The Development of Academic Family Medicine for Primary care and Public Health

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2 questions for discussion

• Is primary medical care (Family Medicine or general practice) a legitimate, distinct academic discipline comparable to internal medicine, cardiology, epidemiology, public health...?

• What is the relationship between family medicine and public health?
The Shifting Face of Health Care

- Aging of the population
  - As well as important pockets of vulnerable populations
- From acute to chronic disease
- From institutions to networks of care
- From hospital to community
- From a single professional, generally a physician, to teams of health care professionals
- Expectations/knowledge/involvement of patients, families, communities
Where are the patients?

A Global Consensus

• Primary Care is THE foundation of a sustainable health care system - The Clair Commission Quebec 2000

• Evidence that health systems with very strong primary care are effective and efficient

  Starfield 2005
  Kringos 2013
  Macinko et al, Health Serv Res 2003
  Ramono et al. JAMA Intern Med.
  Shi et al, J Epidemiol Community Health 2004;
Family Medicine in Canada
A Constant Evolution 1970-2017

❖ From solo MD practices to interdisciplinary group practices (Groupes de médecine de famille-GMF), key integrating factor in the healthcare system in 2017
❖ From rotating internship to certified Family Medicine competency-based training programs, recognized as a specialty
❖ From the pitied academic poor cousin to a major academic university player
From solo MD practices to interdisciplinary group practices
The Family Medicine Groups (medical home in Quebec) as a Key Integrating Factor in a Complex Healthcare System

• Patient-centered, patient-active, patient- and community-engaged

• Every patient has a personal family physician who will be the most responsible provider of his or her medical care; each physician has a defined patient population.

• Group practice, team-based, interdisciplinary and inter-specialty practice: each patient’s personal family physician working together nurses and healthcare clinicians in the clinical team

• Provides proactive continuity of care

• Provides a comprehensive scope of services
The Family Medicine Groups (medical home in Quebec) as a Key Integrating Factor in a Complex Healthcare System

- Provides care management for wellness, prevention and chronic disease through a broad scope of services; promotes self-care;
- Ensures coordination and collaborative relationships with other health and medical services in the community and with specialty and hospital services;
- Population and community responsibility through a registered patient population with health promotion and prevention;
- Ensures timely access to services in the practice;
- Utilizes electronic medical records (EMRs);
- Ensures responsible practice management and accountability committed to continuous quality improvement (CQI);
- Appropriate remuneration.
Family Medicine Groups

key elements

A doctor-patient trusting relationship with continuity of care based on each patient having «their» physician and clinical team and each physician having a defined patient population by registering patients to their Family Physician
Family Medicine Groups
key elements

◆ Proactive *comprehensive* care with each Family Physician and clinical team responsible for the full range of care including health promotion and prevention and care management for chronic disease
  • NOT simply a gate-keeper
Example of the Quebec Alzheimer Plan

Meeting the Challenge of Alzheimer’s Disease and Related Disorders

A Vision Focused on the Individual, Humanism, and Excellence

REPORT OF THE COMMITTEE OF EXPERTS FOR THE DEVELOPMENT OF AN ACTION PLAN ON ALZHEIMER’S DISEASE AND RELATED DISORDERS

HOWARD BERGMAN, M.D., CHAIR

Mandate from the Quebec Minister of Health

May 2009
Groupe de Médecine de Famille

- Repérage-diagnostic
- Traitement-suivi
- Patient - Aidant
  - Médecin de famille
  - Infirmière, travailleur social
  - Soutien/Cas complexes
  - Coordination - transition

- Approche de soins collaboratifs et de maladies chroniques
- MD/Inf GMF (rôle de inf pivot)
- Approche non prescriptive
- Modèle diabète ou modèle cancer

- Services 2e,3e ligne – cognition, SCPD
- Services domicile, Société Alzheimer, Appui Hôpital
Evolution of Family Medicine Groups over 15 years

- Recognized by population and government as THE foundation
- 55% of residency slots
- 60% of Family MD’s in 300 GMF cover over 45% of the population; will increase to 80% in next 5 years
- A major paradigm shift in clinical care
  - Nurses, nurse practitioners, social workers, pharmacists
- Increasing government investment (and control) based on number of registered patients and increased access
From rotating internship to a Family Medicine certified, competency-based training programs, recognized as a specialty
The College of Family Physicians of Canada

