TEAMWORK IN PRIMARY CARE IN EUROPE: EXPERIENCES AND TRENDS

MEDICINE USED TO BE SIMPLE

You get ill

You go to a doctor

You are examined

You receive treatment

You get well

Sir Luke Fields, Tate Gallery, London

THE MYTH OF THE LONE PHYSICIAN

A competent professional who is esteemed by colleagues and patients for the willingness to sacrifice self, accept complete responsibility for care, maintain continuity and accessibility, and assume the role of lone decision maker in clinical care.

Yet the reality of current primary care models is often fragmented, impersonal care for patients and isolation and burnout for many primary care physicians.

An alternative to the mythological lone physician would require a paradigm shift that places the primary care physician within the context of a highly functioning health care team. This new mythology better fulfills the collaborative, interprofessional, patient-centered needs of new models of care, and might help to ensure that the work of primary care physicians remains compassionate, gratifying, and meaningful.

Saba GW, Villela TJ, Chen E, Hammer H, Bodenheimer T. The Myth of the Lone Physician: Toward a Collaborative Alternative. Ann Fam Med, 2012.

PRIMARY CARE NOW

CHALLENGES FOR HEALTH SYSTEMS

Ageing of population

More complex diseases

Cost containment

Prevention

Need for comprehensive management

Importance of family medicine and primary care

New health policy

Conventional ambulatory medical care in clinics or outpatient departments	Disease control programmes	People-centred primary care
Focus on illness and cure	Focus on priority diseases	Focus on health needs
Relationship limited to the moment of consultation	Relationship limited to programme implementation	Enduring personal relationship
Episodic curative care	Programme-defined disease control interventions	Comprehensive, continuous and person-centred care
Responsibility limited to effective and safe advice to the patient at the moment of consultation	Responsibility for disease-control targets among the target population	Responsibility for the health of all in the community along the life cycle; responsibility for tackling determinants of ill-health
Users are consumers of the care they purchase	Population groups are targets of disease-control interventions	People are partners in managing their own health and that of their community

World Health Organization. Primary Health Care –Now More than Ever. Geneva, Switzerland, 2008.

HEALTH CARE IS NO LONGER SIMPLE

- You get ill
- You go to see a doctor
- Doctor prescribes a medication
- You get well or die

- Not always (prevention)
- Other forms of contact
- Other professionals
- Other treatment options
- Control of chronic disease

FAMILY MEDICINE IS NO LONGER SIMPLE

Chronic diseases and multimorbidity

Protocols and guidelines

Importance of practice population
- Systematic screening and vaccination

Managerial issues:
- Payment systems and contracts
- Quality control, financial control

Data management

Patient participation and empowerment

TEAMWORK AS A POSSIBLE ANSWER

WHY TEAMWORK?

- Better expertise from other professionals that are very competent in their role
- Doctor can work in the area of their own expertise
  - Complex cases
  - Multimorbidity
- Better cost/benefit

THE DOCTOR

Management of complex cases

Overall supervision of the team

Overall responsibility for patients

Supervision

TECHNICIAN/ADMINISTRATOR

Administrative tasks (e.g. appointment system)

Some medical technical procedures

Measurements

DISTRICT NURSE

Home care

Palliative care

Long term care at home

ADVANCED NURSE PRACTITIONER

Management of chronic stabile patients

- Examining,
- Taking history

Prevention and screening

- Health risk assessment
- Lifestyle advice, health promotion

Sometimes:

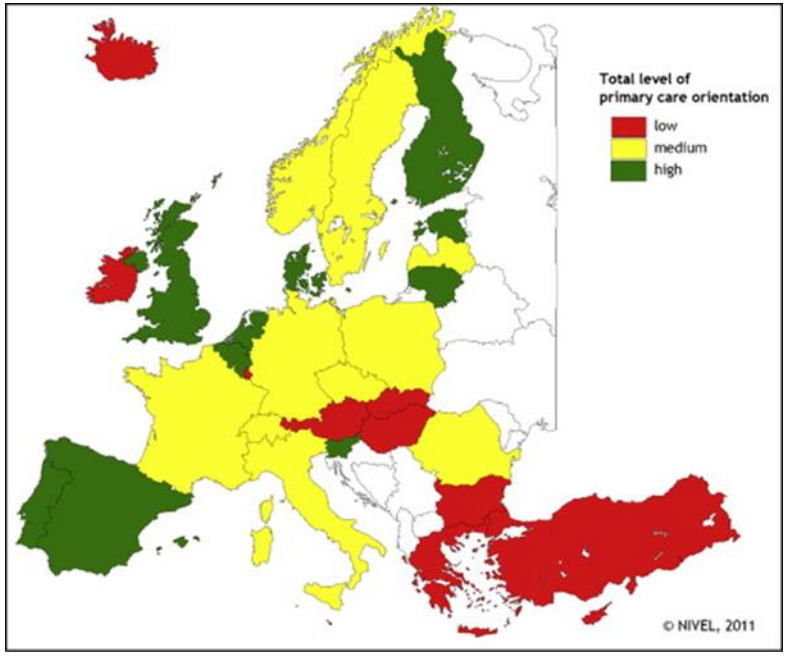
- Prescribing
- Referrals

PRACTICE MANAGER

Reporting

Financial obligations

Administrative management of practice


Total level of
primary care orientation
low
medium
high
© NIVEL, 2011

EXAMPLES

UK

Group practices, but also other forms of partnerships (e.g. 1,5 healthcare)

