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Future challenges of family medicine in Europe


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Focus points


- Family medicine in Denmark
- The challenges of family medicine and the healthcare sector in Denmark and Europe
 - Challenges of the healthcare sector
 - Changes within the groups of patients
 - New technology – new questions
 - More demands to general practice
 - The professional development
- How to handle the challenges?





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General practice in the Danish health care system

Focus on primary health care



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General practices and the population of Denmark

- Denmark has a population of 5,5 million people divided into five regions.
- Clinics are owned by the GPs amount restricted
- Free choice of GP
- 1500-1600 patients per GP
– (voluntarily 1000 – 3200 patients per GP)



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General practitioners in Denmark

- 3,600 general practitioners – 2,000 practices – an increasing amount of extra staff.
- 0.5-0.7% run by the Regions
- Mean age of Danish GPs 54.4 years.
- They work in single - or partnership practices of 2 – 8 doctors with a staff of one per GP on average.



General practice set-up

- The frames for GPs' work is negotiated between the regions and the organisation of the GPs through bi-annual contracts.
- Almost complete list system.
- Completely electronic records for 15 – 20 years.
- Almost electronic communication, lately also with nurses and municipal social service.

...And the economy

- All GPs have a contract with the public health insurance, and the majority of their income - 90-95% - comes from that.
- Total cost per person daytime aprox. 200 CHF.
Out of office hours 20 CHF.
- 30% capitation fee. 70% fee for service.
- Almost no money in connection with patients: the bill is sent off to the region electronically once a week.

Training to become a specialist in general practice

- The length of specialist training is the same as for other specialities (6.5 years after medical school).
- Clinical training in hospitals and in at least two family practices.
- 20 days of research training.



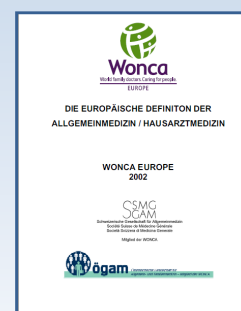
*General practice treats patients
from contraception to death,
including gynecology and children.*



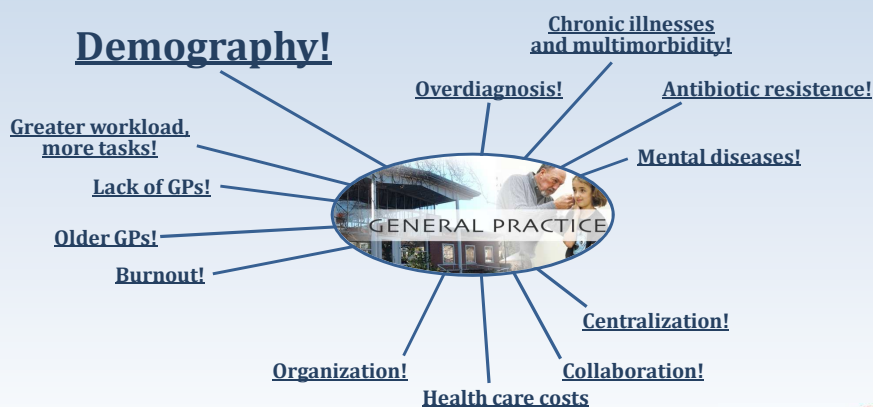
General practice in Europe

*- Attempts have been made at defining general
practice on a European level!*

- General practice in Europe, among other things:
 - is the first medical contact within the health care system, providing equal access to all users.
 - establishes a relationship over time, thus ensuring continuity in the relationship between GP and patient.
 - deals with health problems in their physical, psychological, social, cultural and existential dimensions.



The challenges of general practice in Denmark ...and in the rest of Europe

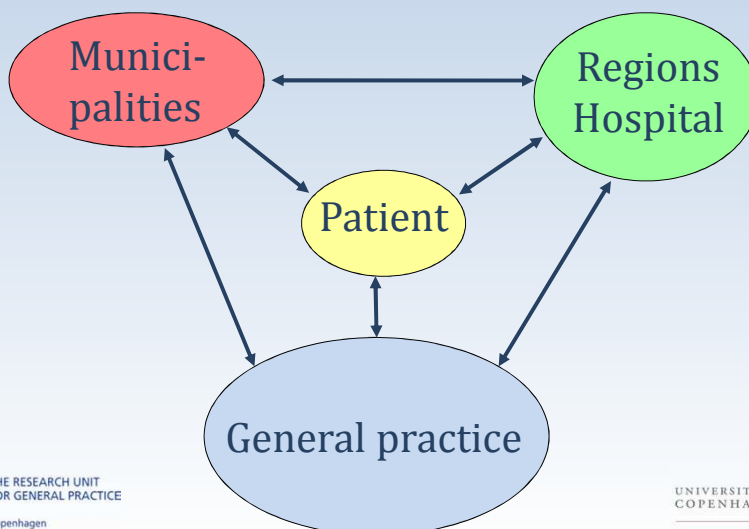


Challenges of the Health Care Sector

General practice as part of the healthcare system

- Centralization of hospitals/acute hospitals.
- The health care may become more fragmented
- Growth in the number of chronically ill people and people with multimorbidity.
- Coordination between GP – hospital – primary health care: Integrated health care is needed more than ever.
- Lack of specialist physicians in hospital and primary care sector.
- More technology, - more expensive examinations and treatments.
- Lifestyle related diseases – prevention is difficult.

