

# IMET 2000 PAL

International Medical Education Trust - Palestine

## What is primary care and what role should generalist practice and person-centred care play in its delivery in Palestine

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# Primary health care

*“Primary health care is essential health care..... the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process”*

# The Alma Ata Declaration 1978

- ▶ The Declaration of Alma-Ata was adopted at the International Conference on primary health care on 12 September 1978.
- ▶ It expressed the need for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all people.
- ▶ First international declaration underlining the importance of primary health care .
- ▶ The primary health care approach has since been accepted by member countries of the WHO as the key to achieving the goal of "Health for All"

# From individual to community

“Primary health care is primary care applied on a population level.

As a population strategy, it requires the commitment of governments to develop a population-oriented set of primary care services in the context of other levels and types of services”.

# Why is primary health care important?

- Better health outcomes
- Lower costs
- Greater equity in health

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# Better outcomes

Primary Care Oriented Countries have

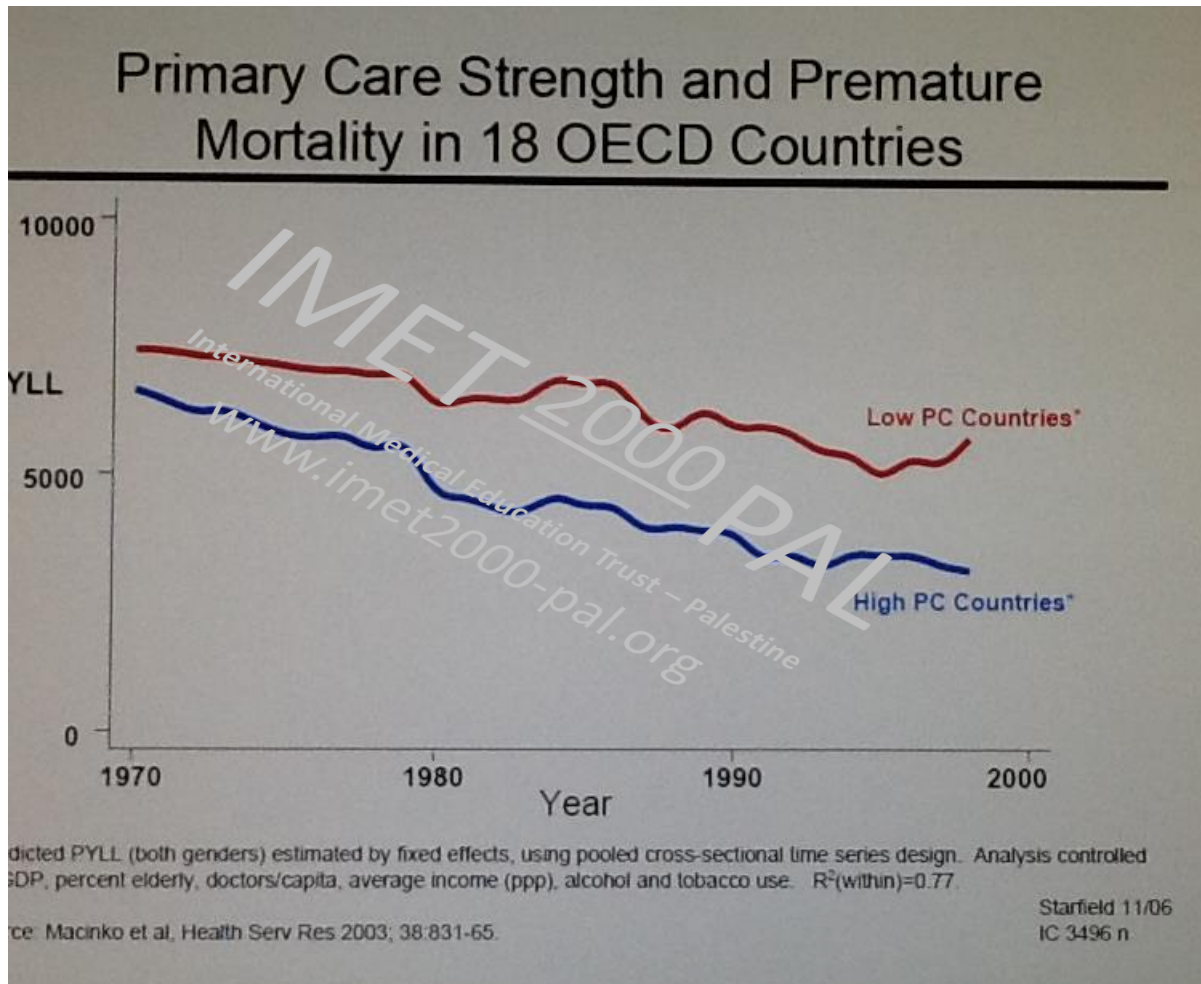
- fewer low birth weight infants
- lower infant mortality, especially post-neonatal
- Fewer years of life lost due to suicide
- Fewer years of life lost due to “all except external” causes
- Higher life expectancy at all ages except at age 80

