

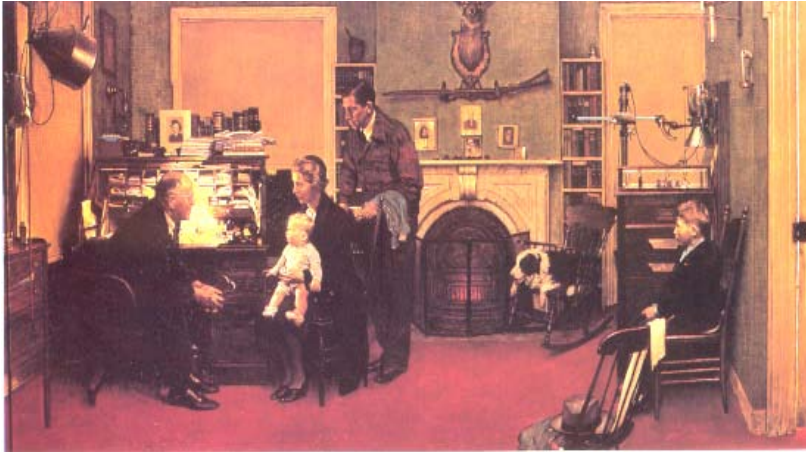
# Now more than ever: The role of primary care and family physicians to secure relevant health care for populations and people

Chris van Weel

International Conference  
On Healthcare Reform  
January 17 2009



## Going back to the future, for health care XXIst century



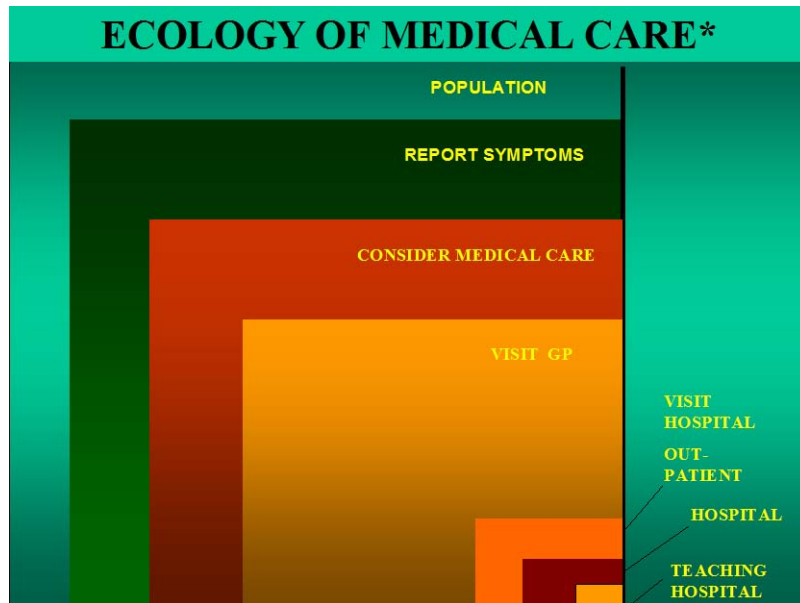
- Steadfast Flexibility of Care
  - Equality (delivered quality)
  - Equity (individual needs)
  - Rediscovering 'old' values
- Presentation
  - Ecology of Medical Care
  - Two research examples
  - Conclusion: integrated primary care

## Challenges in delivering health care

- Specialty model
  - Disease specific, a doctor for every disease
  - Technology, supplier driven
- Disease in isolation
  - Disease-mechanism
  - Biochemical determinants
- Episodes in isolation
  - Disruptive care
  - Body – mind anomaly