• Dedicated to establishing standards for our discipline and promoting research in primary care
• Accredits the CONTENT of the residency programs in family medicine in all 17 Canadian medical schools
The “Triple C” Competency-Based Curriculum

1. Comprehensive Care
2. Continuity of Education
3. Centred in Family Medicine
McGill’s Philosophy

• “An education in medicine involves both learning and learning how; the student cannot effectively know, unless he knows how and shows how and does”
  Sir William Osler

• Learning primary care as it presents in the clinic

• 3 Key Themes
  • Standards
  • Pedagogy
  • Responsibility to Society
Family Medicine Resident Training at McGill

- Centered in Family Medicine: Over 50% based in the University Family Medicine Centres, taught by family physician university professors and other health care professionals
- Hospital rotations objectives based on Fam Med curriculum
Family Medicine Resident Training at McGill

◆ **Continuity of care:** residents have a practice of 175 patients for whom they are primarily responsible
◆ **Comprehensive:** Residents must demonstrate practice entry-level competence in all clinical domains:
  • Maternal and newborn care (and obstetrics); children and adolescents; adult; older people; Palliative Care
  • Cross-domain knowledge in scholarship, ethics, behavioral medicine, mental health, and procedural skills.
From the pitied academic poor cousin to a major academic university player
40th anniversary of innovation in patient care, teaching and research.

◆ From a small teaching program with units based in several McGill hospitals in Montreal.

◆ Now, one of the biggest departments
  ▪ fully recognized and appreciated academic discipline in the Faculty and the university

◆ Producing leaders across Quebec, Canada and internationally
  ▪ Clinicians, teachers, researchers, entrepreneurs, healthcare managers, research and project manages and decision makers, astronauts and and a ...nun
Family Medicine at McGill: Our Overarching Goal

Contribute to the health of the population and the sustainability of the healthcare system in Quebec as well as in Canada and internationally by

- Training residents and medical students, nurse practitioners, etc
- Promoting innovation in clinical care and health services

Developing research and scholarly activity

- New knowledge and its application (KTE)
- Training researchers

- Promoting curriculum innovation and education research

- Train clinician educators

- Engaging in international and global health
Family Medicine at McGill: A Growing Academic Discipline

Biggest department in the faculty
• Residency Program
• Medical undergrad teaching
• Research Division
• Graduate Studies
• Global Health
• Faculty Development
• Continuing Professional Development
• McGill Family Medicine Innovation in Learning
Family Medicine at McGill: Residency Training

- Largest residency program at McGill; (97 entry level; 200 total); 2 years plus one optional
Family Medicine at McGill: The Key Instrument

The Family Medicine Units at McGill (GMF-U) Are University Family Medicine Centres (GMF-U) Innovation in Care, Education and Research
Family Medicine at McGill: Resident Training

• 7 Family Medicine Units in diverse settings
  - 4 in Montreal
  - 1 in Gatineau, 1 in Chateauguay, 1 in Val D’Or
  - >120,000 registered patients

• Faculty: 280 full-time/ 541 part-time
  - 50% in Family Medicine Units and 50% ER, hospitalists, urban and rural preceptors
Herzl Family Practice Centre
A McGill Family Medicine teaching centre

- 28,500 registered patients
- Electronic medical records links with hospital and province (DSQ)
- Open 7/365 days a year; 12 hours/day - 8hrs weekends and holidays for booked appointment times as well as public walk-in
- Avoid referrals to ER and patients «downloaded» from ER
Herzl Family Practice Centre
A McGill Family Medicine teaching centre

- Pharmacist, psychologists, kinesiology, social worker, lactation Consultant and dieticians
- Pediatric and Ante-Partum Obstetrical Care; Breastfeeding Clinic; Methadone/substance abuse clinic; Minor Procedure clinic; Adolescent program; Chronic disease programs; Virtual ward/Home care program
- In-house consultants: Gynaecology, Pediatrics, Neurology, Cardiology, Psychiatry, Respirology, Surgery, Chronic Pain, Sports Medicine
- Basic surgical procedures; minor procedure clinic
- Contract with local radiology and hospital for urgent imaging and rapid consult services
Herzl Family Practice Centre

◆ 53 Residents:
  ▪ 23 R1; 23 R2; 7 R3

◆ Medical Students:
  ▪ 36 core rotation and 18 elective months per year

◆ 2 nurse practitioner students; 2 Nursing Students

◆ Interns in pharmacy; psychology; nutrition
Family Medicine at McGill: Undergraduate Teaching

