



Primary Contact Management in Family Medicine

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Objectives

- Inform about concepts of primary contact management in primary health care.
- Present basic management concepts of family physician practice in order to assure primary care contact.
- Team approach in family medicine.
- Family practice in conditions of mandatory health insurance in Moldova.



Agenda

- EURACT/ WONCA educational objectives in the domain of primary care contact management in family medicine
- Basic concepts of management in family practice
- Team approach in family medicine clinics in Moldova
- Family Practice in conditions of Mandatory health insurance.
- Health services provided by family physicians according to mandatory health insurance.



Characteristics of Family Medicine

1. Management of Primary Health Care contact
2. Patient Centered Care
3. Specific problem solving
4. Comprehensive approach
5. Community orientation
6. Holistic approach

Clinical problems, Communication with patient, Family Practice management
<http://www.woncaeurope.org/> The European Definition Of General Practice / Family Medicine



Primary care management

Tasks:

- to manage primary contact with patients, dealing with unselected problems;
- to cover the full range of health conditions;
- to co-ordinate care with other professionals in primary care and with other specialists;
- to master effective and appropriate care provision and health service utilization;
- to make available to the patient the appropriate services within the health care system;
- to act as advocate for the patient

(<http://www.woncaeurope.org/> *The European Definition Of General Practice / Family Medicine* , 2005



What a family physician needs to fulfill objectives of Primary care management?

- Clinical skills relevant for health and disease
- Practice Management skills
- Knowledge of health care system structure and functioning
- Communication skills with patients and specialists from HCS

Family Medicine specialty within Health Care System



Family Physician as a leader

- Basic leadership qualities: openness for new, professionalism, clearness
- Priority setting abilities
- Goal setting
- Defining Objectives
- Assessment of achieved results
- Personal organization

(Saltman et al, 2006)



Effective and appropriate care provision and health service utilization

- management structure of the practice, how decisions are made and how responsibilities are distributed;
- practice functions as a business and the implications various activities and expenses have for profitability;
- primary care in the context of the wider HCS;
- organizational systems of the practice and delegate tasks effectively;
- participate in the motivation of staff, contribute to staff development and training;

(<http://www.woncaeurope.org/> *The European Definition Of General Practice / Family Medicine* , 2005)



Effective and appropriate care provision and health service utilization (cont)

- appraisal interview with staff and/or colleagues, the recruitment and selection of staff or colleagues in accordance to the law relating to equal opportunities;
- organize an effective meeting;
- manage own time effectively;
- successfully manage a project;
- understand the principles of medical device management and security and incidents prevention/reporting ;

(<http://www.woncaeurope.org/> *The European Definition Of General Practice / Family Medicine , 2005*)



FP act as an advocate for the patient

- negotiates effectively with colleagues;
- take into account the process of, and factors that influence, change;
- improves the quality of health care delivered to patients by the practice;
- applies concepts of leadership in the context of the HCS;
- where possible, provides choice to patients in relation to their future care;
- considers conflicts of interest which might arise in the commissioning and provision of services for patients;

(<http://www.woncaeurope.org/> *The European Definition Of General Practice / Family Medicine , 2005*)



First Contact Physician

- First contact of the patient - “Gate keeper”
- Entrance gate into the health system
- Unlimited access of patient to PHC services
- Takes care of all problems of the patient regardless of age and other patient characteristics
- Provides medical services for various pathology

(Family Medicine definition WONCA, 2002)



Clinical management context

Specific conditions in Family Practice:

- High level of uncertainty
- Limited time for consultation
- Patients with diverse problems
- Bio-psychosocial approach to solve medical problems
- Limited resources
- Continuity of medical services



Access to PHC services

Time:

- Office hours and after hours time (24/7)
- Urgent, routine and prophylactic consultations
- Office waiting time and waiting time for an appointment
- Registration on the list of a Family Physician
- Phone access

Geographic access - locality, in the office and at home

Specialty FP – certification of specialist

Financial access (insured, uninsured and out of pocket expenses) (*Shortell & Kalujniy, 2006*)



Continuity of PHC services

- ***Experiential*** – patient lived experience of coordinated care
- ***Informational*** - excellent data transfer
- Continuity among ***specialists and team members*** – effective communication with professionals
- ***Flexible*** - responding to changing individuals' needs and wants
- ***Longitudinal*** - involvement of least number of professionals still consistent with patient needs
- ***Interpersonal and relational*** – specific professional with whom patients develop therapeutic and interpersonal relationship.