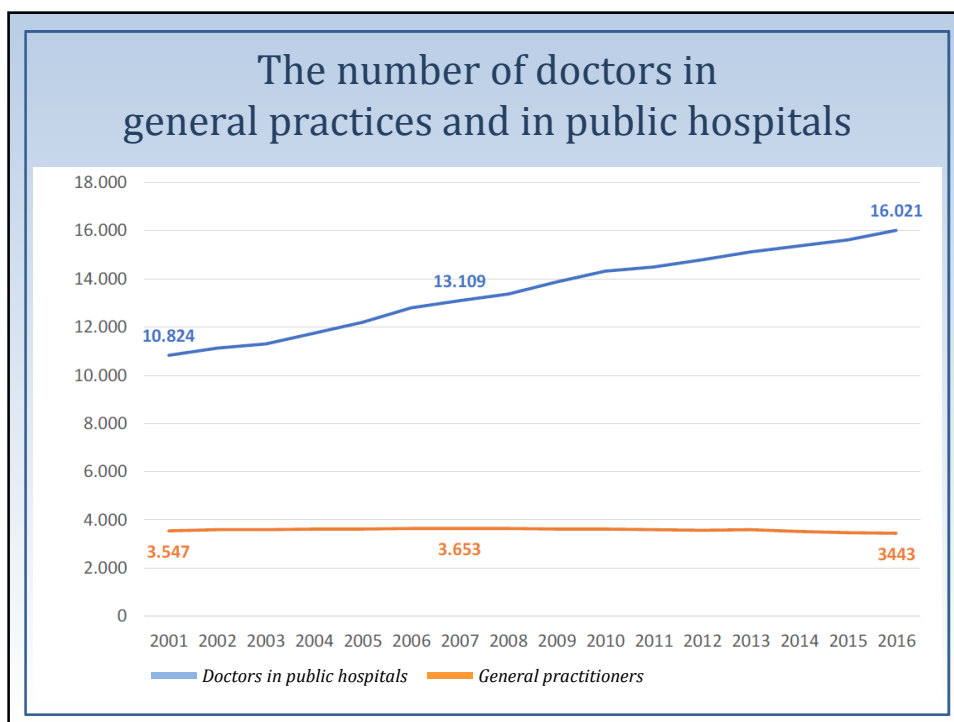
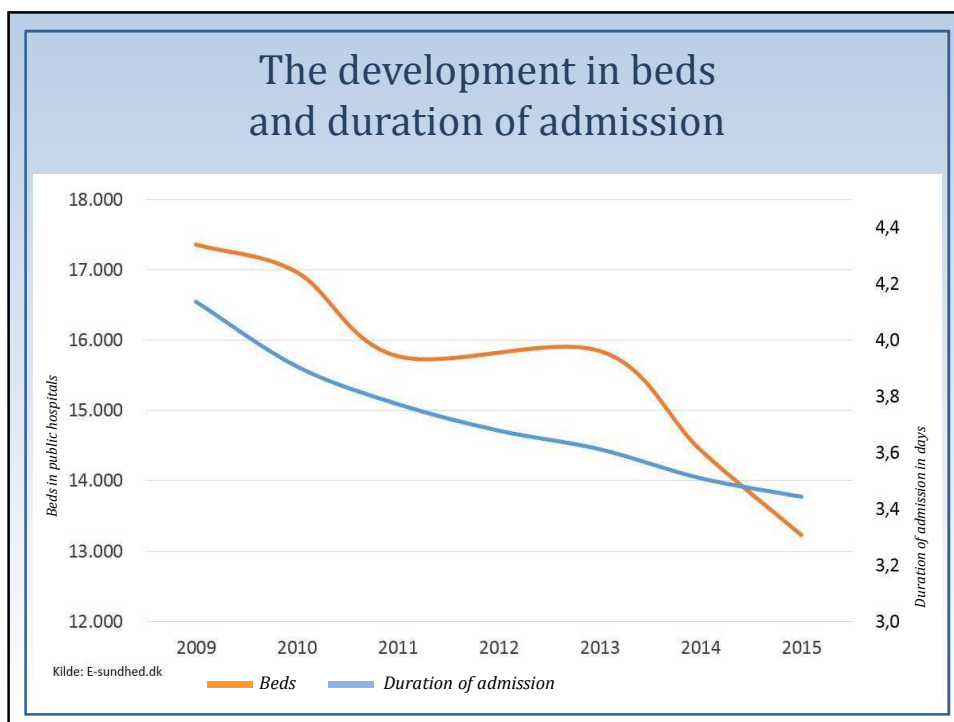
General practice as an organization within the whole of the healthcare system

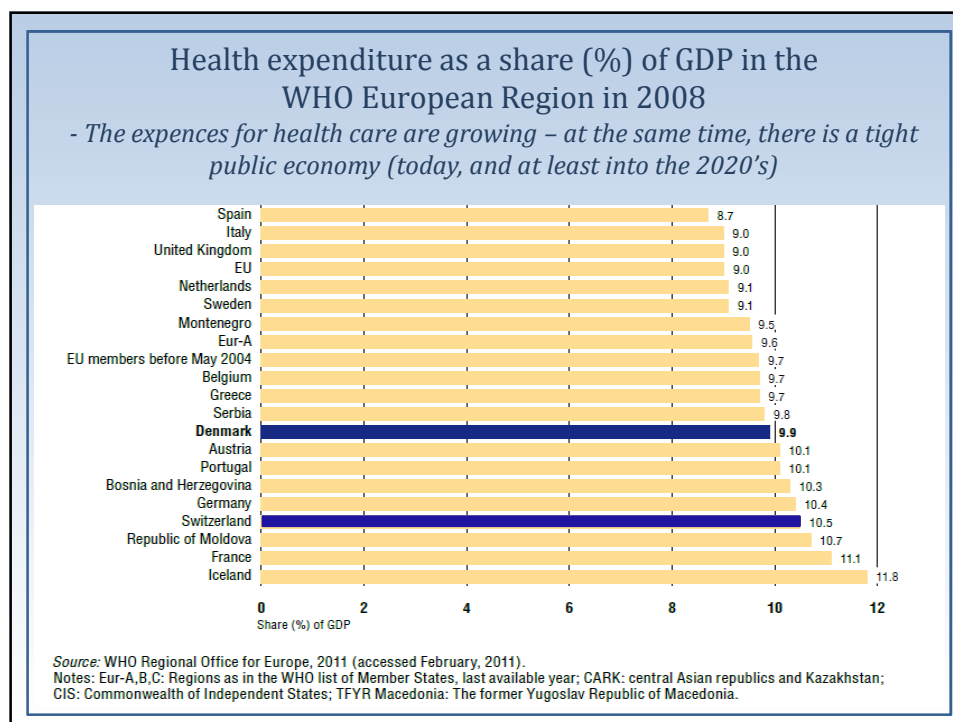
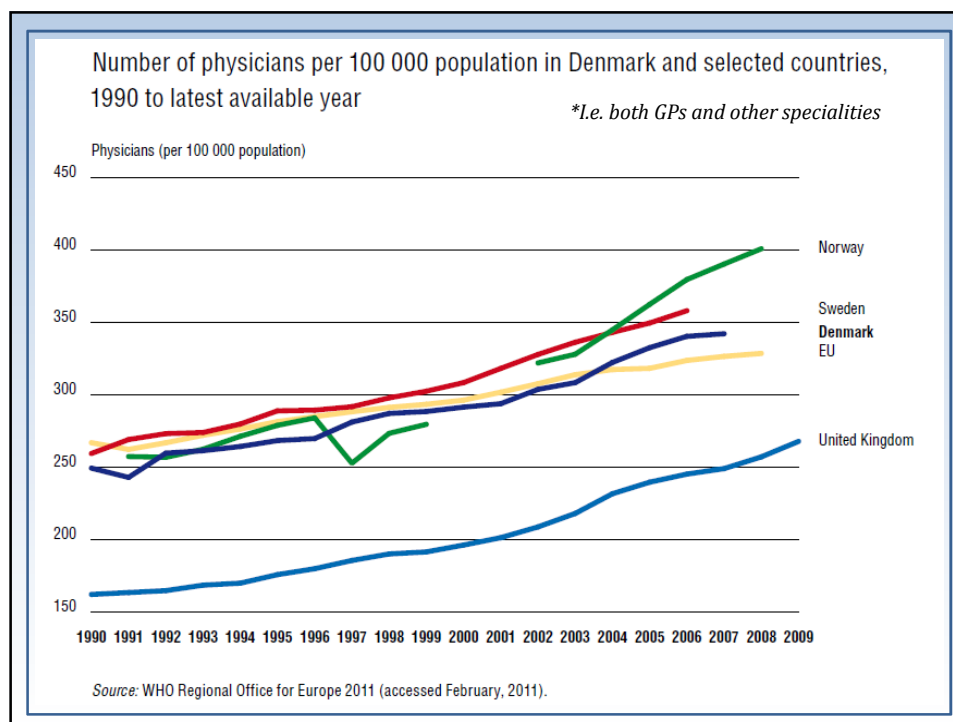


