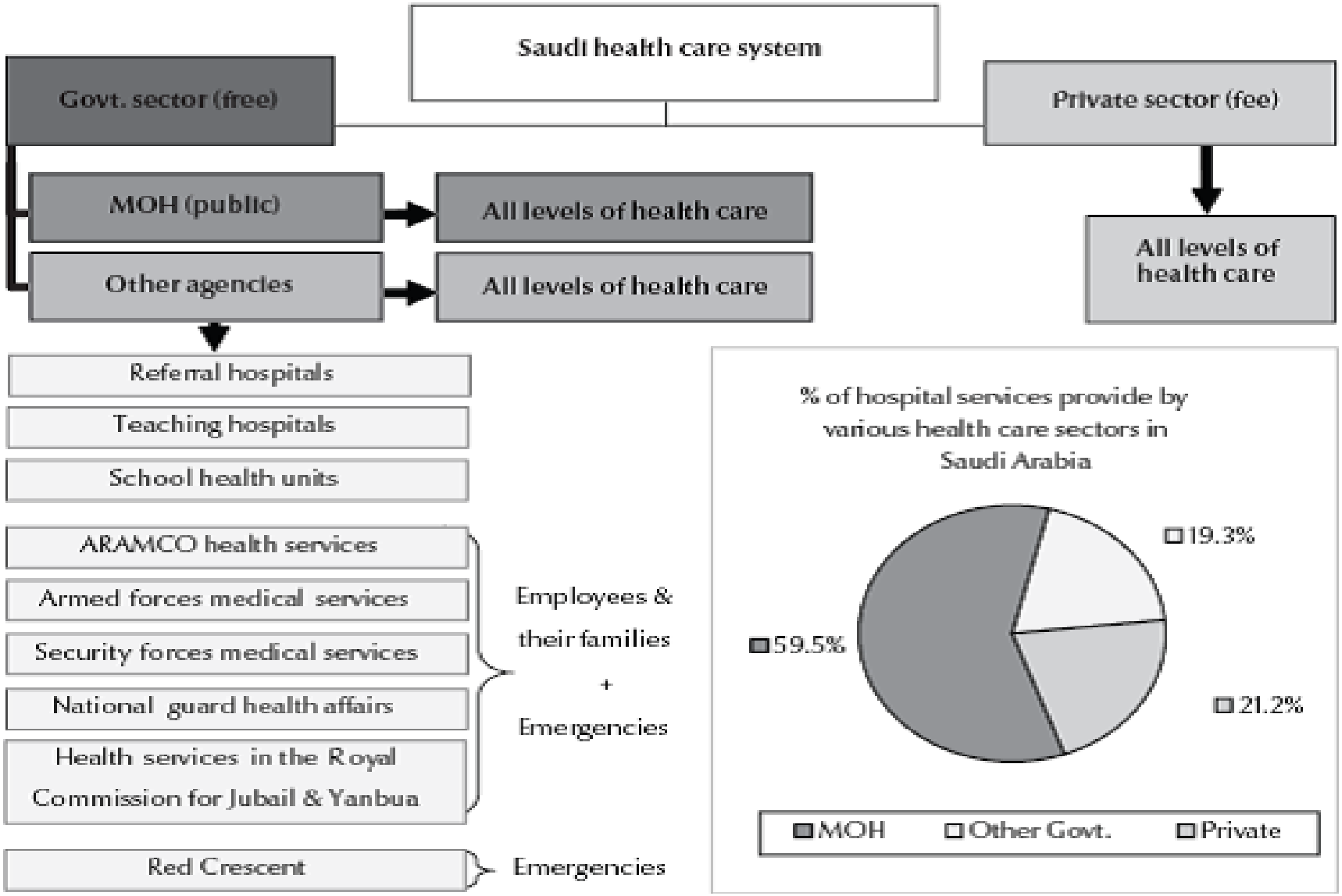
Source: General Authority for Statistics

المصدر: الهيئة العامة للإحصاء

جدول ٢ – ٣ – أ : المستشفيات والأسرة بجميع القطاعات الصحية بالمملكة حسب الجهة ومعدل الأسرة لكل ١٠٠٠٠ من السكان للأعوام ١٤٣٤ – ١٤٣٨ هـ (٢٠١٣ – ٢٠١٧ م).