(McWhinney&Freeman, 2009)



Continuity of PHC services

- General population – health services
- High risk population groups – risk management
- Diseases with significant impact – disease management
- Complex disease – case management and comprehensive approach

(McWhinney & Freeman, 2009)



Management general definition

- ...set of activities to organize, direct and govern an organization
- Management is the act of getting people together to accomplish desired goals and objectives using available resources efficiently and effectively.
- Management – is the **process of planning and maintaining conditions, in which a group of people work together to achieve a well defined goal.**
- Human resources, Goods and materials, Financial and time resources, technological and natural resources; (*Shortrell & Kalujny, 2006; Etco, 2006*)



Manager roles

Interpersonal

- Represent the organization
- Leader

Informational

- Monitoring
- Disseminating
- Presenting (verbal skills)

Decision taking

- Entrepreneur
- Solves problems
- Allocates resources
- Negotiates

(Shortrell & Kalujny, 2006; Etco, 2006)



Management process include

- Planning
- Organizing
- Staffing
- Leading or directing
- Controlling an organizing
- Work/Effort for the purpose of accomplishing the goal
- Resourcing (the deployment and manipulation of human resources, financial resources, technological resources, natural resources).

(Shortell& Kalujniy, 2006)



Functions of a manager

- Vision
- Planning
- Organization
- Coordination (leader)/
- Directing & Motivating people
- Control
- Assessment and Analysis

Should the manager of PHC be a person with medical education of business education?

Is he a leader or an administrator? Is he a formal leader of informal leader? (Shortrell & Kalujny, 2006; Etco, 2006)



Management of medical practice

- Management of human resources (personnel)
- Financial management / employment contract negotiation, contracting services with NCMHI, buying services
- Information management
- Cooperation with specialists in health care system
- Cooperation with Local/ public authorities and NGO
- Participation in research projects

(Enachescu et al, 2006; Nimerenco, 2008; Saltman et al, 2006)



Management stages

- Analysis of situation
- Problem identification
- Resource evaluation
- Development of a plan
- Process organization
- Planning for specific activities
- Execution, coordination
- Control and assessment of results

(Shortell & Kalujny, 2006)



Coordination of care in PHC

- FP uses efficiently resources of HCS through:
- Delegation of appropriate tasks to team members and coordination of care within PHC
- Referral of the patient to specialists within HCS
- Taking over coordination of care after patient returns from specialized care
- Support of the patient in interaction with specialists / promotion of patients' best interests in health care system.
(Enachescu, 2006)



Fundamental values of HCS

Equitable access to health services

- Equity for health
- Medical services give priority to person
- Security of medical community
- Safe and confident authority
- Patient empowerment

(Evans et al, 2008)



Primary Health Care

Quality of PHC

- Efficiency of services and patient safety

Accessibility to medical services

- Financial, geographic, time 7/24, providing medical services when needed, personal/patient centered, free choice of the provider

Minimal costs through productive organization of service delivery

(Saltman et al, 2006; Enachescu et al, 2006)



Models of Family Practice

Public practice

Governmental

- Centers of PHC (Greece, Germany, Portugal)
- Polyclinics (ex-soviet countries)

Public, not governmental

- Regional Health Centers / Municipal HC (Finland, Spain, Switzerland, Norway)

Private practice

Non-profit/ Volunteer

For Profit / Commercial

- Solo Practice (Denmark, UK)
- Group Practice (Holland, UK)



Models of Family Practice

Family Practices in RM

Public Medical Sanitary Institutions (PMSI)

- MTA
- CDC
- Center of Family Physicians (CFP)
- Health Centers Office of FP
- Health Office
- Private Practice (Medpark, Galaxia)

