

Short Communication

Comprehensive Care: A Daily Challenge for Family Physicians

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ABSTRACT

Background: Comprehensive care is one of the four pillars that support the specialty of Family Medicine and complements the paradigm of patient care in the bio-psycho-social model proposed by Engel. The experience of 30 years is presented below in a very simple and practical way based on a methodology called Working with Families described by Janet Christie-Seely.

Objective: The purpose of this manuscript is to provide family physicians a practical way of carrying out comprehensive patient care.

Discussion: According to Doherty intervention, the practice of family physicians is on levels one to four. Doctors working on the fourth level of intervention are not limited to data collection; but actively to show interest in the feelings and concerns of patients and their families. The manuscript describes simple steps for family physicians to provide a comprehensive care to their patients based on selection criteria and psycho-educational techniques that complement pharmacologic treatment.

MeSh Headings/Keywords: Comprehensive care; Primary care; Vulnerable populations

Background

Comprehensive care is one of the four pillars that support the specialty of Family Medicine [1] and complements the paradigm of patient care in the bio-psycho-social spheres proposed by Engel [2]. The other pillars are: continuity, community and preventive approach [3].

Some definitions of comprehensive care are:

"Comprehensive care is an approach that cares for the whole patient and all his/her needs, not just the medical and physical ones [4]."

"Comprehensive care: The availability of a wide range of services in and their appropriate provision across the entire spectrum of types of needs for all but the most uncommon problems in the population [5]."

According to the WONCA Europe definition, "a comprehensive approach includes the ability to manage multiple complaints and pathologies simultaneously, promote health and well-being by applying disease prevention strategies appropriately and manage and coordinate health promotion, prevention, cure, care, palliation, and rehabilitation [6]."

Holistic approach is used as synonym and Engel mentioned in 1977: "A holistic approach includes the ability to use a biopsychosocial model that takes into account cultural and existential dimensions [7]."

Comprehensive care is part of an on-going process into the future and provides care in the patient's family and social context [8].

Providing comprehensive health care to expanding patient population is more important in needy communities and involves

the creation of interdisciplinary health care teams. Behavioural science-based knowledge about organization functioning has significantly improved their effectiveness [9,10].

An important article by authors from different countries (Belgium, Germany, USA, Turkey, Hungary, Israel, Slovenia, and the Netherlands) reflects on the three core competencies, which deal with related aspects of General Practice/Family Medicine: 'person-centered care', 'comprehensive approach' and 'holistic approach'.10

"Comprehensive health care is an important component of primary care. However, teachers and practitioners alike are faced with the difficulty of applying the concept because it has not been clearly defined [11]."

The concept of comprehensive care has led to confusion and stress for many doctors because they do not fully understand how to provide comprehensive care.

The 30 years' experience [12] providing comprehensive care to our patients is presented in a very simple and practical way based on a methodology called Working with Families described by Janet Christie-Seely [13].

Since family physicians usually have to care for many patients in a regular working day, whether in an institution or in private practice, or both, comprehensive care appears impossible, especially for residents, because it demands more time for each patient and a longer period of care [14].

Multidisciplinary care seems to be the solution since family physicians can refer the patient to other specialists according to the patient's needs, [15] and thus they are providing comprehensive care in a biological context.

Objective

The purpose of this manuscript is to provide a practical way of carrying out comprehensive patient care for family physicians.

Discussion

The amount of time and effort required for this responsibility raises an important question: To whom should the family physician provide comprehensive care?

The response is to everyone, but in practice, this is impossible, especially in first encounters, due to the amount, of daily patients. Besides, continuing care means linking visits, so comprehensive care can do it in several subsequent encounters. This favours time management and the choice of patients for whom the family physician must offer comprehensive care.

It is obvious that comprehensive care requires more consultation time which in most cases is scarce, for this reason, the physician should select the patients requiring comprehensive care.

For these patients, physicians must devote more attention and time to the treatment at any encounter or ask the patient for a special meeting.

To screen these patients, criteria have been established, and patients who meet them have been called vulnerable patients, they account for 30% of family physician's outpatient

encounters [16].

Criteria for this propose may be the following:

1. Patients with multiple visits to primary care clinics. (Frequent users)
2. Patients with two or more diagnoses in the medical record in the past year. (Polypharmacy)
3. Patients with non-specific diagnoses. (MUS: Medically Unexplained Symptoms)
4. Patients with chronic diseases poorly controlled.
5. Patients with predominantly psychological symptoms. (Depression, anxiety)
6. Patients who are caregivers of a family member with chronic illness or disability.

Once an encounter has taken place with a patient who meets one or more of the above criteria, the physician should offer him/her comprehensive care.

There are tools that family physicians can use to perform successfully comprehensive healthcare.

