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Centre universitaire
de médecine générale
et santé publique · Lausanne

Forum Managed Care 2019

Intégration des soins et perspective populationelle

Pr med Jacques Cornuz

Plan

- Introduction
- Health: definition and determinants
- New perspectives for practice
- Primary care and public health
- Lausanne Center
- Some potential added values
- Conclusion

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Forum managed CARE

- The final goal of care?
  - To restore health!
  - The beginning and the end of the rationale of any care!
  - Health system or care system? Health care system!
- What is health?

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Health definition

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Health definition

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- **WHO**: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

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- Consensus approach (BMJ 2014)

How should we define health?

The WHO definition of health as complete wellbeing is no longer fit for purpose given the rise of chronic disease. **Machteld Huber and colleagues** propose changing the emphasis towards the ability to adapt and self manage in the face of social, physical, and emotional challenges

BMJ 2011

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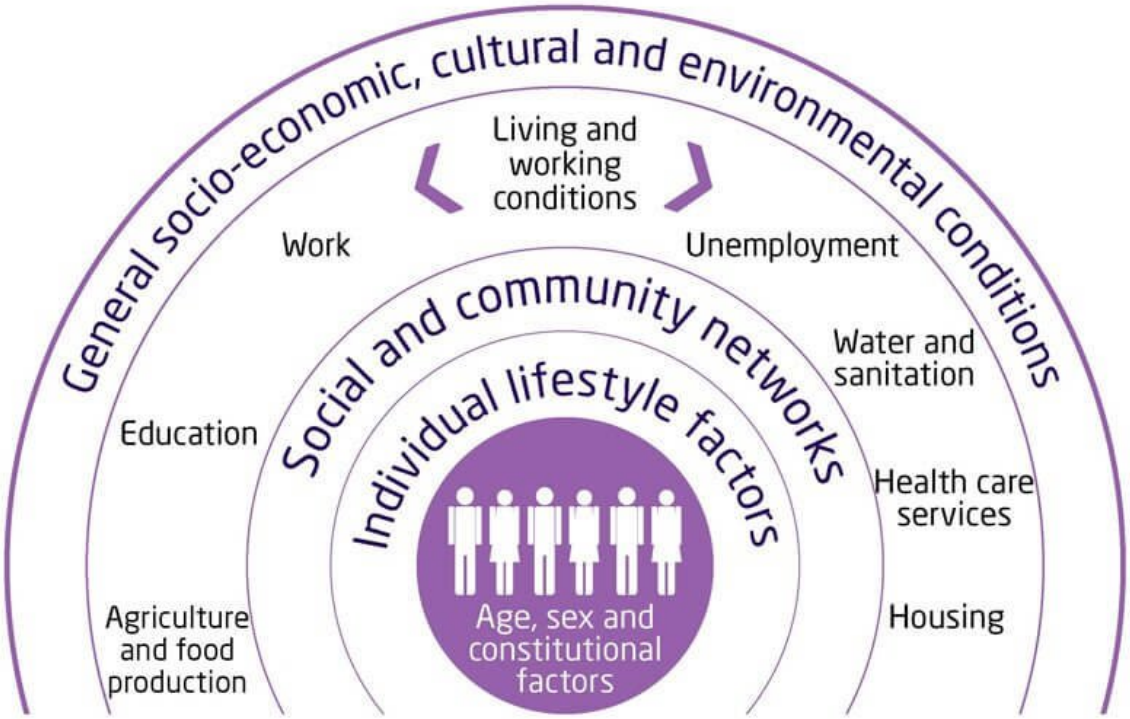
BMJ 2011

The ability **to adapt and to self manage in face** with physical, emotional and social **challenges**

Determinants of health



Dahlgren G. and Whitehead M. (1993) Tackling inequalities in health: what can we learn from what has been tried?

Determinants of health in the digital era

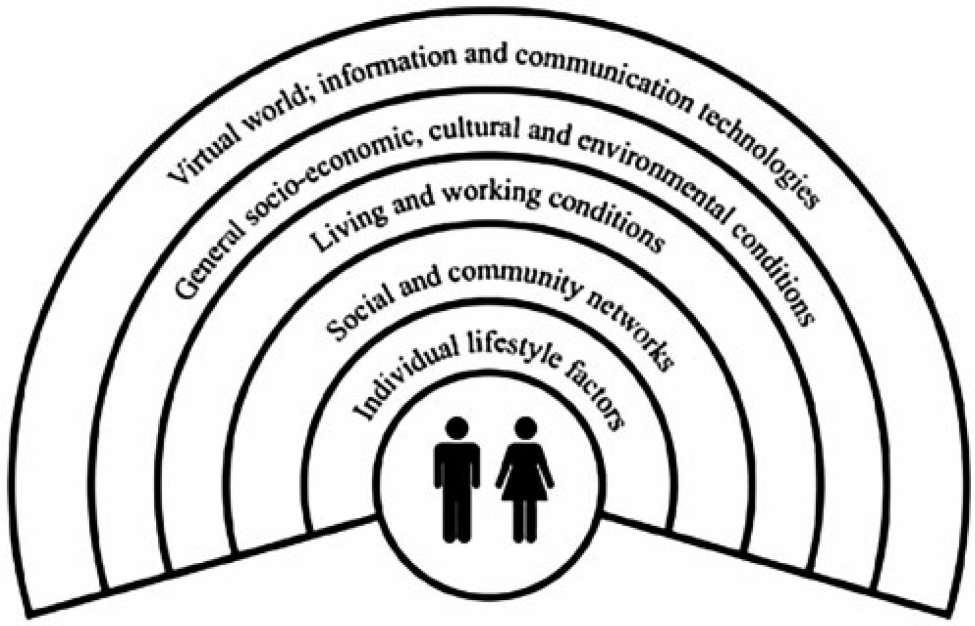
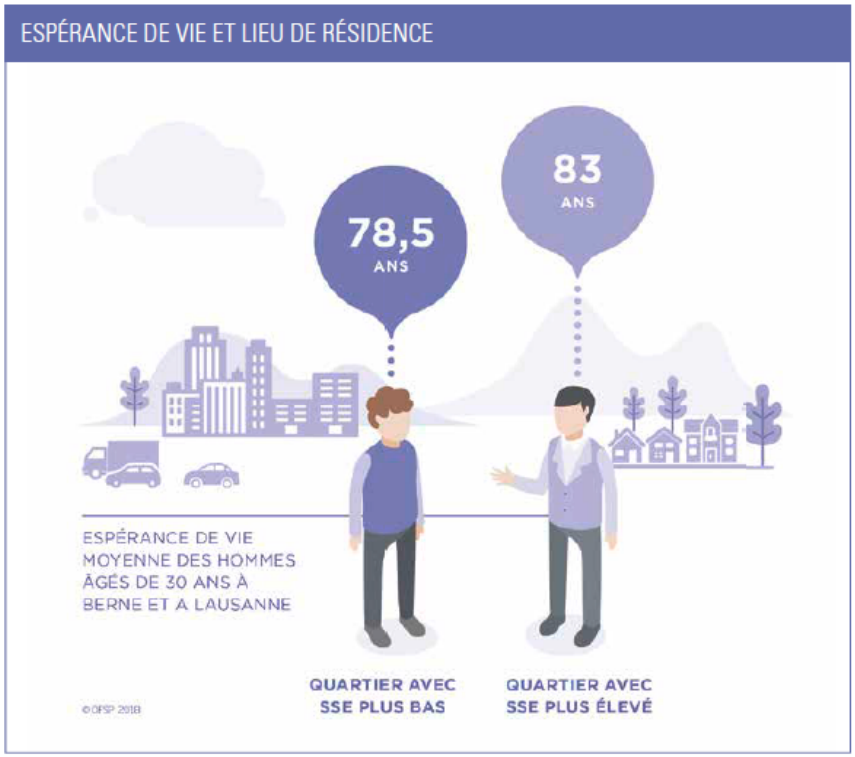
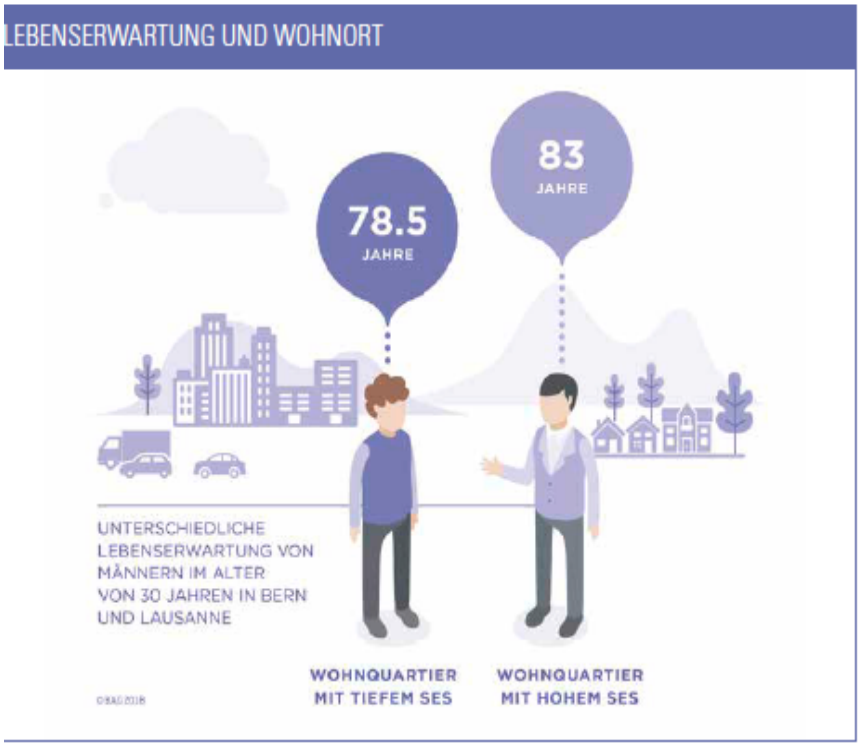


