

***The conduct of a patient with
complex health problems.
A Comprehensive Approach.***



University Course

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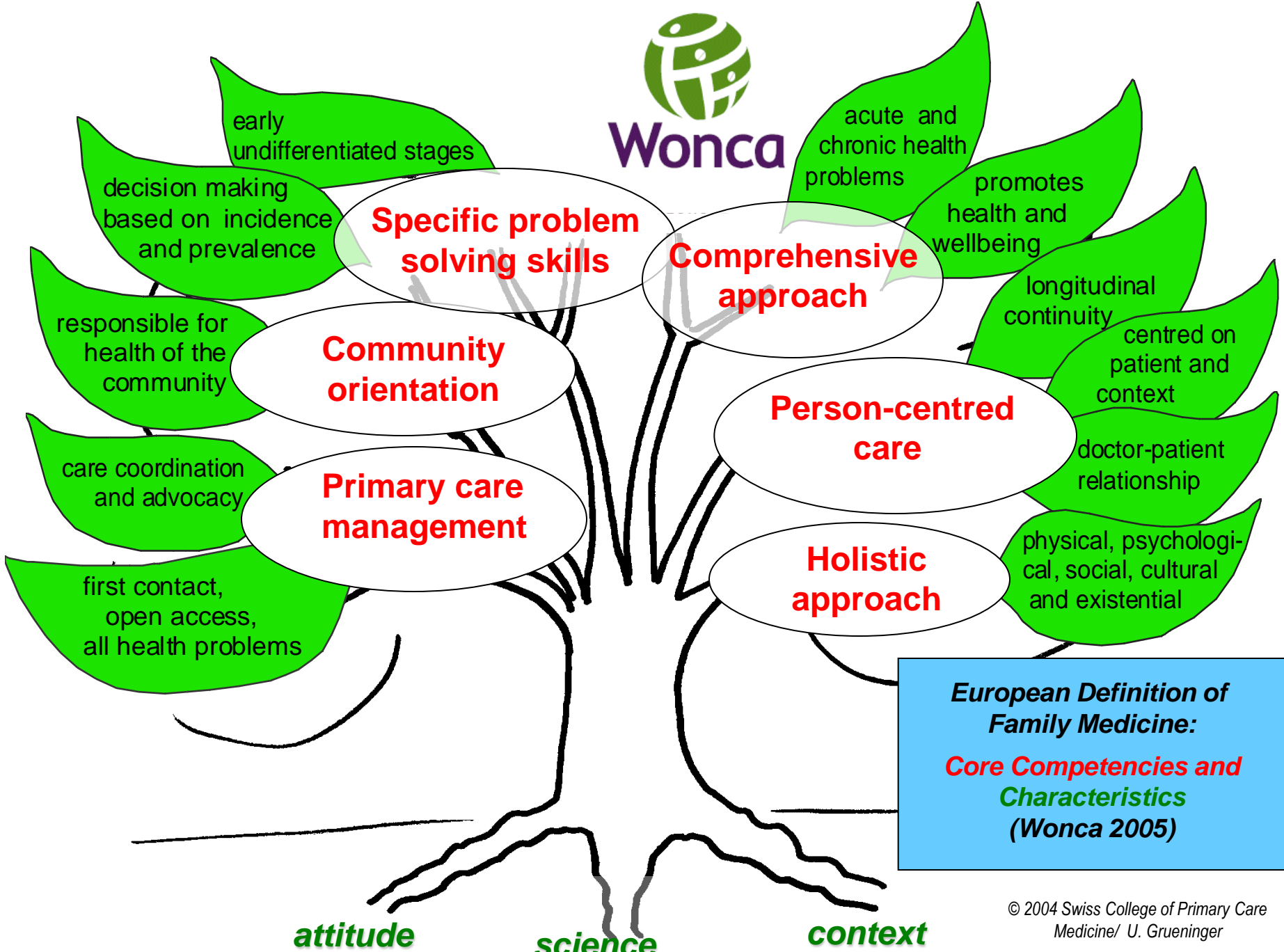


Lecture plan

- I. Introduction. Comprehensive medical assistance
- II. Simultaneous management of various pathological conditions present in a patient, acute and chronic problems.
 - The diversity of problems
 - The difficulty of problems
 - The classification of problems
 - The prioritization of problems
- III. Directing and coordinating the processes of prevention, promotion, treatment, care, palliative care, and rehabilitation. Chronic Disease Management.