Secondary Health Care

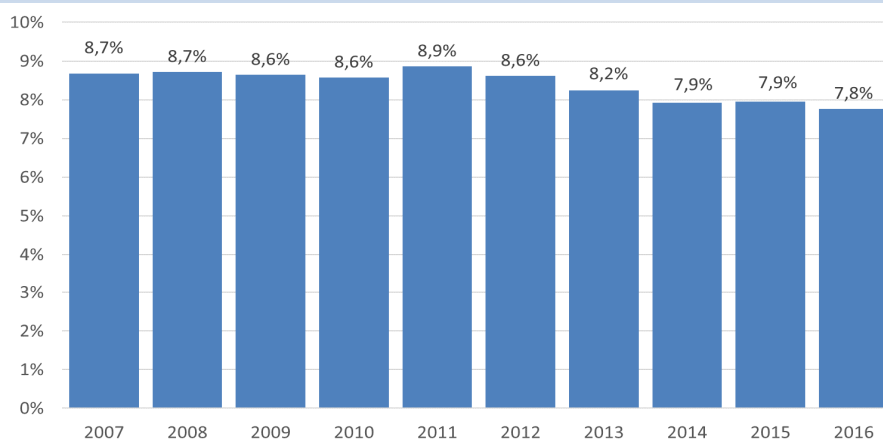


- Healthcare and hospitals are being centralized.
- There is a greater specialisation within other specialities.
- At the same time, more patients have to be treated in general practice and in the primary healthcare sector, for example for diabetes.