# Global Perspective

## common denominator

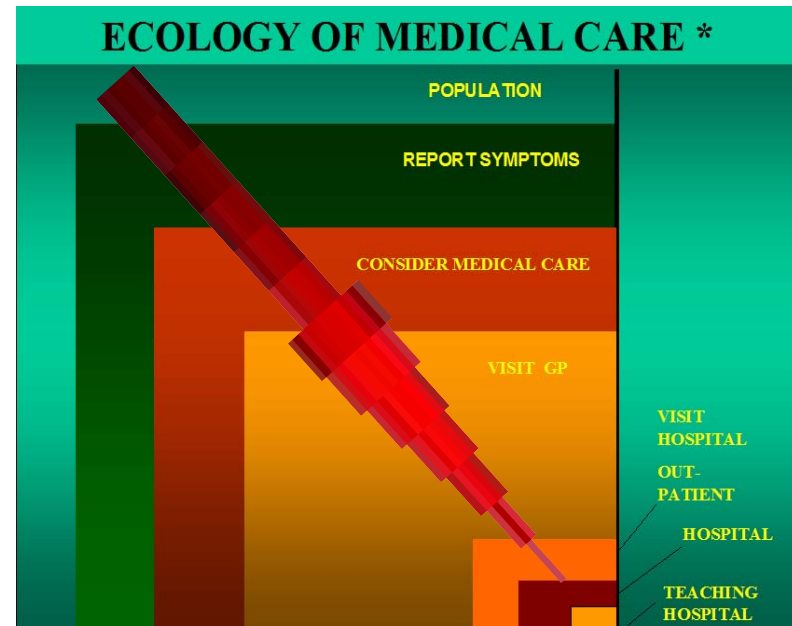


- Health Systems differ
  - Enhance, impede roles & functions
  - Perverse incentives
- Mission health care generic
  - 'Ecology of medical care'
  - Morbidity in context
- Variation in care
  - System consequence, no discipline characteristic

\* White et al NEJM 1961  
Green et al NEJM 2001

# The Ecology: Community/Population Perspective and Three Transitions

- Domain Health Problems
  - Selfcare
  - Primary care
  - Secondary care
- Role Patients
- Health care structure



\* White et al NEJM 1961  
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## Health care policy move

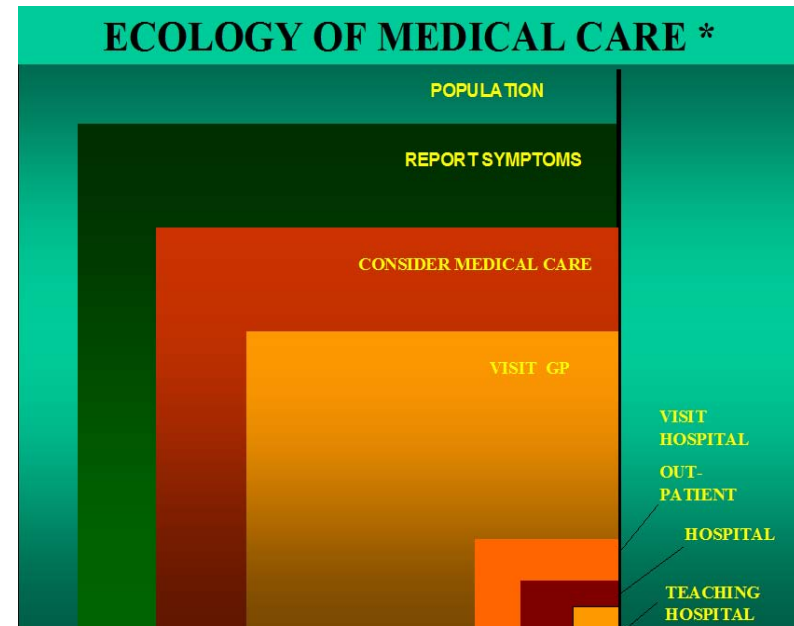
- From hospital to primary care
- From specialist to community
- From professional to selfcare
- Societal perspective



