

Primary Care

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Primary Care & Public Health - The Interface
EPID 600 - Introduction to Public Health



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Who Provides Primary Care?

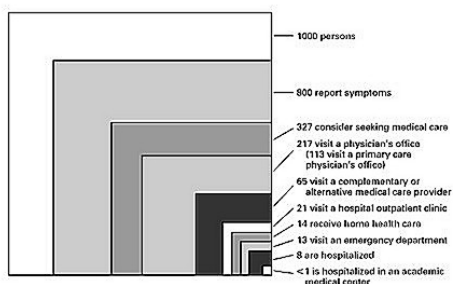
- Traditionally defined list
 - Family Medicine
 - General Internal Medicine
 - General Pediatrics
- Others
 - Nurse Practitioners
 - Physician Assistants
 - OB/GYN (debatable)
- Limited part of some specialists' practices
 - Ex. dialysis patients, cancer patients in treatment



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Ecology of Medical Care

Green LA, et al. The ecology of medical care revisited. NEJM 2001;344:2021-5.



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IOM: Primary Care

Institute of Medicine Defining Primary Care: An Interim Report (1994)

- Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

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AAFP: Primary Care

American Academy of Family Physicians

- Primary care is that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioral, or social) , organ system, or diagnosis.

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AAFP: Primary Care, cont.

- ... includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings
 - (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.).
- ... is performed and managed by a personal physician often collaborating with other health professionals, and utilizing consultation or referral as appropriate.

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AAFP: Primary Care, cont.

- ... provides patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services.
- ... promotes effective communication with patients and encourages the role of the patient as a partner in health care.

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Thoughts from "Across the Pond"

Heath I, Sweeney K. BMJ. 2005 Dec 17;331(7530):1462-4.

- "...necessitates a high degree of technical and experiential competence, combining a robust appreciation of the range of the normal with a high index of suspicion for the dangerous."
- "The general practitioner must develop the skill of using time to reveal the natural course of a presenting condition."

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"Across the Pond", cont.

Heath I, Sweeney K. BMJ. 2005 Dec 17;331(7530):1462-4.

- "One of the contributions of generalist practice to improving health outcomes for populations is mediated by broadly based diagnostic skills that can select, through the referral process, high prevalence populations for specialist practice and thereby ensure the effectiveness of specialists. This skill constitutes a uniquely valuable healthcare commodity."

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Primary Prevention in PC

- Health behavior counseling
 - smoking, exercise, diet, alcohol, STD and pregnancy risk
- Anticipatory guidance
 - preconception counseling, age-appropriate child safety issues
- Immunizations

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Secondary Prevention in PC

- Cancer screening
 - cervix, breast, prostate and colon
- Diabetes screening
- Hypertension screening
- Osteoporosis screening
- STD and TB screening
- (+/-) genetic screening

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Tertiary Prevention in PC

- Diabetic retinopathy, nephropathy, & neuropathy
- Lipid control in diabetes and coronary artery disease
- Treating osteoporosis
- Prophylaxis after TB exposure

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PC Prevention: Challenges

- Erosion of continuity
- Shorter clinic visits
- Poor reimbursement for counseling
- Lack of systems-approach tools
- Competing demands

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PC Prevention: Strengths

- Access to individuals
- Repeated opportunities over time
- Prevention is a PC core value
- Trust and understanding gained through continuity relationship
- Some reimbursement improvements
- Growing adoption of electronic health records

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Future of Family Medicine

FEM Report. Annals of Family Medicine: Supplement 2004

- Proposed New Model of practice
 - a patient-centered team approach
 - elimination of barriers to access
 - advanced information systems, including an electronic health record
 - redesigned, more functional offices
 - a focus on quality and outcomes
 - enhanced practice finance

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Prevention in FFM report

- The New Model office will put into practice the most current public health concepts and strategies while providing excellent preventive care across the individual life cycle and age spectrum.
- Preventive interventions will be implemented based on the quality of supportive evidence.
- Standard and personalized health risk assessments will be utilized for risk factor identification.



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Prevention in FFM report, cont.

