

Organization of Family Medicine Practice

Maria Zabrzyńska MD



**UNIwersytet
MIKOŁAJA KOPERNIKA
W TORUNIU**

Wydział Lekarski
Collegium Medicum w Bydgoszczy

Family Medicine

It is the medical speciality that provides continuing and comprehensive health care for the individual and the family. It is the speciality in breadth that integrates the biologic, clinical and behavioral sciences. The scope of family medicine encompasses all ages, both genders, each organ system and every disease entity.



Family Medicine

It is the medical speciality that provides continuing and comprehensive health care for the individual and the family. It is the speciality in breadth that integrates the biologic, clinical and behavioral sciences. The scope of family medicine encompasses all ages, both genders, each organ system and every disease entity.



Fundamental principles of family medicine

1. Care in lifecycle and family context

Illness and preventive care is provided in the context of the human life cycle and family relationships.

Understanding and providing guidance that is consonant with each patient's life context (e.g., age, work and home life, health, culture).

2. Prevention

All visits considered as opportunities for preventive healthcare.

Some visits are focused on prevention such as prenatal care, adult and well-child examinations, pre-employment and sports physical.

3. Care continuity

Caring for patients in sickness and in health over some period

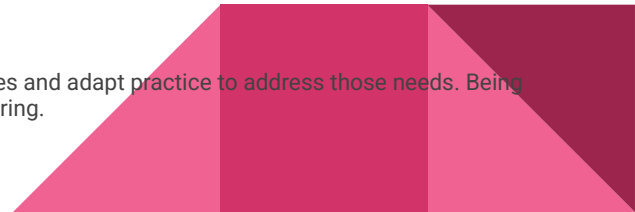
4. Coordination

Patients are guided through health and illness in a manner that fosters empowerment, self-care, and community support.

Being aware of available services, advising about and making appropriate referrals, collecting and interpreting outside tests and specialist visits, ensuring comprehension and advocating self-care and informed choice

5. Community focus

Focus is not just at the individual level, but on the most prevalent and pressing problems within their practice communities and adapt practice to address those needs. Being aware of pressing health problems in the local community, adapting work and scope of practice to those needs, volunteering.



Scope of benefits

Primary health care services are provided on weekdays from Monday to Friday from 8.00 a.m. to 6.00 p.m., excluding public holidays.

And what after 18:00?

Night and holiday health care services at primary health care facilities are available on weekdays from 6 p.m. to 8 a.m. the next morning, and 24 hours a day on public holidays.

Primary healthcare services can be carried out in the patient's home, either nursing services, or medical consultations.

BUT

doctor decides whether it takes place based on patient's health condition




Coordination in family medicine practice

Coordination is provided by:

- ❑ family medicine physician,
- ❑ family medicine nurse,
- ❑ family medicine midwife.



Primary care physician

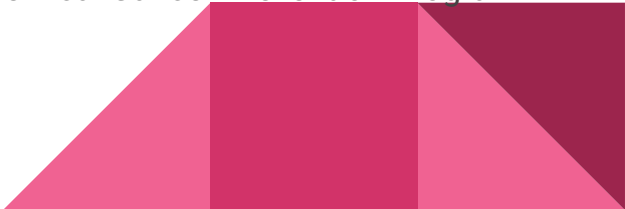
- tests and advice on childhood prevention and vaccinations,
 - prevention of cardiovascular diseases,
 - laboratory, imaging and non-imaging diagnostics in accordance with the applicable list,
 - performing treatments in the treatment room and at the patient's home, adjudicating on health status,
 - referral to specialist clinics and hospital treatment,
 - referral for rehabilitation,
 - qualifying experience of sanitary transport in primary care
 - assigning tasks of to primary care nurse/midwife,
 - issuing certificates regarding the patient's health condition.
- 

Primary care nurse

- preventive services for children aged 0-6, including: patronage visits in the 3rd-4th (third-fourth) month of life and - if during this visit any disturbances in the child's health were detected - also in the 9th (ninth) month of the child's life,
- screening tests at the 12th month of the child's life and at the ages of 2, 4 and 5 years; tuberculosis prevention services; medical services, including: performing injections and treatments,
- services based on orders from primary care physician in the health centre and patient's home,
- collecting materials for diagnostic tests based on the order of a primary care physician –when the collection for medical reasons should be carried out at the patient's home;
- care in particular for people whose psychophysical abilities are limited as a result of illness – pressure uclers



Primary care midwife

- family planning education,
 - care during pregnancy, childbirth and the postpartum period, including antenatal education provided to pregnant women (including high-risk pregnancies), from the 21st (twenty-first) week of pregnancy until the due date;
 - care for women, newborns and infants up to the age of 2 (second) months, carried out as part of patronage visits;
 - care in gynecological diseases, including nursing care for a woman after gynecological or oncological-gynecological surgery,
 - covering the period from discharge from the hospital to complete healing of the postoperative wound, carried out on the basis of a referral from the doctor of the department that performed the operation;
 - performing injections and treatments, in accordance with acquired competences, based on orders from other health insurance doctors, in the midwife's office and at the patient's home;
 - collecting material from the cervix for cytological screening as part of the Cervical Cancer Prevention Program
- 

Medical Transport


The aim of medical transport is to start the treatment right away or to continue the treatment.

