

EPID 600 - Introduction to Public Health

Primary Care & Public Health - The Interface

**Stephen F. Rothemich M.D., C.M.G. Buttery, M.D., MPH, Michael
Evans M.S.W.**

Objectives

([pdf version](#))

Upon completion of this session the students should be able to describe

- The distribution of common diseases within the community,
- The role and relationship of primary care physicians to medical consultants and the public health support system.
- The scope of primary care and the role of prevention in primary care practice.
- Development of a plan to improve the number and distribution of primary care physicians,
- How the plan could change the role of community public health agencies and the potential to improve community health status.
- How the Virginia Health Care Foundation and Virginia Primary Care Association contribute to primary care access.

Key Words:

Primary Care, Public Health Intervention, Primary Care Physicians, Health Systems, Geographic mal-distribution, Third Party Reimbursement, Rural/Urban distribution. ICD(a) & ICHPPC codes. Recruitment, Retention, Physician Need, Practice Patterns, Case Management, Referral, Integrated Human Services, future health practice systems, health data analysis. [AAFP](#) & [IOM](#) definitions

Concept:

Primary care and public health are two complementary facets of community based care that improve health status.

References:

Instructor Handouts.
[Bookmarks](#) for 2007
Maxcy Rosenau
12th Edn. Chap 1 & 65.
14th Edn - not as good as 12th but look at chaps 1 & 66
Introduction to Primary Care: Schneider. Chapters 25 & 26

White K. L. "The Ecology of Public Health" NEJM 1961:263: 18, 885 - 892
The Contemporary "Ecology of US Medical Care" Confirms the Importance of Primary
Care -[Kerr White Updated](#) (.pdf format)
[Primary Services Tool kit](#) Look at the Introduction (Module 0)
Schneider, 2nd Edition Chapter 25

General reference: R. Rakel - Family Practice,
Review this site [about patient safety](#) as a primary care & public health issue.
Also, review the [AMA statement](#) on Universal Access
Also, review the discussion by Dr. Berwick given at the IOM [Annual Meeting 2000](#):
Quality of Health and Health Care. Consider how what he says might change primary
care delivery.

[Go to Lecture](#) for this session.

MPH Home Page	Course Contents	Useful Web Links	Blackboard
-------------------------------	---------------------------------	----------------------------------	----------------------------

Dr. Stephen F. Rothemich MD, CMG Buttery MD, Michael Evans MSW.

Focus on Primary Care - **The Interface with PH & Preventive Medicine**

Start out by Reviewing [Dr Rothemich's Presentation](#). [PDF version](#)

Then look at the [Family Medicine research site](#) to consider the types of research being conducted, where the studies fall in the array of the epidemiologic armamentarium. Are they descriptive or analytic? Are they current, retrospective or futuristic? Are they quality or quantity based? Are they policy or practice based? Could they lead to changes in the health care system?

Follow up with Dr. Buttery's [PowerPoint show](#) on Epidemiology of Primary care the review the remaining material on this page ([printable pages](#) of Dr Buttery's slides). The PDF File on advance data from the [NAMCS 2003 survey](#) is now available for your use. Scan the introductory review then look at Table 9. Note the the top 20 reasons for visits. What proportion seem to be related to maintaining health rather than treating disease. Of the remainder how many could have a preventive component included. Then look at Table 13 for the major diagnosis made during the visit and consider how this information relates to Table 9. Look at Table 19 and think about the types of preventive interventions used. Do you think this is an appropriate distribution? Is anything missing? Possibly for some of you to use as a research topic.

Is there a [PCP Crisis](#)

[Are we loosing the battle](#) to develop PCPs?

Does [income](#) have anything to do with it?

What do we know about health care [expenditures](#)?

Is there any recent data about [access](#)?

What about [Prevention in Primary Care Practice](#)

Why Case Management?

What did the [Nurse Case Management discussion say](#) about case management say about the services provided by public health nurses, that exemplified each of the following attributes of case management? Remember that the range of services differs between health departments. The concept you should take with you, is that the underlying framework of case management, provided by PHNs, MSWs, and Health Educators happens in all health departments.