Starfield 07/07

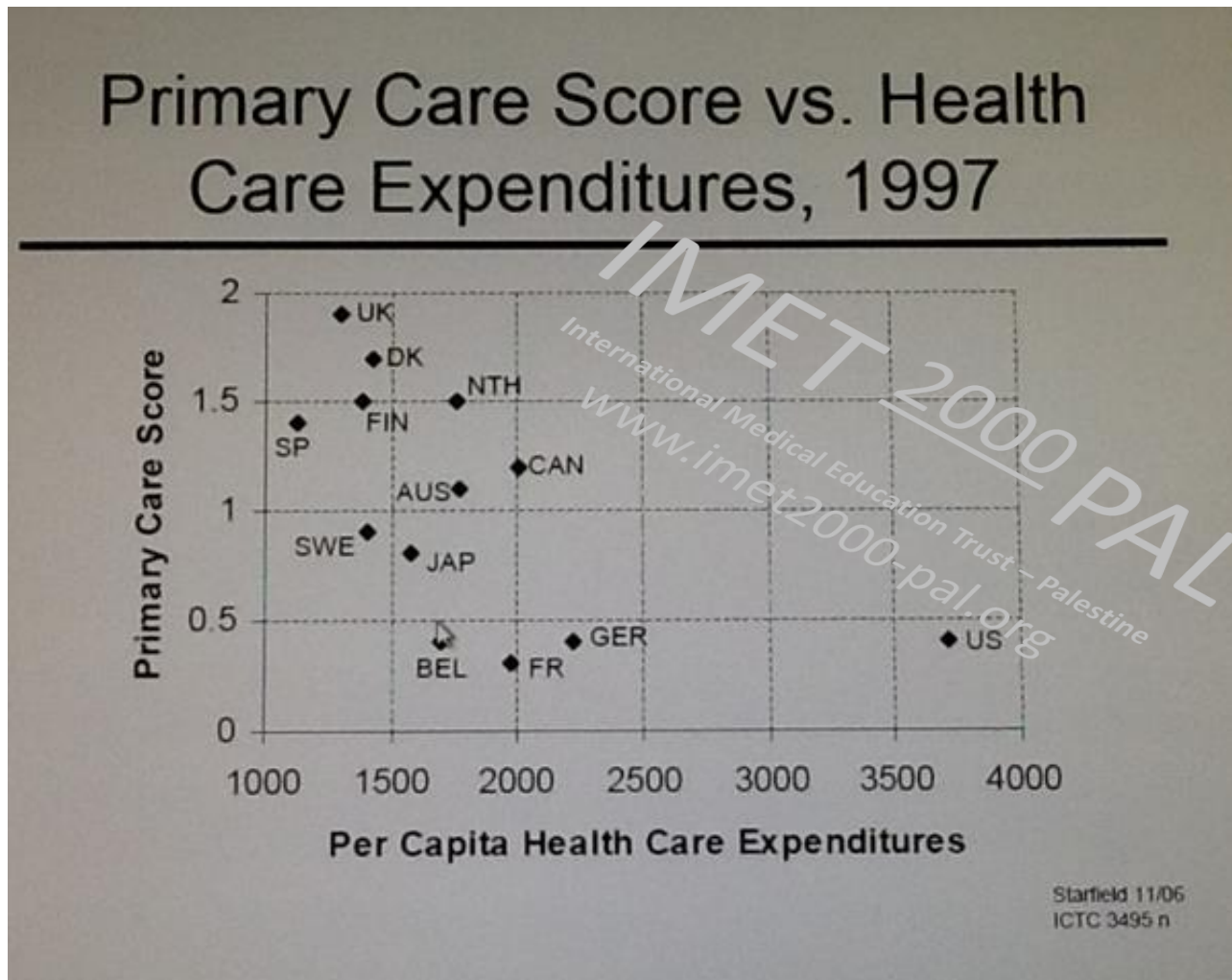
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Sources: Starfield. Primary Care: Balancing Health Needs, Services, and Technology. Oxford U. Press, 1998. Starfield & Shi, Health Policy 2002; 60:201-18.