Fig. 1: Determinants of health model 2.0 with additional ICT sphere (developed from a concept by Dahlgren and Whitehead, 1991)

Rice, Health Promotion International, 2018, 1–9

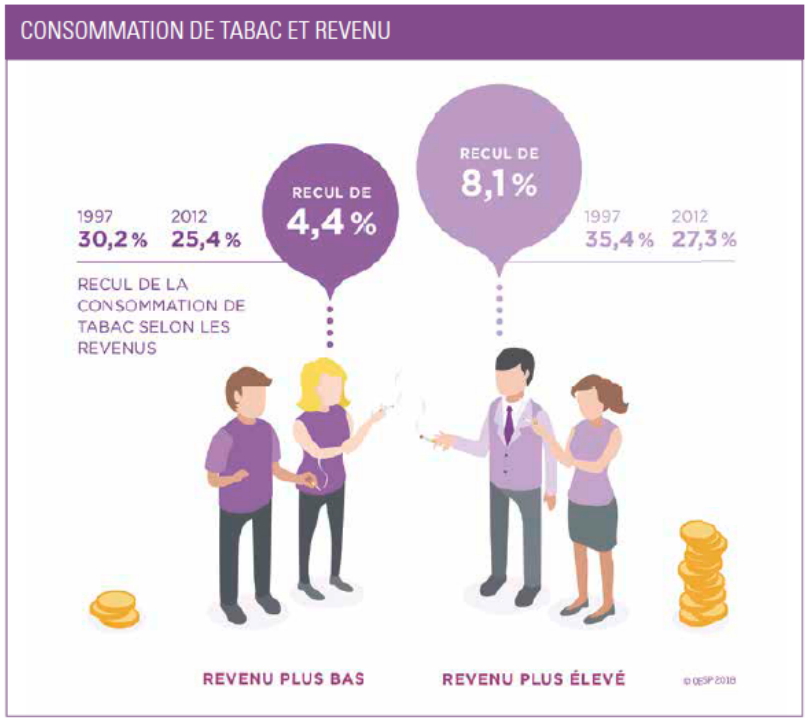
Determinants of health: neighbourhood + social class





Spectra, 01.2018

Determinants of health: behavior and income



Spectra, 01.2018

Determinants of health: respective role

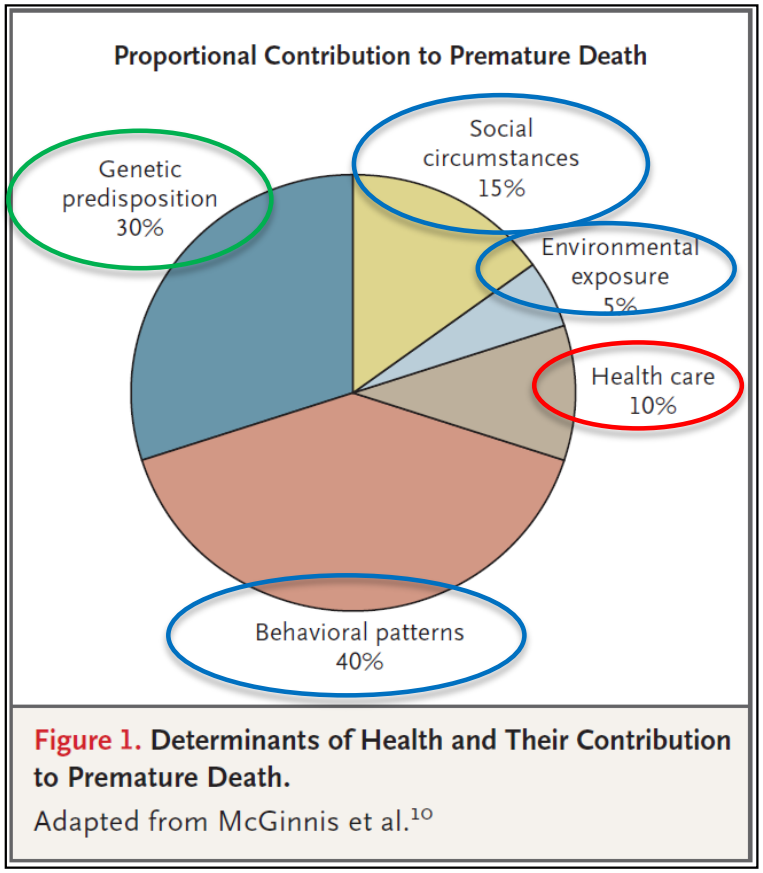


Figure 1. Determinants of Health and Their Contribution to Premature Death.
Adapted from McGinnis et al.[10]

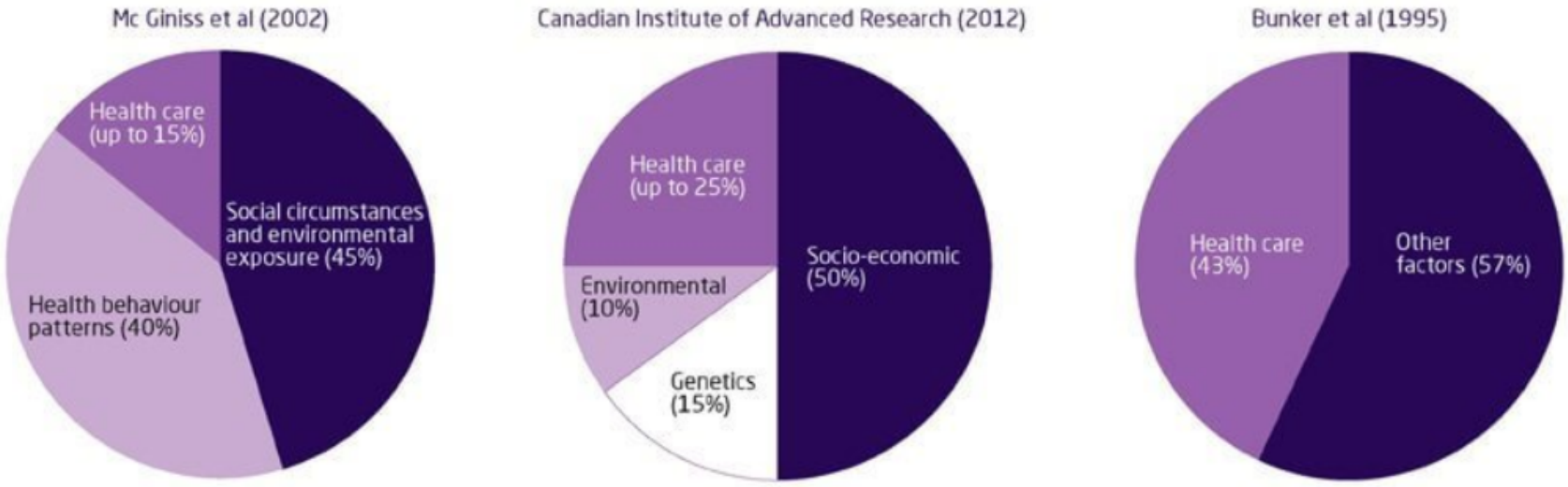
Traditional Health care: 10%

Schroeder, S. *NEJM*. 2007

Importance des DSS

Estimates of the impact of the 'broader determinants of health' on population health

Several studies attempt to estimate how the broader determinants of health impact on our health. The three pie charts below depict the main findings of three research papers



