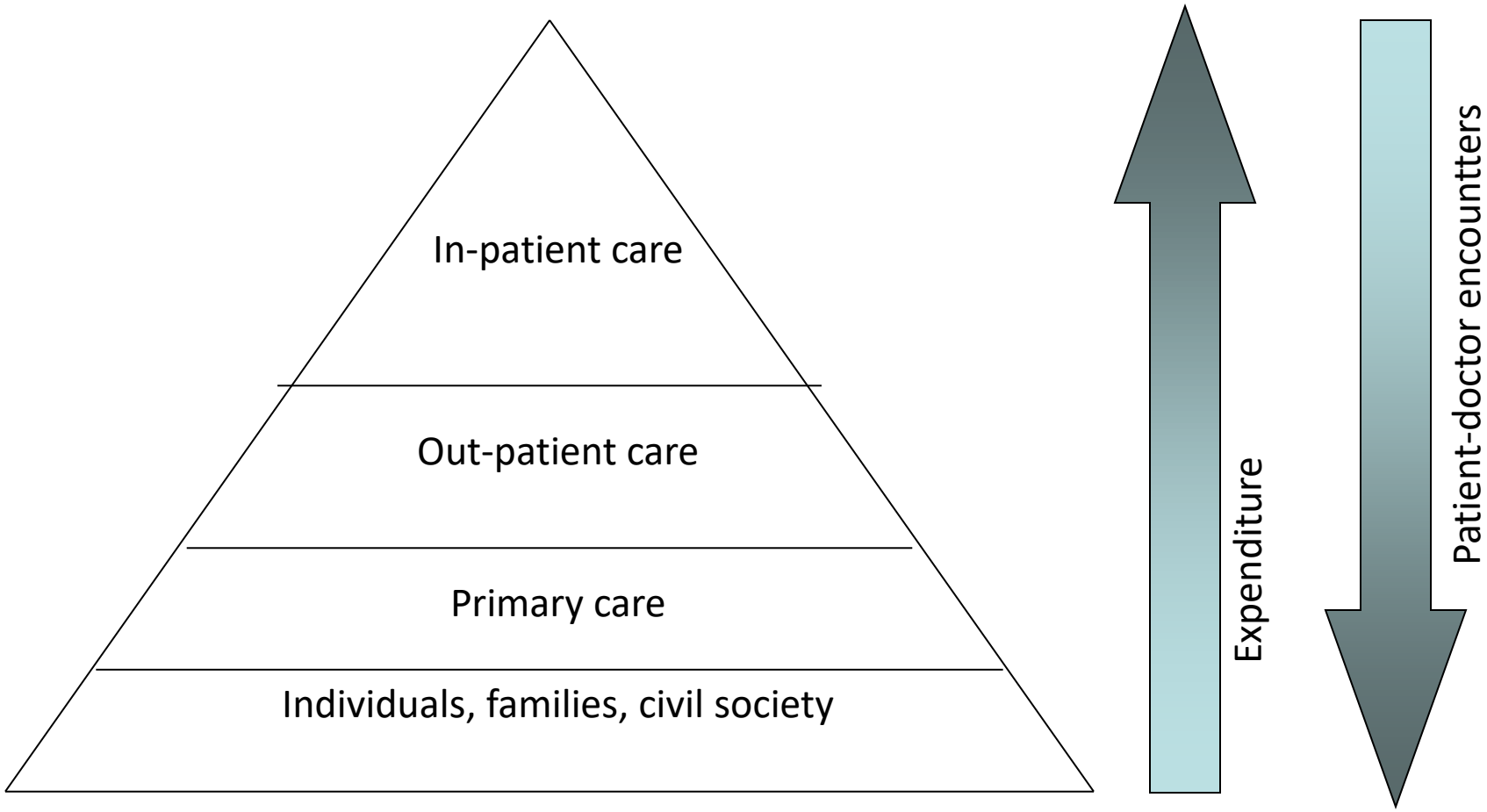
A primary care focused health system improves health outcomes.

