Lecture 1

Editing file

Family medicine:Principles, Concept & Practice

Objectives:

- ★ To become aware of the history of Family Medicine
- ★ To understand the concepts and principles of Family Medicine, including its definition
- ★ To become familiar with the desirable qualities of a Family Physician
- ★ To become aware of the evolution of Family Medicine in Saudi Arabia

Color index:

Original text Important Doctor's notes Golden notes Extra

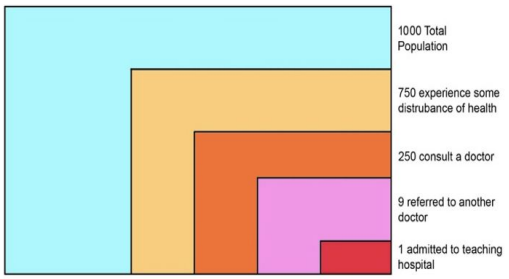
Importance Of FM

Case study!

Sarah a **34** year old **obese headmistress** (stressfull job). 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? Variety of DDx
- Where should she seek help? ER, PHC clinic
- What are the opportunities for lifestyle modification & prevention: (exercise and diet, avoid second hand smoking, help her cope with her stressful job)

The health experience of a population over a period of one month



Only 250 out of 750 consulted a doctor!

WHO report, Geneva 1962

- Why people do not have adequate healthcare?
- Unequal access to disease prevention & care
- Rising cost of health care
- Inefficient health care system
- Lack of emphasis on Generalists' (Family Medicine) training

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 (rural areas will be affected)
- Services were curative oriented (forgetting the prevention)
- Planning not related to needs (ex. some areas in the country need more hospitals)
- Absent statistics leading to maldistribution (between the socioeconomic status and the service provided)
- No community participation (ex. vaccination)
- Lack of coordination (between 1ry, 2ry and tertiary health sector hospitals)
- Economical deterioration

Importance Of FM

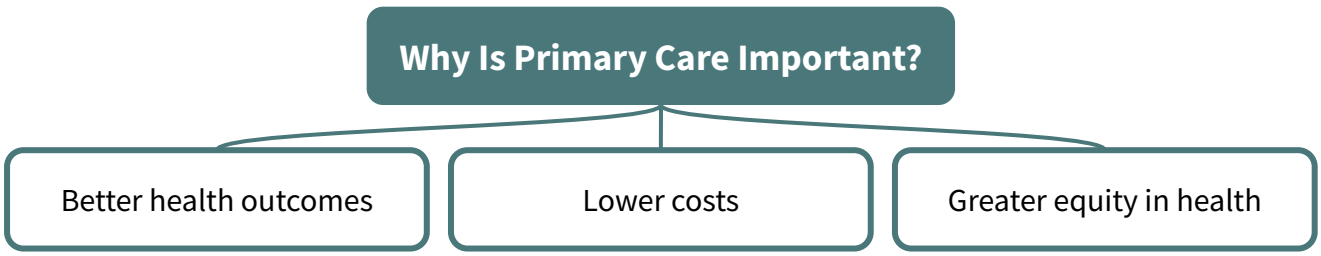
Health for all 2000 through PHC

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

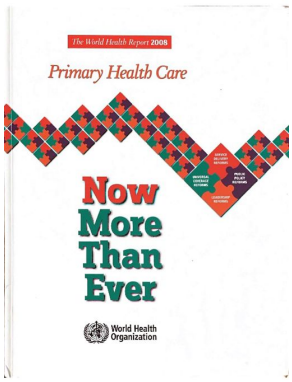
Overall, countries that achieve better health levels:

- 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



Family care

- Every 10 additional primary care physicians per 100,000 people in the United States was associated with a **51.5-day increase in life expectancy** during the decade from 2005 to 2015, according to a study in JAMA Internal Medicine.
- A study showed that treating DM in hospital cost 10x more than treating DM in PHC centers.