# Better outcomes (Starfield)



# Lower costs (Starfield)





# Primary health care oriented countries

- ▶ More equitable resource distributions
- ▶ Government provision of health insurance or services
- ▶ Less or no private health insurance
- ▶ No or low co-payments for health services
- ▶ Have a wider range family oriented primary care services
- ▶ Have better health at lower costs

Sources: Starfield and Shi, Health Policy 2002; 60:201-18.

van Doorslaer et al, Health Econ 2004; 13:629-47.

Schoen et al, Health Aff 2005; W5: 509-25.

# Vertical - biology to epidemiology



# Horizontal - psychology to sociology



# Vertical

- ▶ Specialist organ and disease skills
- ▶ Specific resources
- ▶ Focus on disease
- ▶ High visibility
- ▶ Better disease care
- ▶ Especially in crisis
- ▶ Better disease outcomes
- ▶ Expensive
- ▶ Regional
- ▶ Duplication/skill diversion
- ▶ Inefficient use of patients

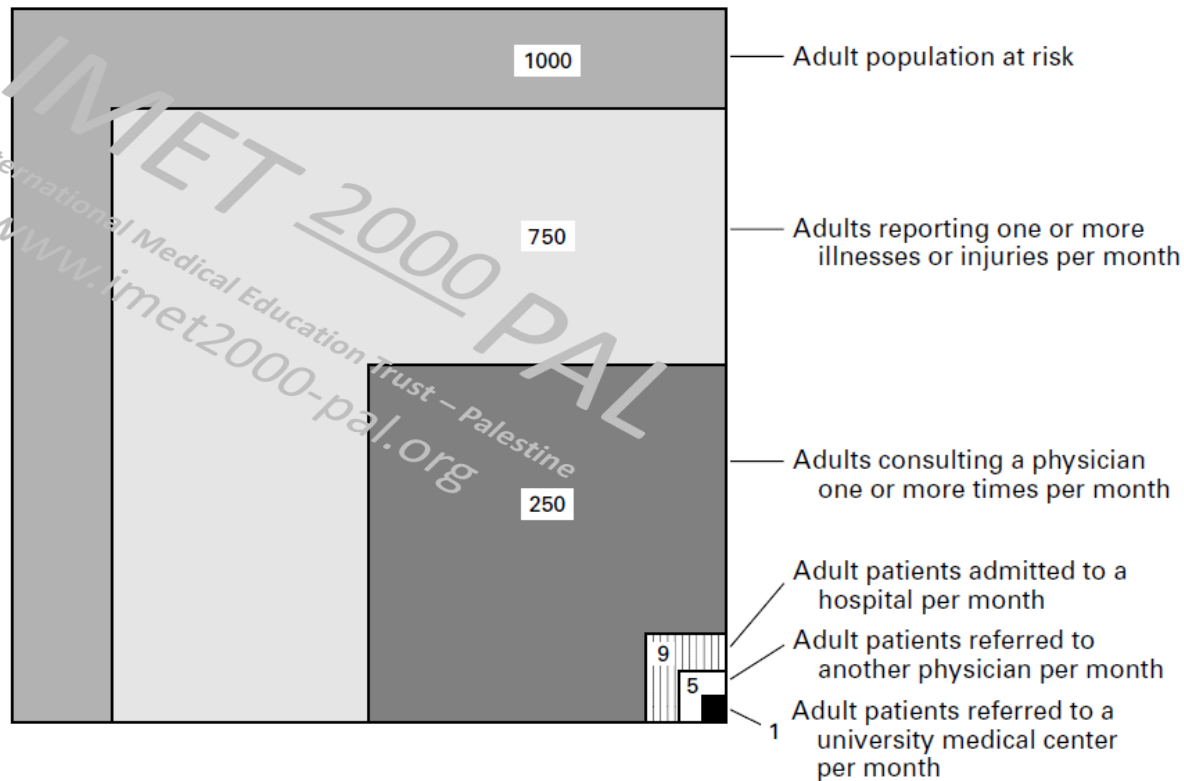
# Horizontal

- ▶ Specialist in person and illness skills
- ▶ Access to resources
- ▶ Focus on person
- ▶ Many components
- ▶ Better person care
- ▶ Especially over time
- ▶ Better population outcomes
- ▶ Cost –effective
- ▶ Local
- ▶ One-stop shop

# The ecology of care

(Kerr White 1961)