Kingsfund.org.uk

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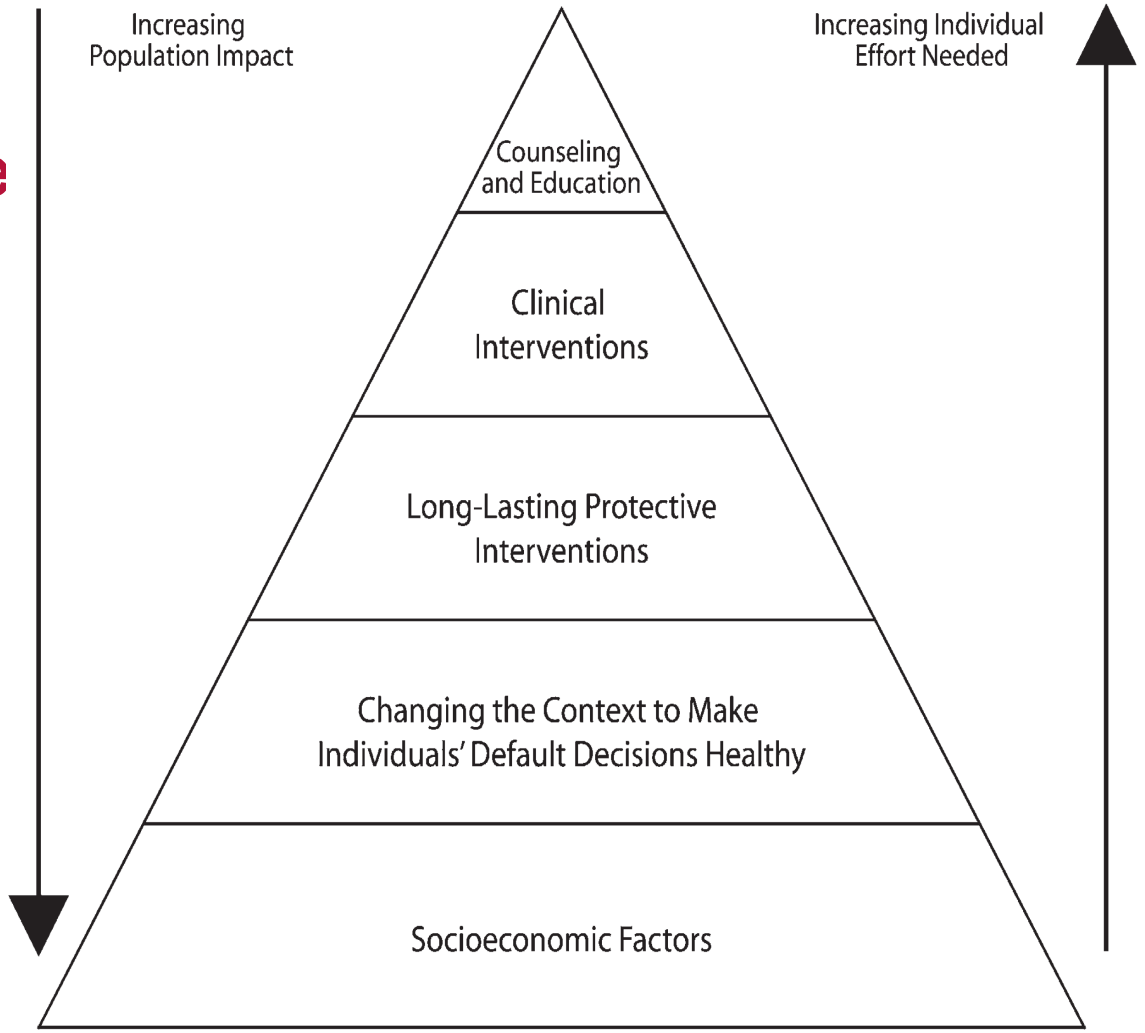
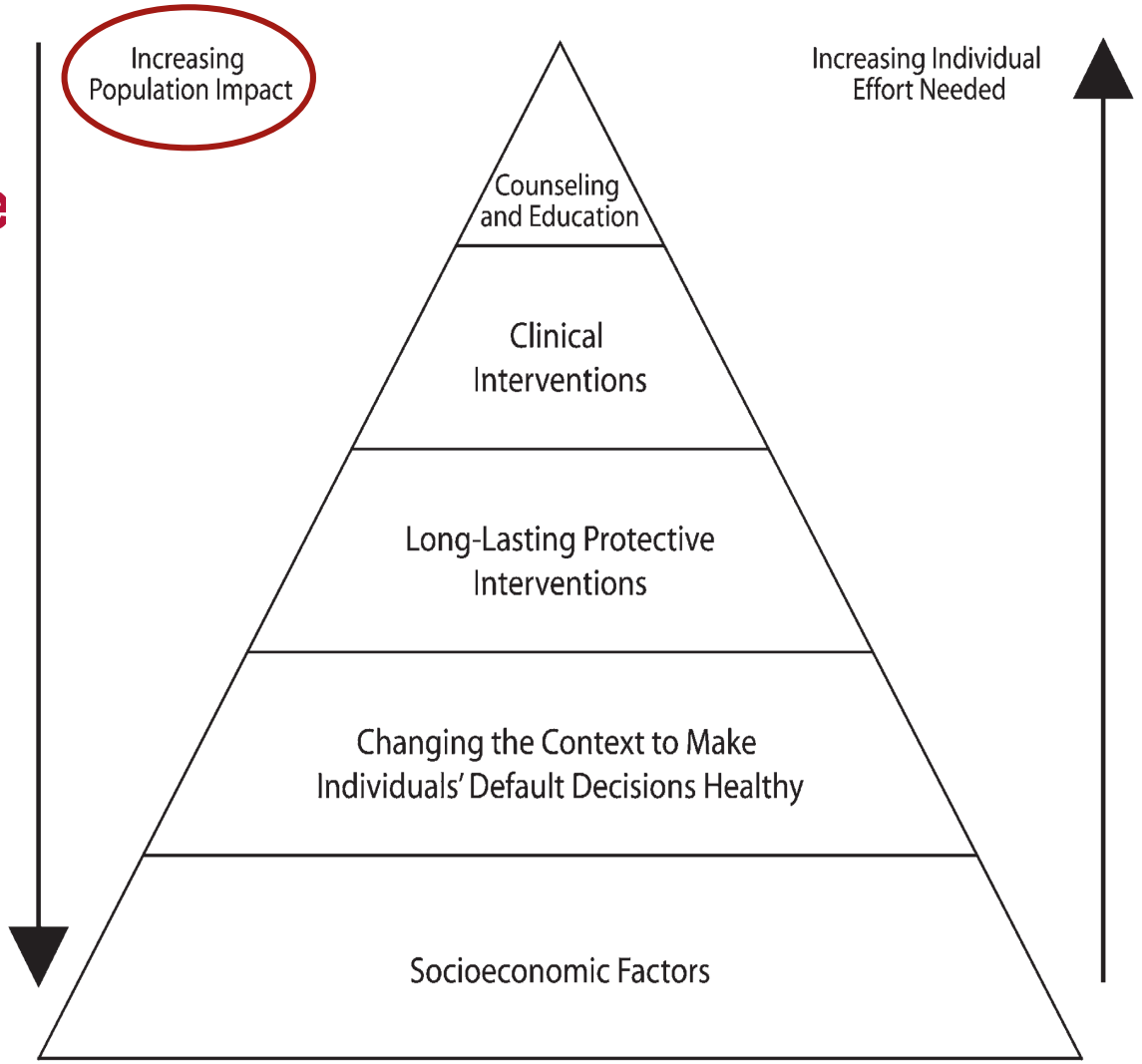
The health impact pyramide



Frieden. Am J Public Health 2010;100:590–5.

The health impact pyramide



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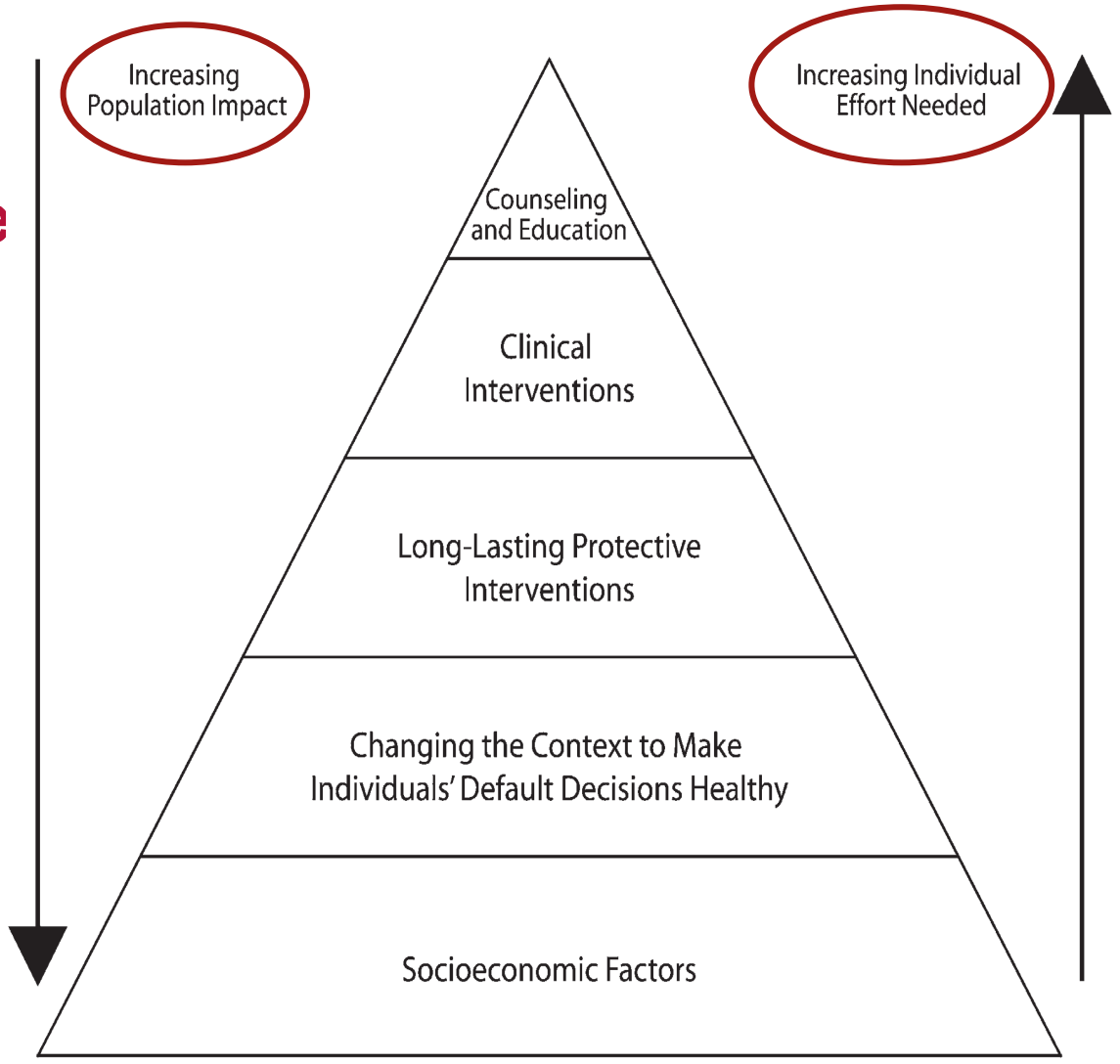
The health impact pyramide