History Of FM

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 (UK GP 1952)	General practice (GP)	Family physician (USA FP 1969)
Family medicine (FM)	Family doctor	Primary care
	Primary care physician (SA 1983)	

Definition of Family Medicine Canadian and american definition

- 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. (it is comprehensive)

History Of FM

Influences lead to FM

- Social changes. People noticed services are fragmented, increasing in court cases
- Specialization.
- New pattern of illness demanded a new type of physician. (Someone who put these patterns together)
- Behavioral sciences gave new insights into old problem.
- Existing disciplines neglect problems encountered in FM. (orthopedics doctor wouldn't care about your smoking habit...etc)

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.
- The deterioration of Dr/Pt relationship and malpractice crisis lead to 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.**

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 ACEI induced 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

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

Basically having family physicians is cost effective

The Core Competencies of the General Practitioner / Family Doctor

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

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

The Core Competencies of the General Practitioner / Family Doctor cont.

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

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 dimension

An area for your notes

10 Cs OF FAMILY PRACTICE

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
- Gatekeeper- 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

10 Cs OF FAMILY PRACTICE

10 Cs OF FAMILY PRACTICE cont.

- **1= Caring/Compassionate**
- 2= Clinically Competent
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- **7= Co-ordination of Care**
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6-COMMON PROBLEMS MANAGEMENT

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

7-COORDINATION OF CARE

- Patient's advocate
- Organizing multiple sources of help

8-CONTINUING PROFESSIONAL DEVELOPMENT

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

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

Primary and Specialist Care

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

1- Available (Geographically)
2- Accessible (easy to attend, not in high floors)
3- Affordable
4- Acceptable
5- Adaptable
6- Applicable
7- Attainable
8- Appropriate
9- Assessable

9 As + PATIENT SAFETY

Contrast between Primary and Specialist Care

Primary Care	Specialist Care (Hospital)
Regarding contact: • consultations, contact is initiated by the patient.	**Regarding contact:** • Contact is usually initiated by referral from another doctor
Regarding accessibility: 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	**Regarding accessibility:** 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
Regarding Presenting problems : • 'Undifferentiated' • At early stage of development, • Not a major threat to life or function.	**Regarding Presenting problems :** • Selected. • Deferred in presentation. • A major threat to life or function, frequently requiring elaborate technology in assessment and/or management