The New England Journal of Medicine

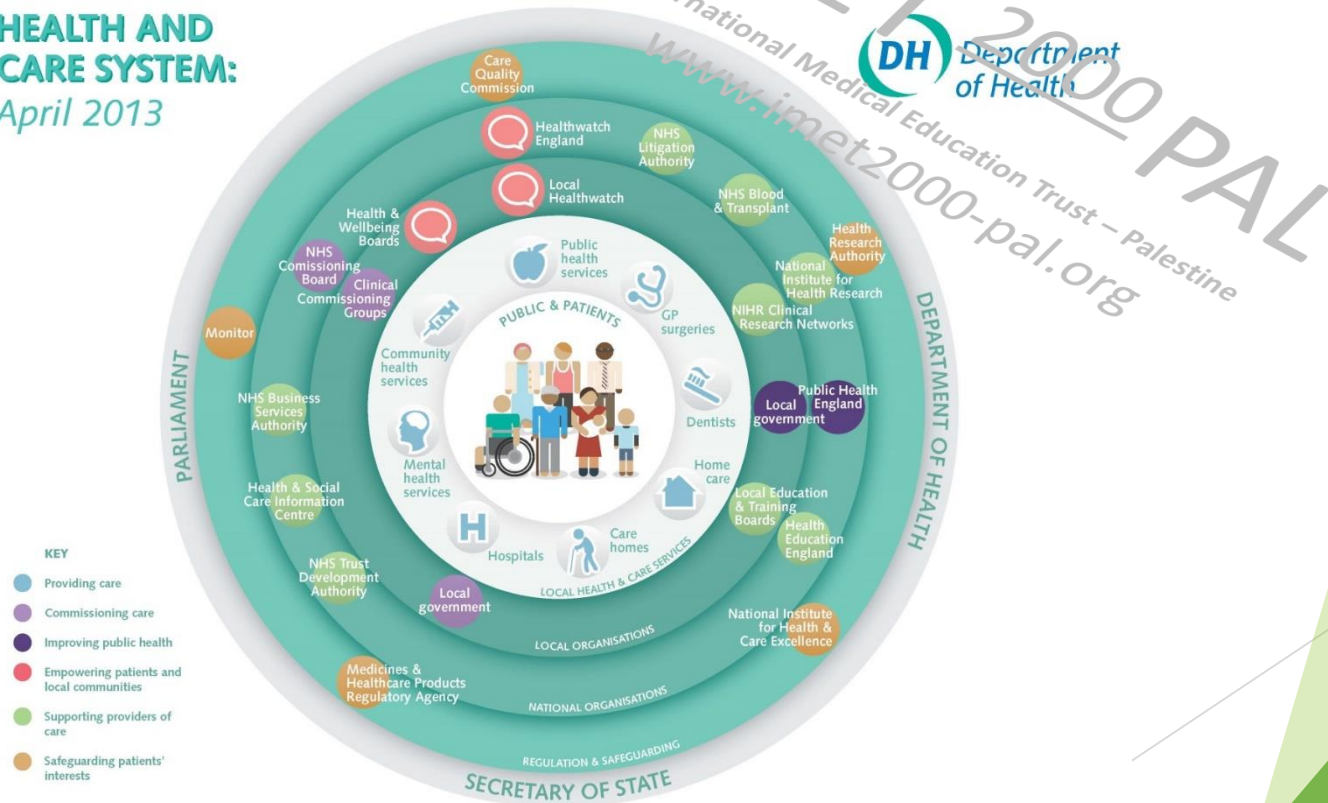


**Figure 1.** Monthly Prevalence Estimates of Illness in the Community and the Roles of Physicians, Hospitals, and University Medical Centers in the Provision of Medical Care.

Data are for persons 16 years of age and older. Reprinted from the 1961 report by White et al.<sup>1</sup>

# Generalist practice plays a pivotal role in cost effective healthcare systems

**HEALTH AND  
CARE SYSTEM:**  
*April 2013*