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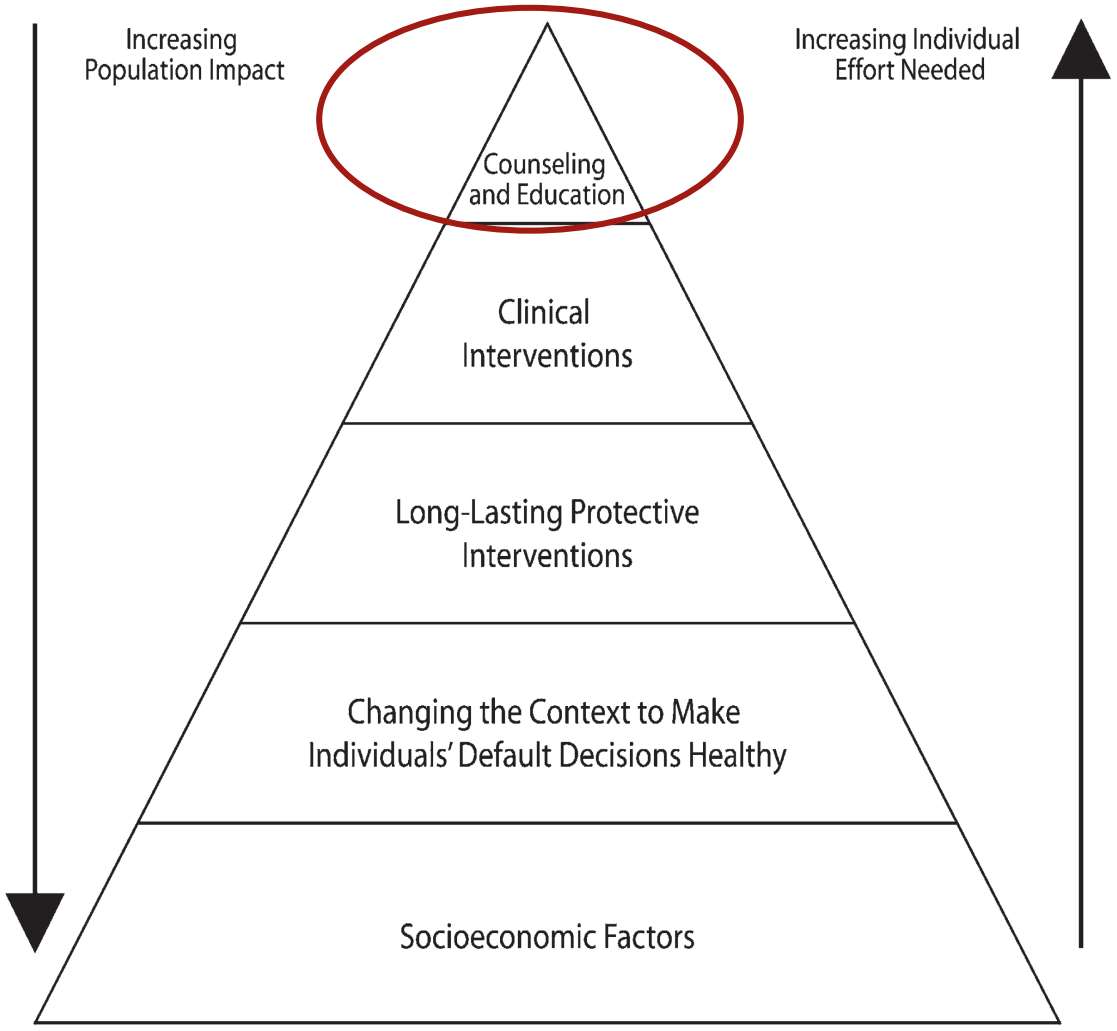
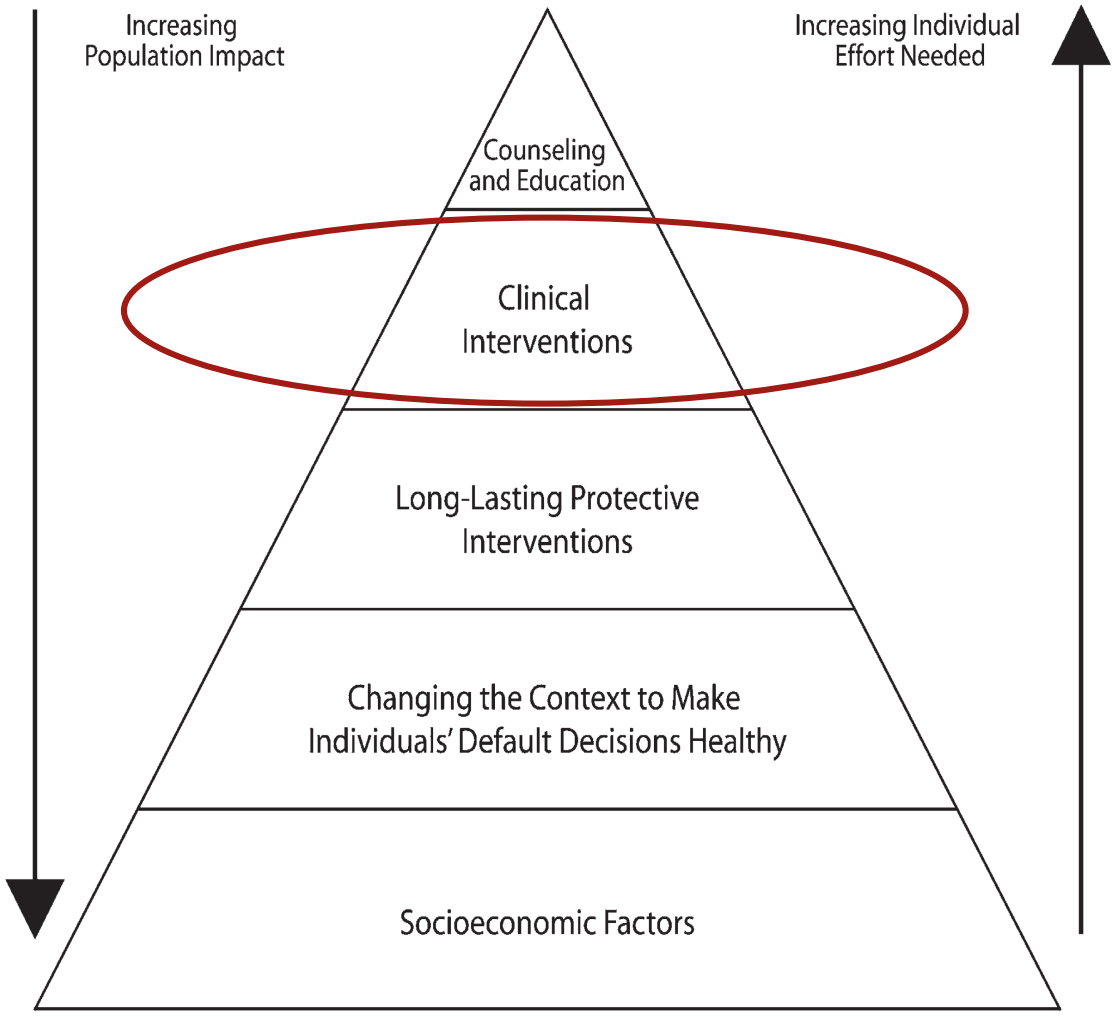
The health impact pyramide



The health impact pyramide



Public Trust in Physicians — U.S. Medicine in International Perspective

Robert J. Blendon, Sc.D., John M. Benson, M.A., and Joachim O. Hero, M.P.H.