Starfield 09/94
OU 2910

HEALTH CARE SYSTEM

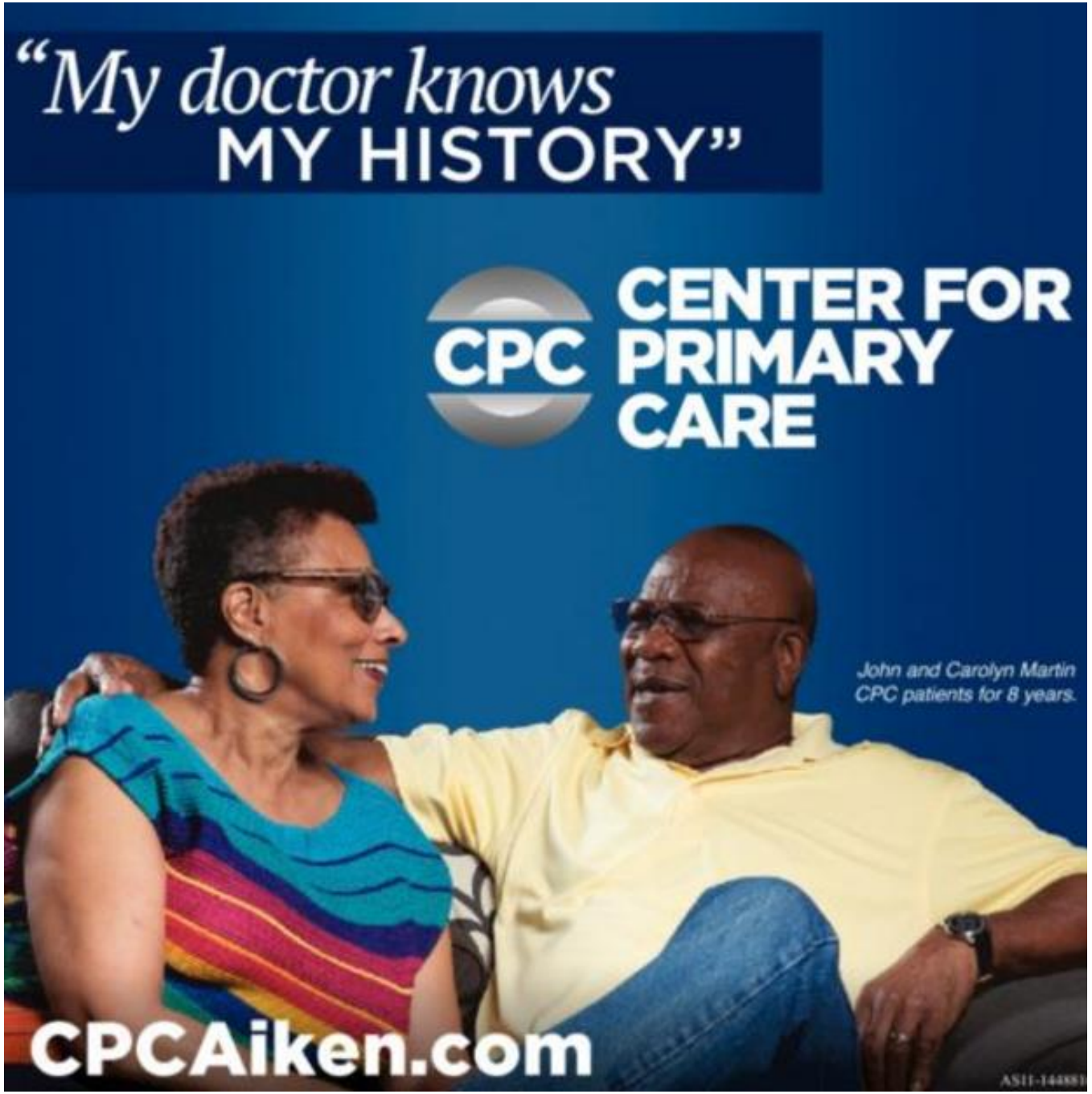


access, equity, continuity, competence, financing, gate-keeping

ADVANTAGES OF FOCUSING ON PHC

(WHO HEN 2004)

- better health indicators for all causes of mortality
- higher cost-effectiveness
- better patient satisfaction
- continuity of care
- higher accessibility, equity
- no decrease in quality of care
- better target of the hidden needs


"My doctor knows
MY HISTORY"
CPC
CENTER FOR
PRIMARY
CARE
John and Carolyn Martin
CPC patients for 8 years.
CPCAiken.com

A glimpse into family medicine
https://www.youtube.com/watch?v=AVox6M3Um94

WHAT IS FAMILY MEDICINE?