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## 'Reach' of Primary Care

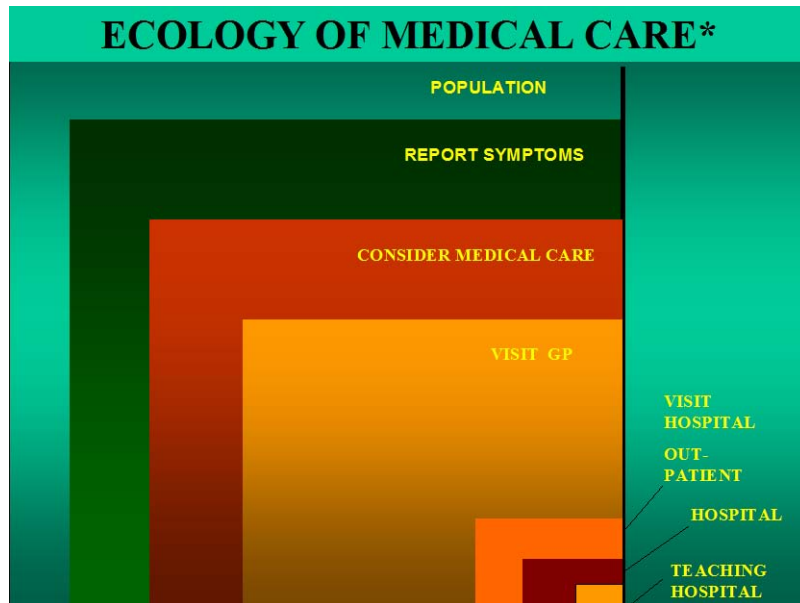
- Primary care morbidity
  - Unique domain illness, disease
- Population perspective
  - Needs, intersectorial
- Patient perspective
  - Personal doctor
  - Empowerment, needs vs. demands
- System perspective
  - Navigating resources



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# Domain of Primary Care

## unique clinical domain

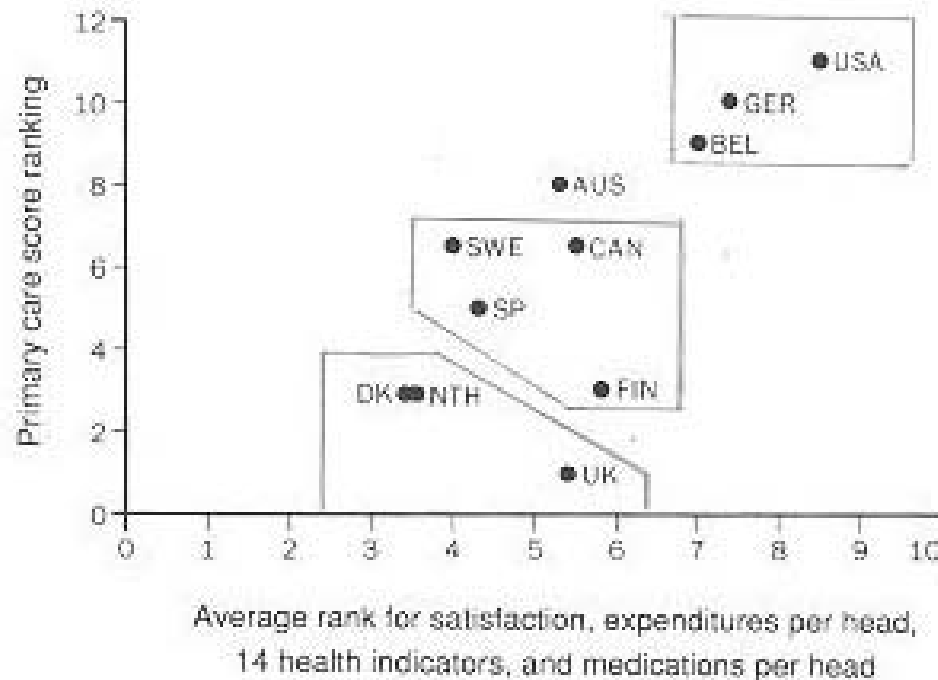


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- Top-10 Chronic Diseases
- *Obesity*
- *Hypertension*
- *Chronic nervous complaints*
- *Deafness*
- *COPD*
- *Chr. Isch. Heart disease*
- *Varicose veins*
- *Hyperlipemia*
- *Depression*
- *Psoriasis*