Attitudes about Doctors, by Country.*

Country	All Things Considered, Doctors in Your Country Can Be Trusted (Strongly Agree or Agree)		Satisfaction with the Treatment You Received When You Last Visited a Doctor (Completely or Very Satisfied)	
	rank	*% (95% CI)*	*rank*	*% (95% CI)*
Switzerland	1	83 (81–85)	1	64 (61–67)
Denmark	2	79 (77–81)	2	61 (59–64)
Netherlands	3	78 (75–80)	11	47 (44–50)
Britain	4	76 (73–79)	7	51 (48–55)
Finland	5	75 (73–78)	9	49 (46–52)
France	5	75 (73–77)	18	38 (36–40)
Turkey	5	75 (73–77)	15	41 (38–43)
Belgium	8	74 (73–76)	5	54 (52–56)
Sweden	8	74 (71–76)	10	48 (45–51)
Australia	10	73 (71–76)	4	55 (52–58)
Czech Republic	10	73 (71–75)	16	39 (36–41)
Norway	12	72 (70–74)	5	54 (51–56)
Taiwan	12	72 (70–74)	27	17 (15–18)
Slovenia	14	70 (68–73)	14	44 (41–47)
South Africa	14	70 (68–72)	7	51 (49–54)
Portugal	16	69 (66–72)	23	26 (23–29)
Philippines	17	68 (65–71)	16	39 (36–42)
Israel	18	67 (64–70)	12	46 (43–49)
Germany	19	66 (64–68)	12	46 (44–48)
Slovakia	20	62 (59–66)	22	28 (24–31)
South Korea	20	62 (60–65)	24	25 (23–28)
Lithuania	22	61 (58–64)	28	13 (11–15)
Japan	23	60 (57–63)	20	30 (27–33)
Croatia	24	58 (56–61)	19	31 (28–34)
United States	24	58 (55–61)	3	56 (54–59)
Chile	26	56 (52–59)	25	23 (20–26)
Bulgaria	27	46 (43–49)	20	30 (27–33)
Russia	28	45 (42–48)	29	11 (9–13)
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* Respondents who answered the satisfaction question "does not apply" were not included in the denominator. Countries are rank-ordered according to the percentage of respondents who said they strongly agreed or agreed that "All things considered, doctors in [your country] can be trusted." Countries with the same rank were tied on that measure. CI denotes confidence interval. Data are from the International Social Survey Programme, 2011–2013.

NEJM 2015

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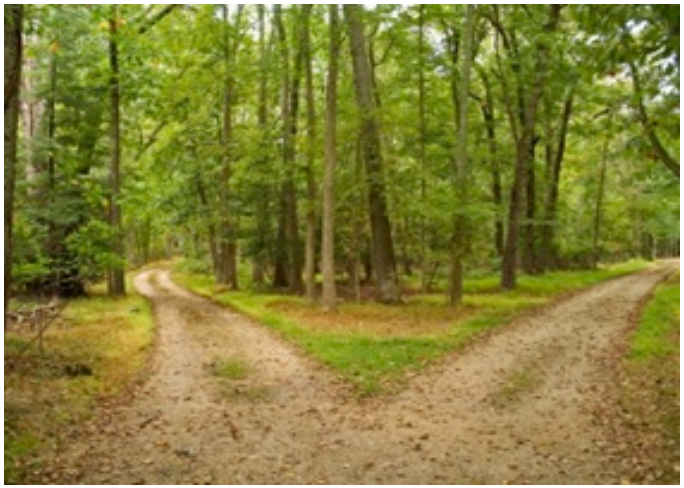
NEJM 2015



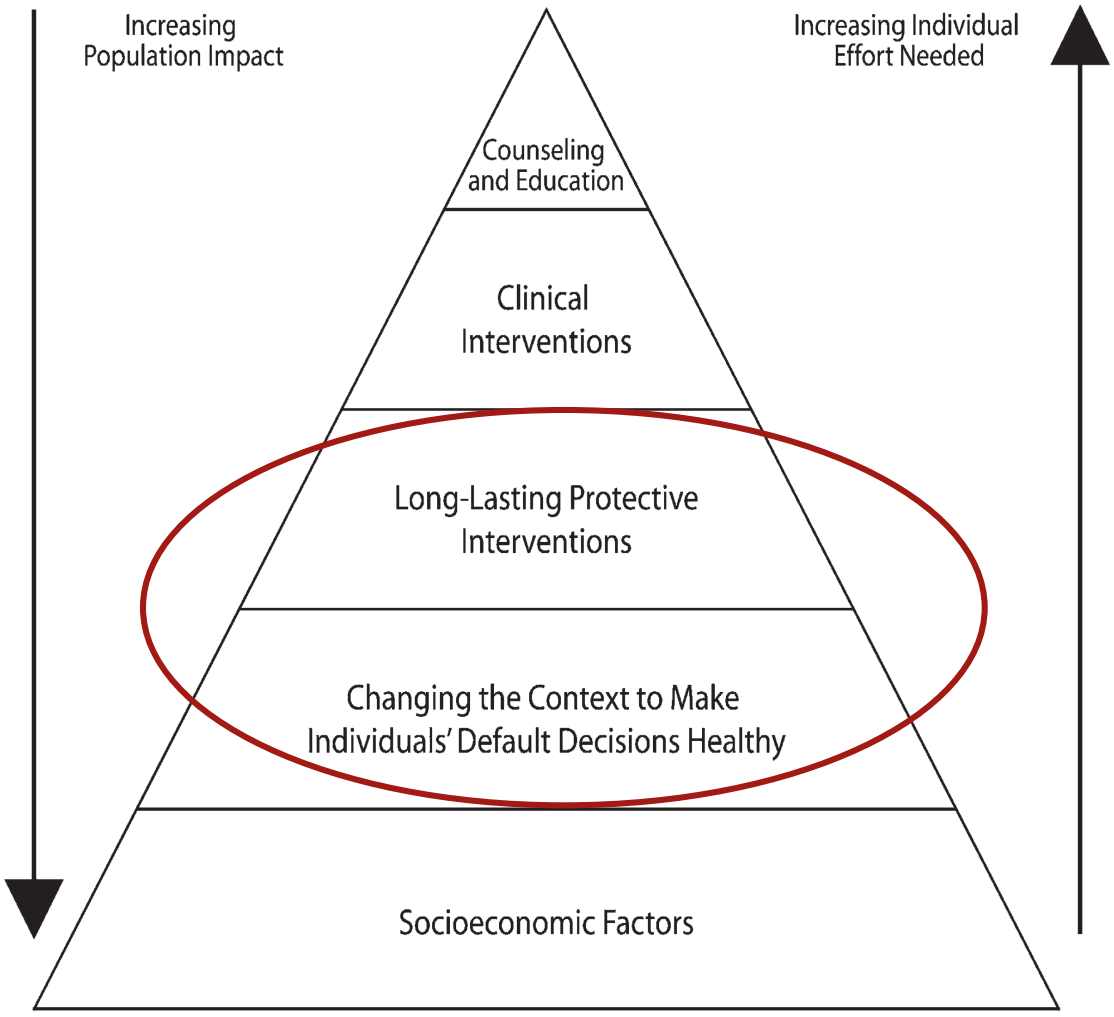
PERSPECTIVE

SHARED DECISION MAKING

Shared Decision Making — The Pinnacle of Patient-Centered Care

Michael J. Barry, M.D., and Susan Edgman-Levitan, P.A.