General practice/family medicine **is an academic and scientific discipline** with its own educational content, research, evidence base and clinical activity, **and a clinical specialty** orientated to primary care.

WONCA: *World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians*

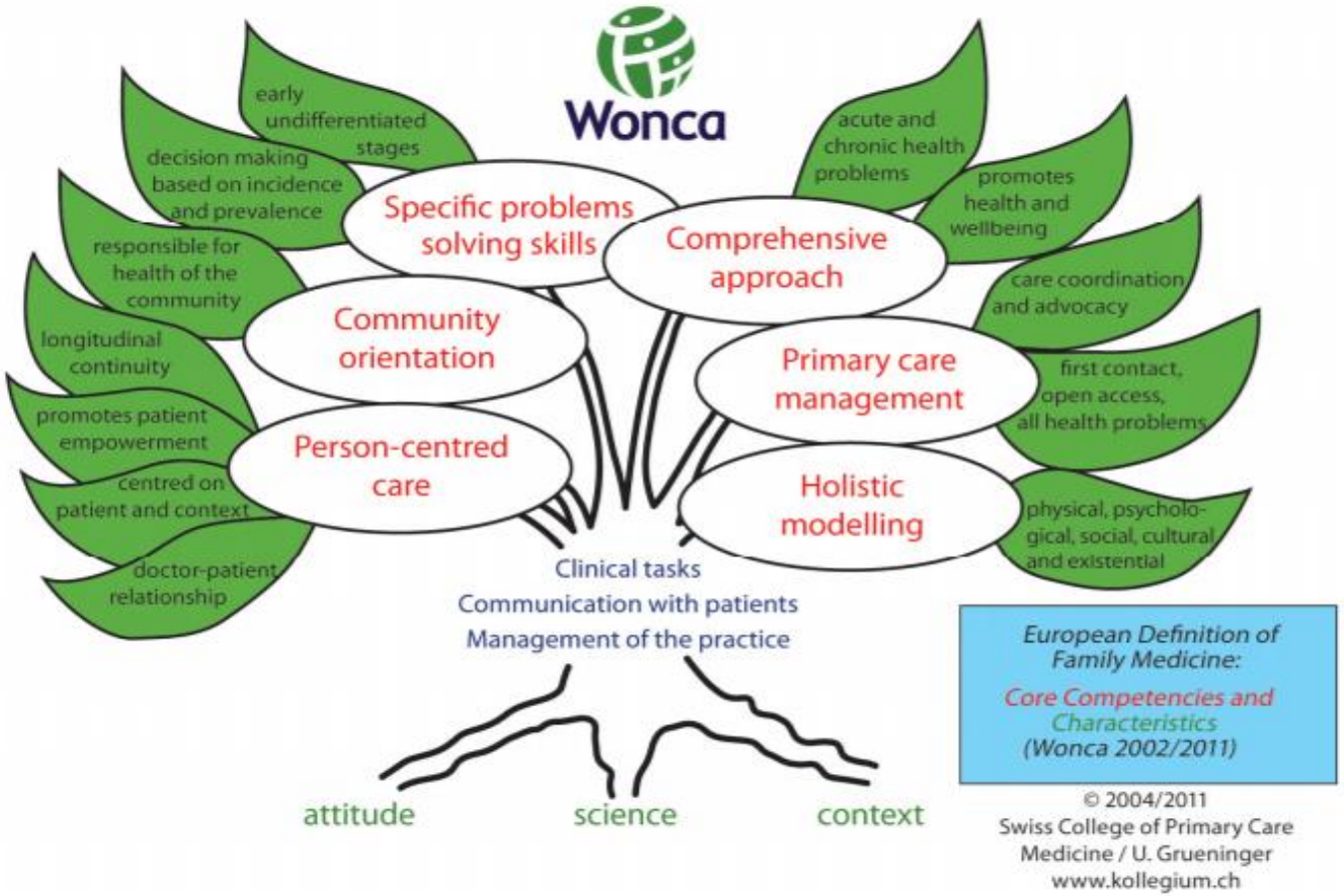
Wonca
World family doctors. Caring for people.
EUROPE

FAMILY MEDICINE

- Holistic approach
- Primer, continuous and personal care
- Integration of preventive and curative activity
- Deal with whatever medical problem
- Aspects of person, family and community
- Integrate physical, psychological, social, cultural and existential factors

- Only one owner of database prescribing the health status of a specific population
- Research

CORE COMPETANCIES OF FAMILY MEDICINE



THE WONCA TREE – AS PRODUCED BY THE SWISS COLLEGE OF PRIMARY CARE
(Revised 2011)

Amanda Howe, WONCA President:

“I wanted to be a GP when I was a medical student, despite influences from tutors to do otherwise”, says Professor Howe. “I’m fascinated by the role that the GP consultation can play in helping patients make sense of their lives, and overcome physical and mental adversity.”