Equivalent FP USA

- Primary Care Medical
- HOME
- Health Maintenance Org.
- (HMO)
- Preferred Health Services Provider
- Integrated Medical Centers
- Community Medical Centers



Financing Primary Health Care in RM

- Funds of Mandatory Health Insurance (contracts with NHIC or territorial agencies)
- Governmental budget (MoH)
- Income from paid services (fee-for-services)
- Donations
- Grants
- Financial sources from activities allowed by law
- *Separated contracts from Specialized HC*
- *Autonomous activity/ self sustainable/ non-profit*

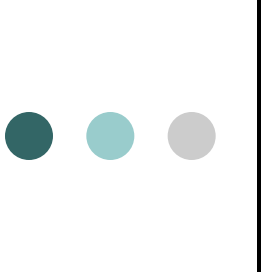
Popusoi et al, 2002; Legea fondurilor AOM pe anul 2010 nr. 128-XVIII din 23.12.2009



Context of Primary Health Care

- FP – first contact physician for divers
undifferentiated health problems - „gate keeper”
- Increase provision of preventive services as
compared with therapeutic services
- Minimal equipment for PHC level
- Cooperation *mono- and interdisciplinary teams*
- Favorable condition for continuous care
- Reformed HCS to fit Family Medicine in PHC

(Enachescu et al, 2006, Nemerenco, 2008)



Coordinate care with other professionals in PHC and with other specialists

- knows the roles of all members of the primary care team
- coordinates the team-based approach to the care of patients
- an effective member and leader of a team
- understands the role of team dynamics in the functioning of an organization
- effective communication within the practice organization
- own preference for role within teams and in interaction with others



Team management in PHC

- Team members
- Functional responsibilities
- Motivation
- Set appropriate goals and allow professional independency to each member of the team



Team

is a group of people united with a common, mutual goal and working together to achieve this mutual goal.

(Yurgutis, prezentare, Chisinau 2007; Saltman, D. 2006)



Multidisciplinary team

...is not just sum of abilities of a number of individuals, but creation of a common power, directed to achievement of specific goal, the success, of which depends not only on coordination of different professionals, but more on individual abilities, interaction and communication of team members.

(Yurgutis, prezentare, Chisinau 2007; Saltman,)



Advantages of team approach

- Obtaining of more results in the same time period
- Better quality work
- Results are achieved faster / less time consuming
- Possibility to solve the problems in common
- More creativity involved
- Common ground achieved, less risk to be unsuccessful
- Division of work, better understanding of each member role and responsibilities
- Possibilities to motivate and improve performance
- Friendly, nonthreatening atmosphere



Management styles

- Management style depend on attitudes toward people

Two extreme theories

- Theory X
- Theory Y



Theories X and Y

Theory X	Theory Y
People do not like working, they try to avoid work	People like working!
People should be forced to work in a particular direction	People can set their own goal and be organized
People like to be directed and avoid responsibility	People want to have and accept responsibility
People work for money and are motivated by financial stability and personal security	People are motivated to use their potential
People are not creative	People are creative and inventive

Why do we need team approach in family practice?



Theory Y

Each individual presents new ideas	People want to work and they like it!
People are responsible, motivated and can coordinate themselves	People organize themselves to achieve specific goals
The truth can be found out after heated arguments of the team members	People want and accept responsibilities
Group discussions are important and efficient, which shows that people care for each other	People are motivated to discover their own potential
Nonthreatening atmosphere in the organization allows people to express their opinion and compete with their colleagues	People are creative and inventive by their nature



PHC team

- Goal of the team – healthy community
- To achieve this goal creativity is needed to find out ideas and possibilities to solve problems (community, families, individuals) of a diverse professionals united by a common goal and working together to achieve it!
- The goal of a health community can not be achieved without active participation and collaboration of professionals in PHC.