Case management addresses a wide variety of health care issues and needs. As a result, it is often implemented for multiple reasons, including:

1. Case management focuses on the full spectrum of needs presented by clients and their families; it is client-focused. Client and family satisfaction within case-managed systems is generally high.
2. A strong component of case management is an outcome orientation to care. The goal is to move with the client/ family toward optimal care outcomes.
3. Case management facilitates and promotes coordination of client care, minimizing fragmentation.
4. Case management promotes cost-effective care by minimizing fragmentation, maximizing coordination, and facilitating client/family movement through the health care
5. Case management maximizes and coordinates the contributions of all disciplines within the health care team.
6. Case management responds to the needs of insurers and other third-party payers, specifically those related to outcome-based, cost-effective care.
7. The needs of clients, providers, and payers all receive attention within a case management system. Case management represents a merger of clinical and financial interests, systems, and outcomes.
8. Case management can be included in the marketing strategies of hospitals and other institutions to target clients/ families, insurers, and employers.

[Primary Care & Nurse Practitioners](#)

[Primary Care Standards](#)

[Primary Care in the UK is not Monolithic.](#)

[Future health care in the UK](#) (At least there is a plan!)

But what does the [UK Health System produce](#)

[What is the](#) Expectation for Primary Care in the UK? Can you find similar recent analyses for the US?

[Integrated Systems](#) Improve Medical Care and Control Costs

Either before going further, or after reading [the definitions](#) of primary care and family practice by the American Academy of Family Physicians, log on the to Institute of Medicine and review the summary of the book: "[Primary Care: America's Health in a New Era.](#)"

Primary Care Definition from Rakel - "Principles of Family Medicine"

Primary Care. The specialty of family practice is specifically designed to deliver primary care. Primary care has been defined by both the AAFP and ABFP as a form of medical care delivery which emphasizes first contact care and assumes ongoing responsibility for the patient in both health maintenance and therapy of illness. It is personal care involving a unique interaction and communication between then patient and physician. It is comprehensive in scope and includes the overall coordination of the care of the patient's health problems, be they biological, behavioral or social. The appropriate use of consultants and community resources is an important part of effective primary care scope, and includes the overall coordination of the care of the patient's health

Because many physicians deliver primary care, in different ways and with varying degrees of preparation, the ABFP added a further clarifying statement:

Primary Care is a form of delivery of medical care which encompasses the -following functions:

1. It is "first-contact" care serving as point-of-entry for the patient into the health-care system;
2. It includes continuity by virtue of caring for patients over a period of time in both sickness and in health;
3. It is comprehensive care, drawing from all the traditional major disciplines for its functional content;

4. It serves a coordinating function for all the health-care needs of the patient;
5. It assumes continuing responsibility for individual patient follow-up and community health problems; and
6. It is a highly personalized type of care.

Primary Physician. A primary physician was defined by the "Millis Commission" as one who

... "Should usually be primary in the first contact sense. He will serve as the primary medical resource and counselor to an individual or a family." When a patient needs hospitalization, the service of other medical specialists, or other medical or paramedical assistance, the primary physician will see that the necessary arrangements are made, giving such responsibility to others as is appropriate and retaining his own continuing and comprehensive responsibility.

Few hospitals and few existing specialists consider comprehensive and continuing medical care to be their responsibility and within their range of competence

Additional descriptive data about Family Practice is provided in the following material from the Department of Family Medicine

Primary care is the provision of integrated, accessible, affordable, 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.

Accessible refers to the ease with which a patient can initiate an interaction for any health problem with a clinician (e.g., by phone or at a treatment location) and includes efforts to eliminate barriers such as those posed by geography, administrative hurdles, financing, culture, and language.

Health care services refers to an array of services that are performed by health care professionals or under their direction, for the purpose of promoting, maintaining, or restoring health. The term refers to all settings of care (such as hospitals, nursing homes, clinicians' offices, intermediate care facilities, schools, and homes).

Clinician means an individual who uses a recognized scientific knowledge base and has the authority to direct the delivery of personal health services to patients.

