

Community-Oriented Care – the Missing Link

Steve Reid

Family Medicine in Africa
Kampala, November 2008

Community-Oriented Primary Care

Community-Oriented Personal Care?

Family Medicine

Primary Health Care

Family Medicine

Individual care

Primary Health Care

Population-based care

Family Medicine

Individual care

Patients who come

Primary Health Care

Population-based care

People who don't come

Family Medicine

Individual care

Patients who come

Primary Health Care

Population-based care

“Population at risk”

FAMILY MEDICINE IS:	Principle in action	Principle in theory	Principle not relevant
43. Connecting the experience of individual patients with the broader public health issues in the health district. Practitioners are able to work with community groups and leaders to develop interventions that improve public health.	17.9	82.1	0.0
44. A discipline in which the specialist family physician is responsible for clinical governance and the quality improvement activities within the district health system .	14.3	82.1	3.6
47. Actively seeking to involve representatives of the community in planning and improving their health care	14.3	78.6	7.1
II -16. A discipline where a team of health workers, that includes the doctor, is responsible for a defined geographical area .	15	78	7

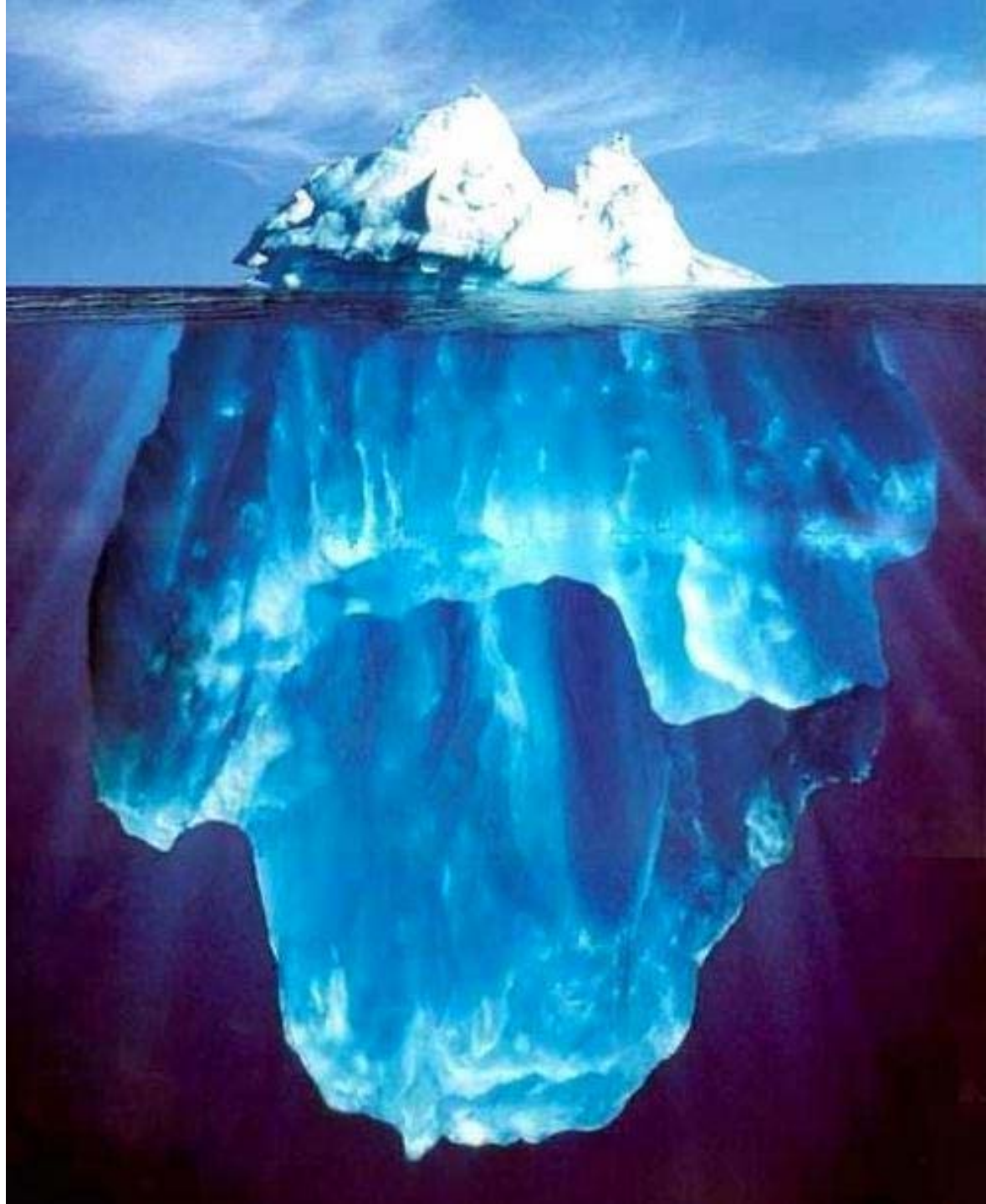
John Bryant

WHO, 1969

“The world is moving on, and in many countries, including my own, the medical profession and medical educators can no longer remain aloof to the unmet needs of vast numbers of people. The old arguments that we are preserving a standard of excellence are wearing thin, not because that standard is invalid but because there has been so little effort to extend the knowledge derived from that standard to the unserved”

John Bryant (cont)

“Every apparent success must be measured against the needs of all. Every effort, every cluster of resources must be divided by the total number of people. The insistence of using this denominator – all the people – has profound social, political, ethical and educational implications”