PHC & Hospitals in SA

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

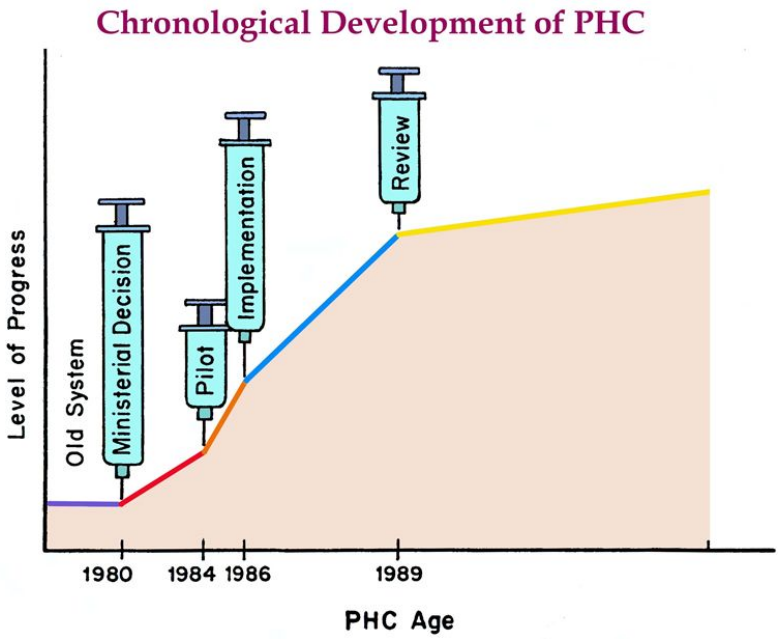
Development of PHC/FM

1982

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

2019

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

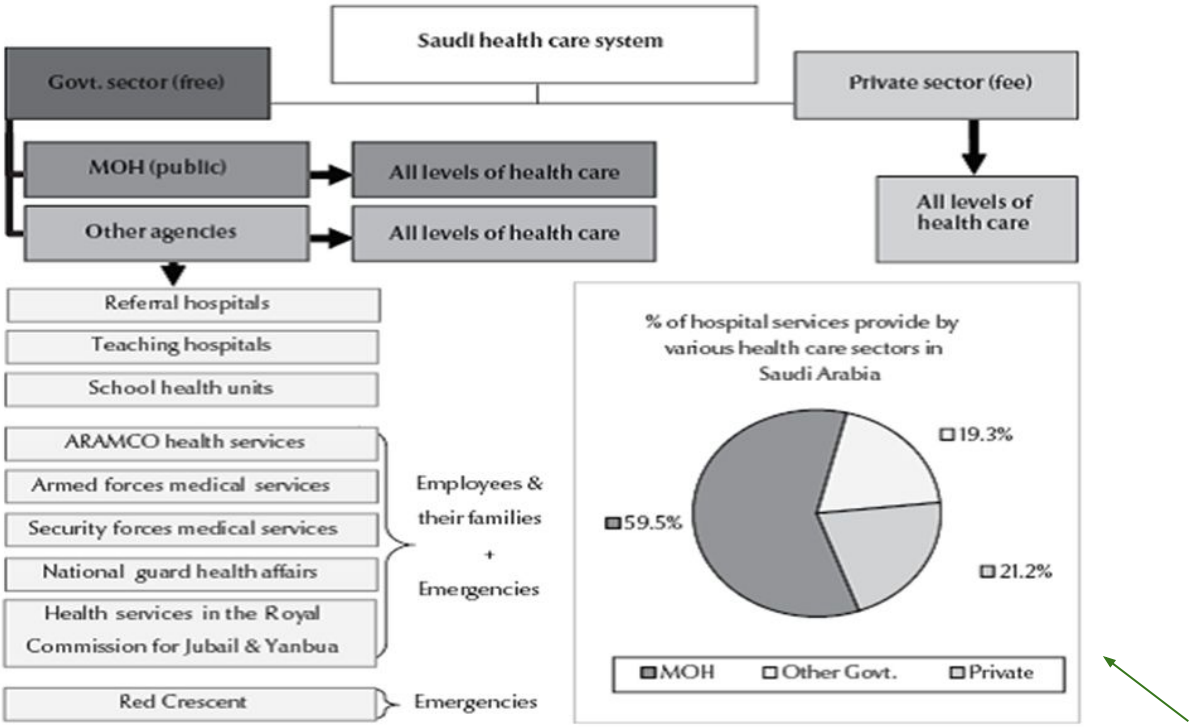


PHC & Hospitals in SA

يوجد ١٣ جهة تقدم خدمات صحية في المملكة

-The start of PHC in KSA was in 1926.

PHC & Hospitals in SA



The numbers in the diagram represent the current time. It is expected to increase by 2030

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

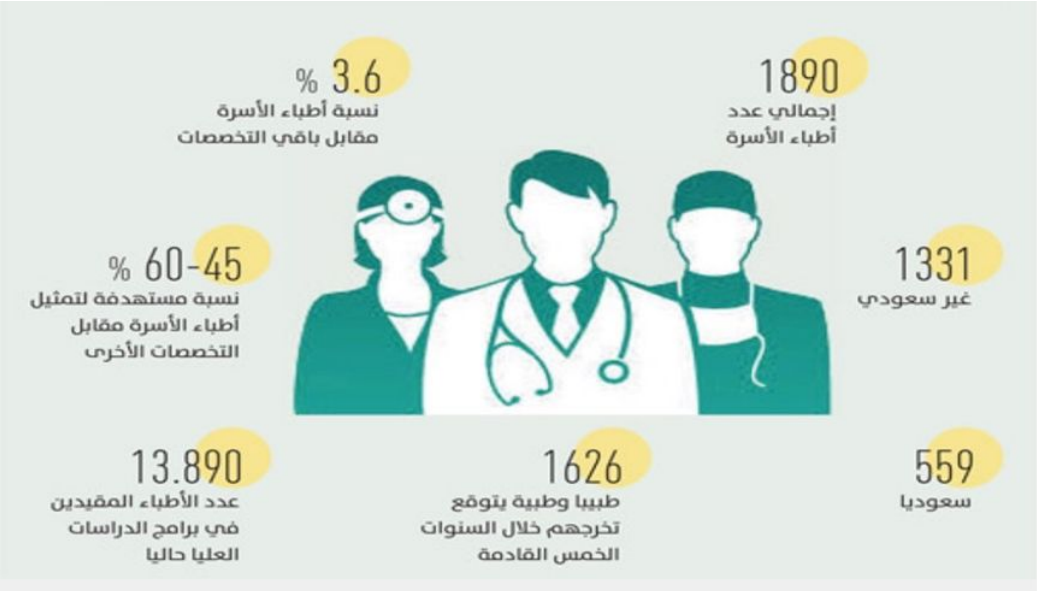
Academic institutions
+41 Medical colleges
+13 Nursing colleges
+20 Pharmacy colleges
+28 Other Healthcare colleges