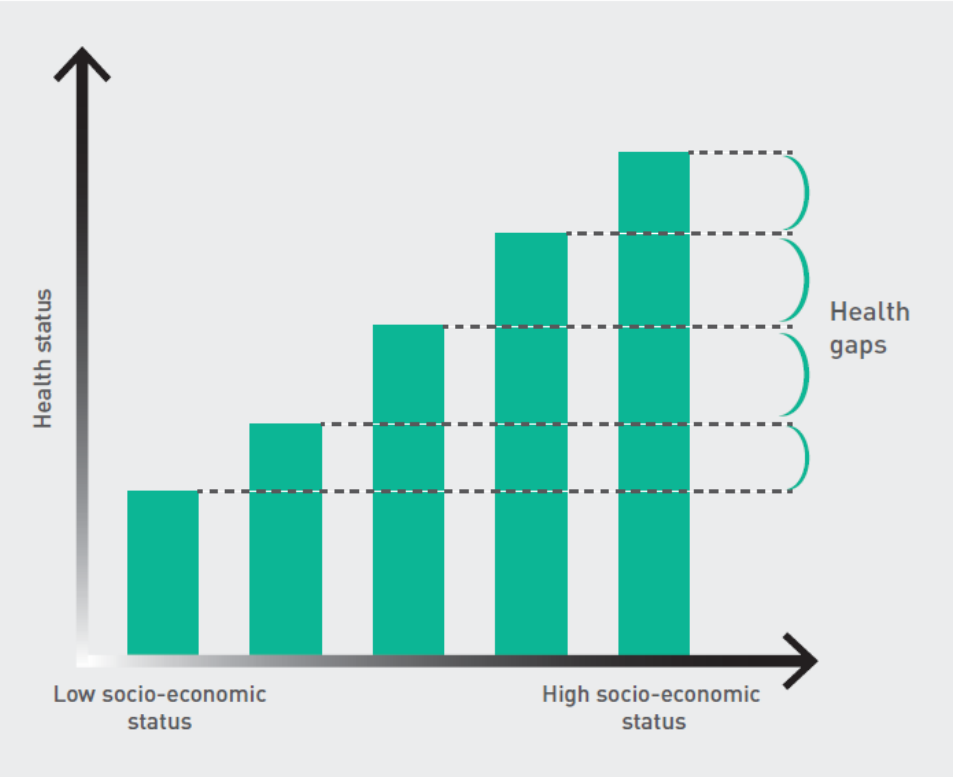
The health impact pyramide



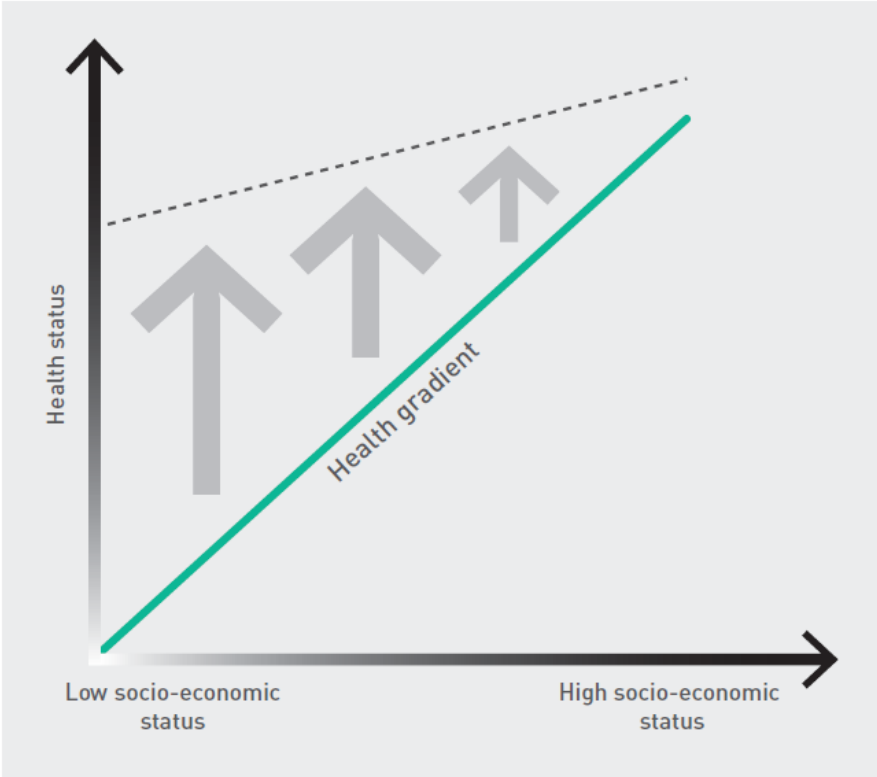
Frieden. Am J Public Health.2010;100: 590–595.

Health gaps

THEORETICAL REPRESENTATION OF HEALTH GAPS



THEORETICAL REPRESENTATION OF THE HEALTH GRADIENT AND LEVELLING UP



Targeted universalism : canadian example

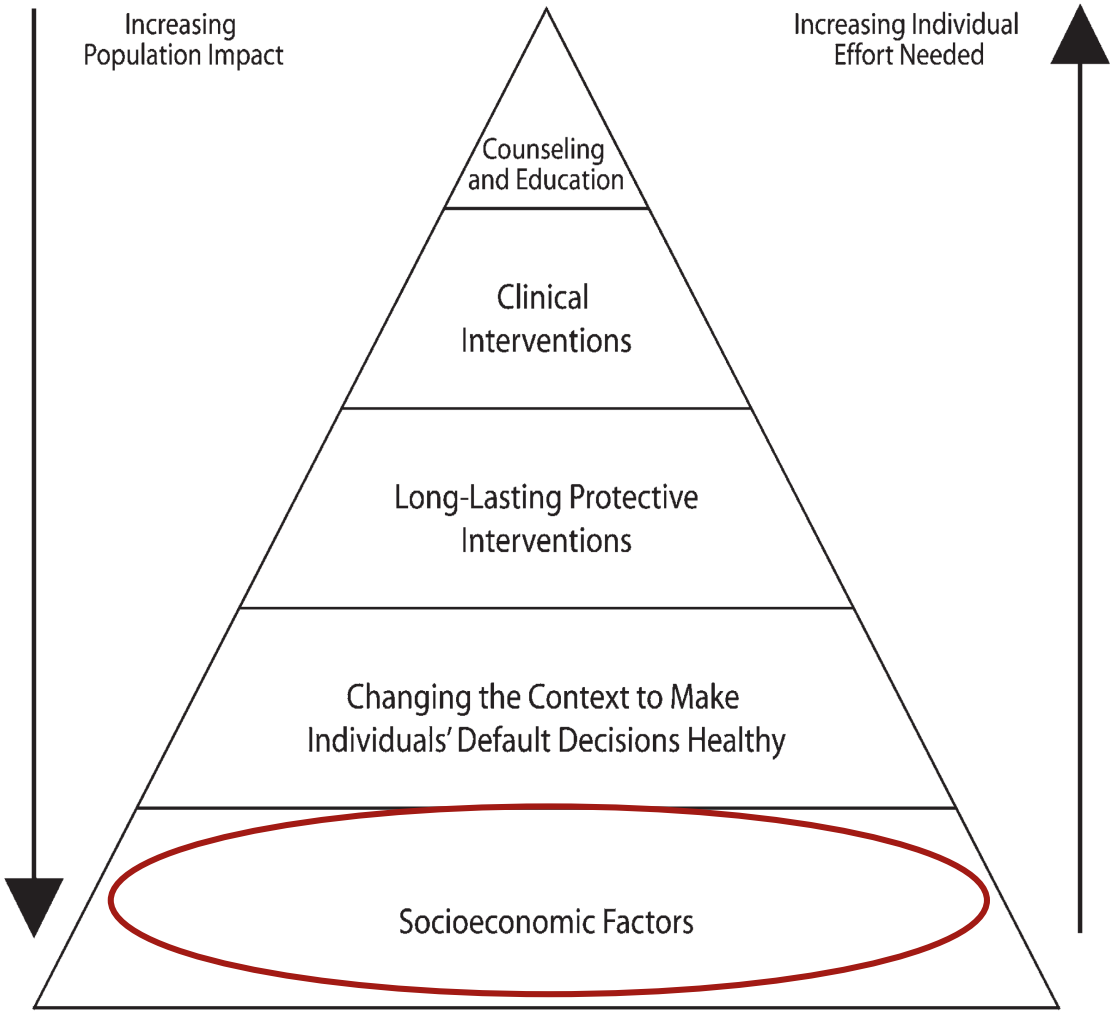
National Collaborating Centre for Determinants of Health
Centre de collaboration nationale des déterminants de la santé

LET'S TALK
UNIVERSAL AND TARGETED APPROACHES TO HEALTH EQUITY

EXAMPLE OF TARGETED UNIVERSALISM:

A universal flu vaccine program can include a special outreach strategy for groups at higher risk of becoming ill, or those less likely to get the vaccine, including pregnant women, young children, seniors and Aboriginal populations. Strategies may include peer outreach, satellite venues, and partnering with community groups.

The health impact pyramide



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PERSPECTIVE

Medical Professionalism in the New Millennium: A Physician Charter 15 Months Later

Linda Blank; Harry Kimball, MD; Walter McDonald, MD; and Jaime Merino, MD, for the ABIM Foundation, ACP Foundation, and European Federation of Internal Medicine (EFIM)*

Ann Int Med 2003

Medical Professionalism in the New Millennium: A Physician Charter

Project of the ABIM Foundation, ACP–ASIM Foundation, and European Federation of Internal Medicine*

To our readers: I write briefly to introduce the Medical Professionalism Project and its principal product, the Charter on Medical Professionalism. The charter appears in print for the first time in this issue of *Annals* and simultaneously in *The Lancet*. I hope that we will look back upon its publication as a watershed event in medicine. Everyone who is involved with health care should read the charter and ponder its meaning.

The charter is the product of several years of work by leaders in the ABIM Foundation, the ACP–ASIM Foundation, and the European Federation of Internal Medicine. The charter consists of a brief introduction and rationale, three principles, and 10 commitments. The introduction contains the following premise: Changes in the health care delivery systems in countries throughout the industrialized world threaten the values of professionalism. The document conveys this message with chilling brevity. The authors apparently feel no need to defend this premise, perhaps because they believe that it is a universally held truth. The authors go further, stating that the conditions of medical practice are tempting physicians to abandon their commitment to the primacy of patient welfare. These are very strong words. Whether they are strictly true for the profession as a whole is almost beside the point. Each physician must decide if the circumstances of practice are threatening his or her adherence to the values that the medical profession has held dear for many millennia.