# Effectiveness Primary Care\*



\* Starfield B. Is primary care essential? Lancet 1994

# The Family Physician (GP) (Norman Rockwell 1947)



**Two empirical examples:**

*Does the epidemiological setting matter?*

A-priory chance

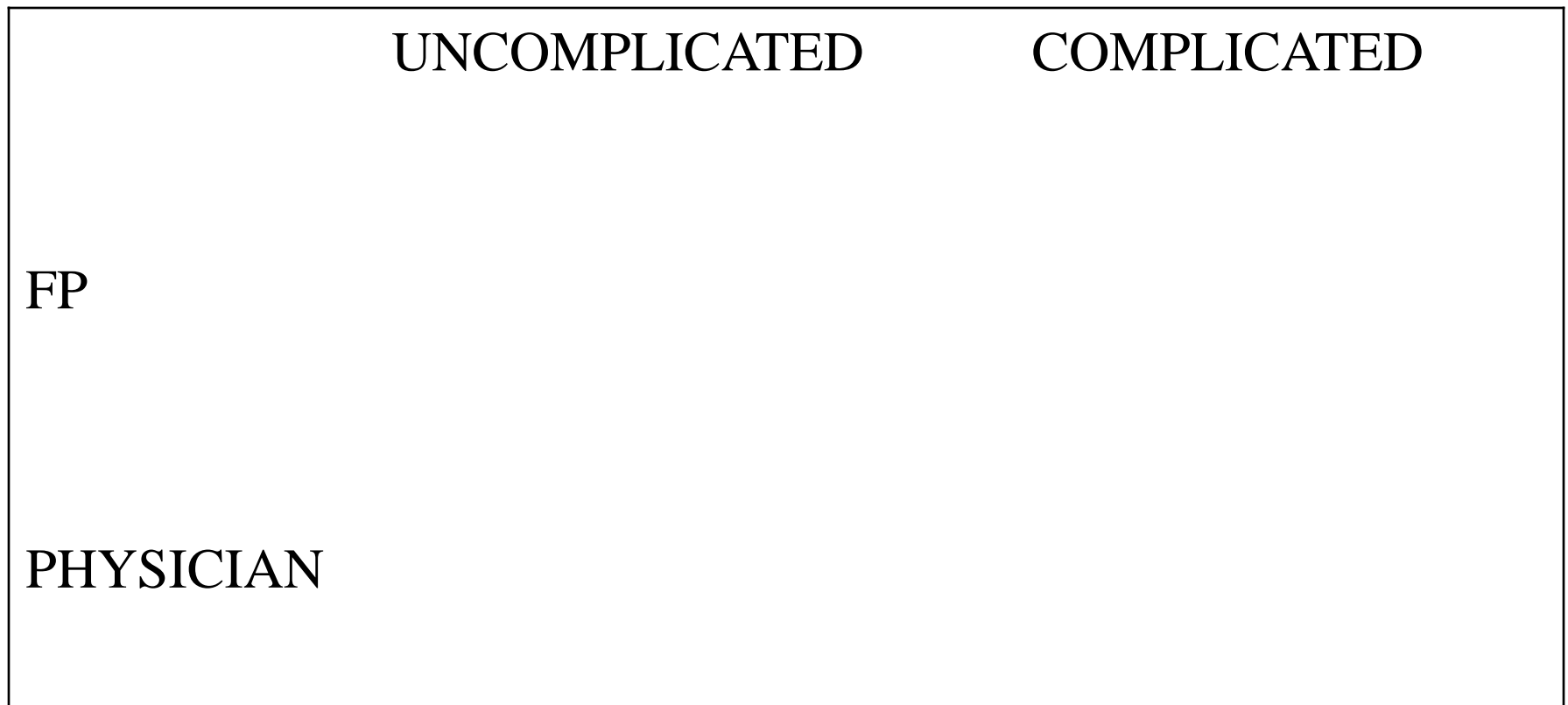
Comparing hypertension treatment of physicians internal medicine and family physicians