Table 2-3-A : Hospitals and Beds in All Health Sectors, KSA and Rate of Beds / 10000 population, 1434 -1438 H (2013-2017 G).

Year										السنة
2017 - 1438		2016 - 1437		2015 - 1436		2014 - 1435		2013 - 1434		
Beds الأسرة	Hospitals المستشفيات	Beds الأسرة	Hospitals المستشفيات	Beds الأسرة	Hospitals المستشفيات	Beds الأسرة	Hospitals المستشفيات	Beds الأسرة	Hospitals المستشفيات	G.Year السنة الميلادية
43080	282	41835	274	41297	274	40300	270	38970	268	Ministry of Health وزارة الصحة
12279	47	11581	44	11449	43	12032	42	11111	41	Other governmental Sector الجهات الحكومية الاخرى
17622	158	17428	152	16648	145	15665	141	14310	136	Private sector القطاع الخاص
72981	487	70844	470	69394	462	67997	453	64694	445	Total المجموع
22.42		22.30		22.01		22.10		21.57		Rate of beds/ 10,000 population معدل الأسرة / ١٠٠٠٠ نسمة


Saudi health care system
Govt. sector (free)
Private sector (fee)
MOH (public)
All levels of health care
Other agencies
All levels of health care
All levels of health care
Referral hospitals
Teaching hospitals
School health units
ARAMCO health services
Armed forces medical services
Security forces medical services
National guard health affairs
Health services in the Royal Commission for Jubail & Yanbua
Employees & their families + Emergencies
Red Crescent
Emergencies
% of hospital services provide by various health care sectors in Saudi Arabia
19.3%
59.5%
21.2%
MOH
Other Govt.
Private

Hospitals in SA in 1437H

- The total number of hospitals 470 in 1437H
- The total number of beds 70844 in 1437H,
- The number of MOH hospitals in 1437 H 274, =41835 beds

- The number of private hospitals 152. = 17428 beds

- The total number PHC centers 2325
- The total number of private clinics 65

- The total number of private pharmacies 8114 (one pharmacy/ 3912 persons).

KSA key healthcare achievements

Public Health care facilities

+2,000 Primary care clinics

+270 Hospitals

+40,000 Hospital beds

+330 Specialized centers

KSA key healthcare achievements

Academic institutions

+41 Medical colleges
+13 Nursing colleges
+20 Pharmacy colleges
+28 Other Healthcare colleges

KSA key healthcare achievements

Saudi Health professionals

+22,000 Saudi physicians

+56,000 Saudi nurse

+4,900 Saudi pharmacists

+75,000 Allied health personnel

KSA key healthcare

	1960	2015
Infant Mortality(per 1000 live births)	185	7(44 regional average 37 global average)
Life Expenctancy	46	74(68 regional average 70 global average)
Vaccination	**41%** (1980)	**97%(2015)**