- From patient's place of residence to hospital e.g hospital emergency department, when patient's condition prevents him from using public transport or own car
- From primary health centre to hospital e.g hospital emergency department, when patient's condition prevents him from using public transport or own car
- From patient's place of residence to hospital primarily for consultation with specialist doctor

The primary care physician decide whether patient should receive the referral for medical transport.



List of tests available in primary care in Poland

- Peripheral blood count with platelets, with percentage formula and platelets, reticulocytes, red blood cell sedimentation rate (ESR),
 - sodium,
 - potassium,
 - ionized calcium,
 - iron,
 - iron – total binding capacity (TIBC),
 - transferrin concentration,
 - HbA1c,
 - urea,
 - creatinine,
 - glucose,
 - glucose load test,
 - total protein proteinogram,
 - albumin,
 - CRP,
 - uric acid,
 - total cholesterol, cholesterol-HDL, cholesterol-LDL, triglycerides (TG), total bilirubin,
 - direct bilirubin,
 - alkaline phosphatase (ALP),
 - AST, ALT, GGTP,
 - amylase,
 - creatine kinase (CK),
 - total acid phosphatase (ACP),
- 

List of tests available in primary care in Poland

- rheumatoid factor (RF),
- antistreptolysin O (ASO) titer,
- thyroid-stimulating hormone (TSH),
- HBs-AgHBs antigen,
- VDRL,
- FT3,
- FT4,
- PSA – Total prostate-specific antigen,
- Urine test:
- Stool tests: examination, parasites, occult blood - immunochemical method, H. pylori antigen in stool.
- prothrombin index (INR),
- kaolin-cephalin time (APTT),
- fibrinogen.
- urine culture with antibiogram,
- culture of a throat swab with an antibiogram,
- stool culture for Salmonella and Shigella bacilli.
- ferritin,
- vitamin B12,
- Folic acid,
- anti-CCP,
- CRP - quick quantitative test (children up to 6 years of age),
- strep-test
- anti-HCV antibodies.

Prevention programs


Prevention programs, which are mandatory:

- Prevention of tuberculosis
- Prevention of cardiovascular diseases

Not mandatory:


- 40+

“Outside Primary Health Care”:

- Cervical cancer prevention program
 - Prevention of breast cancer
 - Colonoscopy
- 

Coordinated Medical Care in Primary Care

It is wider access to diagnostic and treatment of most common diseases in cardiology, pulmonology, endocrinology, diabetology and nephrology. There are more test available, previously unavailable. The healthcare is based on Individual Medical Care Plan. Moreover, there are also available consultation between the specialist doctor and primary health doctor, and also between the specialist doctor and patients, and between patients and dietitian.



Coordinated Medical Care in Primary Care - comprehensive medical consultation

Additional tests, which are available in Primary Health Care:

- BNP (NT-pro-BNP)
- albuminuria (level of albumins in plasma)
- UACR (albumin/creatinine in urine index)
- antyTPO (Anti-thyroid peroxidase)
- antyTSHR (thyrotropin receptor antibodies)
- antyTG (Antithyroglobulin antibodies)
- ECG stress test
- Holter EKG 24 godz. (24, 48, 72 hours)
- pressure Holter (24 hours)
- USG Doppler of carotid arteries
- USG Doppler of lower limbs vessels
- Echocardiography
- spirometry
- fine-needle aspiration biopsy of thyroid
- CT of coronary arteries

Coordinated Medical Care in Primary Care

Coordinator is responsible for:

- is responsible for managing the flow of documents;
- social networking with beneficiaries;
- communication between personnel
- try to increase quantity of participants
- set the timings of consultation
- monitors the whole process

Dietician is responsible for:

- nutrition interview
- checking of the body mass, amount of adipose tissue, muscle tissue,
- calculation of energy demand,
- development of nutritional plan,
- elements of nutritional education
- analysis of the implementation of recommendations
- 3 dietetic consultations are included in Coordinated Medical Care per year

Nurse is responsible for:

- identifying the risk factors: physical activity, mental state, addiction, dietary habits
- identifying the knowledge gaps
- 6 educational consultations are included in Coordinated Medical Care per year