Three Fundamental Principles set the stage for the heart of the charter, a set of commitments. One of the three principles, the principle of primacy of patient welfare, dates from ancient times. Another, the principle of patient autonomy, has a more recent history. Only in the later part of the past century have people begun to view the physician as an advisor, often one of many, to an autonomous patient. According to this view, the center of patient care is not in the physician's office or the hospital. It is where people live their lives, in the home and the workplace. There, patients make the daily choices that determine their health. The principle of social justice is the last of the three principles. It calls upon the profession to promote a fair distribution of health care resources.

There is reason to expect that physicians from every point on the globe will read the charter. Does this document represent the traditions of medicine in cultures other than those in the West, where the authors of the charter have practiced medicine? We hope that readers everywhere will engage in dialogue about the charter, and we offer our pages as a place for that dialogue to take place. If the traditions of medical practice throughout the world are not congruent with one another, at least we may make progress toward understanding how physicians in different cultures understand their commitments to patients and the public.

Many physicians will recognize in the principles and commitments of the charter the ethical underpinning of their professional relationships, individually with their patients and collectively with the public. For them, the challenge will be to live by these precepts and to resist efforts to impose a corporate mentality on a profession of service to others. Forces that are largely beyond our control have brought us to circumstances that require a restatement of professional responsibility. The responsibility for acting on these principles and commitments lies squarely on our shoulders.

—*Harold C. Sox, MD, Editor*

Physicians today are experiencing frustration as changes in the health care delivery systems in virtually all industrialized countries threaten the very nature and values of medical professionalism. Meetings among the European Federation of Internal Medicine, the American College of Physicians–American Society of Internal Medicine (ACP–ASIM), and the American Board of Internal Medicine (ABIM) have confirmed that physician views on professionalism are similar in quite diverse systems of health care delivery. We share the view that medicine's commitment to the patient is being challenged by external forces of change within our societies.

Recently, voices from many countries have begun calling for a renewed sense of professionalism, one that

Ann Intern Med. 2002;136:243-246.

*This charter was written by the members of the Medical Professionalism Project: ABIM Foundation: Troy Brennan, MD, JD (*Project Chair*), Brigham and Women's Hospital, Boston, Massachusetts; Linda Blank (*Project Staff*), ABIM Foundation, Philadelphia, Pennsylvania; Jordan Cohen, MD, Association of American Medical Colleges, Washington, DC; Harry Kimball, MD, American Board of Internal Medicine, Philadelphia, Pennsylvania; and Neil Smelser, PhD, University of California, Berkeley, California. ACP–ASIM Foundation: Robert Copeland, MD, Southern Cardiopulmonary Associates, LaGrange, Georgia; Risa Lavizzo-Mourey, MD, MBA, Robert Wood Johnson Foundation, Princeton, New Jersey; and Walter McDonald, MD, American College of Physicians–American Society of Internal Medicine, Philadelphia, Pennsylvania. European Federation of Internal Medicine: Gunilla Brenning, MD, University Hospital, Uppsala, Sweden; Christopher Davidson, MD, FRCP, FESC, Royal Sussex County Hospital, Brighton, United Kingdom; Philippe Jaeger, MB, MD, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland; Alberto Malliani, MD, Università di Milano, Milan, Italy; Hein Muller, MD, PhD, Ziekenhuis Gooi-Noord, Rijkstraatweg, the Netherlands; Daniel Sereni, MD, Hôpital Saint-Louis, Paris, France; and Eugene Sutorius, JD, Faculteit der Rechts Geleerdheid, Amsterdam, the Netherlands. Special Consultants: Richard Cruess, MD, and Sylvia Cruess, MD, McGill University, Montreal, Canada; and Jaime Merino, MD, Universidad Miguel Hernández, San Juan de Alicante, Spain.

Set of professional responsabilities

Commitment to improving access to care

- Physicians must individually and collectively strive to **reduce barriers to equitable health care**

- A commitment to equity entails **the promotion of public health and preventive medicine**, as well as public advocacy on the part of each physician.

Family medicine and public health

- Impact of primary care on population health : a dense network of practitioners delivering effective care is able to maintain and further increase population health - Barbara Starfield studies.

- Still room for improvement.

Public Health and Family Medicine: An Opportunity

Doug Campos-Outcalt, MD, MPA

J Am Board Fam Med 2004

EDITORIAL

Clinical Population Medicine: Integrating Clinical Medicine and Population Health in Practice

Aaron M. Orkin, MD, MSc, MPH, CCFP(EM), FRCPC[1-3]

Ann Fam Med 2017;15:405-409. https://doi.org/10.1370/afm.2143.

Am Fam Med 2017

Plan

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Background

- Challenges faced by the health care systems in Western countries
  - aging population
  - rising health care expenditures
  - increasing role of environment and working conditions
  - expectations in participative medicine
  - high demand for precision medicine
  - new central roles of GPs
  - eHealth,…

Aims of the new Center

- to develop **health services research** in order to contribute to better assess public health services and population's healthcare needs ;
- to develop and assess **primary care (PC) services**, particularly the **access** to PC setting (including emergency care) and the guidance within the healthcare system ;
- to develop and assess clinical work carried out in **social medicine**, particularly in the area of vulnerable populations.

Aims

- to develop and assess **interventions in health promotion and prevention**, in particular in occupational health ;
- to develop and pursue **academic activities** by providing pre- and postgraduate training for health care professionals in **general medicine and public health**
- to perform high quality **research** in the above-mentioned topics.

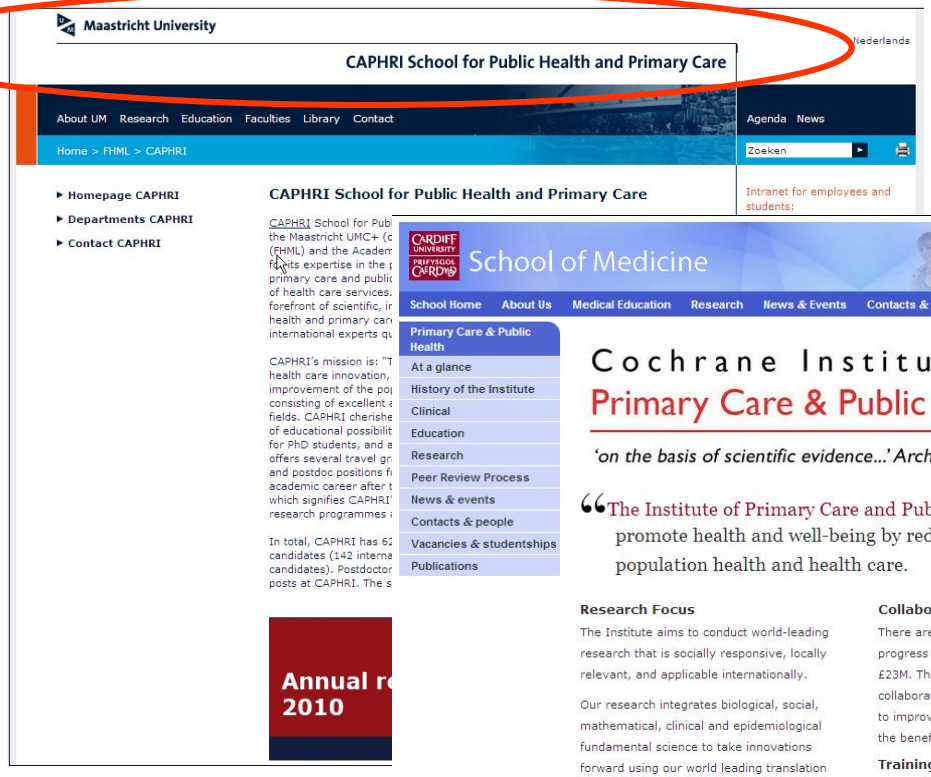
Institutions merging

- Department of ambulatory care and community medicine (*Policlinique Médicale Universitaire, PMU*), www.pmu-Lausanne
- Institute for Social and Preventive Medicine (*Institut Universitaire de Médecine Sociale et Préventive – IUMSP),* www.iumsp.ch
- Institute for Work and Health (*Institut Universitaire Romand de Santé au Travail, IST*), www.i-s-t.ch
- Institute for health promotion (*Promotion santé Vaud, ProSV*), in charge of community health promotion. www.prosv.ch
- Foundation for cancer screening (*Fond. vdoise des dépistages des cancers*)

Lausanne University Centre for primary care and public health

- ~ 850 collaborators
- ~ 200 MDs, ~ 300 nurses and other health care professionals (pharmacists, …)
- ~ 350’000 citizen and patient-contacts / year
- Operational spectrum: Canton de Vaud (third largest canton of Switzerland) with tight collaborations with other cantons
- ~ 200 researchers and 40 Faculties
- National and international perspectives
- Annual budget: around 130 millions of Swiss francs.