Initially is necessary to determine the level of intervention (any treatment is an intervention) in any of the 5 levels described by Doherty [17]. Accurate diagnosis is essential for an intervention.

According to Doherty intervention, the practice of family physicians is on levels 1 to 4 (Table 1).

Levels one, two, and three are limited to biomedical aspects. Doctors working on the fourth level of intervention are not limited just to data collection but actively to show interest in the feelings and concerns of patients and their families. The physician, who practices at this level, typically has formal training in general systems theory [18], and must be competent in some brief therapy techniques in order to provide comprehensive care. The fifth level is reserved for interventions that must be performed by a family therapist [19].

Once a proper clinical diagnosis is made, the first step is to prescribe a drug treatment according to the diagnosis. It is also supported by dietary and exercise guidelines, and health education.

Because of patients, who meet one or more of the mentioned criteria, have a strong psychological component in its pathology, the second step is to establish a psychological treatment according to the condition. The above does not mean that the family physician will replace the psychologist, but just to apply simple techniques to complement the drug treatment.

There are different techniques to accomplish this:

Table 1: Levels of family involvement model.

LEVELS OF FAMILY INVOLVEMENT	
Level 1	Minimal emphasis.
Level 2	Getting information and counseling.
Level 3	Exploring feelings and emotional support.
Level 4	Functional evaluation and planned intervention.
Level 5	Family therapy.

The simplest one is counselling techniques such as patient education, anticipatory guidance or facilitation of communication, based on the natural history of the disease, knowledge of family dynamics and common sense; either with an individual patient or with the entire family.

Brief therapy techniques such as normalization, facilitation, clarification, re-labeling, reinforcement, confrontation, among others, and sometimes a combination of these techniques have proven that they are useful [20].

A common support is the performance of the family development tasks [21] to complement the comprehensive care because if these have not been fulfilled at a certain stage of family life cycle it is likely that the patient and family will develop complications. "Development tasks are the tasks related to the steps that the family must necessarily go through to develop itself [22]."

"These tasks require largely on the ability to adapt, adjust and balance the family to ensure that it is able to develop and face the critical moments in a proper manner and keep the biopsychosocial balance of its members [17]." Therefore, fulfilling these tasks ensures a better understanding by the patient of his/her family dynamics.

Another technique is educational intervention, although this technique requires more time and usually is used in groups. In some cases, health education is a psychological technique in the comprehensive treatment that offers good results.

Finally, for family physicians who have received adequate training, family therapy at the fifth level of Doherty intervention will be the proper solution. However, it is recommended that this level of intervention be performed by referral to a family therapist.

Health teams also help family physicians to provide comprehensive care. The World Health Organization defines them as non-hierarchical associations between different disciplines. Primary care units consist of different professionals such as nurses, social workers, health promoters, dentists, nutritionists; the family physician usually coordinates the health team when patients require clinical care. This integration is called multi-professional care [15].

Family physicians must know how to perform these elected techniques.

The manoeuvres of union such as empathy and the therapeutic contract that should have been made at the beginning of the encounter really help here.

There are principles to treat the psychological aspect of the disease, condition or problem in the patient.

First, it requires knowledge of the matter and to have had a previous basic training.

Second, the application of the following 5 steps: Assess, advice, agree, assist and arrange [23]:

Assess beliefs, behaviour, and knowledge.

Advise the patient with a plan of action, according to a list of his/her problems, either expressed or unexpressed, and provide information about the benefits of changes that the family

physician is looking for.

Collaboratively agree on objectives based on a conviction of patient safety and achieve a change or adherence to the proposed treatment.

Assist the patient to identify barriers and strategies to resolve his/her problems.

Organize (arrange) a monitoring plan no more than 6 encounters and have a plan to include or be clear about the objectives of the intervention, taking into account patient barriers (obstacles to improve or change).

Every family physician should have a solving problems strategy. If a patient presents several problems, he/she should first try the simplest one so that the patient initiates a learning process in the effective resolution of his/her problems. The family physician has a maximum of 4-6 encounters to solve a problem and then establish a new therapeutic contract to address the following problem. When problems are multiple, sometimes it is not the simplest one first, but the most important for the patient or the problem which represents the reason for the encounter.

Doctors are limited at the field of social aspect of the disease, because usually the social aspect is dominated by economic or cultural problems, but family physicians can mention the proper use of resources on family support gaps in the social field, such as teaching the use of household resources, religious resource, the resource of the friendships, the use of social support organizations (Alcoholics Anonymous, Epilepsy Foundation), among others.

The first encounter obviously takes longer but subsequent are much quicker because the physician is going into more depth in understanding the patient's medical problems.

In the last few years, some authors have published case reports that exemplify the comprehensive care by family physicians [24] and reflect the difference in the care of other specialties.

With these simple ideas, well organized, family physicians can offer patients a truly comprehensive health care.

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