Wonca



European Definition of Family Medicine:
Core Competencies and Characteristics
 (Wonca 2005)

attitude

science

context



Educational Agenda of General Practice/Family Medicine

The learning and teaching process is focused on 6 competencies, specific for GP/FM:

1. Primary Care Management
2. Community Orientation
3. Specific Problem Solving Skills
4. Comprehensive approach
5. Person Centred Care
6. Holistic approach



Terminology

- Comprehensive – means extensive, ample
- To comprehend – means to fully understand, to include, to comprise
- Comprehensive approach - integrative - synthetic - extensive



Comprehensive medical care in the health system layout

- Direction of the action of the General Medicine
- Required by the medical practice
- A methodological norm of the specific medical act
- It is necessary because:
 - the multiplication of medical disciplines
 - widening differences between specialties
 - their poor communication



The comprehensive medical care from the part of the patient

- There are several disorders to be found in the same individual
- The range of diseases increases with age
- The fragmentation of care may lead to the aggravation of latent or present diseases



A comprehensive synthesis means

- A comprehensive-holistic examination, including the data integration into the substantive issues of patient;
- Obtaining the painting of a "integral human" with gradual appreciation of the health status;
- Coming up with the hierarchy of diseases and phasing the proposed therapeutic acts towards their implementation.



The Family Doctor under this approach

- Practices an "integral human" medicine
- Treats the encountered pathology
- Controls the endogenous and exogenous risk factors
- Presents a humanistic conduct and attitudes
- Is a diagnostician, a therapist, and a counseling doctor at the same time
- Is helped by Information Technologies
- Will become increasingly required in the future



II. Simultaneous management of various pathological conditions present in a patient, acute and chronic problems.

- Diversity of problems
- Difficulty of problems
- Classification of problems
- Prioritization of problems



The first objective of a Family Doctor *(after N.C. Stott and R.H. Davis)*

- Discover the problem or the problems present in the patient, and decide whether it is a disease or not.
- He/she should decide if the problem is related to stress or if it is an acute disease, chronic disease, a major emergency or a second degree emergency, and so on.



The diversity of problems

- Of curative and preventive type
- A great number of special case problems
 - pregnant woman medical assistance
 - child medical assistance
 - medical assistance of the elderly
 - family and community medical assistance
 - managerial issues
 - research issues
 - education issues



Current medical problems

- Medical-surgical emergencies
 - *1st degree emergencies*
 - *2nd degree emergencies*
- Acute diseases
- Chronic diseases



Medical-surgical emergencies

- commonly occur in the practice of a family doctor
- keep him/her permanently alert



Acute diseases

- They are present in a large proportion of patients calling upon the family doctor
- Can be acute diseases from all fields of medicine, thus, require knowledge of all specialties
- Some acute diseases may become surgical emergencies at any time



Chronic diseases

- The family doctor provides continuing medical assistance to the population
- Many patients can come with chronic diseases unrelated or associated with acute diseases
- The family physician may be faced with chronic illnesses:
 - extremely diverse
 - from all specialties
 - concerning the entire human pathology
 - raising extremely complicated matters of diagnosis and treatment
 - in respect of which he/she shall call on the help of specialists



Preventive medical problems

- Healthy people:
 - Are on the family doctor's list and are eligible for assistance
 - Do not visit their GP systematically
 - Reasons for a possible visit
 - Periodic check up of their health status
 - Vaccination
 - Certificate
 - Medical advice
- Unhealthy people



Preventive medical problems

- Health promotion
- Primary prevention
- Secondary prevention
- Tertiary prevention
- Specific prevention

Preventive medical problems contracted by the Compulsory Medical Insurance Company



- Identifying and combating some risk factors
- An earlier detection and containment of diseases
- Carrying out Vaccines
- Preventive controls
- Balance examinations
- Family planning



Special medical problems

- Medical assistance provided to:
 - pregnant
 - child
 - aged
 - family
 - community
- Social pathology



Managerial issues

- Managerial skills are a must
- Autonomous, Private Medical Practice
- Service contracting
- Accounting activity
- Work Team Coordination
- Financial funds management



Research issues

- Specific knowledge and skills can only be sustained through research.
- Low involvement in scientific studies.
- The importance of ensuring a medical practice based on scientific evidence.