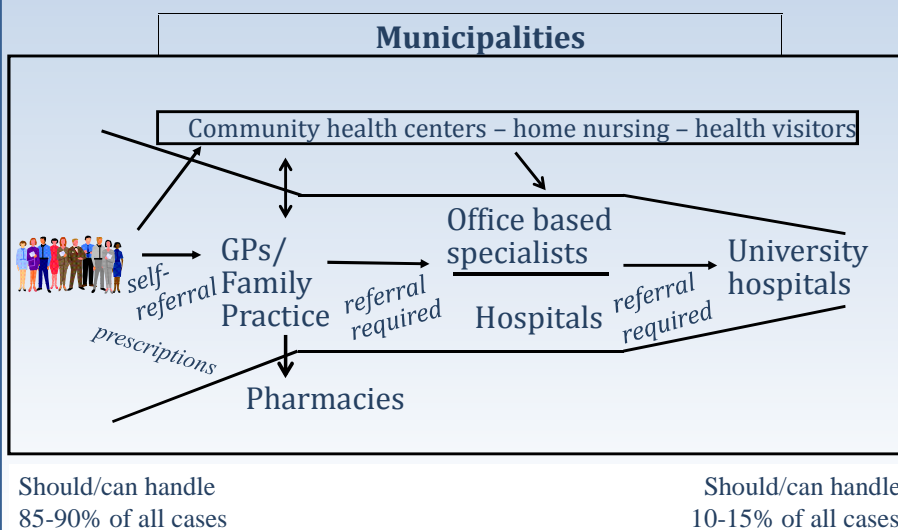


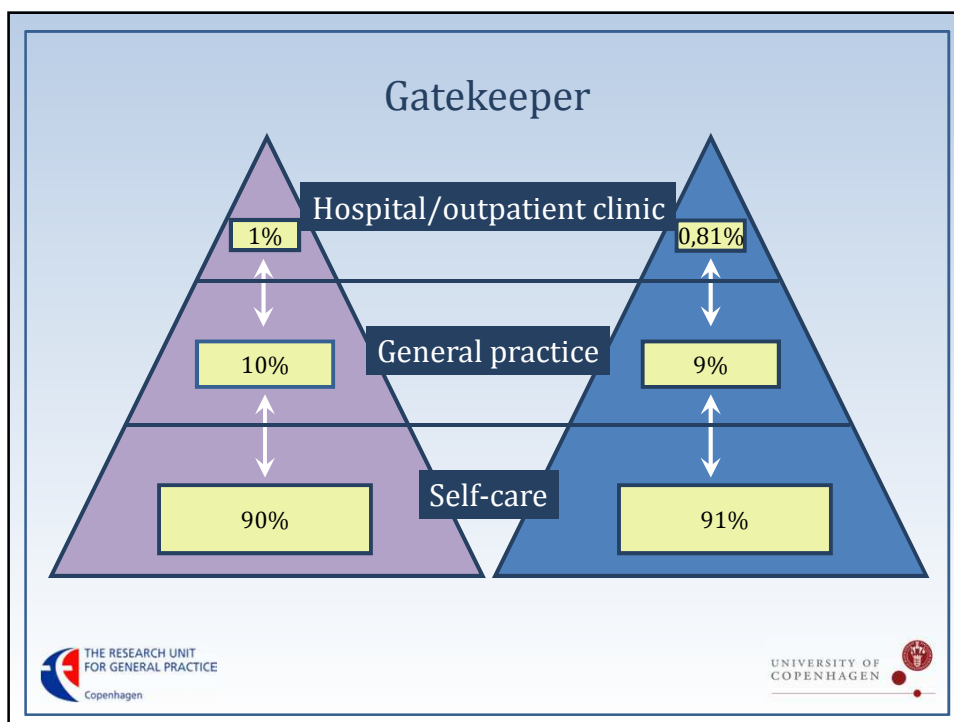
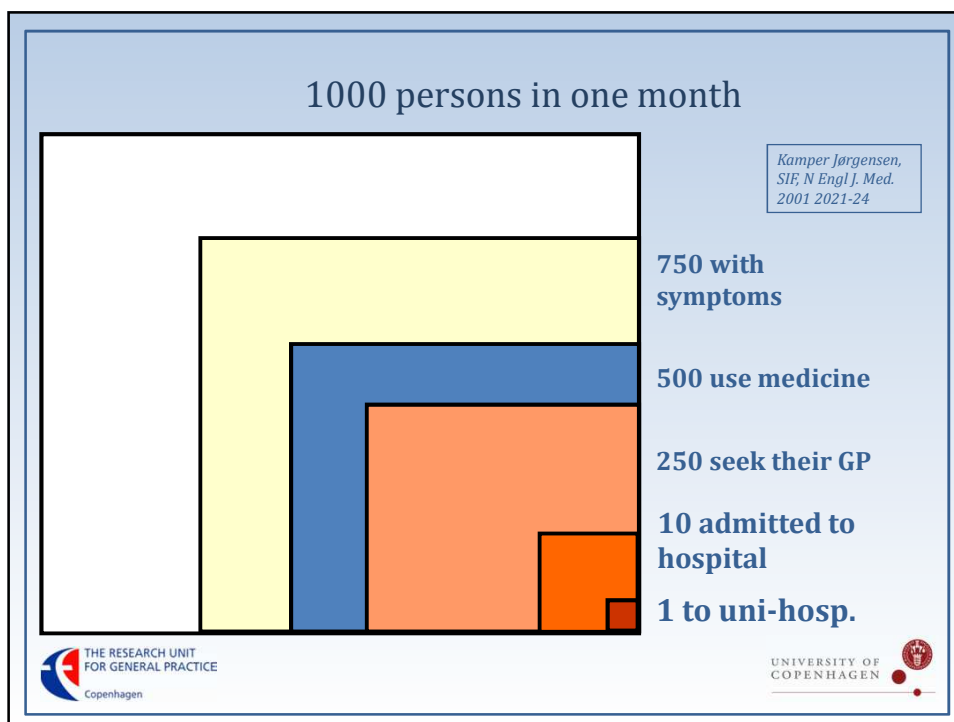
General practice care's share of the health expences of the regions



Kilde: Regionernes regnskaber, Danmarks Statistikbank.

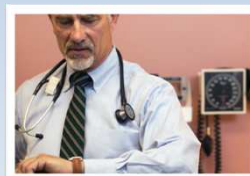
The referral chain: Offers (adequate) treatment at the lowest specialized level and saves specialized health care facilities for the complicated cases





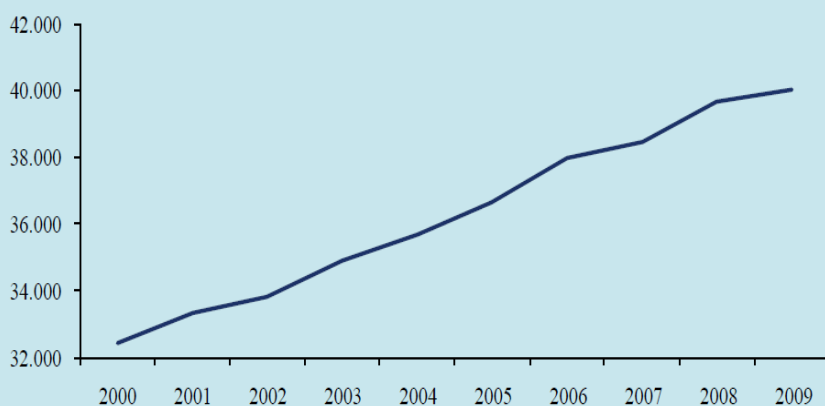
More tasks for general practices

- “Gatekeeper” or “gate advisor?”
- Reactive diagnostics, treatment and gate advice when people feel ill.
- Proactive chronic care including coordination of care between hospitals, primary care in municipalities and within the family physician’s own clinic.
- Preventive tasks: Chronic care, childcare and immunizations, antenatal and maternity care and lifestyle advice etc.



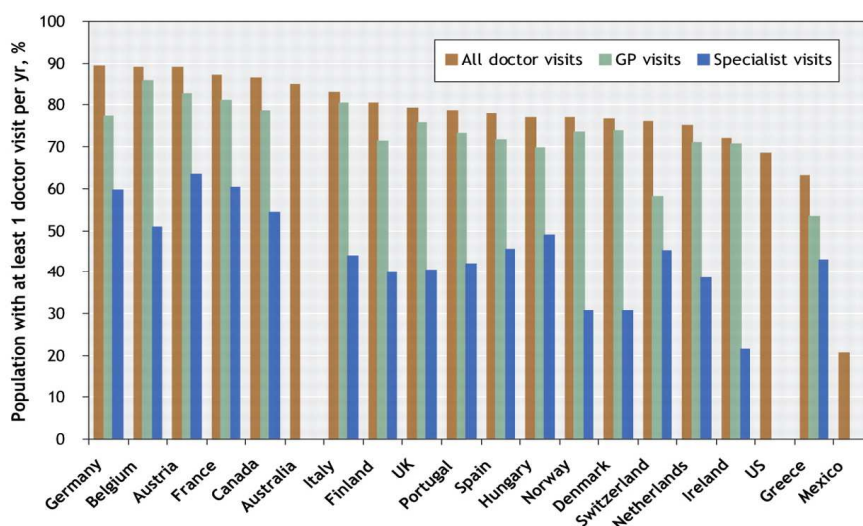
Number of GP visits in Denmark, 2000-2009

- The number is increasing



Kilde: Sygesikringsregisteret.