Team composition in FP

With direct patient contact:

- Family Physician
- Family Medicine Nurse
- Midwife
- Nurses with diverse specialization (hygiene, public health, education, psychology, management).
- Receptionist
- Physicians or other specialists in interdisciplinary or multidisciplinary teams

No direct patient contact:

- Non-medical personnel: accountant, secretary, cleaning team, IT personnel, administrator;



The role of team in PHC

Ensures accessibility of population to PHC services

- Permanency in the office practice / home visits

Help FP monitor the health state of population

- Pregnancy monitoring
- Monitoring of newborns, infants, children
- Provide health education

Detect risk factors and organize prevention measures

Ensure specific prevention (vaccination, epidemiological investigations)

Medical care in office FP

Medical care for chronic patients at home

Participate at rehabilitation measures for patients

Participate in provision of palliative and terminal care



Tasks of PHC team members

Family Medicine Nurse:

- Registers patients who seek PF consultation
- Identifies patients problems for the consultation (Chief Complain)
- Participate at consultation delivery/ premedical examination, triaj
- Identifies and announces suspected medical or surgical emergencies
- Provide treatment prescribed by physician in the office and at home
- Prepares physician office for consultations
- Provides health and hygienic education
- Keeps evidence of materials and completes as necessary equipment and medication for emergency situations.



Tasks of PHC team members (cont)

Midwife:

- Registers and monitors pregnant women
- Completes register of pregnant women
- Monitors together with FP and OB/GYN pregnant women
- Make home visits of pregnant women and after the delivery
- Supervises hygienic, diet, and medication regimen of pregnant women.
- Participates at immunization of pregnant women
- Consults OB/GYN when necessary



PHC team at UCPHC (CUAMP)

- Computerized appointment and EMR system
- Triage and preparation for consultation
- FM nurse works separately from FP – more confidentiality
- Pre- and post-consultation work place
- Appointment time 20 min/ 5 hours work in the office
- Increase in proportion of prevention services
- Health education on 5 topics for patients groups
- Free choice of FP
- Better communication with patients and team members
- Organized/ steady flow of patients
- Increased patient satisfaction



Patient satisfaction

- Increased access to PHC (> duration of consultation and office time FP)
- Lower waiting time in the FP office and for appointment
- Patient problems triaj and orientation of the patient toward medical consultation
- FPs and Nurses are perceived as more competent / solve more patients problems in the office, less consultation with specialists
- Increased access to prevention services/ Health education
- Improved patient provider communication



Informational management in FPP

- Documentation / office of FP
- Medical documentation (clinical records, evidence registries)
- Informational system/ EMR
- Reporting to MoH, National Health Insurance Company, medical statisticians, PHC



Documentation in FP office

- Law, Governmental decisions, Ordinances of MoH, Regulations, Dispositions of official medical authorities and methodological normative.
- Regulations for organization and functioning, accreditation papers, contracts
- Work responsibilities of employed staff
- Contracts and financial documents
- Medical records, accounting and bookkeeping documentation, activity reports
- Financial management (wages, medical & maintenance expenses)
- Documentation of physical space / building plan, office scheme, equipment and sanitary materials



Medical documentation

- Informational system (electronic or paper)
- List of registered persons at FP/ CFP (insured and uninsured)
- Medical record for adult, child and pregnant women
- Registry of consultations treatment / procedures registry
- Vaccination registry
- Registry for monitoring of pregnant women
- Registry for monitoring of chronic patients
- Registry of provided health education
- Registry of patients with TBC/ in contact with TBC patient and other registries...



Informational sistem UCPHC

CabiManager offers possibility of more efficient informational management at the clinical, institutional and economic levels.

- Appointment system and evidence of provided services (consultations, office visits, house calls)

Electronic medical record

- Configuration and monitoring of system use by providers (safety and security issues)

- Generating reports

- Keep evidence of costs and expenses

Advantages and disadvantages of electronic system



FP practice in conditions of MHI

- Mandatory Health Insurance (MHI)
- Principles of MHI
- Categories of health insured persons
- Medical services provided in PHC and paid by MHI



Mandatory Health Insurance (MHI)