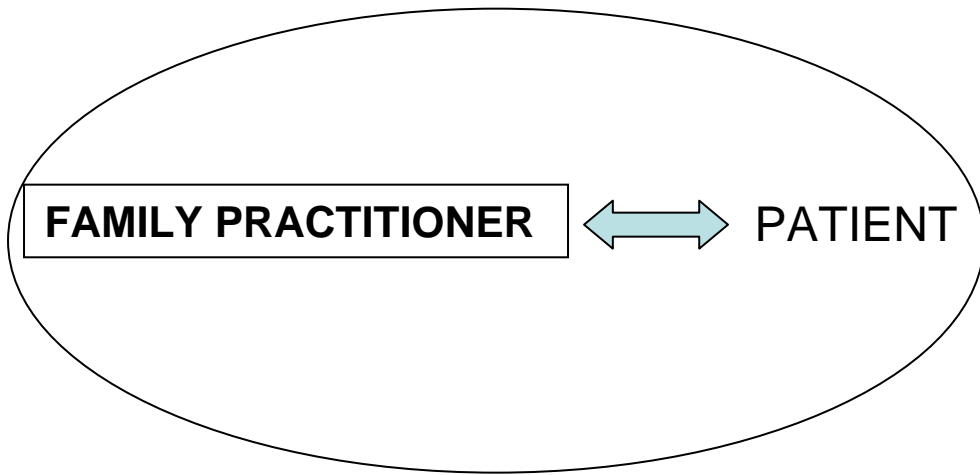


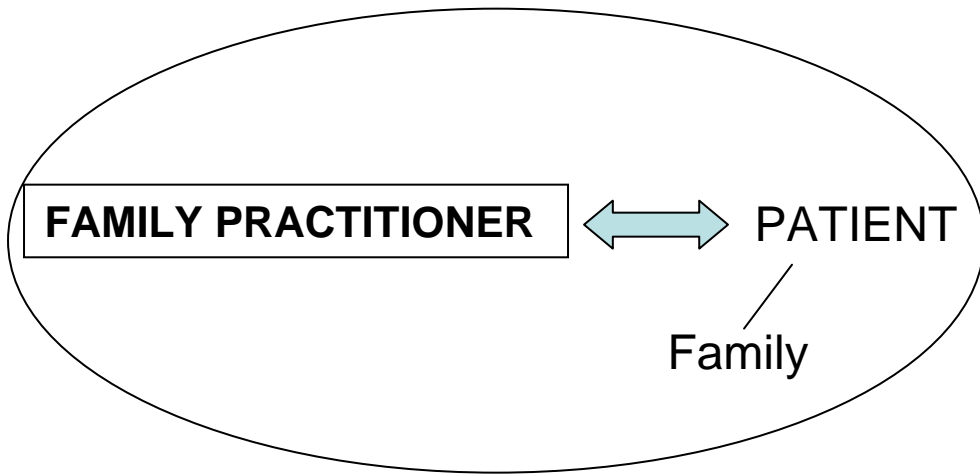
FAMILY PRACTITIONER

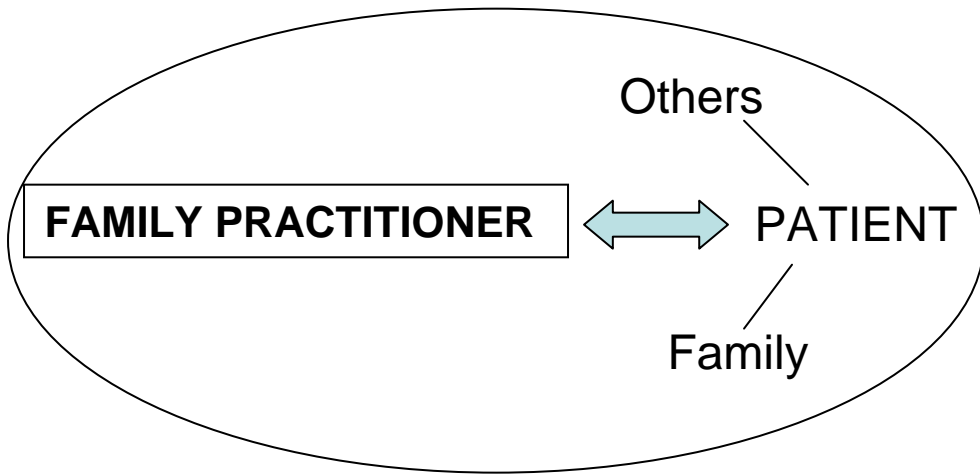