Number of doctor visits in other countries,

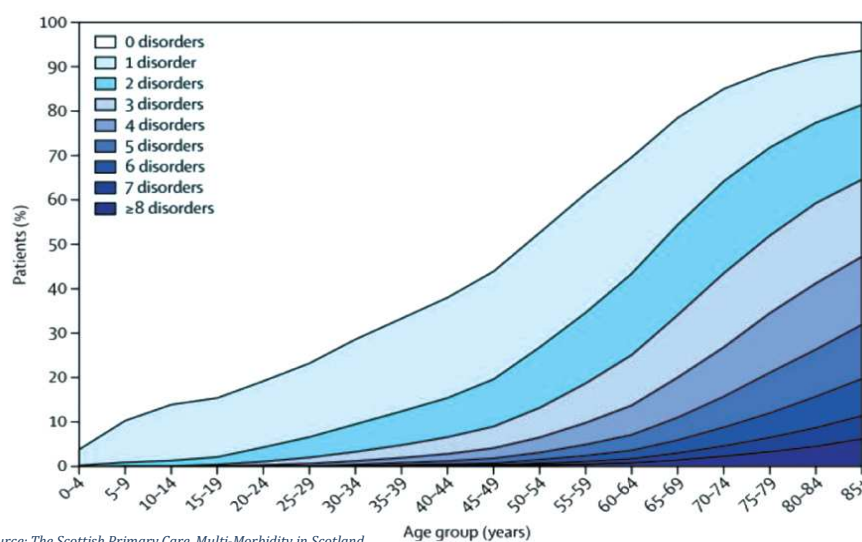


Multimorbidity is a challenge, both for society and for the individual

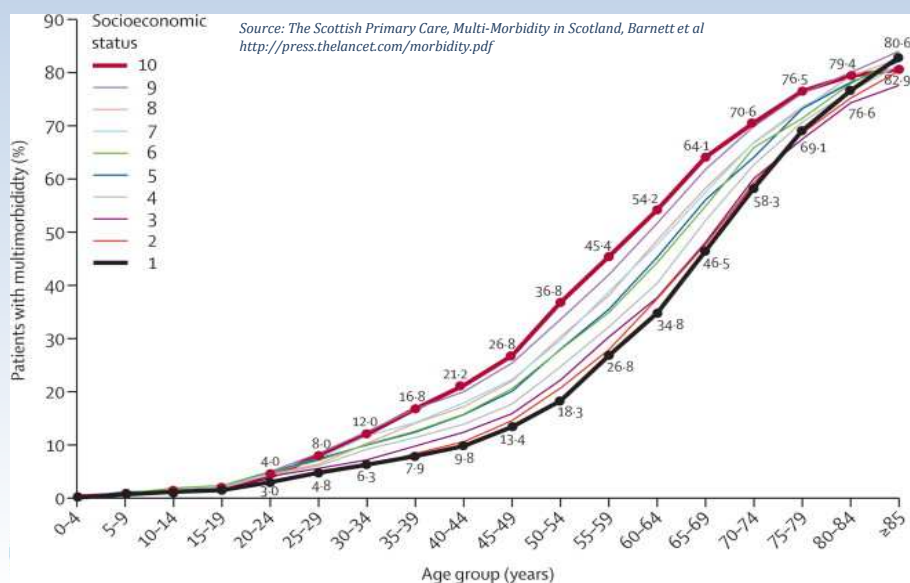
- Europe is getting older...
- The European demography causes the number of people with chronic diseases and multimorbidity to increase.
- Economically, this puts a strain on the resources of the healthcare systems of Europe.
- Organizationally, the healthcare systems have to improve their management of patients with multimorbidity.



Multimorbidity and age



Multimorbidity and social group



Sum of the guidelines

- Patient tasks
 - Joint protection
 - Energy conservation
 - Self monitoring of blood glucose
 - Exercise
 - Non weight-bearing if severe foot disease is present and
 - weig
 - Aero
 - Musc
 - Rang
 - Avol
 - COPD
 - Wea
 - Limb
 - Main
- Clinical tasks
 - Adm
 - Pneu
 - Inllu
 - Chec
 - hom
 - Eval
 - Foot
 - Labo
 - Micr
 - Crea
 - Chole
 - Live
 - HbA1C biannually to quarterly
- Referrals
 - Physical therapy
 - Ophthalmologic examination
 - Pulmonary rehabilitati

Time	Medications
7:00 AM	Ipratropium dose inhaler Alendronate 70 mg/wk
8:00 AM	Calcium 500 mg Vit D 200 IU Lisinopril 40mg Glyburide 10mg Aspirin 81mg Metformin 850 mg Naproxen 250 mg Oneprozol 20mg
1:00 PM	Ipratropium dose inhaler Calcium 500 mg Vit D 200 IU
7:00 PM	Ipratropium dose inhaler Metformin 850 mg Calcium 500 mg Vit D 200 IU Lovastatin 40 mg Naproxen 250 mg
11:00 PM	Ipratropium dose inhaler
As needed	Albuterol dose inhaler Paracetamol 1g

dis
ication and
stem training



The challenges of a life with multimorbidity

- Burden of treatment.
- The patient has to comply with several treatment regimes.
- The patient often has to take many different kinds of medicine.
- Prioritizing the diseases can be difficult.
- When to decide if medication should be discontinued?



The challenges and role of general practice

Challenges:

- Time pressure.
- Clinical decision-making, including polypharmacy.
- Communication with the patient.
- Cooperation and coordination with other sectors.
- The social and personal problems of the patients.

But:

- A long-term, trusting relationship between doctor and patient.
- Focus on coordination and coherence in the continuity of care.