**Does the integral approach matter?**

Disease orientation versus person-centred care

The outcome of depression in family medicine

# PERFORMANCE FPs - PHYSICIANS (hypertension)



Gerritsma en Smal, 1982

Professor Chris van Weel

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## (hypertension)

	UNCOMPLICATED	COMPLICATED
FP	<p>Few interventions</p> <p>Limited time</p> <p>Purposeful</p>	
PHYSICIAN		

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# PERFORMANCE FPs - PHYSICIANS

## (hypertension)

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## LESSONS OF THE EXAMPLE

- Importance of clinical environment
  - Frequent health problems (early diagnosis, follow-up)
- Practice primarily focussed on 'norm'
  - Exceptions require additional interventions
- Generic but context dependent
  - International position of family practice.

## Two empirical examples:

### Does the epidemiological setting matter?

A-priory chance

Comparing hypertension treatment of physicians internal medicine and family physicians

### *Does the integral approach matter?*

Disease orientation versus person-centred care

The outcome of depression in family medicine

# DOES PERSON CENTRED CARE MATTER?

## Example: FPs' treatment depression

van Os TW, van den Brink RH, Tiemens BG, Jenner JA, van der MK, Ormel J. Communicative skills of general practitioners augment the effectiveness of guideline-based depression treatment. *J.Affect.Disord.* 2005;84:43-51.

# OUTCOME FPs DEPRESSION CARE

**CLINICAL  
COMPETENCE:**

**OUTCOME:**

van Os TW et al, *J.Affect.Disord.* 2005;**84**:43-51

# OUTCOME FPs DEPRESSION CARE

## CLINICAL COMPETENCE:

## OUTCOME:

Follows guideline

Does not follow  
guideline

# OUTCOME FPs DEPRESSION CARE

<b>CLINICAL COMPETENCE:</b>	<b>OUTCOME:</b>
Follows guideline	Good
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# OUTCOME FPs DEPRESSION CARE

<b>CLINICAL COMPETENCE:</b>	<i>EMPATHY</i>	<b>OUTCOME:</b>
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# OUTCOME FPs DEPRESSION CARE

<b>CLINICAL COMPETENCE:</b>	<b><i>EMPATHY</i></b>	<b>OUTCOME:</b>
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## EFFECTIVENESS of FAMILY PRACTICE