FAMILY PRACTITIONER

PATIENT





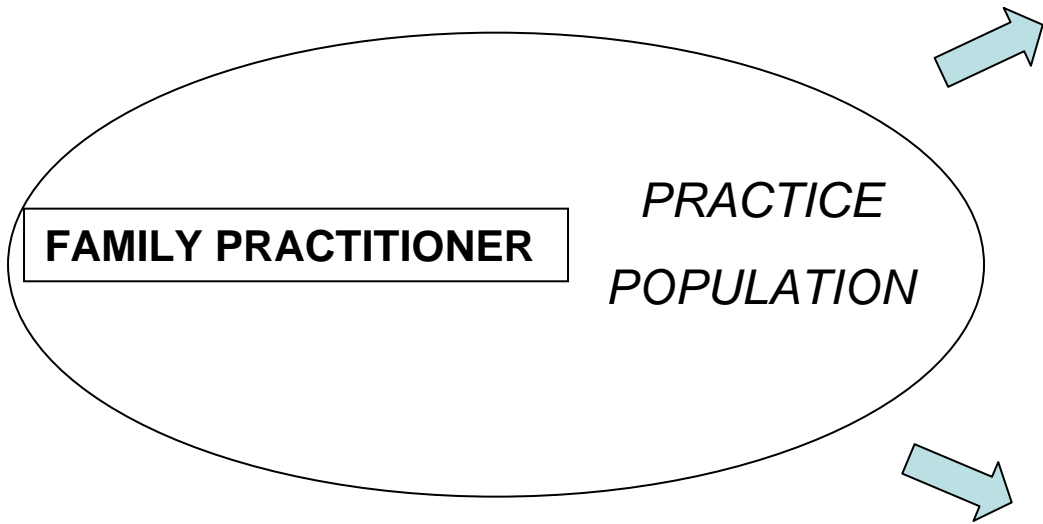


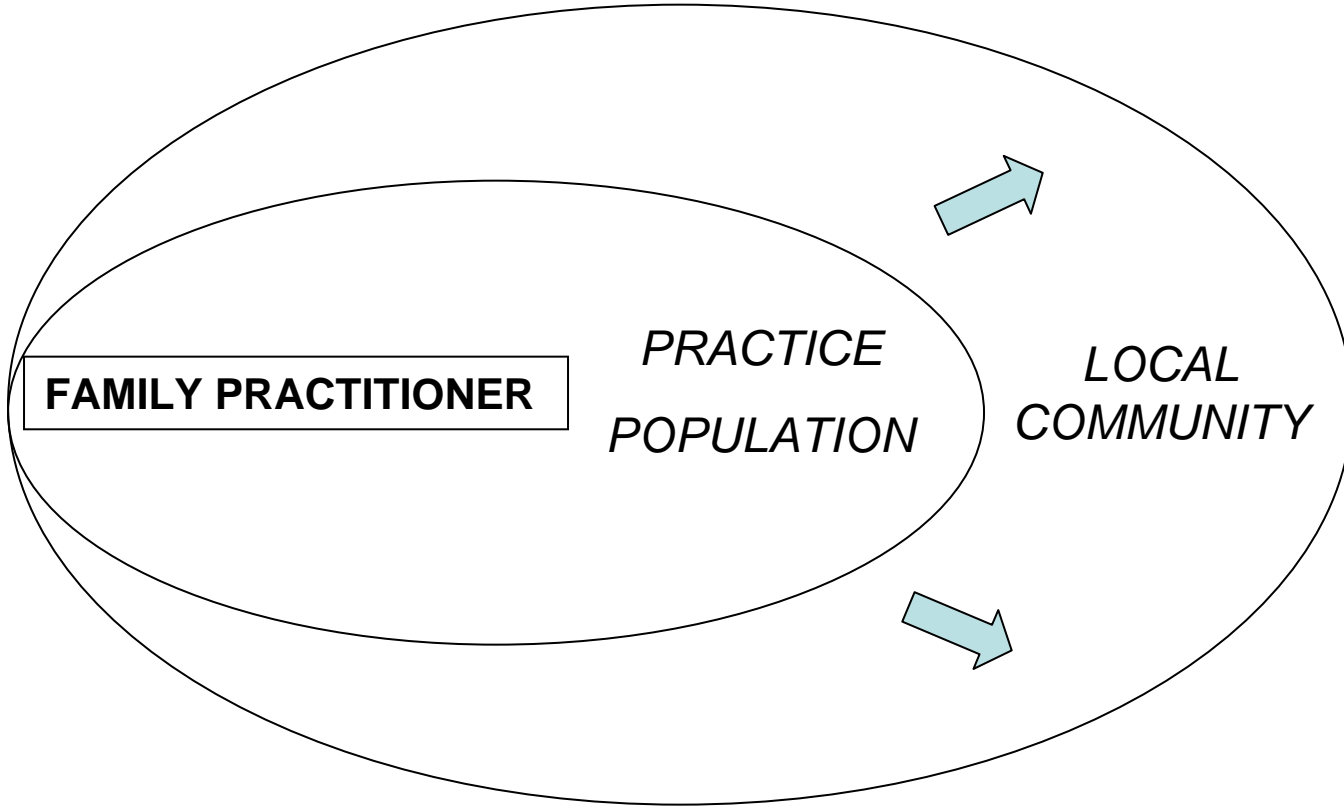


