

Clinical Primary Care Training

**Nancy E. Fitch, MD
Armenia Social Transition
Program**



July 30, 2002

Clinical Primary Care Training in Armenia



- **Strong leadership and commitment from:**
 - **The Minister of Health.**
 - **The Primary Care Department and other staff of the Ministry of Health.**
 - **Lori Marzpet and Lori Health Department staff.**
 - **Yerevan Mayor and Municipality.**
 - **Academic Medical Training Institutions.**
 - **Polyclinic Directors and staff.**
 - **Many dedicated and hard working people.**



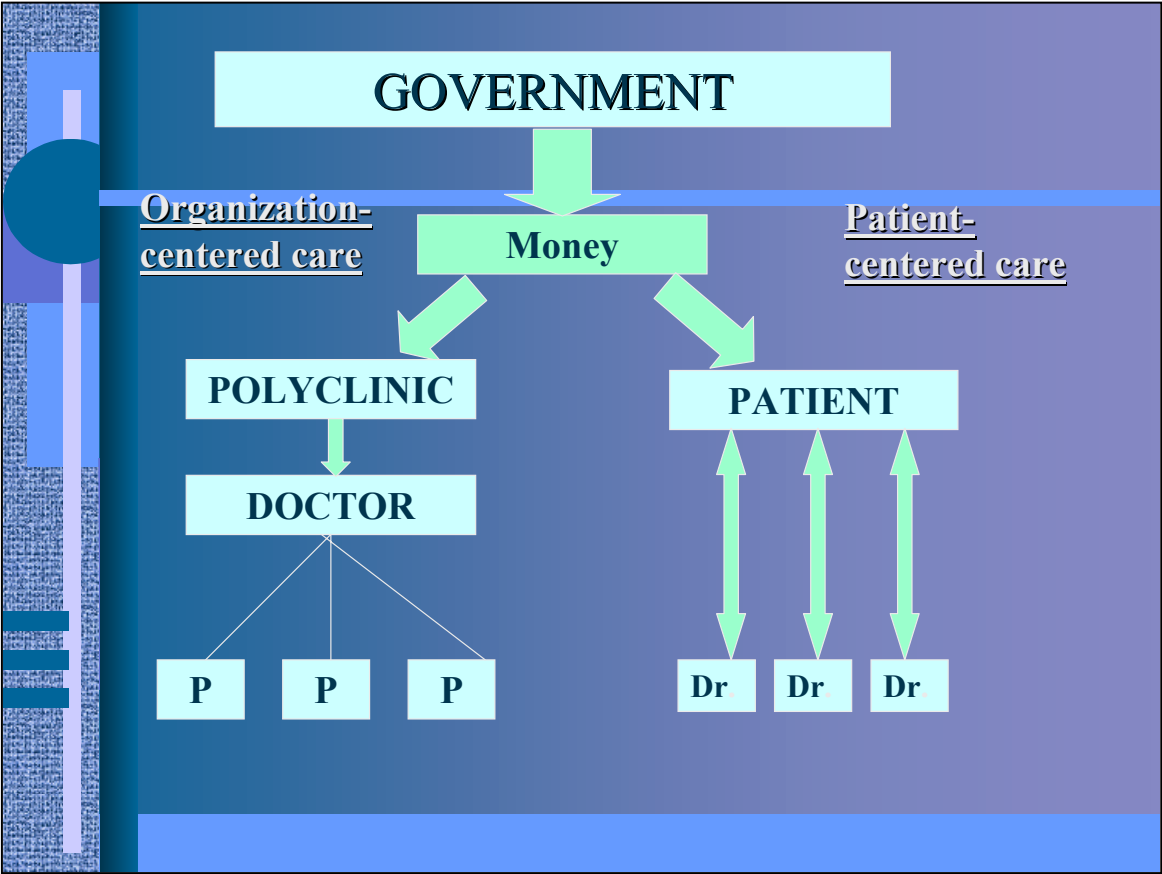
Integrated Reforms in Primary Care Delivery



- The Ministry of Health of Armenia is clearly articulating a vision of integrated clinical, financial and legal reforms in primary care delivery.
- Experience has demonstrated that isolated clinical, financial or legal reforms are not sustainable.
- Delivery of effective primary care is not simply another specialty named Family Medicine, but a complete reversal of information, authority and resource flow.



Reversal of resource flow



Needed Changes:



- **Reward, not reprimand, doctors for providing enhanced, expanded care to patients.**
- **Expand and overlap scopes of expertise, rather than tightly regulate scopes of practice.**
- **Allow continual improvement in practice methods, yet build adequate safeguards to prevent poor or unsafe practice.**
- **Encourage patients, physicians, directors to maximize personal responsibility for high quality, cost-effective health care.**



Primary Care Training



- All these reforms, legal, clinical, and financial need to be implemented together, in the same delivery setting, for improved primary care to be sustainable.
- Without legal and financial support for expanded practice, good training can be wasted.
- Good primary care training takes place in a high quality clinical practice site, where these incentives for enhanced care exist.



Independent Family Group Practices



- Physician groups receive capitation payments directly based upon number of patients who choose to enroll with them.
- The payer (the government) requires demonstration of quality and defines service components to receive capitation payments.
- This structure provides:
 - financial incentives,
 - legal autonomy,
 - requirement for demonstration of quality.



Adult Learning Methods



- Physicians learn best by “doing” rather than by “passive listening”.
- Physicians learn by actively managing patients in settings that maximize trainee decision-making with safe supervision.
- Learning “how to assess” is more important than learning what to think.
- Learning “how to obtain needed information” is more important than memorizing possibly irrelevant facts.
- Critical thinking and decision-making skills are learned by thinking critically and by making decisions, in a safely supervised care delivery setting on real patients.



Primary Care Training



- **Broadly trained family physicians precept physician trainees while trainees work.**
- **More formal teaching in afternoon includes didactic teaching, trainees do case presentation, chart/case review.**
- **Cross-training: pediatricians, terapefts, and ob-gyns train each other by:**
 - **seeing patients together, using written resources.**
 - **reviewing each others' medical records.**
- **Self-training: Provide information resources and train physicians to use the resources.**



Emphasize the basic building blocks



- **Taking a history: complete, concise, focused, age-appropriate.**
 - **Good interview skills: including open-ended questions, focused questions, active listening, motivational interviewing.**
- **Objective: Doing a complete physical exam: on all ages, all organ systems, lab, x-ray, etc.**
- **Well-reasoned Differential Diagnosis, based on evidence.**
- **Cost-effective Patient Management Plan, using clinical practice guidelines.**
- **Follow-up, with corrections and repetitions of these basic steps as needed.**



Continual Quality Improvement



- **Work Culture committed to patient safety.**
- **Work Culture committed to staff development.**
- **Administration with authority and commitment to improve quality of care.**
- **Formal structure and process:**
 - **Designated chair who is held accountable for committee performance.**
 - **Designated committee members.**
 - **Dedicated meeting times and work times.**
 - **Defined expectations.**