Individualized, coordinated care:

Results from the Diabetes Project

All-cause mortality

	Relative Risk Reduction %	Absolute Risk Reduction <i>pr. 1000 patient-years</i>	NNT in ten years
Severe mental illness	37	35.1	3
No severe mental illness	4	1.8	56

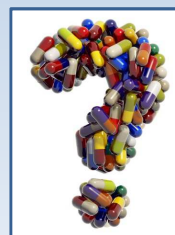
Areas where costs may be reduced in patients with chronic diseases and multimorbidity

- Reduction of hospitalization
 - Strong primary care in terms of adequate primary care physician supply and long-term relationships between primary care physicians and patients reduce hospitalizations for patients with chronic diseases (Loene 2014)
- Stratification – how often should this patient be seen and where?
- Medication and polypharmacy
 - We need more knowledge of interactions between different medication
 - Always consider discontinuation

Necessary and unnecessary tasks in general practice

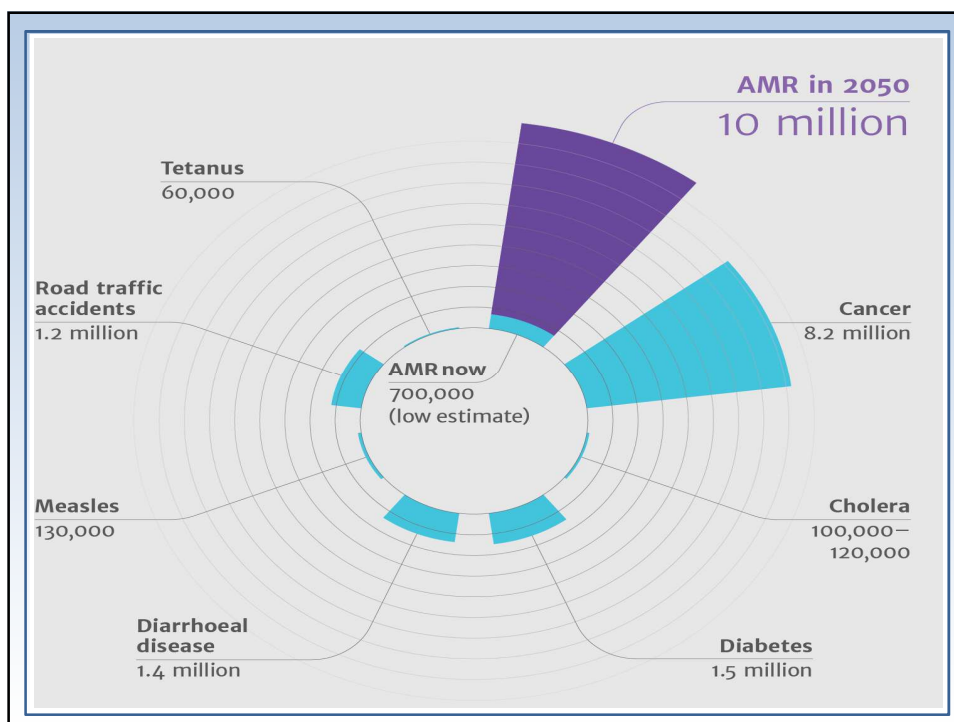
- *How to use the limited resources properly*

- How to distinguish between necessary and unnecessary treatment?
- The general practitioner plays a role in limiting the excessive use of medication,
- ...and in limiting the use of tests, screening, expensive examinations,
- ...and in generally limiting the use of public resources for healthcare.



The use of antibiotics in general practice

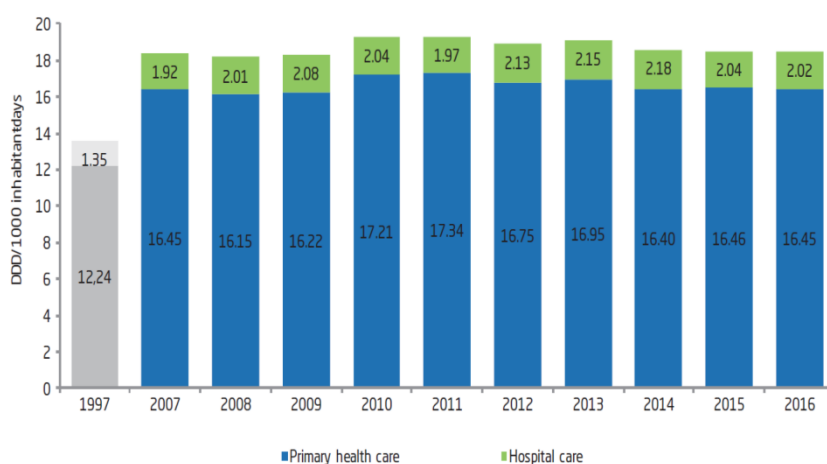
- Most of antibiotics are prescribed at primary health care.
- Excessive and inappropriate use of antibiotics is considered to be the most important cause of the increasing problems with resistant bacteria.
- Current number of death attributable to antimicrobial resistance (AMR) in Europe = 25,000.
- AMR is predicted to become the leading cause of death by 2050. About 10 million death worldwide.
- Decreasing the unnecessary prescription of antibiotics at primary health care level is crucial to curb the development and spread of antimicrobial resistance.



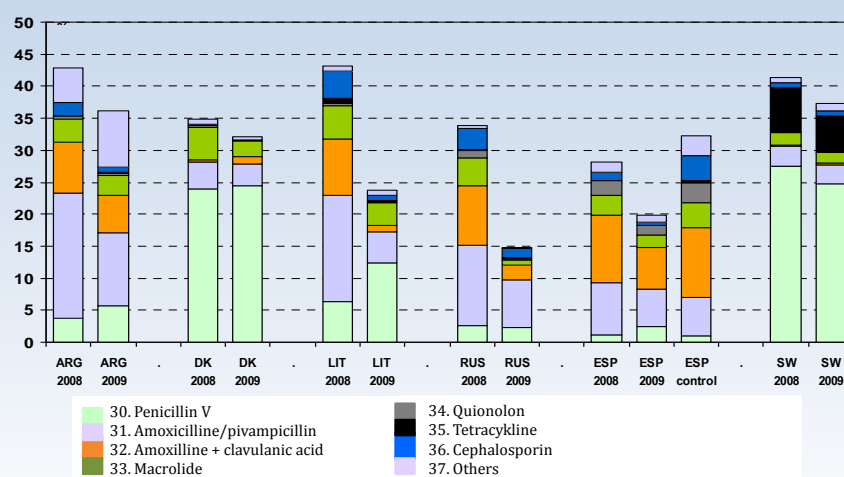
The consumption of antibiotics in primary and secondary healthcare