# Principles and concepts underpinning generalist practice

- ▶ Normally the first medical contact within the health care system – unlimited access for all
- ▶ Makes efficient use of health care resources by co-ordinating care and working with other specialties
- ▶ Develops a person centred approach orientated to the individual, the family and the community

European definition of general practice family medicine. WONCA Europe 2011

# WHO Framework Statement 1998

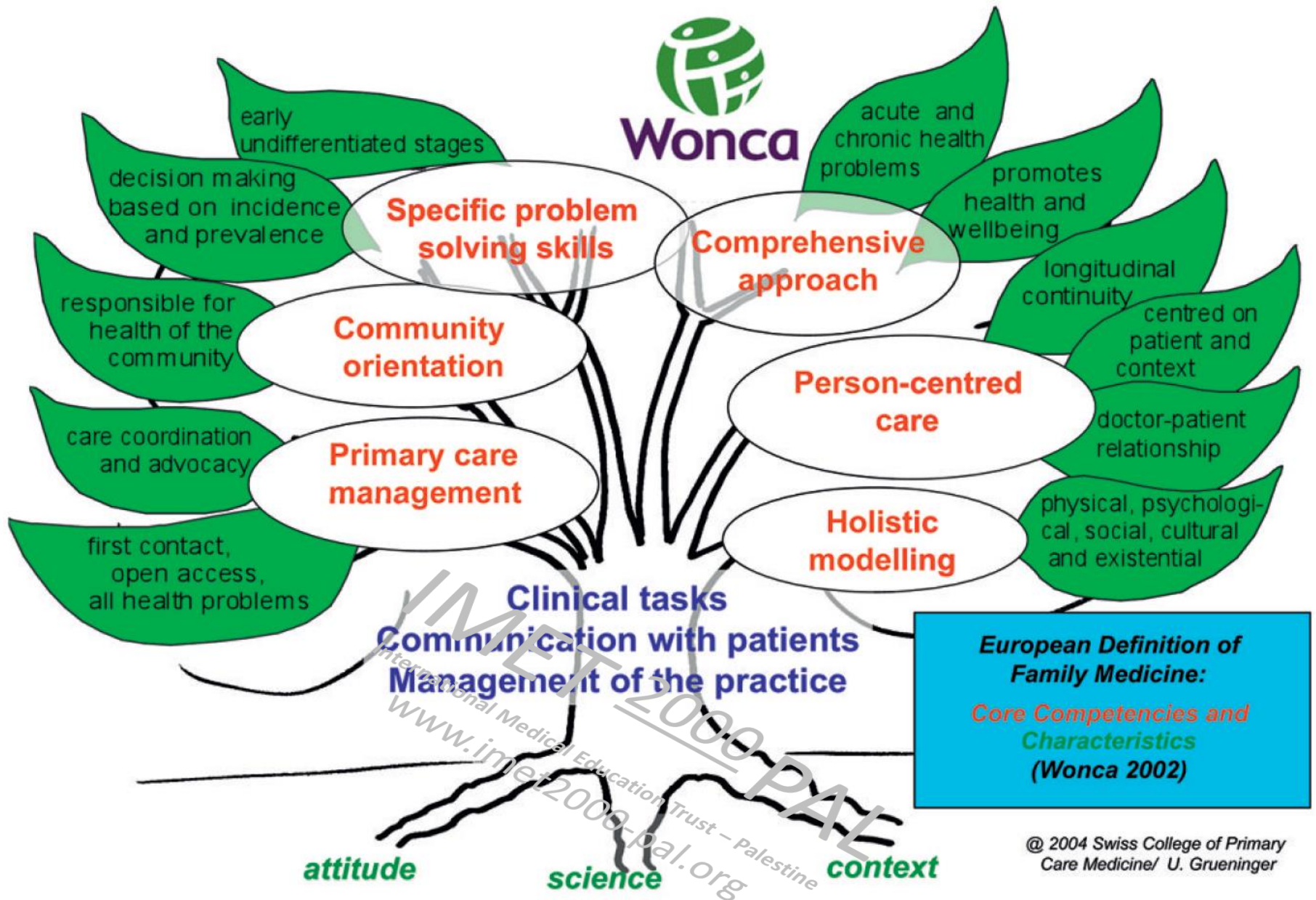
- ▶ General
- ▶ Continuous
- ▶ Comprehensive
- ▶ Co-ordinated
- ▶ Collaborative
- ▶ Family orientated
- ▶ Community orientated