Special Interest Groups

- Cancer & Palliative care
- Complexities in Health
- Conflict & Catastrophe Medicine
- Elderly Care
- Emergency Medicine
- Family Violence
- Genetics
- Health Equity
- Migrant Care, Int Health & Travel Medicine
- Non-communicable diseases
- Point of care testing
- Quaternary Prevention & Overmedicalization
- Workers' Health

Skills and workflows in primary care

1. Role and behaviour of family physician
2. Structure and operation of general practice
3. Complex approach to problem solving
4. Knowledge of examinations and treatments belonging to the competence of family medicine
5. Management of patient pathways
6. Prevention, health education, patient education
7. Acute care in general practice
8. Care of chronic patients
9. Palliative care
10. Medical expert activities
11. Administrative obligations in primary care
12. Improving the quality
13. Susceptibility to scientific work

Recognition of family medicine as a specialty

Generalists

Specialists

specialty

1969 USA

1979/1992 HUN

2016 UK

organizations

1967 UEMO

1972 WONCA

1967 MÁOTE

2001 CSAKOSZ

HUNGARY IN NUMBERS

Inhabitants: 10 Mil. (20% in Budapest, 40% in localities <10.000 inh.)

Territory: 93.000 m^2

Counties: 19 + Budapest

Microregions: 168

Chronology of the Hungarian Primary Health Care

- 1963 Decree about primary health care
- 1967 Establishment of the Scientific Association of Hungarian General Practitioners (MÁOTE)
- 1974 General Physician licence exam
- 1979 Board of General Medicine, National Institute of Family Medicine – OHI, after 1998 called: National Institute of Primary Health Care – OALI)
- 1983 General Practice in undergraduate education
- 1992 Decree about Family Medicine (renewed in 2000)
- 1992 First University Department of Family Medicine
- 1993 Family Practitioner licence exam
- 1998 Obligatory licence for practising family medicine
- 2000 II. Law about Family Medicine (practice ownership)
- 2015 CXXIII. Law on Primary Health Care

PRIMARY HEALTH CARE SYSTEM in Hungary

services & service providers

- Family medicine/General Practice (adult + pediatric care)
- Mother and child care nursing
- Out-of-hours care
- School health care
- Primary dental care
- Occupational health

PRIMARY HEALTH CARE SYSTEM in Hungary

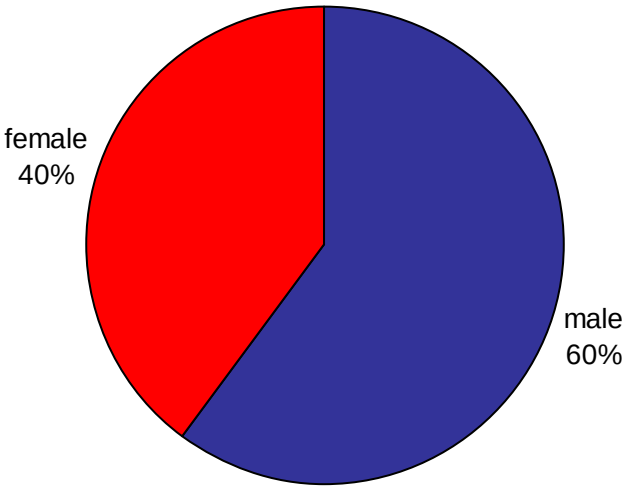
- Family medicine system since 1992
  - » Free choice of family physicians (*competition, trust*)
  - » Financing correlates with the number of patients
- Gate-keeper role
  - » Terminated care (*as much as possible*)
  - » Decision about referrals
  - » Rationalization of patient care
  - » Competence list
- Family medicine as a specialty since 1994
  - » Formally trained family practitioners
  - » Family medicine as official part of the education in Universities (*gradual and postgradual level*)