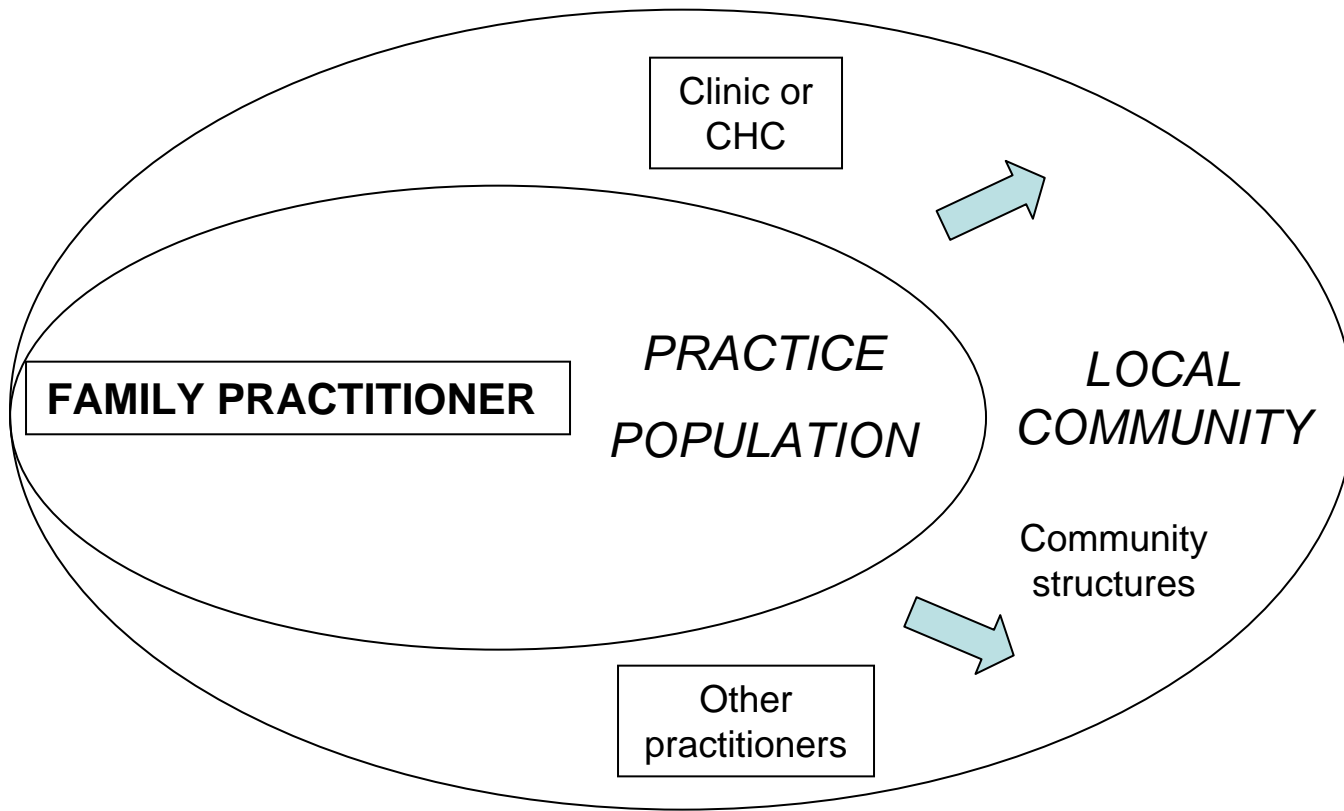


FAMILY PRACTITIONER

*PRACTICE
POPULATION*



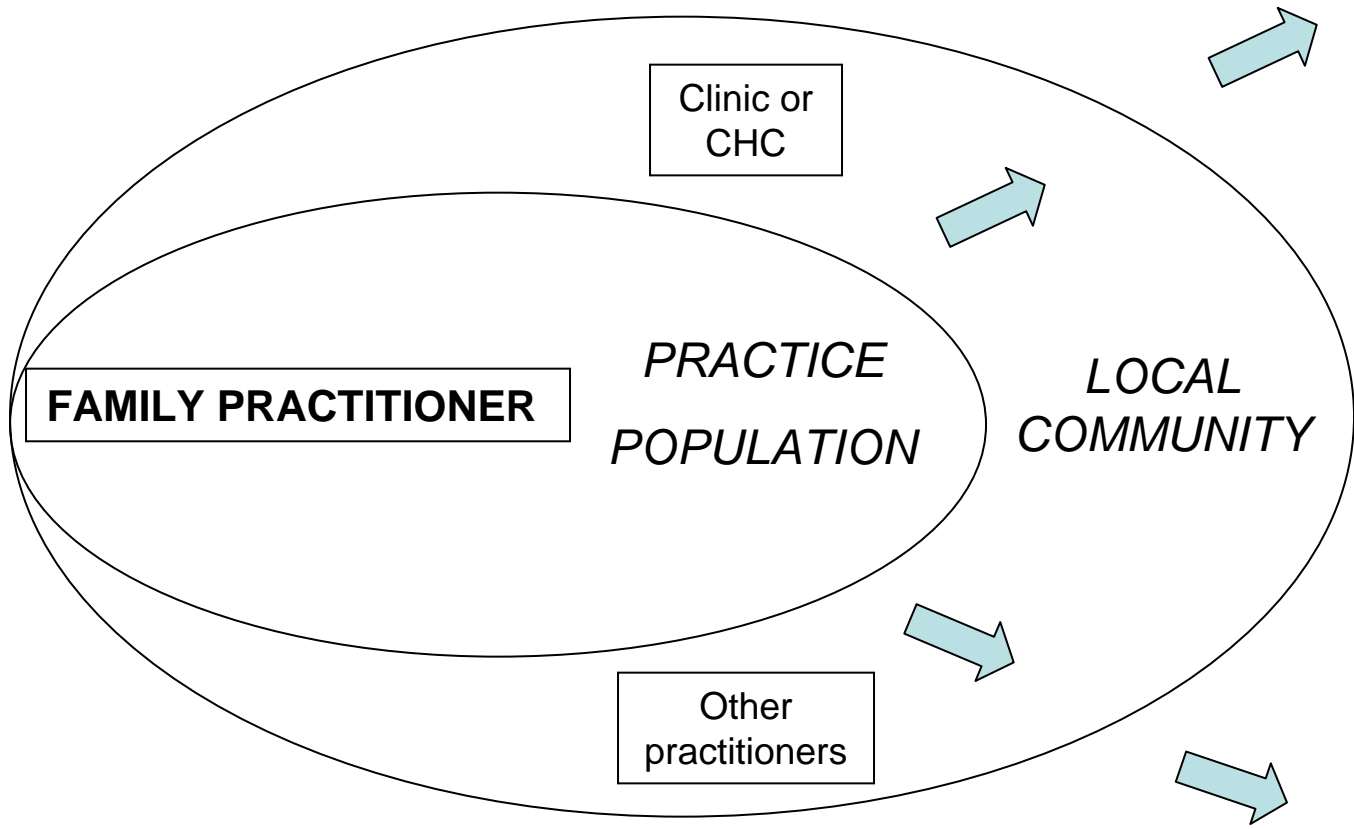


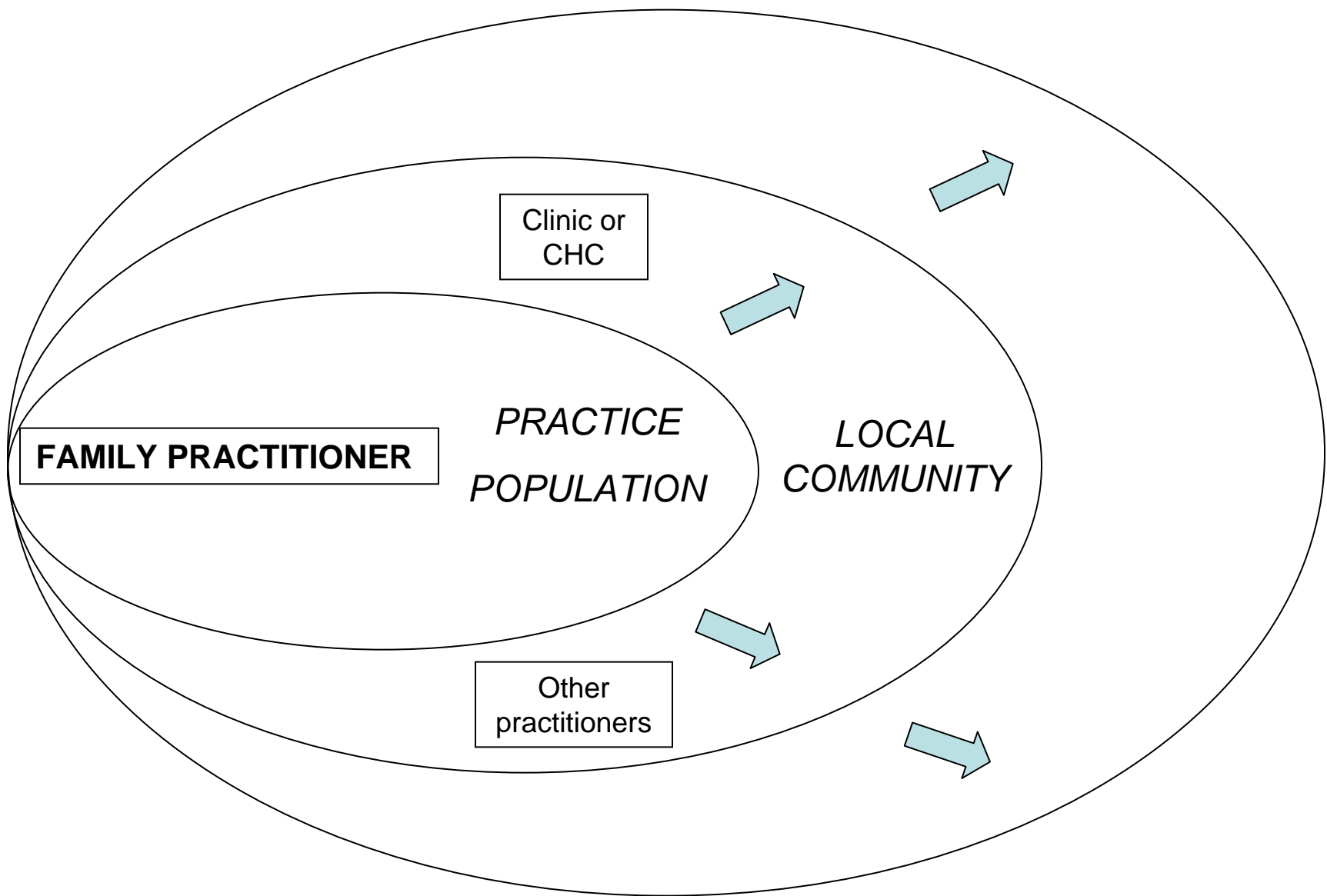