# Core competencies (WONCA Europe)

- ▶ Primary care management
- ▶ Person centred care
- ▶ Specific problem solving skills
- ▶ Comprehensive approach
- ▶ Community orientation
- ▶ Holistic modelling





# Generalist practice - the map and the territory

The **map** - medical science / disease

The **territory** - illness / human suffering

(Illness is much more extensive than disease)

# The map and the territory

(Heath and Sweeny 2005)

*“Every doctor carries the medical map - albeit with patchy and varying levels of detail, but only the medical generalist uses it to try and make sense of the whole human person, transcending the arbitrary divisions of specialist practice”*

Heath and Sweeny 2005

# The generalist's role

- ▶ The generalist's role is to work with the patient (and their family) to explore the usefulness of the medical map in relation to their subjective experience of the illness.
- ▶ Attention may be primarily on the medical map eg: when the patient has an acute and remediable illness
- ▶ Attention may be mainly on the territory

eg: when the patient has a complex long-term condition or is dying

# Diagnosis in generalist practice

- ▶ Combination of clear understanding of the range of the normal with a high index of suspicion for the dangerous
- ▶ Ability to understand early presentation of disease before it is properly differentiated
- ▶ Predictive tests in medical science work less efficiently in low prevalence settings - clinical judgement and informed risk taking are vital
- ▶ Key function to identify high prevalence populations for referral to specialist care

# Co-ordination of care

- ▶ Co-ordination - generalists act as advocates for patients in their care
- ▶ Continuity - generalists are the only doctors who don't discharge patients from their care
- ▶ Commitment - generalists are committed to disease prevention, health promotion and acute and long term care
- ▶ Local knowledge - generalists know about local services and providers

# The generalist and co-morbidity

*“The generalist’s co-ordinating role becomes absolutely crucial given the increasing number of patients with more than one health problem, each of which affects the course and management of others. Such co-morbidity occurs disproportionately in populations that are socio-economically disadvantaged or elderly and particularly within populations which are both”*

Heath and Sweeny 2005

# The generalist and patient suffering

- ▶ Increasing numbers of people have incurable, debilitating and progressive disease(s)
- ▶ Balance needs to be achieved between technical intervention and compassionate care
- ▶ Values and priorities of the individual patient must trump the dictates of medical science and evidence based guidelines



# The patient centred clinical method

- ▶ Exploring both disease and patients' illness experience
- ▶ Understanding the whole person
- ▶ Finding common ground
- ▶ Incorporating prevention and health promotion
- ▶ Being realistic
- ▶ Enhancing the doctor patient relationship

# The doctor patient relationship

- ▶ Built on regular consultations and shared experiences eg childbirth and home visits
- ▶ Goals encompass diagnosis and cure, but also dealing with patients' feelings (especially fears) and expectations
- ▶ Positive relationships between patient and doctor are beneficial to both
- ▶ Benefits include higher levels of satisfaction better use of time and improved patient health

# The primary care team

