



Jan De Maeseneer, MD, PhD
Jan.DeMaeseneer@UGent.be

46 – Family Medicine Facing New Challenges on a Global Scale.

Jan De Maeseneer, MD, PhD, Family Physician (part-time), Community Health Centre Botermarkt, Ledeborg – Belgium; Head of Department of Family Medicine and Primary Health Care, Ghent University; Director International Centre for Primary Health Care and Family Medicine – Ghent University, WHO Collaborating Centre on PHC; Chair European Forum for Primary Care; Promoter Primafamed-Africa-Network.
Co-authors:
An De Sutter, MD, PhD, Family Physician (part-time), Community Health Centre Rabot. Gent – Belgium. Associate Professor Family Medicine and Primary Health Care, Ghent University.
Sara Willems, MA, PhD Assistant Professor, Equity in Health Care, Ghent University.

Introduction

In the second half of the 20th century, family medicine developed considerably, starting with the exploration of the different dimensions of the patient-centred approach, developing the bio-psycho-socio-ecological model, training appropriate consultation-models, underpinning clinical decision-making in the epidemiological context of primary care, front running in the development of Evidence Based Medicine, framing the profession in the broader concept of the primary health care-team, and serving patients and populations throughout their lives. Increasingly, the "experience" of family physicians became underpinned with results from both quantitative and qualitative research, strengthening the evidence base of the discipline.

Presently, the health of populations is facing two important challenges. The first is the worldwide epidemiological and demographical transition leading to the fact that multi-morbidity is becoming more and more the rule, rather than the exception in patient populations (1) while in the meantime, there are the new challenges of emerging infectious diseases (e.g. Ebola).

The second challenge has to do with the increasing social gradient in life expectancy, both within and between countries. In Belgium, the gap in healthy life expectancy for men at the age of 25 is more than 18 years between those having received only basic education and those with a university degree. How can family medicine and primary health care respond in order to face both these challenges?

The Epidemiological Transition and the Need for a Paradigm-shift.

Nowadays, 50% of those aged over 65 have at least 3 chronic conditions and 20% of those aged over 65 have at least 5 chronic conditions.

In recent years, not only Western countries, but also developing countries, have started "Chronic Disease Management Programmes". A recent survey of "Chronic Disease Management" in 10 European countries illustrated that disease-management programmes are mostly organized around a single chronic condition, e.g. diabetes, sometimes even focusing on sub-groups within a specific chronic disease, e.g. disease management programmes that only include people with type 2 diabetes. Although this approach has led to more providers adhering to guidelines, to task-shifting from physicians to nurses, dieticians and health educators, and to improved knowledge and skills of patients in dealing with their chronic condition, we actually face the growing mismatch between the needs of people living with multi-morbidity and the resources offered by a health system that increasingly focuses on disease-defined care. Vertical

disease-oriented programmes produce gaps in the care of patients with multi-morbidity and cause inequity for patients who do not have the "right" disease (2) leading to "inequity by disease". There is a need to explore new generic ways and paradigms. A goal-oriented approach that encourages each individual to achieve the highest possible level of health, which is defined by the individual instead of the health system (3). Family Physicians can be involved in the facilitation of "goal definition" by the patients and are well-placed to integrate these goals in clinical decision-making for multi-morbidity and build an individual care plan together with the patient. Continuity of care enables the family physician to be attentive to the fact that goals of patients can alter over time as the context changes. Such an approach will require more focus on the individual patient-provider interaction and on appropriate communication skills to facilitate goal definition and patient empowerment. It is obvious that this can only take place in the framework of an inter-professional team including other primary care providers (see: www.euprimarycare.org). Shared decision-making, starting from the patient's goals and involving the patient and other care providers, will avoid gaps in the process and encourage empowerment of the patient (4).

The Contribution of Family Medicine and Primary Health Care to More Health Equity.