Figure 5.1 Total consumption of systemic antimicrobial agents in humans in primary health care vs hospital care. Denmark

DANMAP 2016



Antibiotics - Results from the HAPPY AUDIT

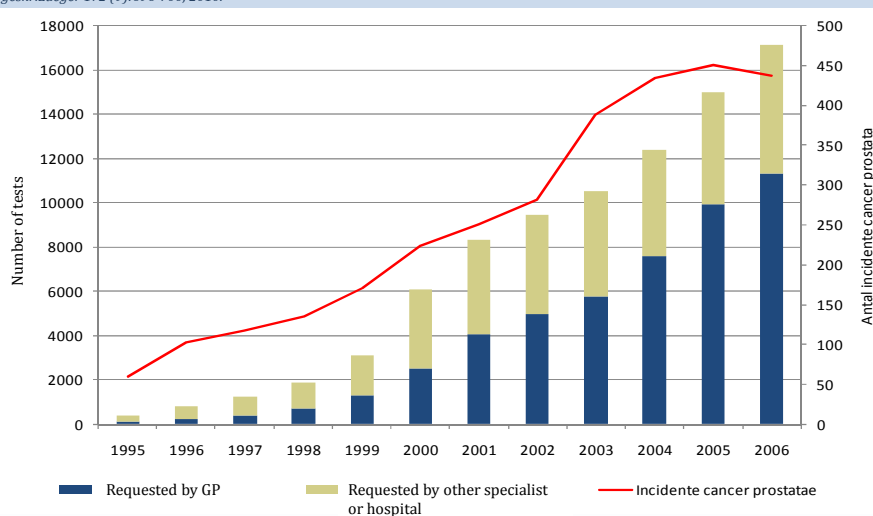


The use of screening and testing in general practice

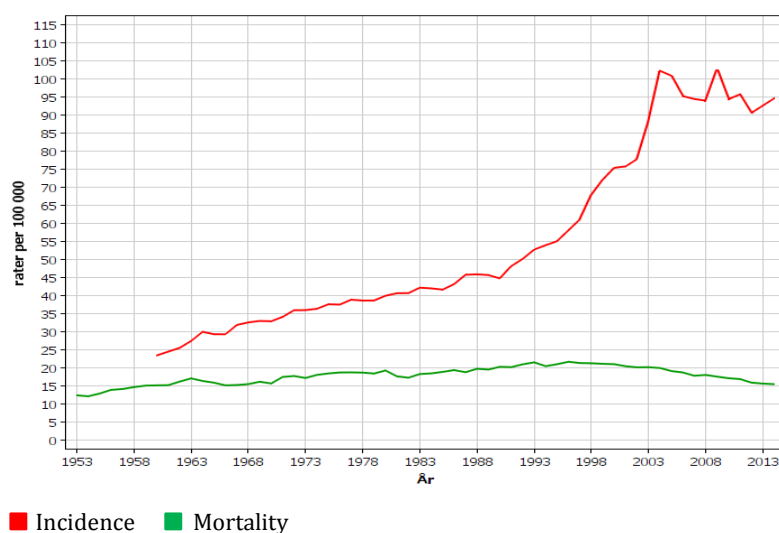
- More healthy patients are being examined for possible diseases and conditions.
- There is a risk of overdiagnosis!
- ...But the risk of underdiagnosis should also always be considered!

PSA-testing and prostate cancer

Source: T. O. Mukai, F. Bro, K. V. Pedersen, P. Vedsted.
Brug af undersøgelse for prostataspecifikt antigen.
Ugeskr. Læger 172 (9):696-700, 2010.



Cases of prostate cancer in the Northern countries in people aged 0-85+, 1953-2013



REVIEW ARTICLE

LESS IS MORE

Reassurance After Diagnostic Testing With a Low Pretest Probability of Serious Disease

Systematic Review and Meta-analysis

Alexandra Rolfe, MBChB; Christopher Burton, MD

Conclusions and Relevance: Diagnostic tests for symptoms with a low risk of serious illness do little to reassure patients, decrease their anxiety, or resolve their symptoms, although the tests may reduce further primary care visits. Further research is needed to maximize reassurance from medically necessary tests and to develop safe strategies for managing patients without testing when an abnormal result is unlikely.

JAMA INTERN MED/VOL 173 (NO. 6), MAR 25, 2013

WWW.JAMAINTERNALMED.COM

Quantified Self Apps

TeleSkin

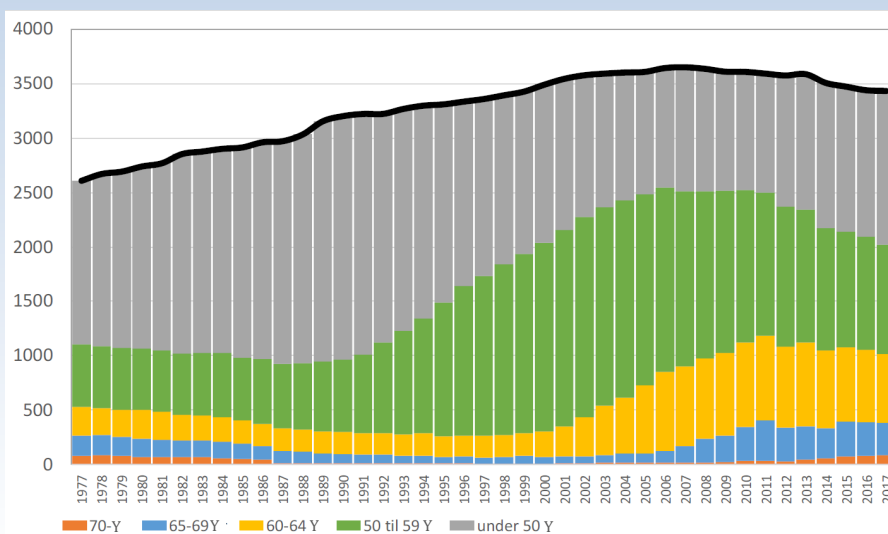
Home | skinScan app | Melanoma | Blog | About TeleSkin