GP as a manager of services for population in his care

Independent nurses with prescription rights

District nurses

A variety of other community services available

USA

Problems with cost containment

Specialist dominated healthcare system

Low cost/ benefit

Inequity

Health homes as the new invention

Independent professionals

HUNGARY

Legacy of a socialistic system

Solo practitioners

Out of pocket payment of doctors

Need for reform

Introduction of ANP through in family medicine team

Revision of undergraduate and postgraduate training

Quality control indicators

New payment system

SLOVENIA

Health centres

Team work as a norm (doctor, administrative nurse, district nurse)

- ANP since 2011
- Different division of roles
- Practical implications:
  - Need for additional training
  - Definition of protocols
- Results:
  - More money into primary care
  - Better management of chronic conditions and prevention
  - The same quantity of work for the physician

SOME OTHER COUNTRIES

SPAIN:

Transition from solo practices towards community health centres

ITALY

Coordination of solo practices through electronic communication and networks

SCANDINAVIAN COUNTRIES

Very independent work of ANP

LESSONS

DANGERS

- Fragmentation of care
- More cost due to more work
  - Screening and prevention
  - Better management of diseases
- Bureaucracy
- Competition instead of cooperation
- Overlapping of professional roles
  - Prescribing
  - Acute care
  - Simple chronic cases

METHODS OF AVOIDING DANGER

- Clear division of services and responsibilities
  - Defined protocols: who, what, when, how
- Regular communication among team members
  - Professional
  - Continuous
  - Formal
    - Meetings with minutes
    - Forms (e.g. referrals)
- Consensus at policy and professional levels (clinical specialists, family doctors and nurses)
- Adequate funding (more money for better quality)

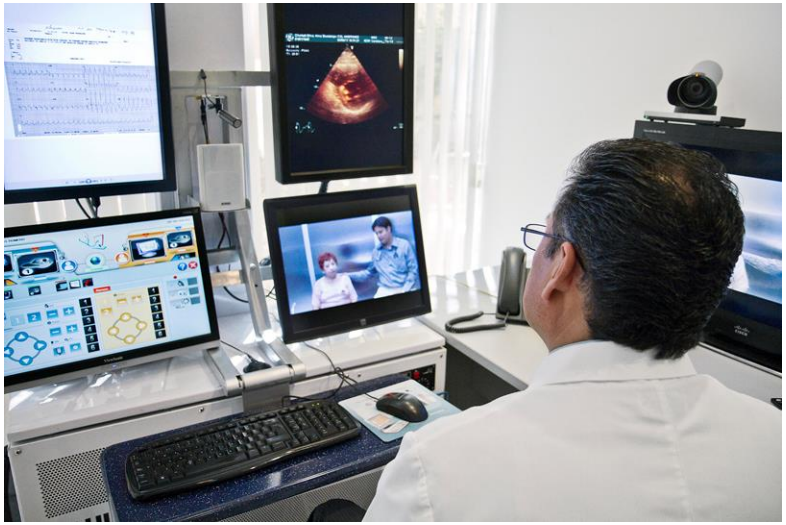
FUTURE?

FAMILY MEDICINE TOMORROW

Informed patients

Less personal contacts

Big data: data management as a key competence

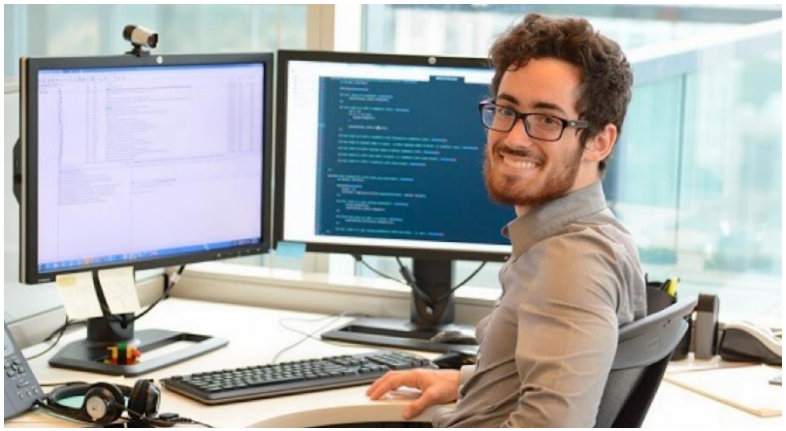


THE FUTURE DOCTOR?