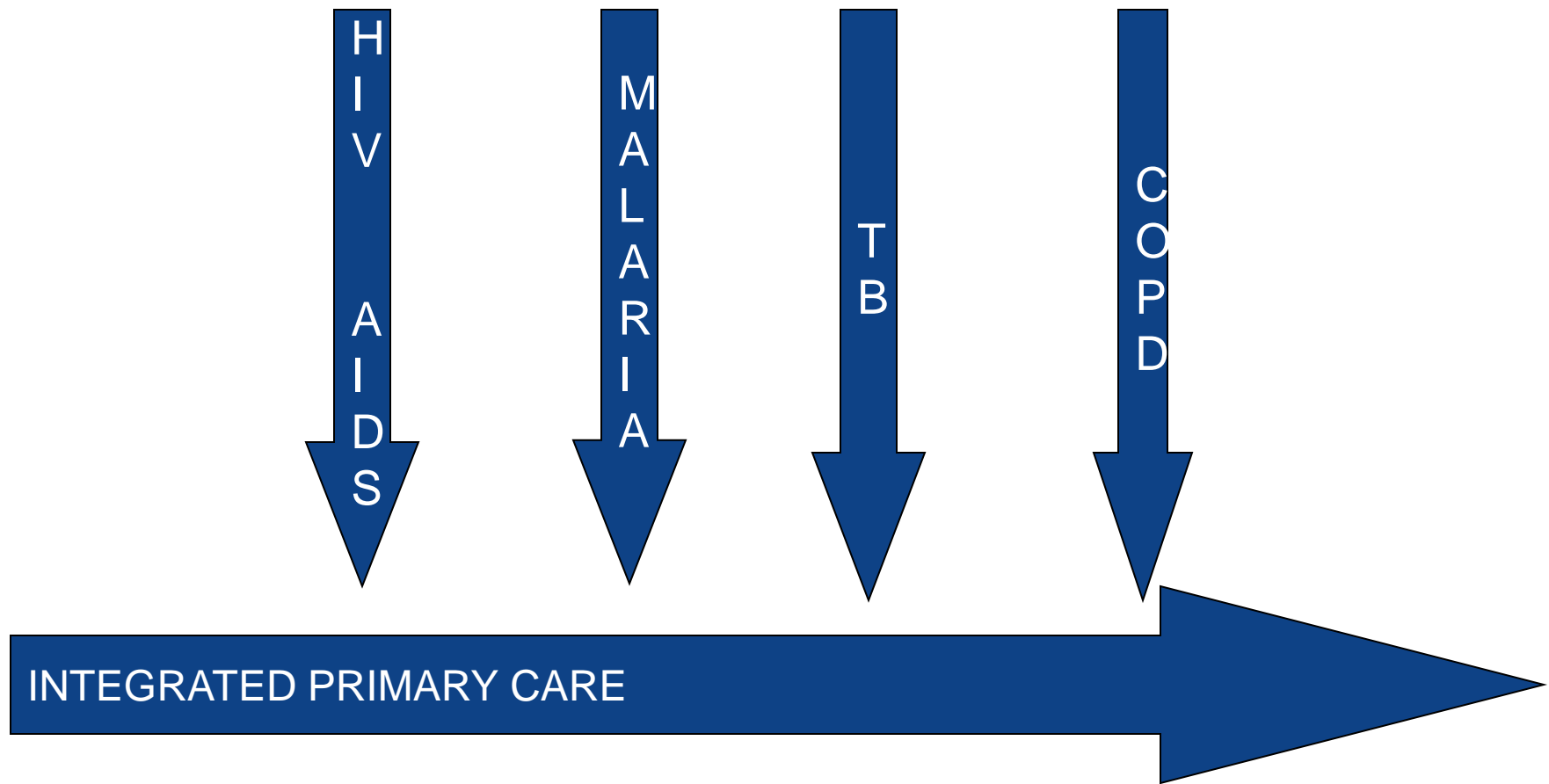
- Knowledge what is effective
  - Cost-effectiveness health care (Starfield)
  - FP density ~
    - Life expectancy
    - Early diagnosis of malignancies (melanoma)
    - For subspecialist this relation ***inverse!***
- Poor understanding of why it is effective
  - Black box, counterintuitive

## Role, function family physician



- Medical generalist
  - All health problems
  - All stages
  - All Individuals
  - Need driven
- Community oriented
  - Family or household focus
  - Social determinants
- Personal doctor
  - Patient centred
  - Integrated care
  - Continuity of care

## VERTICAL vs HORIZONTAL PROGRAMS OF CARE



## STRUCTURE ANOMALY

- Horizontal programming more effective, efficient
  - Focus: responding to needs
  - Target: unselected patients & communities
  - Where the science is
- Vertical programs more sexy
  - Focus: supply driven
  - Target: pre-selected groups & episodes
  - Where the money is