Hikhensile Clinic

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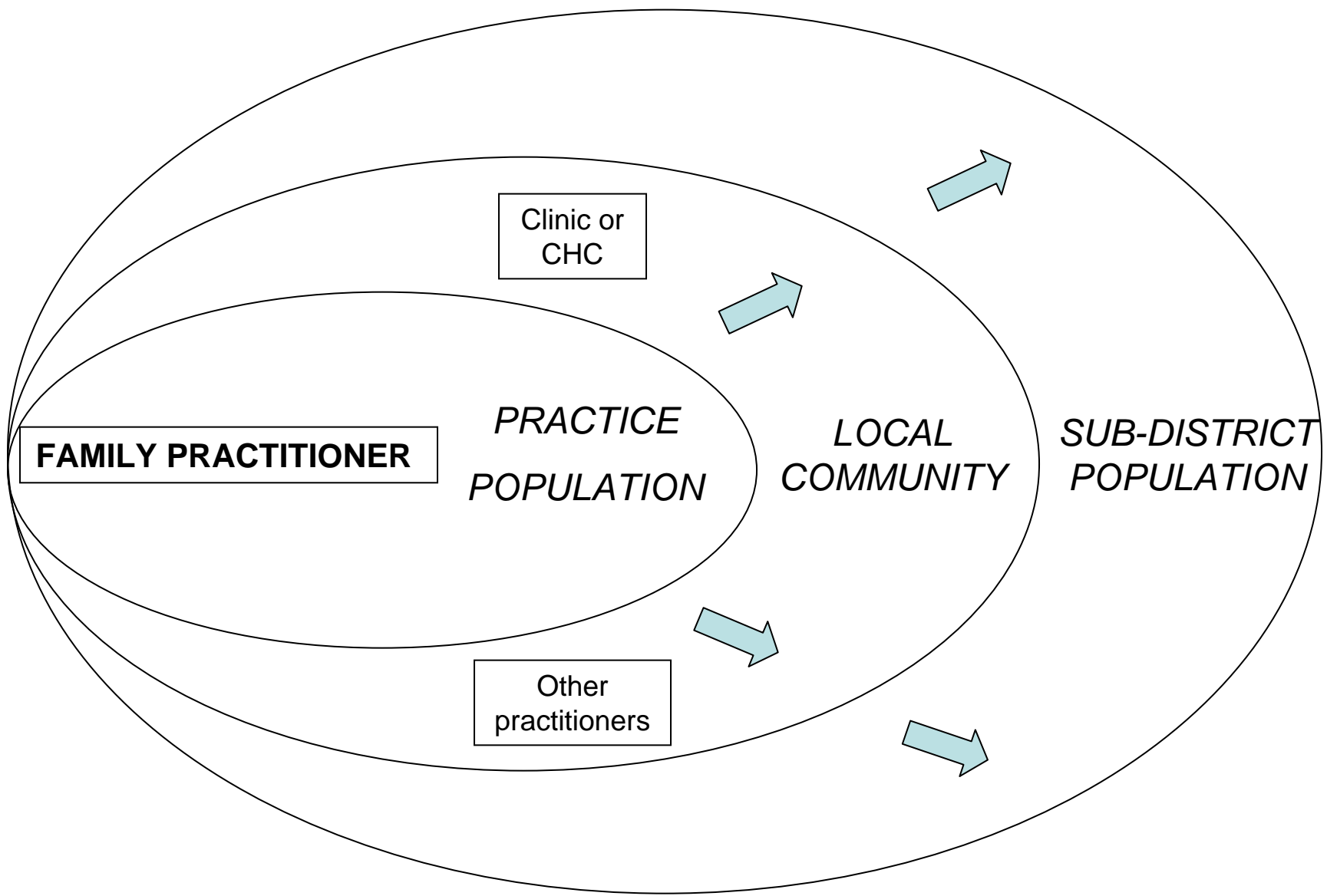
FAMILY PRACTITIONER