In figure 1, we formulate a hypothesis about how family medicine, in the framework of a primary health care team can be a strategy for promoting health equity and intersectoral action (5). A first prerequisite is a high level of accessibility of the primary health care team (6). A second is: the team should deliver high quality care. Moreover, the team should interact with different networks (education, work, economy, housing,...) that are related to important sectors. Apart from an approach to individuals and families, the primary health care team should also address the community, utilizing the Community Oriented Primary Care Strategy (COPC) (7). The COPC, the direct action of the primary health care team and the intersectoral networking will enhance the social cohesion in the community. The actions of the primary health care team (preventive, curative, rehabilitative, health promotion,...) together with the increased social cohesion in the community will lead to empowerment of the people. This empowerment will decrease the vulnerability to factors that may contribute to health inequity. Moreover, as the COPC-action will address the living conditions of the local population, the exposure of the people to factors that may be a threat to their health will diminish and the differential vulnerability will decrease. Finally, a better education, improved working conditions, decreased unemployment, better housing conditions, and access to safe food and water will improve the structure of determinants that influences social stratification. In summary, the inter-professional primary health care team operating in a network with other sectors will promote health equity through increased social cohesion and empowerment. This is in line with Starfield et al who find a rationale for the benefits of primary healthcare in (1) greater access to needed services, better quality of care, (2) a greater focus on prevention, (3) early management of health problems, (4) the cumulative effect of the main primary care delivery characteristics, and (5) the role of primary care in reducing unnecessary and potentially harmful specialist care.

Examples of this kind of inter-sectoral action for health can be found in the International Federation of Community Health Centres (<http://www.ifchc2013.org>).

Family Medicine on a Global Scale.

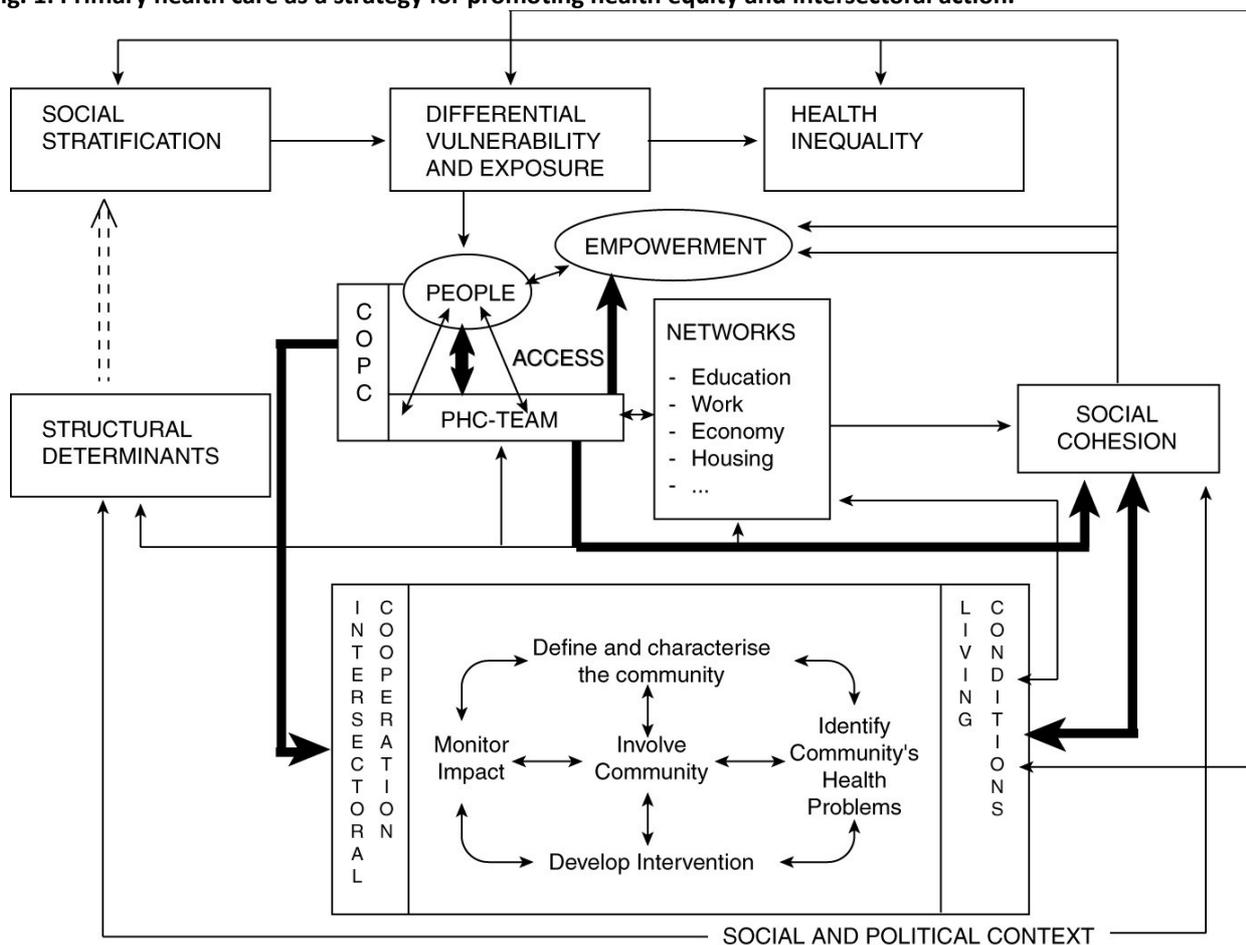
Nowadays family medicine is operating in the context of primary health care all over the world. Recent developments of the profession of family medicine in Asia, Latin America, Africa, have illustrated the ubiquitous need for this discipline in order to build strong health systems. Important in this development is the continuous integration of personal and community health care. Interestingly, there is a two-directional evolution in the current developments: in Western countries practices that were mostly focusing on care for patients are becoming more and more "population-oriented", and in countries like Latin America, Africa, the challenge is to integrate the (vertical) population health programmes in a comprehensive primary care system (8).