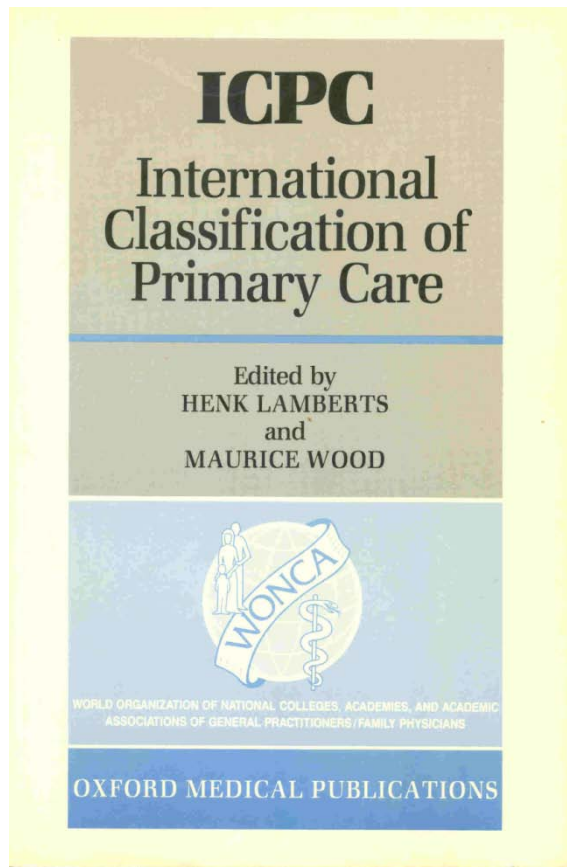


# *Fifteen by 2015*



Organize special programs through primary care:  
make a small part of special program money (15%) available for  
primary care development

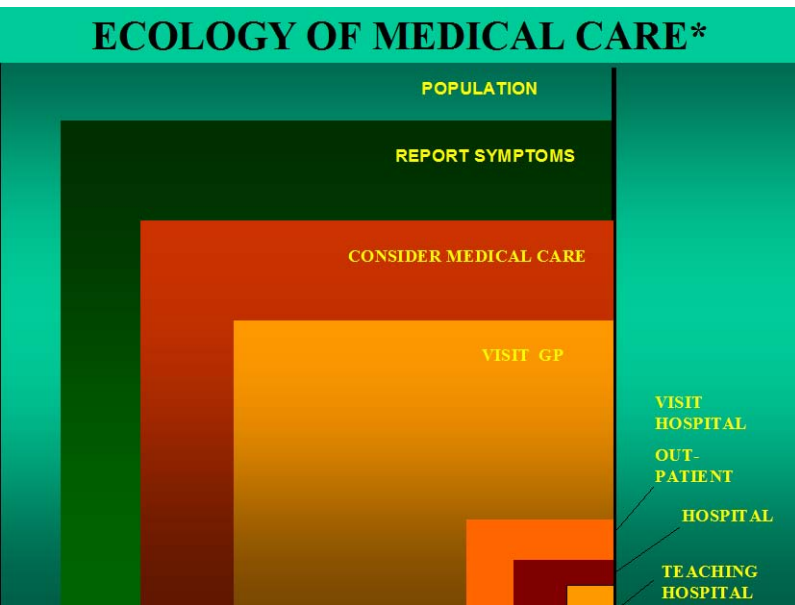
# International Classification of Primary Care ICPC



- Developed by Wonca
  - 1987, WICC
  - Maurice Wood
- Primary care focus
  - Specificity of generalist
- Relation with WHO
  - Relation ICD
- International Standard
  - Europe, Australia
  - WICC (chair Michael Klinkman):
  - ICPC-3

# Understanding effectiveness of primary care: practice, ICPC, R&D

- Need of comprehensive data
  - Dynamics primary care
- Information beyond diagnosis
  - Reflecting context of primary care
- Build on primary care experience
  - Primary care position in the medical home



# Conclusions

- *Now more than ever:*
  - Primary care matters
  - **It saves lives, and not only money**
  - Better population health and better functioning health care system
- Core concepts acknowledged
  - Personal, continuous, social/family context, trust
- Primary care can be, and must be, developed
  - Academic outreach of teaching, training
  - It is not 'an art'
- Better understanding of its effectiveness urgently needed
  - Research and development
- No need to postpone action