Accountable applies to primary care clinicians and the systems in which they operate. These clinicians and systems are responsible to their patients and communities for addressing a large majority of personal health needs through a sustained partnership with a patient in the context of a family and community and for (1)quality of care, (2)patient satisfaction, (3)efficient use of resources, and (4) ethical behavior.

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.

Integrated is intended in this report to encompass the provision of comprehensive, coordinated, and continuous services that provide a seamless process of care. Integration combines events and information about events occurring in disparate settings and levels of care and over time, preferably throughout the life span.

Comprehensive. Comprehensive care addresses any health problem at any given stage of a patient's life cycle.

Coordinated. Coordination ensures the provision of a combination of health services and information that meets a patient's needs. It also refers to the connection between, or the rational ordering of those services, including the resources of the community.

Continuous. Continuity is a characteristic that refers to care over time by a single individual or team of health care professionals ("clinician continuity") and to effective and timely communication of health information (events, risks, advice, and patient preferences) ("record continuity").

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.

Majority of personal health care needs refers to the essential characteristic of primary care clinicians: that they receive all problems that patients bring --unrestricted by problem or organ system and have the appropriate training to diagnose and manage a large majority of those problems and to involve other health care practitioners for further evaluation or treatment when appropriate. Personal health care needs include physical, mental, emotional, and social concerns that involve the functioning of an individual.

Sustained partnership refers to the relationship established between the patient and clinician with the mutual expectation of continuation over time. It is predicated on the development of mutual trust, respect, and responsibility.

Patient means an individual who interacts with a clinician either because of illness or for health promotion and disease prevention.

Context of family and community refers to an understanding of the patient's living conditions, family dynamics, and cultural background. Communities refers to the population served, whether they are patients or not. Community can refer to a geopolitical boundary (a city, county, or state), or to neighbors who share values, experiences, language, religion, culture, or ethnic heritage.

After reviewing the above consider whether the US has coordination vertically (primary care to specialist to hospital to nursing home and back) and whether there is horizontal coordination; doctor's office to labs, radiology, pharmacy and other specialty centers, home health services, support programs.

Facts About the AAFP and Family Practice

AAFP Official Definitions of "Family Practice" and "Family Physician"

Family Practice

Family practice is the medical specialty which provides continuing and comprehensive health care for the individual and family. It is the specialty in breadth which integrates the biological, clinical, and behavioral sciences. The scope of family practice encompasses all ages, both sexes, each organ system, and every disease entity.

The specialty of family practice is the result of the evolved and enhanced expression of general medical practice and is uniquely defined within the family context.

Family Physician

The family physician is a physician who is educated and trained in family practice - a broadly encompassing medical specialty.

Family physicians possess unique attitudes, skills, and knowledge which qualify them to provide continuing and comprehensive medical care, health maintenance and preventive services to each member of the family regardless of sex, age or type of problem, be it biological, behavioral, or social. These specialists, because of their background and] interactions with the family, are best qualified to serve as each patient's advocate in all health-related matters, including the appropriate use of consultants, health services, and community resources.

Family Practice: Content and Responsibility For

The American Academy of Family Physicians maintains full responsibility for determining the philosophy, content and scope of family practice, and for establishing the definition of "family practice" and "family physician." It is recognized that accreditation of family practice residency programs is the responsibility of the Accreditation Council on Graduate Medical Education (ACGME). Certification of family physicians is the responsibility of the American Board of Family Practice (ABFP). Both accreditation of training and certification of individuals should be based on the philosophy, content and scope of family practice as defined by the AAFP.

(Definitions adopted by the American Academy of Family Physicians' Congress of Delegates)
[AAFP Definitions, Explore the site.](#)

Additional research data develop by Drs. Buttery at the Eastern Virginia Medical School, and Maurice Wood at MCV, and presented at NAPCRG (North American Primary Care Research Group) in 1978 shows the similarity between Family Physicians and General Internists while illustrating the much narrower range of problems seen by general pediatricians who limit their practice to people under 18 years of age and Obstetrician-gynecologists who limit their care to the reproductive systems of women.

In relation to the presentation on case management and the data from the Department of Family Medicine why do you think it was necessary for the US Preventive Services Task force to publish the following statement?