- ***MHI*** – is a governmental guaranteed system to protect population interests in the domain of health, offering all citizens of RM equal opportunities to obtain quality medical assistance, included in the Unique Program for health services.
- ***Law*** “With regard to Mandatory Health Insurance” nr.1585-XII from 27.02.1998
- ***National Company of Health Insurance*** (NCHI) – quasigovernmental, manages finances, non-profit company
- ***Unique Program***, established annually by Government of RM includes the extent of health services covered by MHI
- medical services paid: finance per capita and performance payment according to specific criteria
- Reserve fond MHI for pre-hospital medical and surgical emergencies



Principles of MHI in RM

- a. Solidarity**
- b. Equity**
- c. Universal access**
- d. Financing of Health Care System from public funds,** formed from taxes, mandatory and voluntary health insurance taxes paid by the employer (3.5%) and employee (3.5%).
- e. Focus on primary health care,** including prevention of diseases, provided by FP
- f. Decentralization economic and financial** of the health system and insurance of high degree of autonomy of health providers
- g. Medical care quality guaranteed** through accreditation of health care institutions and licensing for practice every 4 years.



Categories of insured persons

Employed insured (personal employee contribution and employer contribution)

Insured by Government (citizen RM):

- Children \leq 18 years
- Students (full time)
- Pregnant women and postpartum 40 days
- Pensioners
- Disabled people (documented)
- Registered unemployed people
- Persons who care for disabled children gr. I or disabled from childhood gr. I bedridden up to 18 years old
- Mother of 4 and more children



Medical services packages UP

Primary Health Care

- **Preventive services**
- **Urgent (emergency) services**
- **Curative services**
- **Support services**

Specialized medical services

Emergency services

Hospital services

Pharmaceutical services (compensated and free of charge medication)



Primary Health Care - MHI

Primary Health Care

a. Family physician and his team

b. According to professional training, in case of all diseases and situations described under the chapter for PHC of Unique Program:

- Preventive measures
- Monitoring health
- Insured person registered on the list of FP
- In case of urgent situation at any PHC institution on
- territory of RM



Primary Health Care

According to Unique Program Family physician

- is the first contact of insured patient seeking health services;
- can refer the patient to specialized service for consultation or hospitalization.



Profilactic services

- Healthy life style education
- Monitoring of child development, periodic physical examination of children;
- Immunizations
- Prenatal care
- Family planning
- Regular physical exanimation of adult population and laboratory examination according to regulations
- Disease and cancer screening according to local regulation and resources



Profilactic services (cont)

- Periodic Medical Examination for chronic patients
- Diseases monitored by FP
- Physical examination and laboratory investigations according to local protocol for follow up and monitoring
- Guidelines and protocols on website of MoH and professional associations
- www.ms.gov.md



Visit to FP includes:

- Consultation (patient history, physical examination, diagnosis);
- Laboratory investigations in case needed for diagnosis, when clinical arguments are present.



Preventive visit with FP

- Examination of skin, thyroid gland, lymph nodes (annually)
- Clinical Examination of breasts (W > 20 yo)/ annually
- Blood pressure measurement - annually
- Measurement of intraocular pressure (> 40 yo)/ annually
- Visual acuity – health examination or when solicited;
- Indications for chest Rx (risk groups or special personnel);
- Blood sugar level (risk groups) - annually



Preventive visit with FP(cont)

- Serologic testing for syphilis/ HIV;
- Prophylactic gynecological examination of women >20 years old/ once in 2 years; cervical cytology /pap smear
- For women < 20 year old cervical cytology / pap test collected only when visible pathology detected or risk factor for cervical cancer present;
- Uro-genital test for STI
- When needed rectal examination for persons over 40 years (annually)



Therapeutic services PHC

- a) Medical consultation
- b) Small surgery procedures
- c) Injections the office and at home
- d) Compensated medication
- e) Treatment monitoring
- f) Referral for laboratory investigations and procedures
- g) Referral for specialist consultation or hospitalization
- h) Registration and monitoring of TBC cases



Therapeutic services PHC (cont)

