

PCRU

Arranging Generalism in the 2020 Primary Care Team

Australian Primary Health Care Research Institute
Travelling Fellowship Award

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PRIMARY CARE RESEARCH UNIT DEPARTMENT OF GENERAL PRACTICE



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Where did we go & why?



Canadian Health
Services Research
Foundation

CT Lamont Primary
Health Care Research
Centre

Robert Graham Centre
Georgetown University

Who did we meet?

Susan Law

Kevin Barclay



Canadian Health Services Research Foundation

Fondation canadienne de la recherche sur les services de santé



Emeritus Profs Brian Hutchinson

& Edmund Pellegrino

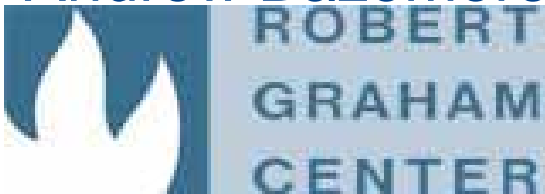


CT Lamont Primary Health Research Institute

Robert Phillips

Prof Kurt Stange

Andrew Bazemore



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Activities Undertaken

Figure 3: Conceptual Model: The Essential Dimensions of Generalism

Dimensions of Generalism	Explanations: the key features
Ways of Being (Ontological Frame)	Virtuous character: holds ethical character traits of compassion, tolerance, trust, empathy and respect.
	Reflexive: interdependent, reflects on judgments and biases, lifelong learner.
	Interpretive: processes of interpretation are used to understand patient with an emphasis on the contextual factors, use of multiple health systems languages, active listener, autonomous decision-maker, good communication skills.
Ways of Knowing (Epistemological Frame)	Biotechnical: uses scientific and rational evidence, high index of suspicion, bio-medically driven, technically focussed, uses advanced information systems.
	Biographical: concentrates on lived-experience and life-story, family, carers, community and social knowledge all provide evidence.
Ways of Doing (Practical Frame)	Access: accessible, first-contact point, gatekeeper, provides referral.
	Approach: balances individual versus population needs, consultation-based, holistic, comprehensive, flexible, adaptable, acts across clinical boundaries, provides early diagnosis, interdisciplinary team approach, negotiates & coordinates services, integrates knowledge, promotes health through education, prevents disease, is culturally sensitive, provides patient-centred care, minimises service inequities, reduces service fragmentation.
	Time: provides continuity of care over whole of life cycle (longitudinal).
	Context: community-based, uncertain, complex, deals with undifferentiated multiple problems of patients, acute and chronic care.

What did we learn from the international visits?

International support for generalism;

Face validity of essential dimensions of generalism with family physicians;

Generalist-led multidisciplinary teams appear to be the ideal model of practice for the Australian health care system.

Need funded demonstration projects of generalist-led and coordinated multidisciplinary teams in primary care.

Further research to develop measures of the essential dimensions of generalism.



International Learnings

Generalist led teams could result in better health outcomes for patients but this needs to be tested.

There are no available Australian studies that measure the cost-effectiveness of a health care system premised on generalism.

The values and principles that underpin our health care system need to be articulated – evidenced by support for conceptual model in the US patient centred medical home movement.