A NEW TEAM MEMBER

Software/data manager:

- Managing big data
- Data storage
- Data analysis
- Data security

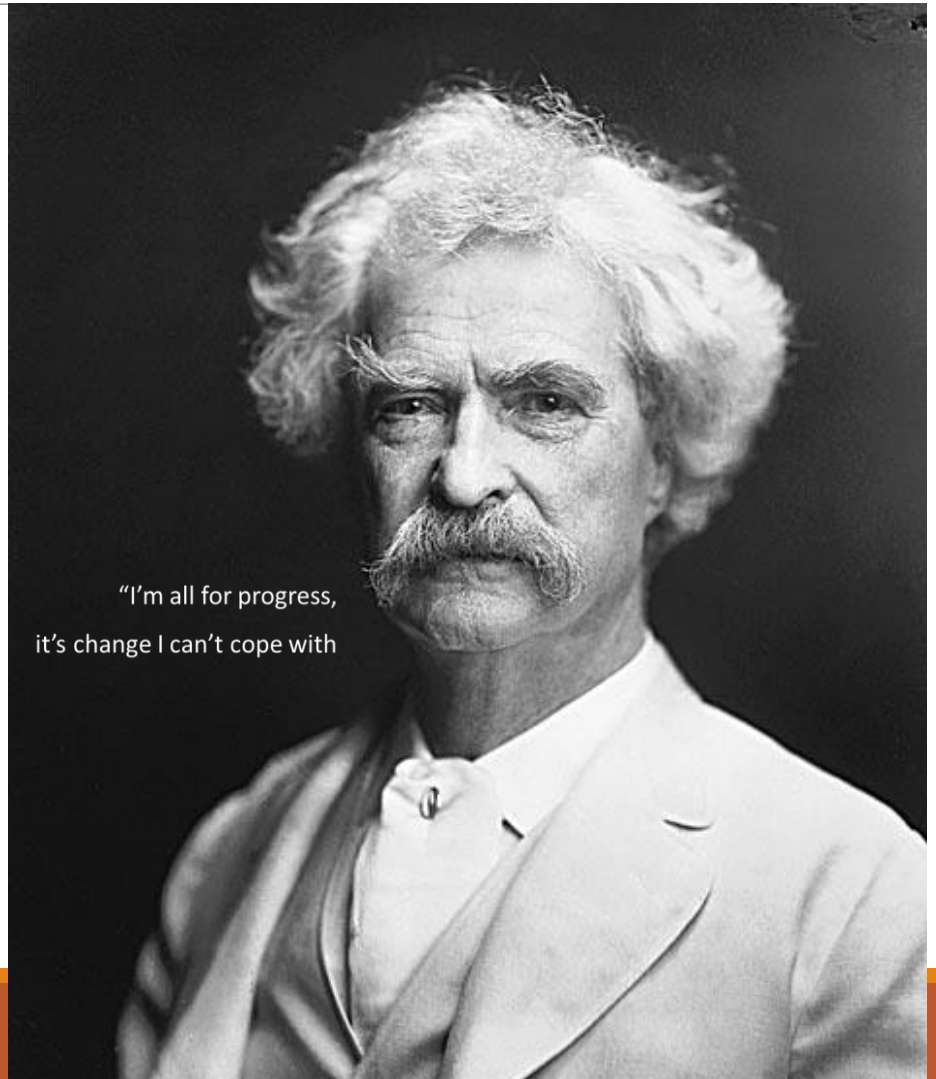


THE NEED FOR CHANGE

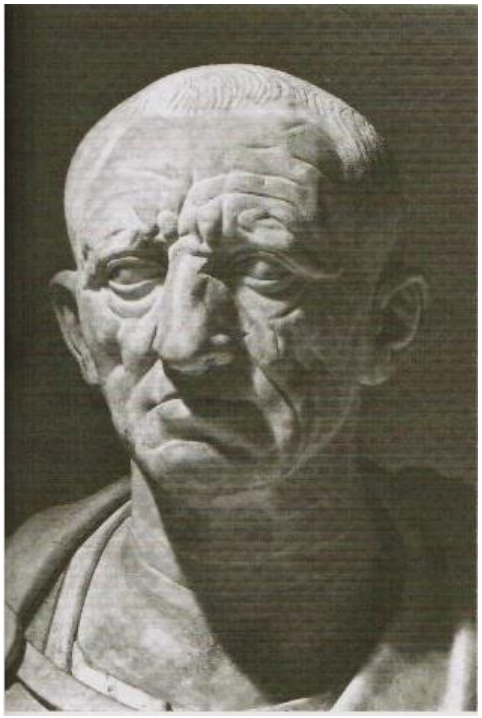
Technological revolution will drastically change the way we work.

A single-handed family physician will just not be able to cope with all the demand.

It is vital that he keeps the leading role in the system and not get lost as one of the many providers.



CETERUM CENSEO (I STILL THINK)



Marcus Portius Cato

The future will change the requirements for the future family physician, who will have an opportunity to offer even better care.

In embracing the progress one must not forget that people will always require a personalized explanation of sometimes very confusing findings.

This is why I still think that the role of a person-centered family physician will remain important, probably even more than it is now.