- The electronic health record will play a key role in tracking adherence to prevention guidelines and in continuously improving the quality of the preventive care provided by the practice.
- Health behavior and lifestyle modification skills will be essential to the multidisciplinary team providing preventive care in the practice.



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Pay for Performance (P4P)

Potential to impact prevention in primary care

- Currently used in some countries
- Controversial with potential problems
- Adoption by CMS stalled
 - Voluntary reporting on 36 test indicators, about a 1/4 addressing PC prevention
- Easier with electronic health records



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Public Health

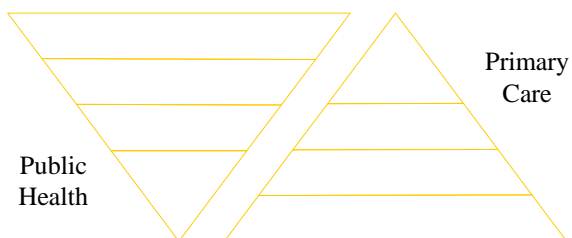
Definition from Wikipedia, the free encyclopedia

- Public health is an aspect of health services concerned with threats to the overall health of a community based on population health analysis.
- It generally includes surveillance and control of infectious disease and promotion of healthy behaviors among members of the community.
- Prevention is another important principle...
- Public health promotes not simply the absence of disease but mental, physical, and emotional well-being...

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Prevention Perspectives



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Prevention Research in Primary Care that Overlaps with Public Health

- Virginia Ambulatory Care Outcomes Research Network (ACORN)
 - coordinated by the VCU Department of Family Medicine
 - acorn.fam.vcu.edu



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1-800-QUIT-NOW

- Quit lines provide intensive counseling
- Universally available
- Free and Effective
 - Per Cochrane review, the OR for 6-12 months cessation is 1.64 (95% CI 1.41-1.92) for proactive calls to those ready to quit
- Utilization low: 1% of smokers

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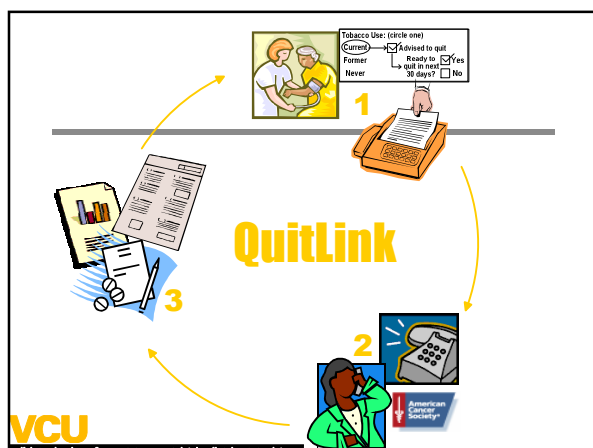
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Background

- Leading cause of preventable death
- Approximately one in five U.S. deaths each year (438,000 people)
- 70% of smokers want to quit
- NAMCS 2001-2003: PC providers do cessation counseling at 26% of visits by identified smokers
- Intensity of counseling has a dose effect

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File Edit View Options Help
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TEST, KRISTEN
 10 Year Female DOB 01/26/1967 PCP Charles O. Frasier, MD Insurance ANTHEM (PPO) Group 6731

New Counseling Form: KRISTEN TEST

Patient Counseling Status: Currently smokes

Patient Counseling
 Patient advised to quit smoking: ☒ yes ☐ no ☐ not addressed
 Patient ready to quit smoking: ☒ yes ☐ no ☐ not addressed

Plan for Assistance with Smoking Cessation
☒ Quit Now/Virginia ☐ Official Based Care
 Have discussed smoking cessation counseling with the patient. Patient agrees to refer to Free and Clear Virginia smoking cessation hotline, and agrees to sending Free and Clear patient contact information.

Best time to quit the New Virginia to call:
☒ Now 111-224 ☐ 10AM-12PM ☐ 12PM-3PM ☐ 3PM-6PM ☐ 6PM-9PM

Best number to call:
 Home 111-224
 Phone 333-224
 Cell 333-224

☒ Add translation to note

Print Form (Ctrl+P) Close

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