Education issues

- The family physician as an instructor
- Students and residents
 - Additional overwork
 - An opportunity to systematize and update medical knowledge
 - Strong critical sense
 - Continuing medical education and continuing professional development



An integrated approach of the patient:

- Medical assistance should be person oriented
- The family doctor deals with patient, not the disease, because
 - the human body is an integrated system
 - systems are inextricably linked together
 - the patient is fully addressed, somatically and psychologically
 - the disease subjects the patient to various distresses
 - diseases should be identified and prioritized
 - therapy is initiated for the problems with the highest risk factor
 - subsequently he/she extends to all the existing conditions of the patient



The aim of the GP is

- patient management with a major focus on promoting health and wellbeing;
- adequately direct the risk factors by promoting self-care as well as empower patients;
- minimize the impact of the patient's symptoms on his/her welfare by taking into account his/her personality, family, lifestyle and psychological and social circumstances;
- adopt an approach based on evidence and values.



Important requests regarding the activity of the GP

- The ability to receive and address the multiple complaints and problems of the patients in their care;
- The support for individual issues using all the resources that can contribute to solving the problems;
- The interpretation and prioritization of needs in consultation with the patient.



The difficulty of problems

- Before being redirected to specialists, the patients are seen by the family doctor;
- The problems faced by the family doctor are not any easier than those faced by the profile specialists;
- The diversity of requests, the modest equipment, consulting conditions, states of disease debut, and so on.
- Medical-surgical emergencies.



Difficulties encountered by the family doctor in the activity of problem solving

- Problems diversity
- Problems seriousness/ difficulty
- Asymptomatic evolution of the disease
- Relapse evolution of diseases
- Nonspecific onset of diseases
- Atypical onset of diseases
- Complexity of phenomena



Difficulties encountered by the family doctor in the activity of problem solving

- The occurrence of rare cases
- Fewer opportunities for a para-clinical investigation
- The need to travel to the patient's home
- The collaboration with the patient
- Applying preventive measures



Problems classification

- Factors which determine the patient to come to the family doctor
 - The appearance of a serious symptom
 - The existence of symptoms that disturb his/her current activity
 - The persistence of minor symptoms
 - The appearance of visible signs
 - The need of a periodic check up
 - The need of vaccinations
 - Need of a health certificate



Requests structure

Out of the patients visiting their family doctor:

- a. 40-50% suffer from an acute disease
- b. 40-50% suffer from a chronic disease
- c. 10-15% have a medical emergency



The classification of the inquiries from healthy people

- Request for
 - A medical opinion
 - A periodic medical check up
 - A vaccination
 - A prenuptial counseling
- Medical surveillance of a pregnant woman
- Medical surveillance of a child



The classification of the inquiries from unhealthy people

- Patient with a known disease that progresses typically
- A chronic disease which evolves in relapses
- A chronic illness that has aggravated
- A new easily diagnosed and treated disease
- A new disease which is harder to diagnose and treat



The classification of the inquiries from unhealthy people

- A patient with multiple diseases
- A major emergency
- A 2nd degree emergency
- A contagious disease that requires special anti-epidemic measures
- A dangerous mental illness requiring compulsory hospitalization
- A terminal illness

Case Study

At the end of a busy day, a 35 year old man enters your examination room. He is a track driver with a young family of 4 children and you are treating his wife for depression. He is obese, smokes & takes his antihypertensive medication time to time, often miss follow up appointments.

He smells of alcohol and wants the result of an X-ray of his back; he has been off work for 3 weeks and says he cannot afford any more time off. (X-ray is normal)





Prioritization of health problems

?



The classification of the inquiries from sick people

- Patient with a known disease that progresses typically
- A chronic disease which evolves in relapses
- A chronic illness that has aggravated
- A new easily diagnosed and treated disease
- A new disease which is harder to diagnose and treat
- A patient with multiple diseases
- A major emergency
- A 2nd degree emergency
- A contagious disease that requires special anti-epidemic measures
- A dangerous mental illness requiring compulsory hospitalization



The criteria for the prioritization of diseases

Generally you will pass on the forefront the illnesses that:

- a. Affect vital functions
- b. Acute diseases before chronic diseases
- c. Rapidly evolving diseases before the diseases which develop slowly
- d. Diseases that lead to major complications, before diseases likely to present minor complications