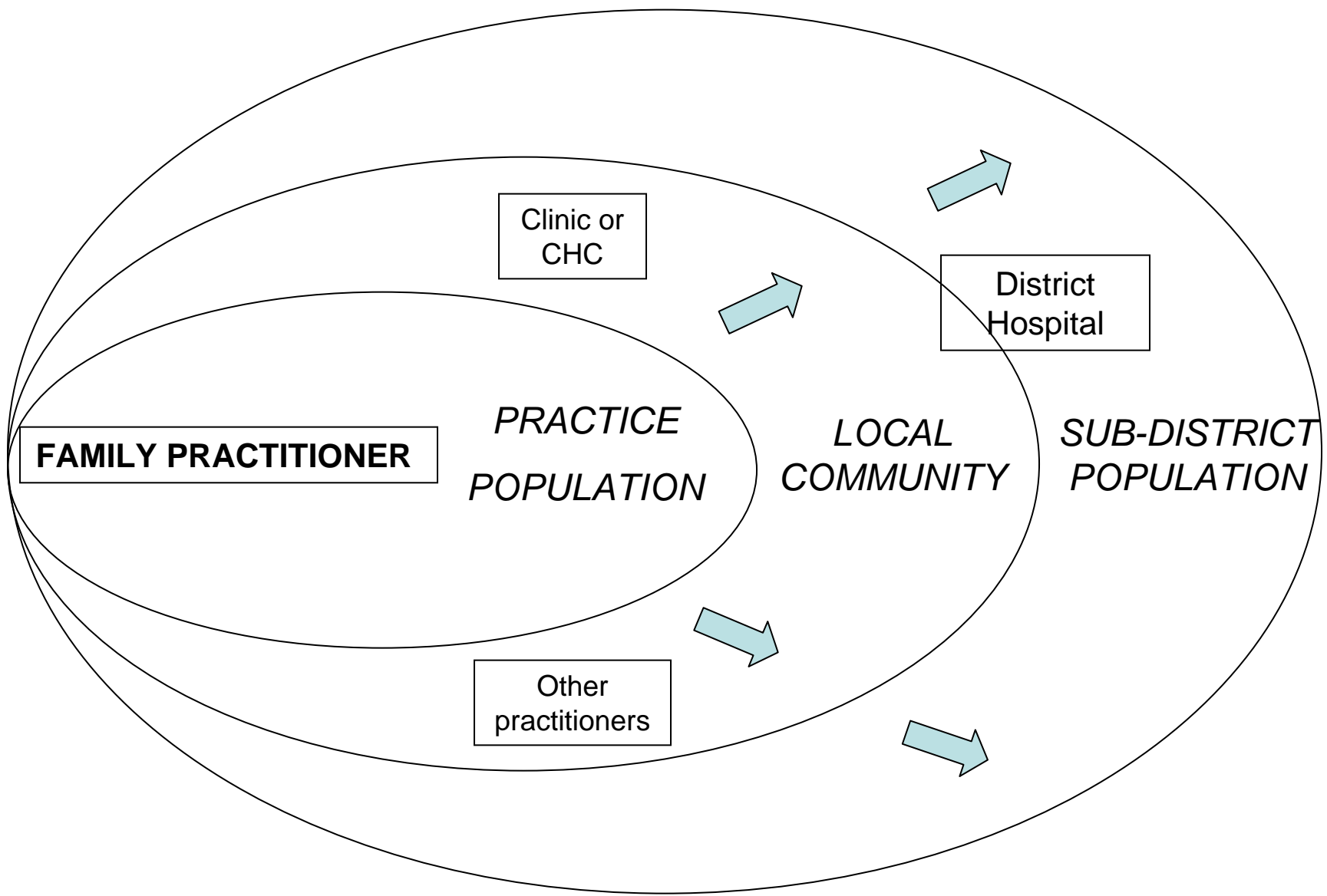
*PRACTICE
POPULATION*

*LOCAL
COMMUNITY*

Clinic or
CHC

Other
practitioners





FAMILY PRACTITIONER

*PRACTICE
POPULATION*

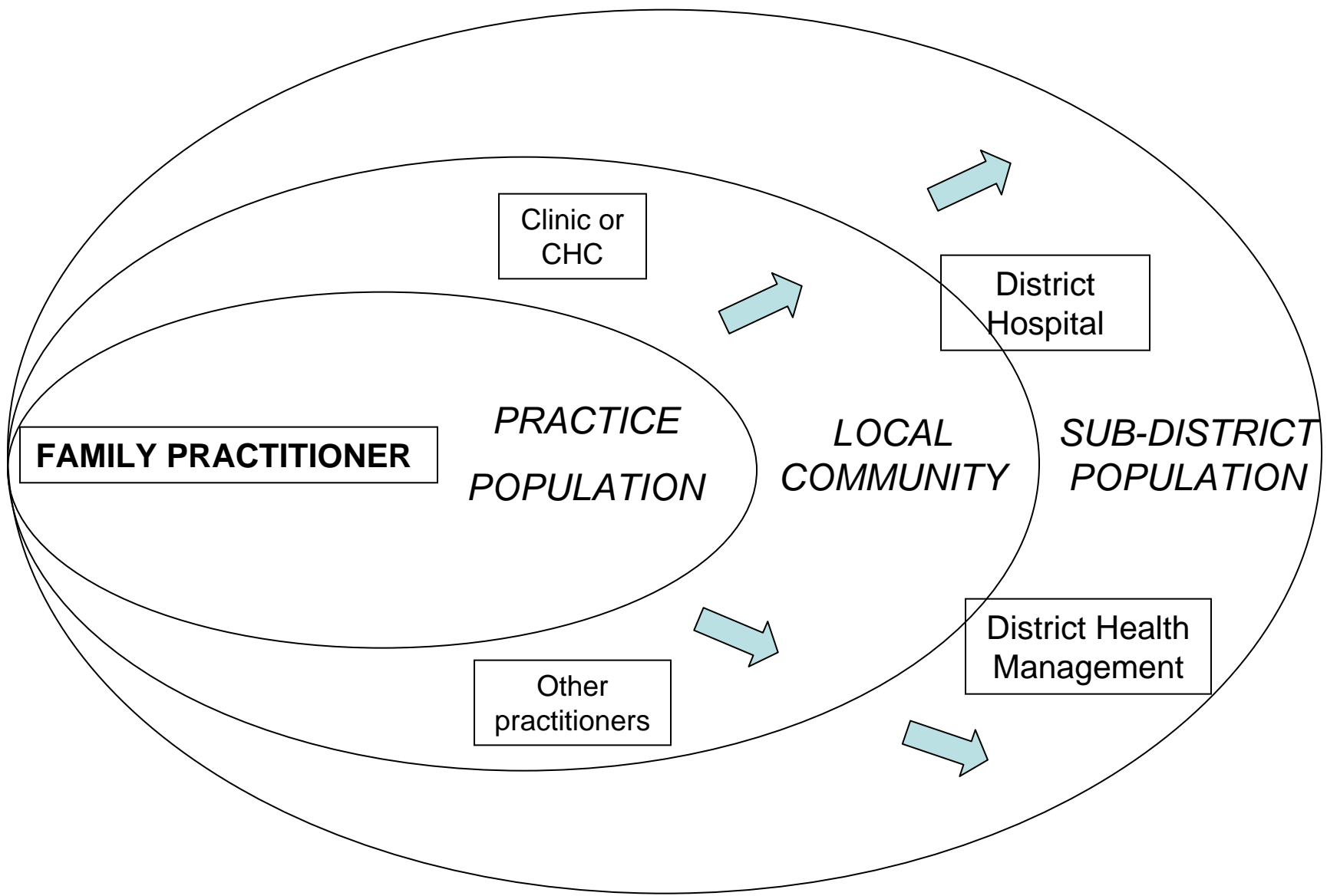
*LOCAL
COMMUNITY*

*SUB-DISTRICT
POPULATION*

Clinic or
CHC

District
Hospital

Other
practitioners



FAMILY PRACTITIONER

*PRACTICE
POPULATION*

*LOCAL
COMMUNITY*

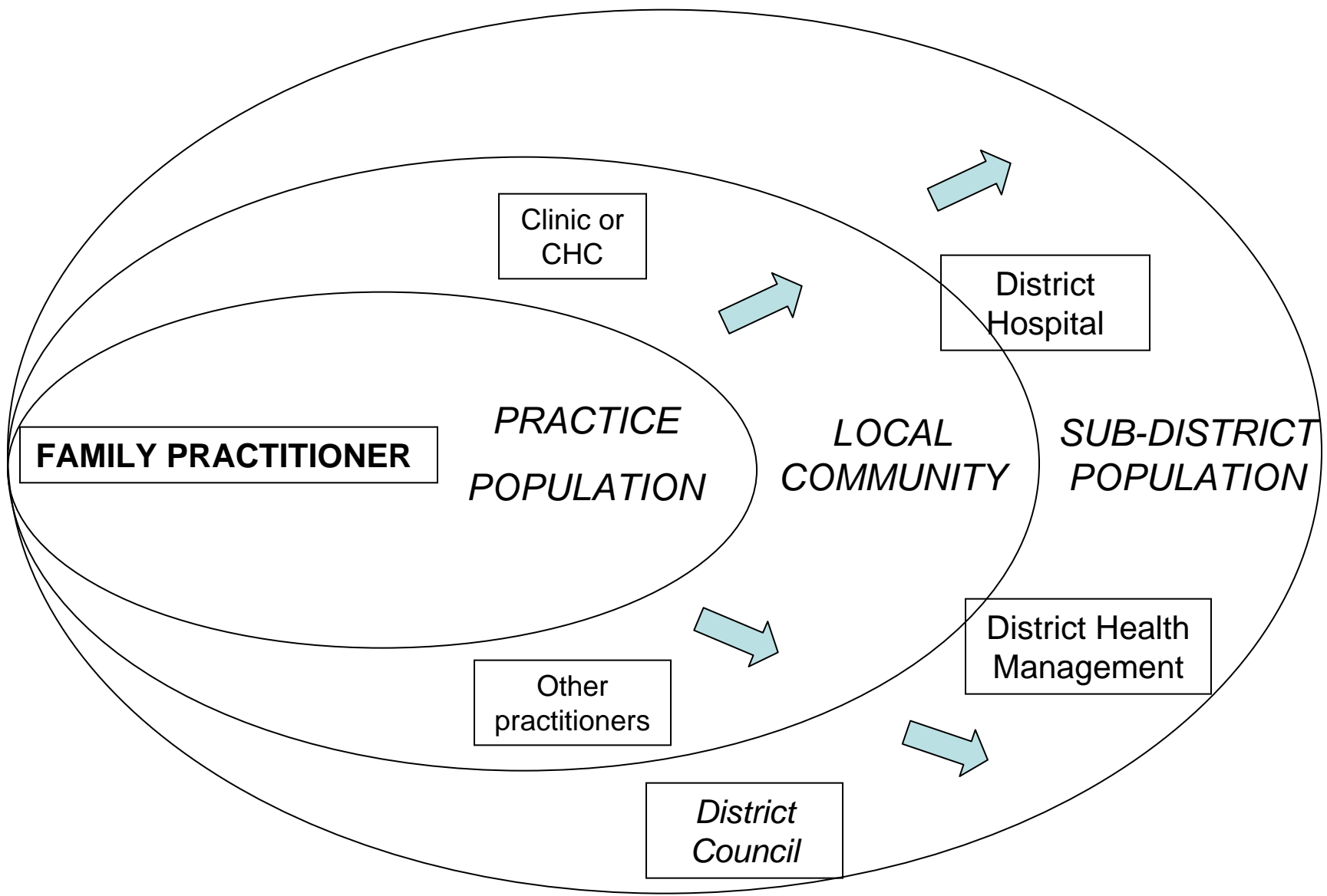
*SUB-DISTRICT
POPULATION*

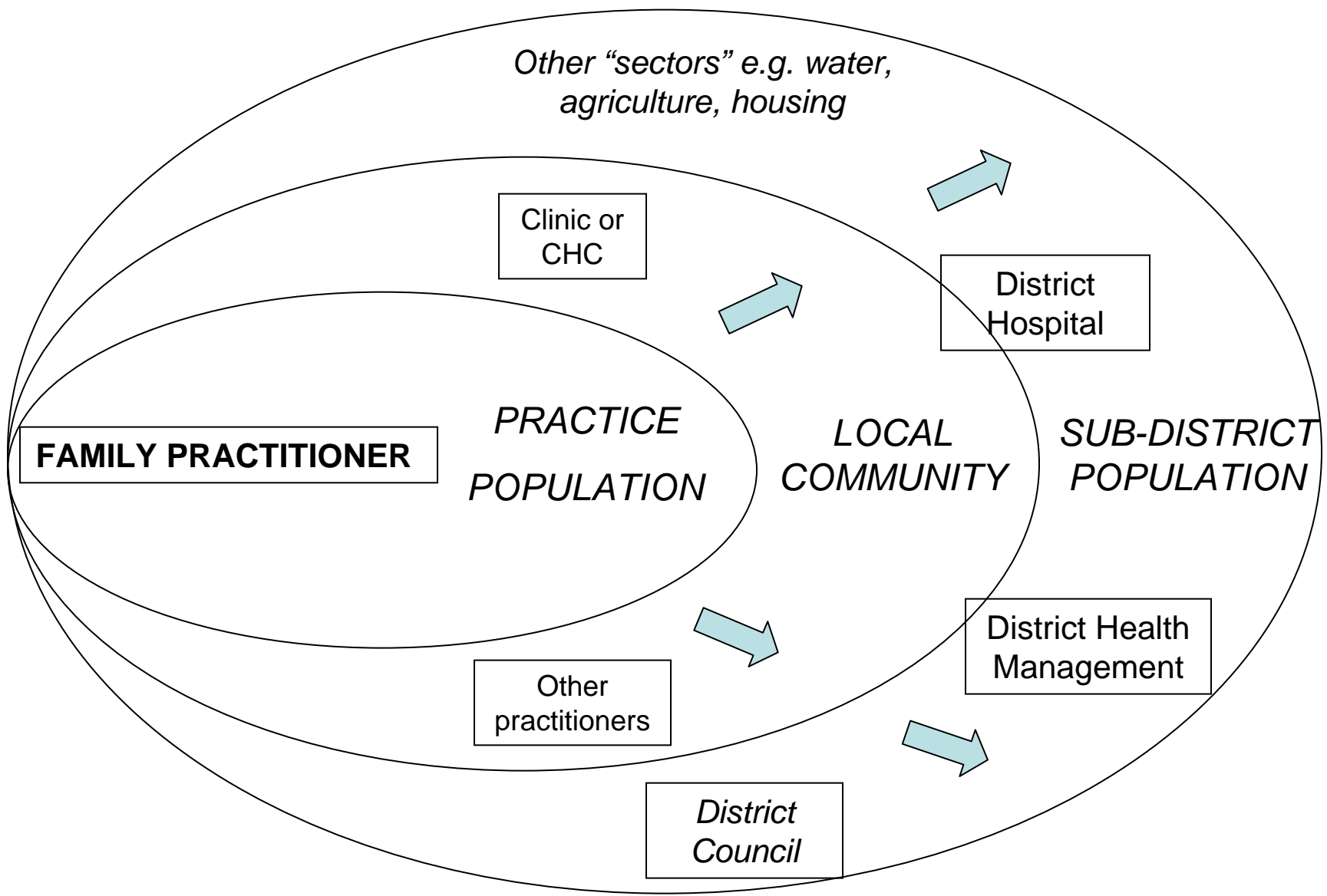
Clinic or
CHC

District
Hospital

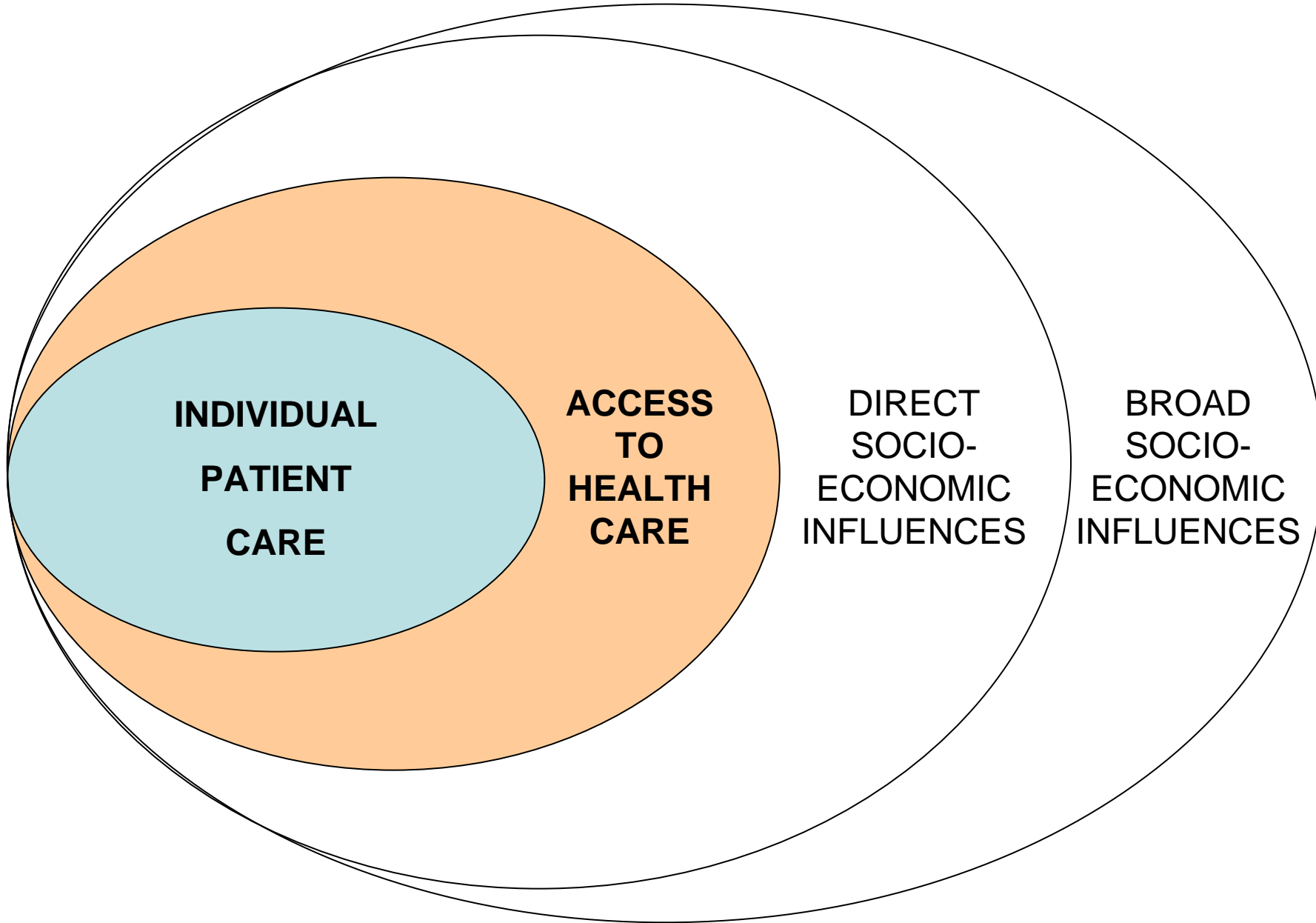
Other
practitioners

District Health
Management





**Gruen RL, Pearson SD, Brennan TA,
2004. *Physician-Citizens – Public
Roles and Professional Obligations.*
JAMA 291 (1), 94-98**



**INDIVIDUAL
PATIENT
CARE**

**ACCESS
TO
HEALTH
CARE**

**DIRECT
SOCIO-
ECONOMIC
INFLUENCES**

**BROAD
SOCIO-
ECONOMIC
INFLUENCES**

Definition of COPC

“A continuous process by which primary health care is provided to a defined community on the basis of its assessed health needs, by the planned integration of primary care practice and public health”.