Family Medicine and WONCA have an important role to play in the further development of an inter-professional learning community of primary health care practice.

Take Home Messages:

- In order to address the challenge of multi-morbidity a paradigm-shift from problem- to goal-oriented care is needed
- Accessible family medicine practices may contribute to health equity

Fig. 1: Primary health care as a strategy for promoting health equity and intersectoral action.



Original Abstract

<http://www.woncaeurope.org/content/478-equity-human-rights-and-primary-care-national-and-international-perspectives-human>

References

1. Barnett K, Mercer SW, Norbury M, et al: Epidemiology of multi-morbidity and implications for health care, research and medical education: a cross-sectional study. *Lancet* 2012;380:37-43.
2. De Maeseneer J, Roberts RG, Demarzo M, et al: Tackling NCDs: a different approach is needed: *Lancet* 2012;379:1860-1861.
3. Mold JW, Blake GH, Becker LA. Goal-oriented medical care. *Family medicine* 1991;23(1):46-51
4. Boeckstaens P, De Maeseneer J, De Sutter A. *The role of general practitioners and family physicians in the management of multi-morbidity*. In: Sartorius N, Holt RIG, Mai M (eds): Comorbidity of mental and physical disorders. Key Issues Ment Health. Basel, Karger, 2015, Vol.179, pp.129-136.
5. De Maeseneer J, Willems S, De Sutter A et al. *Primary Health Care as a strategy for achieving equitable care*. Available at: http://www.who.int/social_determinants/resources/csdh_media/primary_health_care_2007_en.pdf?ua=1
6. EXPH (Expert Panel on Effective ways of investing in Health). *Report on Definition of a frame of reference in relation to primary care with a special emphasis on financing systems and referral systems*, 10 July 2014. Available at: http://ec.europa.eu/health/expert_panel/opinions/docs/004_definitionprimarycare_en.pdf
7. Rhyne R, Bogue R, Kukulka G, Fulmer H, editors. *Community-oriented primary care: health care for the 21st century*. Washington, DC: American Public Health Association, 1998.
8. Anonymous. *Primary health care, including health system strengthening*. Resolution WHA 62.12. Geneva, World Health Organisation, 22 May 2009. Available at: <http://www.personcenteredmedicine.org/docs/wha2009.pdf>