The criteria for the prioritization of diseases

- e. Diseases with unpredictable evolution, before those evolving predictably
- f. Diseases that cause more suffering, before diseases that cause less suffering
- g. Diseases that have an effective treatment before the diseases that do not have an effective treatment



The ranking of requests which can be made by the sick person

- 1st degree emergencies
- 2nd degree emergencies
- New cases of the harder to diagnose disease
- Complications of chronic diseases
- Patients with multiple diseases
- Certain infectious diseases
- Certain mental illnesses
- New cases of a disease which is easier to diagnose
- Disease which evolve in relapses
- Chronic diseases that do not present complications



The ranking of requests which can be made by the healthy people

1. Medical surveillance of a pregnant woman
2. Medical surveillance of a baby
3. Require a health certificate
4. Require a prenuptial certificate
5. Specific prevention of some diseases
6. Perform a vaccination
7. Periodic medical check up



III. Directing and coordinating the processes of prevention, promotion, treatment, care, palliative care, and rehabilitation. Chronic Disease Management.



The management

- represents the process of organization and management of an activity in order to achieve some predetermined objectives using the human and material means at our disposal in the most efficient manner



Management stages

- analysis of the situation
- identifying problems
- resource assessment
- developing a plan
- organizing the process
- business planning
- implementation, coordination, monitoring and evaluation of results



The factors that intervene in the management of chronically ill patients

Medical

Human

Family related

Professional

Social

Cultural

Economic

The factors that intervene in the management of chronically ill patients



Medical possibilities for the

- prevention
- diagnosis
- treatment
- complications prevention
- recovery



The factors that intervene in the management of chronically ill patients

Human:

- the availability of the family doctor
- family doctor's working team
- collaboration with the profile specialists
- with other specialists
- with care givers



The factors that intervene in the management of chronically ill patients

Family related

- family availability
- family support
- family environment
- care provided by the family members



The factors that intervene in the management of chronically ill patients

Professional

- The influence of the disease on professional activity
- Physical and mental load
- Toxicity and pollution at the workplace



The factors that intervene in the management of chronically ill patients

Social

- the social status of the patient
- The influence of the disease on his/her social status
- The involvement of some community associations



The factors that intervene in the management of chronically ill patients

Cultural

- The education level of the patient
- Health education
- Customs, traditions
- Spiritual factors



The factors that intervene in the management of chronically ill patients

Economic

- The funds needed for the treatment
- To respect the requirements of the hygienic regime
- To follow the diet requirements
- For a rest
- Recovery and spa treatment
- Living conditions etc.



The family doctor

- Organizes the management process
- Assesses the state of the patient
- Initiates the management process
- Develops the work plan
- Coordinates all the other factors that intervene in the management of chronic diseases



Activity organization requires

- an analysis of all factors
- the organization of a functional system
- establishing the role of each factor
- planning the activities
- the coordination of factors
- the control



The steps requiring the collaboration of the GP with the profile specialists

- Confirmation of the diagnosis
- Specialized clinical examination
- Specialized investigations
- Establishing the treatment
- Supervision of special treatments



The steps requiring the collaboration of the GP with the profile specialists

- Detecting complications
- Treatment of complications
- Treatment of emergencies
- Evaluation of results
- Changing the treatment



Wonca

early undifferentiated stages

decision making based on incidence and prevalence

Specific problem solving skills

acute and chronic health problems

promotes health and wellbeing

Comprehensive approach

longitudinal continuity

responsible for health of the community

Community orientation

centred on patient and context

Person-centred care

care coordination and advocacy

Primary care management

doctor-patient relationship

Holistic approach

physical, psychological, social, cultural and existential

first contact, open access, all health problems

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HOW CAN COMPREHENSIVE APPROACH BE IMPLEMENTED IN PRACTICE?

Case Study

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COMPREHENSIVE APPROACH

Objectives

- to manage simultaneously multiple complaints and pathologies;
- to promote health and well being;
- to manage and co-ordinate health promotion, prevention, cure, care and palliation and rehabilitation

Translation into practice

- The patient has many problems. How do I prioritise them?
- What kind of lifestyle advice is meaningful to this patient?
- Can I delegate some of the tasks to my team?

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**“Don’t tell me to improve my diet.
I ate a carrot once and nothing happened!”**

TIPS

- Topics to introduce:
 - Health promotion
 - Disease prevention
 - Practice organisation