Maastricht


Maastricht University
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CAPHRI School for Public Health and Primary Care
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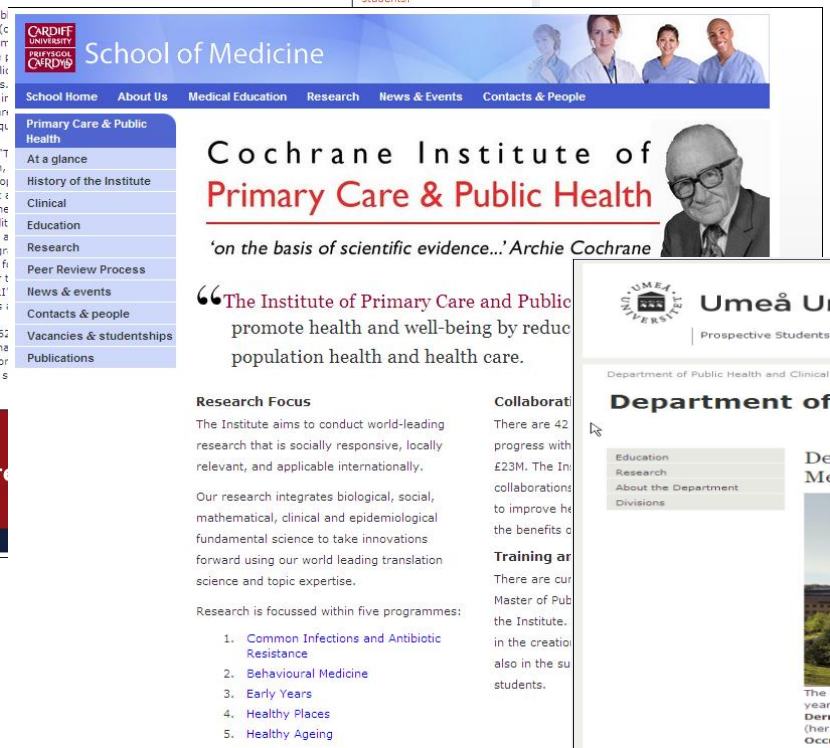
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Publications
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Primary Care & Public Health
'on the basis of scientific evidence...' Archie Cochrane
The Institute of Primary Care and Public
promote health and well-being by reduc
population health and health care.
Research Focus
The Institute aims to conduct world-leading research that is socially responsive, locally relevant, and applicable internationally.
Our research integrates biological, social, mathematical, clinical and epidemiological fundamental science to take innovations forward using our world leading translation science and topic expertise.
Research is focussed within five programmes:
1. Common Infections and Antibiotic Resistance
2. Behavioural Medicine
3. Early Years
4. Healthy Places
5. Healthy Ageing


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Department of Public Health and Clinical Medicine
Contact Information
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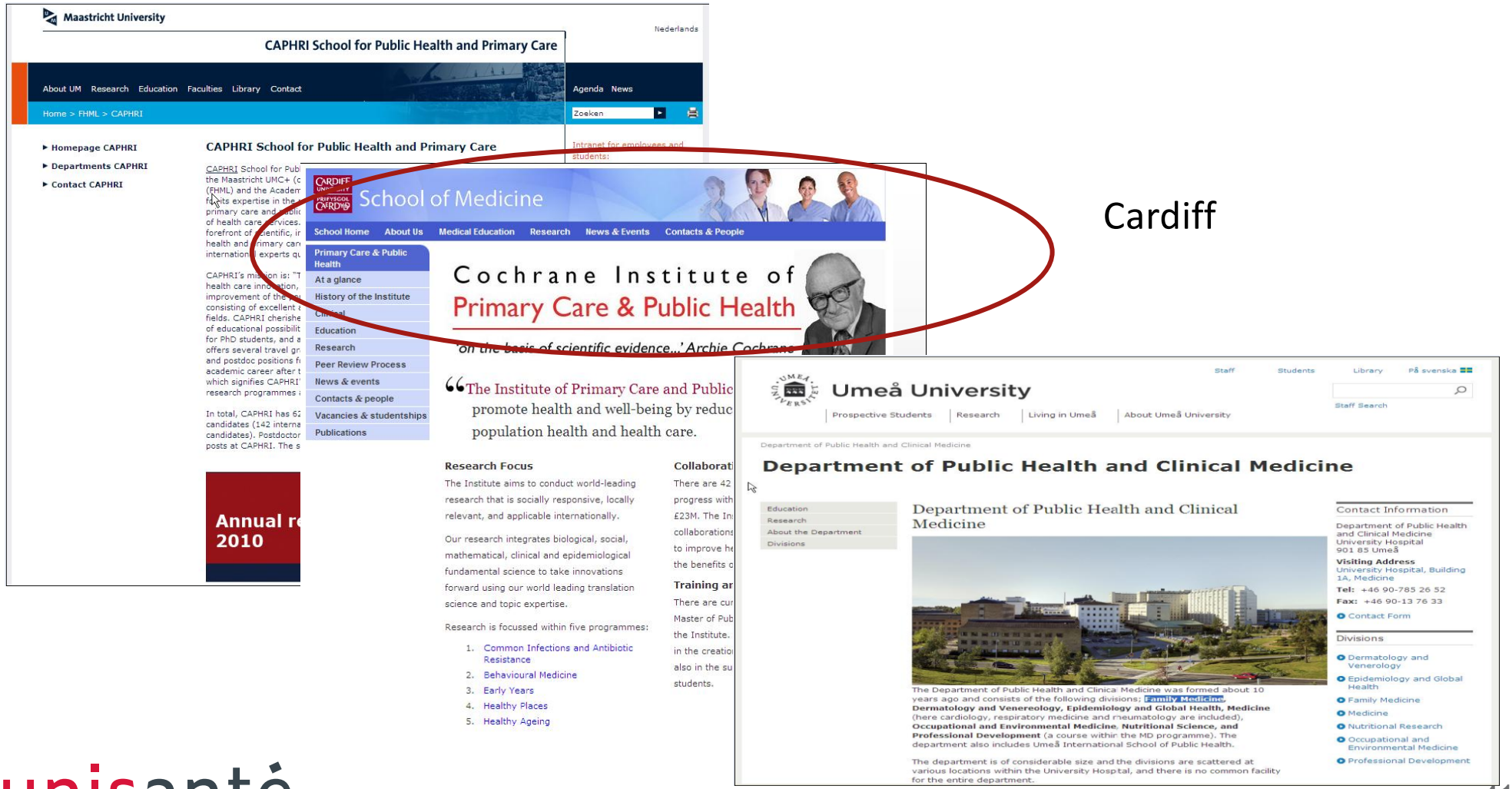
Divisions
Dermatology and Venerology
Epidemiology and Global Health
Family Medicine
Medicine
Nutritional Research
Occupational and Environmental Medicine
Professional Development
The Department of Public Health and Clinical Medicine was formed about 10 years ago and consists of the following divisions; Family Medicine, Dermatology and Venereology, Epidemiology and Global Health, Medicine (here cardiology, respiratory medicine and rheumatology are included), Occupational and Environmental Medicine, Nutritional Science, and Professional Development (a course within the MD programme). The department also includes Umeå International School of Public Health.
The department is of considerable size and the divisions are scattered at various locations within the University Hospital, and there is no common facility for the entire department.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'on the basis of scientific evidence...' Archie Cochrane
The Institute of Primary Care and Public
promote health and well-being by reduc
population health and health care.
Research Focus
The Institute aims to conduct world-leading research that is socially responsive, locally relevant, and applicable internationally.
Our research integrates biological, social, mathematical, clinical and epidemiological fundamental science to take innovations forward using our world leading translation science and topic expertise.
Research is focussed within five programmes:
1. Common Infections and Antibiotic Resistance
2. Behavioural Medicine
3. Early Years
4. Healthy Places
5. Healthy Ageing
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Cardiff

Plan

- Health: definition and determinants
- New perspectives
- Primary care and public health
- Lausanne project
- Some potential added values
- Conclusion

Role of primary care providers (PCP) in public health

Functions that PCP should fulfill in their role as a component of the public health system :

1. Implementing recommended preventive services guidelines in their practices
2. Serving as the front line of the surveillance system
3. Appropriately referring to the public health department
4. Interacting constructively with the local/state health department

Am Fam Med 2017

Prevention

- Immunization – vaccines :

  - "Does it matter if some of my patients do not agree to be vaccinated?"

- Screening tests available at the GP office :

  - "Should I share with my patients the need to be enrolled in a community screening program instead of performing a "wild" intervention?" - individual approach (quality issues)!

Am Fam Med 2017

Impact

- New competencies should be developed during the professional education and training of practitioners

- Awareness of public health issues among practitioners need to be developed

- New perspective: the University Hospital **AND** the University PC-PH

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Unfulfilled potential of primary care in Europe

BMJ 2018

The Alma Ata declaration's compelling vision of health for all will not be realised until we take community level prevention seriously, argue **Luke Allen and colleagues**

Luke N Allen *GP academic clinical fellow*[1], Shannon Barkley *technical officer*[2], Jan De Maeseneer *emeritus professor*[3], Chris van Weel *emeritus professor of general practice*[4 5], Hans Kluge *director*[6], Niek de Wit *professor*[7], Trisha Greenhalgh *professor*[1]

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In concert with public health teams, **primary care teams** are well positioned to identify the **local drivers** of morbidity and mortality, (food environment, pollution, high affordability of alcohol and tobacco, lack of excercise spaces, at risk work conditions,…).

Primary care teams see these **local determinants** at their practice every day.

Conclusion

- It is time to strengthen the population commitment of primary care professionals

Thank you for your attention