(Abramson 1988)

COMMUNITY-ORIENTED PRIMARY CARE

- Understand the context of the patient
- Define and understand the community
- Prioritize the issues (make a “Community Diagnosis”)
- Team formation / Meeting space
- Detailed assessment of selected issue
- Plan, implement and evaluate an intervention

We need to “*explore what the community feels, thinks and does about its health needs, since interventions need to be directed towards those aspects about which people can do much themselves*” (Kark SL, 1981).

TWO OPTIONS

“Northern” model

- Individual care
- Up to 2000 patients
- Registered patient list
- FP as clinician
- Networks with other practitioners
- Office-based
- Limited hospital care

“African” model

- Community care
- Up to 100 000 people
- Defined population
- FP as clinical team leader
- Emergency surgery
- District hospital inpatient care

The 5-star doctor

- Care provider, Clinician
- Health manager
- Team leader, Decision maker
- Teacher, Communicator
- Community leader

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- **Care provider, Clinician**
- Health manager
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Measurable COPC training outcomes

A community-oriented Family Practitioner:

- Sees each consultation as representative of a “population at risk” in the community
- Understands the generalizability (“spread”) of the presenting problem of each patient
- Plans to reach those who do not come for care
- Knows the characteristics of the community
- Knows the highest priorities for the health
- Works in a team with others on health systems
- Contributes a medical perspective to agencies involved in addressing the major problems affecting health of a defined community on a preventive and promotive basis.

Questions:

1. How should we teach health management?
 - FP working with the PHC team to reach agreed goals and targets
2. How should we develop leadership?
 - FP as clinical leader of the PHC team
3. How should we develop teaching and learning skills?
 - FP as teacher and communicator
4. How should we teach a community-oriented approach?
 - FP as community leader