PRIMARY HEALTH CARE SYSTEM in Hungary

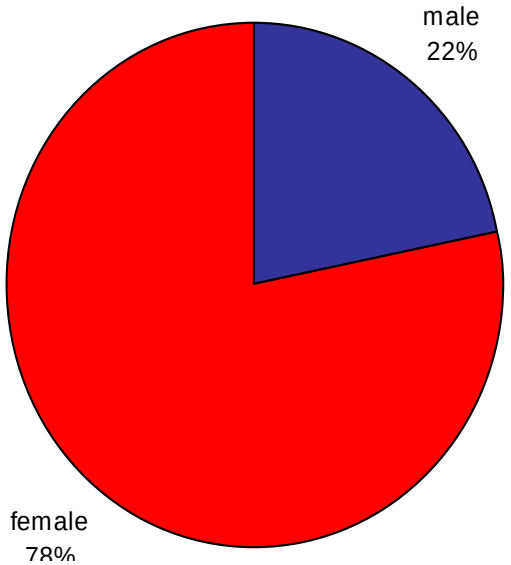
- Number of practices: 6013 (KSH, 2019)
  - Family physicians (adults) and family physicians with mixed population 4677
  - Family pediatricians 1336
  - Family practices without physicians 468
- Age of family physicians

	<35 years	>55 years
1990	10,69 %	20,61%
2007	3,72 %	45,81%
2018	Avarege age: 58.2 years Over 72 years: 10 %	

GENDER OF FAMILY DOCTORS

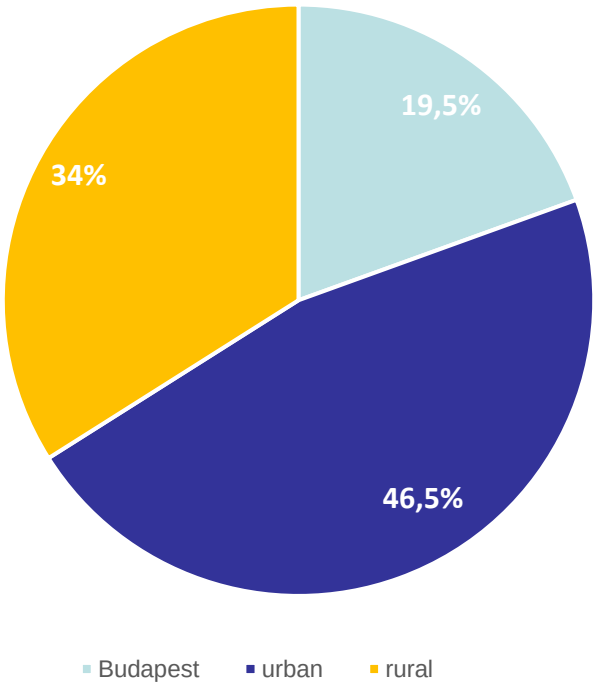


GENDER OF FAMILY PEDIATRICIANS



RATIO OF PRACTICES

based on type of locality



PRIMARY HEALTH CARE SYSTEM in Hungary

- **General practice servicies**

Number of patients	Practices (%)
-200	0.9
201-500	3.1
501-1000	20.0
1001-2000	61.5
2001-3000	14.1
3001-	0.4

PRIMARY HEALTH CARE SYSTEM in Hungary

- **Patient circulation** (number of patients in million)

	fam.ph.-pt encounter	ref. to specialists	hospital
1990	42,738	3,092	0,216
2004	57,283	7,945	0,414

- **Average number of patients** per day

  40-50 patients

Team work in the practice

- **Family physician**
- **Nurse**

- Medical administrator
- Resident doctor
- Medical student

- Midwife – mother and child health care nurse
- Home care nurse
- Physiotherapist
- Social worker
- Hospice team

Daily work of the family physician

- Gate keeper – point of contact
- Prescription and referral service
- Preventive medicine - screening
- Follow up
- Treatment
- Epidemiological work
- Public health service
- Education