Saudi Health professionals
+22,000 Saudi physicians
+56,000 Saudi nurse
+4,900 Saudi pharmacists
+75,000 Allied health personnel

PHC & Hospitals in SA

	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) (By 2030 it will reach 80s)
Vaccination	**41%** (1980)	**97%(2015)**

Family medicine doctors & students



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

https://m.facebook.com/story.php?story_fbid=1115071171962420&id=202520376550842&refsrc=http%3A%2F%2Ft.co%2FKfAdDMTxXu&__rdr

Lecture Quiz

Q1: The scope of family medicine encompasses:

A) Old females only
B) Sick males only
C) All ages & both sex they don't have any disease
D) ALL ages, both sexes, each organ system and every disease entity

Q2: What is the benefit of Person-centred Care in health care system?

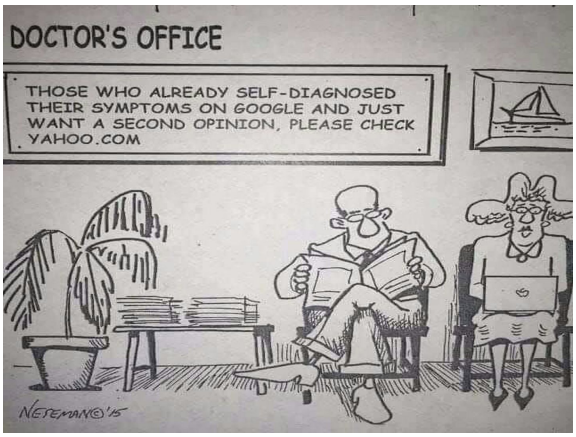
A) to adopt a person centred approach in dealing with patients and problems in the context of patient's circumstances
B) to use a biopsychosocial model taking into account cultural & existential dimensions
C) to make effective and efficient use of diagnostic and therapeutic interventions
D) To promote health and well being by applying health promotion and disease prevention strategies appropriately

Q3: What is the benefit of Specific Problem Solving Skills in health care system?

A) to adopt a person centred approach in dealing with patients and problems in the context of patient's circumstances
B) to use a biopsychosocial model taking into account cultural & existential dimensions
C) to make effective and efficient use of diagnostic and therapeutic interventions
D) To promote health and well being by applying health promotion and disease prevention strategies appropriately

Q4: What is the benefit of Holistic Approach in health care system?

A) to adopt a person centred approach in dealing with patients and problems in the context of patient's circumstances
B) to use a biopsychosocial model taking into account cultural & existential dimensions
C) to make effective and efficient use of diagnostic and therapeutic interventions
D) To promote health and well being by applying health promotion and disease prevention strategies appropriately



Answers: Q1:D | Q2:A | Q3:C | Q4:B

THANKS!!

Obtained and edited from Team 437, by:

- Mohammed Alhumud

Original creators:

- Team Leader:
  - Abdulrahman Alaujan
- Members:
  - Abdulaziz Aljohani
  - Saud Alahmari
- Revised by:
  - Salem AlAmmari

Team Leader:
Raed Alojairy

Send us your feedback:
We are all ears!