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100 – What We Do

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Family doctors and primary health care professionals are currently in vogue. International agencies, health ministries, and health systems proclaim the value of health services based on primary care. Thus, it is understandable that family doctors assume that their place in health care is secure. While that assumption is understandable, it is risky.

The Declaration of Alma-Ata (1) concluded in 1978 that primary care produced better outcomes, improved equity, and cost less than specialist-based systems. The 2008 World Health Report (2) confirmed that primary care remains essential in the 21st century. In the thirty years between those two documents, a number of studies demonstrated the key attributes that make primary care valuable (3).

This chapter will review the attributes and contrast them against the changing reality of Family Medicine, and the potential for family doctors to lose their hard earned status. I will focus on what I believe are the six most important attributes. To make them easier to remember, I will use alliteration and name the attributes with a word beginning with “C.” At the end of the brief discussion for each attribute, a critical question is posed that can be used to assess the performance of a family doctor, primary care practice, or health system on that attribute.

What is there to “C” in family doctors and primary care?

Convenience – Historically, primary care has been where people first enter the health care system. Yet, there is a growing array of other settings where people now enter: emergency departments, urgent care, out of hours or home care services, hospitals, specialist practices. People also engage the system through telephone advice lines, websites or other electronic portals, and so on. Consequently, the number of first contact visits in primary care has diminished. Even within primary care, the number of first contacts with the family doctor has decreased relative to other members of the primary care staff. Health systems are under pressure to make it easier and more convenient to enter the system. Family doctors with reduced hours and limited availability are less easy and convenient for patients.

Critical question: How easy it is for patients to contact their family doctors?

Coordination – A vital role of primary care is to assure coordination of the many services a patient may require. In many systems, professionals other than family doctors provide these functions. Known as care managers or coordinators or navigators, the training of these professionals ranges from nursing to social work to on-the-job. There is also a wide variation in their ability to integrate and make coherent the often disparate care plans generated by various consultants or other specialists.

Critical question: How involved are the family doctors in coordinating and integrating their patients’ care?

Context – A crucial element of knowing the patient is an awareness of her or his context. Understanding patients' families, communities, work, religion, and other social determinants of health provides important insights into their health. Family doctors appear today to be less likely to live in their patients' community or remain in a single locale.

Critical question: How well do the family doctors know their patients' context?

Comprehensive – Better outcomes and lower costs result when family doctors provide most of the care needed by their patients (4). Fragmenting care across more professionals, even within the primary health care team, diminishes the skills of the family doctors (5). Decisions to delegate tasks or to limit clinical activities to narrow areas of interest shrink the scope of services provided by the family doctors.

Critical question: How comprehensive are the services that the family doctors provide?

Competence – Patients deserve and expect competence. Particular individuals, both within or outside the primary care team, may perform certain services more skilfully than the family doctor. Yet, the small marginal gain in a specific technical skill may be offset by too limited a perspective of or trust by the patient, with better overall outcomes when that specific service is provided by the family doctor. Moreover, family doctors with inadequate training, time, or motivation often fall victim to a self-fulfilling prophecy: "The less I do, the less I feel confident and skilled to do."

Critical question: How skilled are the family doctors to provide the services needed by their patients?

Continuity – One of the most important attributes of primary care is the continuity of the interpersonal relationship between the family doctor and the patient (6). Continuity permits greater knowledge of the patient by the physician and promotes greater trust in the physician by the patient (7). It is possible to extend, but not delegate, the continuity relationship to other members of the care team. In other words, the family doctor must have sufficient direct involvement with the patient for a trusted relationship to develop. Building on that relationship, other members of the care team can then be trusted to provide various services for, and develop their own relationships with, the patient.

Critical question: How strong is the relationship between patients and their family doctors?

Practices and family doctors that answer "VERY" to all six critical questions provide better primary care. Health care systems that have strong primary health care do better. Thus, the best health care systems are those that respond positively to a single essential question:

How well do the family doctors know, foster trust in, and provide services for their patients?

Conclusion

In essence, good family doctoring comes down to leveraging trusted relationships and providing comprehensive services, thereby achieving better outcomes (8). The risk today is that in our pursuit to measure well against disease-oriented metrics and to manage growing patient needs and demands, we will give in to the temptation to limit our availability to our patients and fragment their care across more disease-focused professionals. Our challenge is to develop new strategies and technologies to better know and better serve our patients. Family doctors are not valued because of what we think we do or say we do or used to do. We are valued because of what we do.

Take Home Messages

- Health care systems do better when they are built on strong primary care.
- Strong primary care depends on six key attributes: convenience, coordination, context, competence, comprehensiveness, and continuity.
- Recent trends suggest that family doctors, and their practices, may not be performing on the six attributes as well as before or as desired.
- Family doctors must develop improved strategies to better know, foster trust in, and provide more services to their patients, or their relevance will decline.

References

1. *Primary health care: report of the International Conference 1. on Primary Health Care*, Alma-Ata, USSR, 6–12 September, 1978, jointly sponsored by the World Health Organization and the United Nations Children's Fund. Geneva, World Health Organization, 1978 (Health for All Series No. 1).