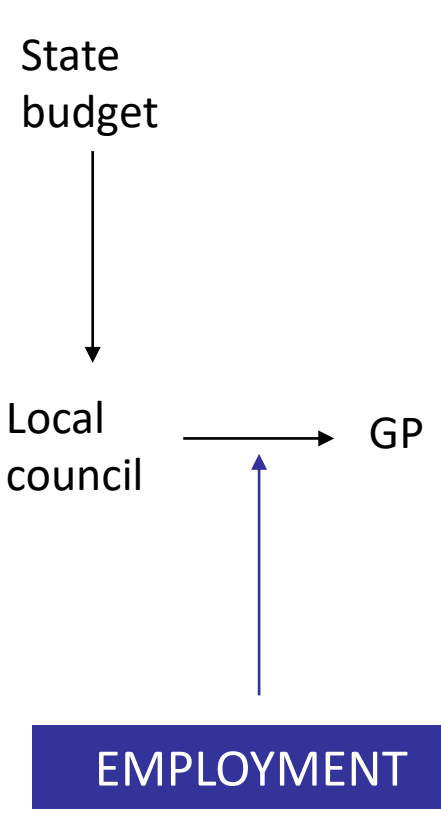
- Out of hours service

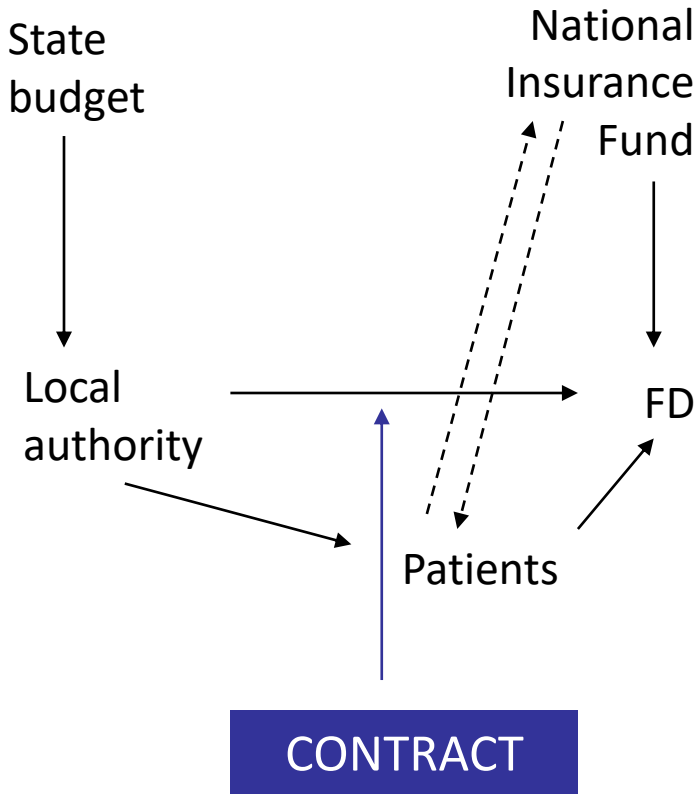

42
78
31

PRIMARY HEALTH CARE SYSTEM in Hungary

TARGET OF THE REFORMS FROM THE EARLY 90'

District based PHC → **Family medicine based PHC**





PRIMARY HEALTH CARE SYSTEM in Hungary

Financing in general practice

- As entrepreneur (since 1992)
  - Contract with Health Insurance Fund
  - Income depend on the number and age of patients, specialisation of the family physician
  - Territorial allowance
  - Doctor has to pay all costs of the practice

- As employee of
  - Local county government
  - National Institute of Primary Care (OALI)
  - Other medical undertaking

Financing in general practice

FIX FEE (depends on the size of the district, 50% - programmed care)

CAPITATION (age adjusted, correction by specialty, degression)

TERRITORY ALLOWANCE

AMBULATORY FEE (for those not included on the list)

DIRECT PAYMENT FOR SPECIAL SERVICES (driving licence, certifications)

QUALITY INDICATORS

CONTROL OF ENTITLEMENT

MAIN OBJECTIVES FOR FUTURE DEVELOPMENT

✓to formulate priorities in health promotion and disease prevention (integrating the PHC principles at the primary, secondary and tertiary care levels);

✓to recognize multi-disciplinarity;

✓to encourage comprehensive referral mechanisms and co-operation with other sectors in the development of public health policies;

✓to incorporate a multifactorial approach to health promotion, including education, training, research, lobbying for appropriate legislation and policy initiatives, community mobilization and development of community partnerships;

✓to provide health services that are financially, geographically, socially and culturally accessible, enabling multiple entry points;

✓to encourage people to take responsibility for their own health.

UNIVERSITY OF PÉCS
MEDICAL SCHOOL

“The good physician treats the disease; the great physician treats the patient who has the disease”

(Sir William Osler)

Thank you for your attention!