A major player in undergraduate teaching

- 1st year - The McGill Longitudinal Family Medicine Experience
- 2nd year - Transition to Clinical Practice
- 3rd year - Clerkship rotation - 8 weeks (of which at least 4 must be rural)
Research
Advancing Academic Excellence in Family Medicine and Primary Health Care
Patient-oriented, community-based research with innovative methodologies and participatory approaches

◆ 12 PhD scientists and 11 clinician scientists (including 3 MD-PhD)
  • 11 tenured/3 tenure track including 7 tenured full professors professors/4 tenured associate professors
  • Over $30 million in grants
◆ Varied research themes
  – Epidemiology, health services and policy, KT, psychology, public health, education, personalized medicine, global health
◆ Methodological leadership
  • Participatory research-patient/community engagement
  • Mixed methods
Research
Advancing Academic Excellence in Family Medicine and Primary Health Care
Patient-oriented, community-based research with innovative methodologies and participatory approaches

- McGill Primary Care Research Network
- Information Technology Primary Care Research Group (ITPCRG)
- The McGill Family Medicine Education Research Group (FMER)
- CIET global health
- PRAM (Participatory Research at McGill)
- Major Canadian Research Teams based in the department
  - Canadian team for healthcare services/system improvement in dementia care
  - IMPACT: Innovative models promoting access-to-care transformation (CIHR community-based primary health care innovation team grant)
Family Medicine at McGill: MSc and PhD Programs

• Graduate Studies Program: MSc and PhD programs
  - 64 MSc, PhD and post docs
  - increasing to 85 for the fall semester
  - Numerous professors from: dentistry, pediatrics, epidemiology, psychiatry and other universities

• Clinician Scholars Program: Accredited R3 Enhanced Skills Option for research training
Global Health

• Intervention and research projects on varied themes in Africa, Asia and Latin America
• Indigenous health in Canada, Colombia, Mexico, Ecuador
• Courses
  - McGill Humanitarian Studies Initiative
  - Interdisciplinary

www.mcgill.ca/familymed/global-health
Policy development

• The First Policy Symposium on primary care
• Partnership with IHSP in creating the McGill Observatory on health care reform
ensure that all our teaching programs reach out to learners who are disinclined to attend traditional learning activities or unable to travel

Leverage our clinical and pedagogical expertise to deliver relevant, meaningful content based on active learning

Develop infrastructure and technical expertise to capitalize on new and existing technologies and educational approaches

- resident teaching, Faculty development and CPD
- MSc and PhD programs
McGill Family Medicine Distance/Blended Education Program for teachers in Family Medicine/General Practice in Shenzhen; Basic and advance programs
McGill Family Medicine Innovation in Learning
International Health education

• For clinicians, teachers, administrators, planners, decision-makers
  • McGill Family Medicine Distance/Blended Education Program for teachers in Family Medicine/General Practice in Shenzhen
    – fundamental and advance programs
    – Ongoing discussions for similar programs in other cities in China as well as in Sao Paulo, Brazil
• Program in southern Africa for health care planners;
• Beta Joint MSc course with IUMSP de Lausanne
Why and how did this happen
Practice without theory is blind.
Theory without practice is sterile.

- Karl Marx

In theory, there is no difference between theory and practice...
In practice, there is.

- Yogi Berra

Slide courtesy of Dr. Simon Bergman
Why and how did this happen

A combination of factors

- Government and societal understanding of the place of primary care as the foundation
  - moved from policy (Clair Commission) to action
- University- societal and social responsibility
  - from moral support to real action
Why and how did this happen

• The development of a distinct body of knowledge and research base
  • Patient-oriented, community-based research with innovative methodologies and participatory approaches
    • mixed methods, evaluative research beyond the RCT, participatory research, community mobilization, practice based research
    • draws from but distinct from epidemiology, public health, social sciences
Family Medicine and public health

• Family Medicine and Public Health are two related but distinct clinical and academic disciplines
  • in some universities, there has been an initial attachment
• The GMF with rostered populations and EMR’s represent an optimal terrain for the development of community based public health programs
Conclusion

• Directions for emerging choices but no simple solutions
• Models cannot be imported
• But we can work together to exchange experience and expertise
I skate where the puck will be

Wayne Gretzky
You miss 100% of the shots you don’t take

Wayne Gretsky