Medical services at patient home

- Medico-surgical urgencies
- Children 0-5 years old under the treatment
- Insured persons with mobility deficiency of inferior members
- Terminally ill patients
- Follow-up for persons who solicited emergency services (as indicated by Physician)
- Persons who completed treatment in hospital and need follow up for treatment monitoring at home
- Contact person with contagious diseases, anti-epidemic measures
- Medical follow up for contagious persons and preventive treatment monitoring of contacts



Urgent medical services / PHC

- a) Medical services in case of emergency (patient history, examination, urgent treatment when possible and equipment available) within limits of professional competencies of FP
- b) Call for emergency services when professional standards are not met (the situation is too complicated for professional training level)
 - For referral to specialists in outpatient services
 - For hospitalization



Support activities

- a) Expertise of temporary work inability, including sick leave documentation and evidence;
- b) Referral to Counsel of Medical Expertise of Vitality (CEMV), including fill in documentation;
- c) Certificates of health state, care of sick child or person, medical documentation, death certificate and others.
- d) Organization of evidence, fill in medical documentation and registries, medical statistical documentation, reports of activity to MoH, Departments of Health, Medical statistics office, NCH



The role of MHI in promotion of Family medicine as specialty

- MHI rediscovered the role of family medicine in the context of modern medicine
- FM ensures better access to PHC
- FM can solve with less costs over 80% of current medical problems of population
- FP can determine better when specialized health care services are necessary for the patient

References

- Enachescu et al. (2006) Medicina de Familie. Curs Universitar pentru Studentii anului VI. Editura Universitara Medicala. Craiova, 2006
- Etco, C. (2006). Introducere in management. Evolutia gandirii manageriale. In Management in Sistemul de Sanatate. Editura Epigaf, Chisinau, 2006 p. 25-58.
- Evans, T & Lerberghe, W.V. on behalf of team for The World Health Report (2008). The world health report 2008: primary health care now more than ever. World Health Organization, Geneva, Switzerland, 2008
- Justin, A. Et al. (2002). Определение общей врачебной практики / семейной медицины. Европейским Обществом Врачей Общей Практики / Обществом Семейной Медицины). Региональное отделение WONCA в Европе , WHO, Barselona, Spain 2002 accesses 01.09.2010
http://familymedicine.ru/component/option,com_remository/Itemid,36/func,startdown/id,57/
- L E G E A fondurilor asigurării obligatorii de asistență medicală pe anul 2010 nr. 128-XVIII din 23.12.2009 Monitorul Oficial nr.193-196/615 din 29.12.2009
- Monitorul Oficial (21.12.2007). Hotărâre de Guvern Nr. 1387 din 10.12.2007 cu privire la aprobarea Programului Unic al Asigurării Obligatorii de Asistentă Medicală. 21.12.2007 în Monitorul Oficial Nr. 198-202
- Nemerenco, A., (2008). Optimizarea serviciilor de asistență medicală primară prin implementarea metodelor manageriale contemporane. Autoreferat științific al tezei de doctor în medicină. Accesat <http://www.cnaa.md/thesis/11661/30/08/2010>
- Popov, I. (2009). Conceptul programului informațional Medical pentru Oficiul medicului de familie implementat în linia universitară de asistență medicală primară a USMF "Nicolae Testemițanu" in Medicina sociala si management sanitar. www.usmf.md
- Popusoi, E. et al (2002). Managementul serviciilor de sanatate. In Sanatate Publica si Management. Chisinau, 2002, p. 492-557
- Ministerul Sănătății al RM. Protocoale clinice standardizate pentru medicii de familie. Accesat 08.30.2010
<http://www.ms.gov.md/public/info/Ghid/>
- Saltman R. et al. (2008). Primary care in the driver's seat? Organizational reform in European primary care. European Observatory on Health Systems and Policies Series, 2006.
- Saltman, D. C., O'Dea, N. A., Farmer, J., Veitch, C., Rosen, G. and Kidd, M. R. (2007), Groups or teams in health care: finding the best fit. Journal of Evaluation in Clinical Practice, 13: 55–60. doi: 10.1111/j.1365-2753.2006.00649.x
- Shortell, S.M. & Kalujny, A. (2006). Health Care Management: Organization Design and Behavior, 5th edition. Thomson Delmar Learning. New York, US