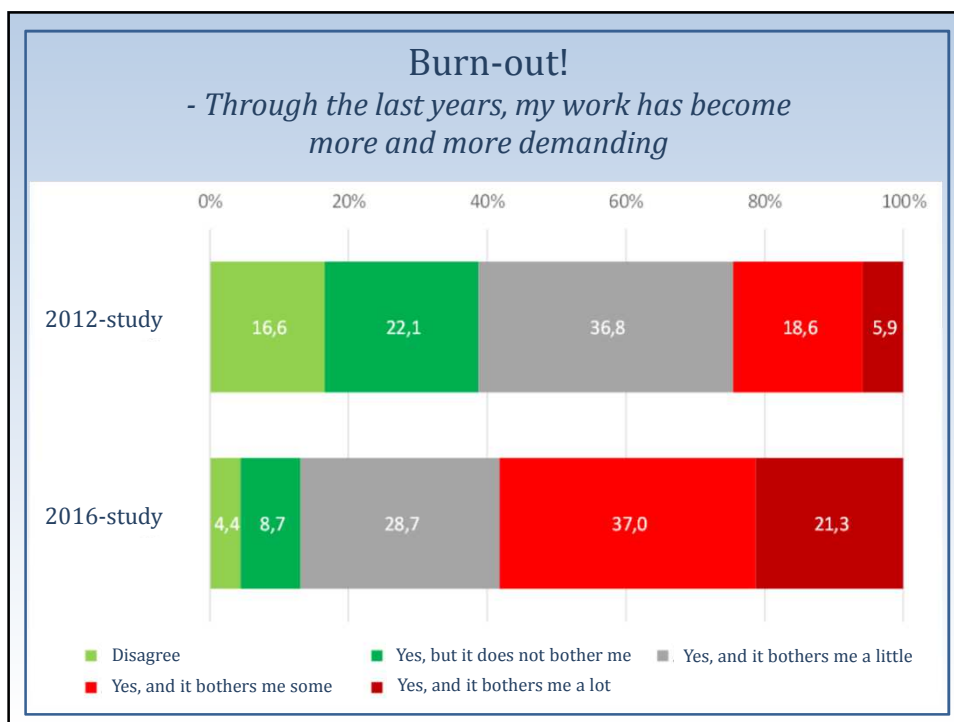
It's not about being afraid
it's about being aware
and react in time

skinScan
powered by TeleSkin

Available on the
App Store


Average age of GPs 54 years, 30% > 60 years






Recruitment of GPs

- Medical students and doctors have to meet general practice earlier and on more occasions.
- The number of GPs/general practice must be increased relatively within the total number of doctors – also in the courses of specialisation.
- More flexible forms of organization in general practice.
- Other professions must be involved in carrying out the tasks of general practice.
- The remuneration must be differentiated according to the types of patients
- Collaboration between practices and professional development in clusters.
- Flexible limits for number of patients.



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- A demand for more documentation and greater patient safety.
- Management of clinics.
- Development of profession.

Accreditation in general practice – what's the point?



- Improve the clinical, organizational and patient experienced quality
- Improve patient safety
- Improve collaboration across Danish healthcare sectors
- Make quality in healthcare visible
- Ensure improvement in practices where it is deemed insufficient

Attitudes towards accreditation

		Positive	Neutral / doesn't know	Negative	Total	p-value
Total		429 (23%)	616 (32%)	861 (45%)	1906	
Age	<40	35 (30%)	31 (26%)	52 (44%)	118	<0.0001
	40-49	146 (26%)	216 (38%)	208 (36%)	570	
	50-59	147 (23%)	182 (28%)	316 (49%)	645	
	60+	101 (18%)	187 (32%)	285 (50%)	573	

A study of GPs' attitudes and expectations towards a national accreditation scheme



A study of GPs' attitudes and expectations towards a national accreditation scheme

I don't doubt that there is high quality and effectiveness (today), but there are large differences in general practice and it is necessary to establish where the upper bar as well as the lower bar should be

We don't need unnecessary time consuming documentation. But if it can be used for practice development, then I am positive towards it

I consider to precipitate practice closing



The development of the profession of general practice

- Clinical Practice, quality development, research and education must be connected

The agreement between the GPs trade union and the Danish Regions allocates funds to these activities

Fund for continuing Education

Resources to:
Continuing education of the individual GP

Fund for Research in General Practice

Resources to:
Four research units

Fund for Quality and Informatics

Resources to:
Danish Quality Unit of General Practice (DAK-E)

Involvement of GPs in research

- *In your capacity as a GP, which themes do you think should be researched?*

- GPs' working conditions and job satisfaction
- Health problems in general practice
 - back pain
 - psychosomatic problems
 - fever and infections, other individually specified illnesses
 - complex illnesses and cross sectional research
 - patients with psychical problems
- The doctor-patient relationship
- The doctor's role – definition of working areas
- The doctor's role as promoter of health and preventive measures
- Cooperative relations
- EDP and IT

The need for knowledge based on the patients and the conditions in primary care

- Research rooted in and closely connected to clinical practice is needed to produce scientific knowledge relevant for the work in general practice.
- Guidelines for treatment developed for general practice.

The need for knowledge based on the patients and the conditions in primary care

- **Clinical research:** natural history of diseases, conditions and complaints, variability and individualisation.
- **Consultations research and the context of the patients** - a necessity in order to utilize clinical research for the benefit of our patients.
- **Research in organization, patient trajectory and implementation.**
- **Specific areas:** Social inequity, prevention and technology, multi-morbidity and the vulnerable patient.

Why is family medicine necessary?

Important facts:

- Comorbidity (>50% have more than one chronic state of health) creates a need for a coordinator/facilitator.
- Gatekeeper function in the healthcare system reduces cost to hospitals.
- General practice is close to the patient's local community/ municipality – collaboration on lifestyle changes etc. is feasible.
- Care in general practice is of high quality and much less expensive than similar treatment in hospitals.
- GPs stay in the same practice for many years – know their patients, offer continuity - facilitates good care and a high level of compliance.

Changes take time!