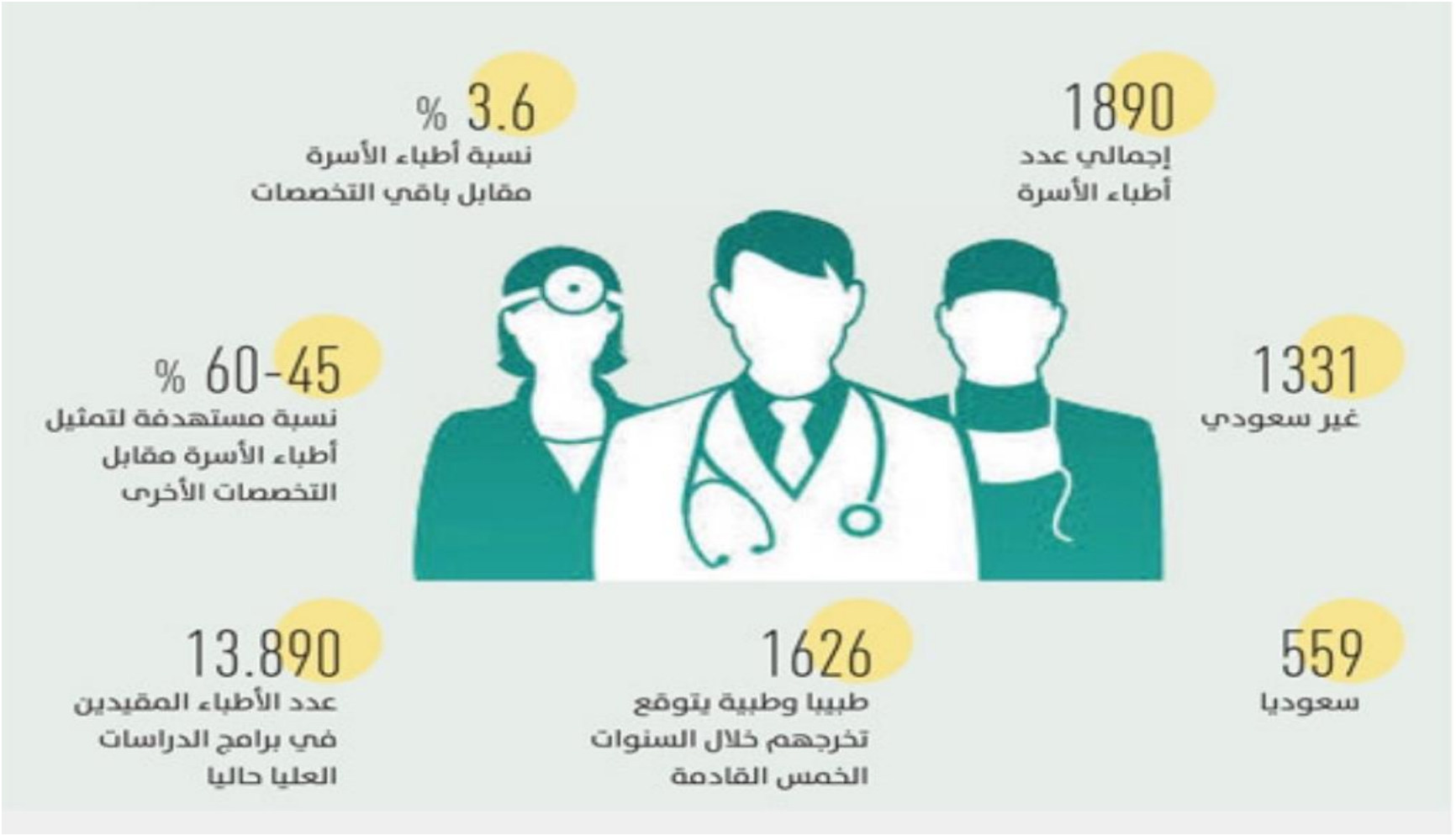
A vision for the future

- Practices working together by sharing expertise and capacity
- Training model for health care professionals emphasising patient centredness and communication skills

Saudi Vision 2030

- It 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.

Family medicine doctors & students



Take home message

- The principles and competencies required for FM are universal, applicable to all cultures /social groups, from richest to the poorest
- Promote Family Medicine for the best of our society

Continuity of Care –Why

- build Trust .
- Creates a context of healing .
- Increases FP&patients knowledge of each other
- Increases the Patient and Doctor satisfaction.
- Increase the compliance .

فيديو مبسط ورائع يوضح دور طبيب الأسرة في الرعاية الصحية للفرد والأسرة والمجتمع
American board of family medicine Review of Family medicine

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- Year book of ministry of health , Saudi Arabia

Questions?

Thank you