U.S. Preventive Services Task Force

December 12, 1995 Bob Griffin,

TALK MORE, TEST LESS, PANEL URGES HEALTH PROVIDERS
Disease Prevention Experts Call for
More Counseling, Better-Targeted Screening

A task force of prominent preventive health specialists today recommended that doctors and nurses offer more frequent patient counseling on personal health and safety habits, significantly change the use of some screening tests, and ensure that several newer immunizations are routinely provided.

The [U.S. Preventive Services Task Force](#), an independent panel first convened in 1984 as an initiative of the U.S. Public Health Service, issued the first revision of its widely used 1989 guide to effective disease prevention and health promotion, based on a careful review of scientific evidence.

Also consider the value of [Evidence Based Guidelines](#)

Primary Care: and its linkages with Public Health & Preventive Medicine

- 1) Definition: The Epidemiology of Primary Care
- 2) A system of care which provides first contact and continuing comprehensive medical care. (IOM definition)
- 3) Parameters of medical care
 - Accessibility
 - Acceptability
 - Affordability
 - Availability
 - Achievable
 - Comprehensive with Continuity
- 4) How does it differ from specialty care?
- 5) How much do we need?
- 6) How and who do we train
- 7) How do we get them where they need to be?
- 8) How do we keep them down on the farm (or what are the support systems?)
- 9) How do we measure the effectiveness/efficiency of primary care

Also review the activities of the [Virginia Health Care Foundation](#) ([printable format](#)) and determine how this program helps to improve access to primary care, then look at the site for the [Virginia Primary Care Association](#) and determine how program, along with the VHCF (above) also improve access to primary care.

Look at the [map](#) provided by the VPCA.

Recommended readings to supplement the Primary Care Discussion . Students are urged to at least read the summaries of these articles, even if they do not read the entire article.

[How many and what types](#) of physicians are needed to manage the health needs of the US Population. Do you think we have produced either too many, the wrong types, or used the wrong incentives to encourage distribution?

What does the [Dartmouth study](#) recommend? Also [this](#) from Dartmouth

(TIP - You can use your VCU-EID on the library web page (click on the fast link to ejournals), so you can get to all these articles on-line instead of having to search the stacks)

Benchmarking the US Physician Workforce. An alternative to needs-based or Demand-Based Planning. JAMA Dec 11, 1996, Vol. 276 No 22 P 1811' *Public Health and Primary Care: A Framework for Proposed Linkages. AJPH. Oct 1996, Vol. 86 No 10. P 1365.

An Uncertain Future: Physician Jobs in the Balance. JAMA Jan 1, 1997, Vol. 277 No 1 P 68

Once we have determined how many physicians/providers, of what type, we need, how do we obtain them and does more physicians mean better quality of care?

Retraining Physicians for Primary Care. A Study of Physician Perspectives & Program Development. JAMA May 21, 1997, Vol. 277 No 19 P 1569

Family Physician Workforce Reform. AAFP Recommendations (Medicine & Society.) AFP Jan 1996 Page 65

Problem of Quality of Life Medicine. JAMA July 2, 1997, Vol. 278 No 1 P 47

We hear about health system reform. What are we trying to reform? Access? Payment? Types of Physicians trained? Distribution? Quality? Incentives to promote prevention of disease and optimal Health? Medical Care? Are these different questions interrelated? How?

Also:

New Prevention Guidelines called 'State of the Art'. JAMA Feb 21, 1996, Vol. 275 No 7 P 505

Health System Reform (Special Communication.) JAMA Aug 14, 1996, Vol. 276 No 6 P 505

Medicine & Public Health - Pursuing a common destiny. JAMA Nov 6, 1996, Vol. 277 No 17 P 1429

Swapping Health Care Systems. Whose Grass is Really Greener?. JAMA Dec 25, 1996, Vol. 276 No 24 P 1996

Health Reform for the 21st Century? It May have to Wait until the 21st Century. JAMA Jan 25, 1997, Vol. 277 No 3 P 193

Managed Care. A product of Market Dynamics. JAMA Feb 19, 1997, Vol. 277 No 7 P 560

PC Bookmarks - [Updated 2008](#)

Late Breaking: April 1, JAMA: A [New Funding Model for Primary Care](#)