# PROBLEM SOLVING IN CANADIAN HEALTH CARE

## The role of Generalism & Team based care



#### **Generalism – part of the solution.**

Both specialist practice and general/family practice can employ generalism principles:

- 1. Addresses disease specifics while acknowledging the patient as a whole, within a family & a community
- 2. Practice based upon both individual and community needs, expressing the social contract
- 3. Utilises an expanded scope of practice
- 4. Accepts of continuity of care for all practice patients
- 5. Consistent focus on relationship based care
- 6. Employs team-based care
- 7. Welcomes new technologies & partnerships



#### Royal College July 2013

#### **Definition of Generalism**

Generalism is a philosophy of care that is distinguished by a commitment to the breadth of practice within each discipline, and collaboration with the larger health care team in order to respond to patient and community needs.



#### Royal College July 2013

#### **Definition of Generalist**

Generalists are a specific set of physicians and surgeons with core abilities characterized by a broad-based practice. Generalists diagnose and manage clinical problems that are diverse, undifferentiated, and often complex. Generalists also have an essential role in coordinating patient care and advocating for patients.



#### Cairns Consensus Statement on Rural Generalist Medicine

- Comprehensive primary care for individuals, families and communities;
- Hospital in-patient and/or related secondary medical care in the institutional, home or ambulatory setting;
- Emergency care;
- Extended and evolving service in one or more areas of focused cognitive and/or procedural practice as required to sustain needed health services locally among a network of colleagues;
- A population health approach that is relevant to the community;
- Working as part of a multi-professional and multi-disciplinary team of colleagues, both local and distant, to provide services within a 'system of care' that is aligned and responsive to community needs.

March 2014



#### Generalism – part of the solution.

It is much more important to know what sort of a patient has the disease than what sort of disease the patient has.

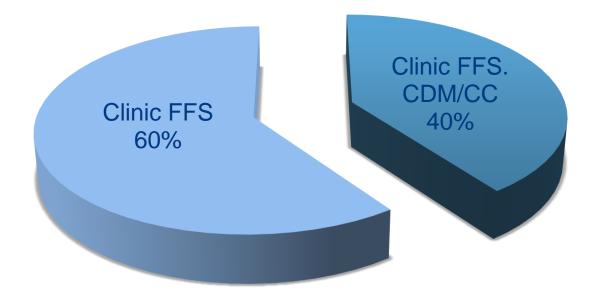
Sir William Osler

RELATIONSHIP-BASED + SCIENCE FOUNDED =

COMPLETE HEALTH CARE

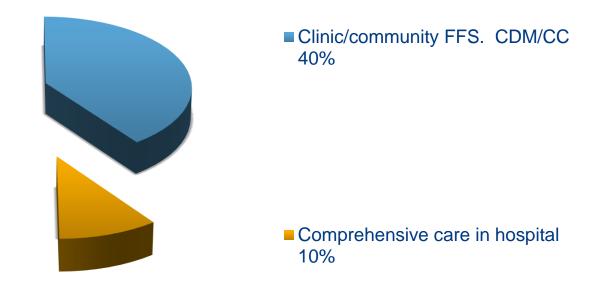


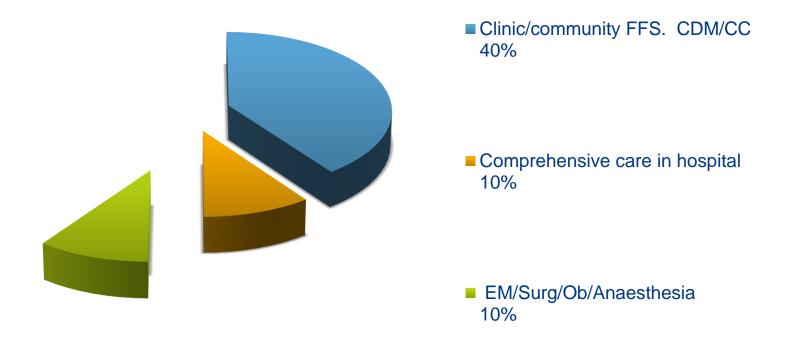
#### A Physician's Work

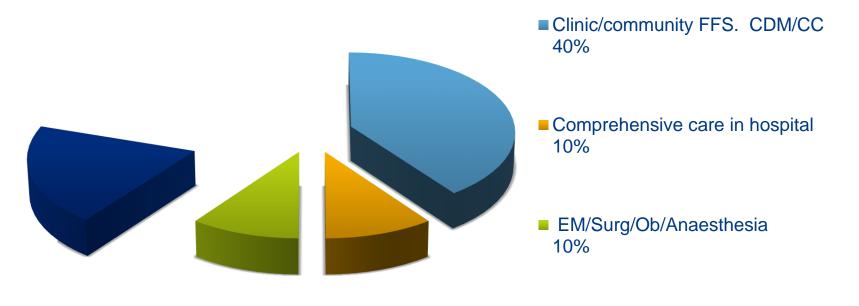




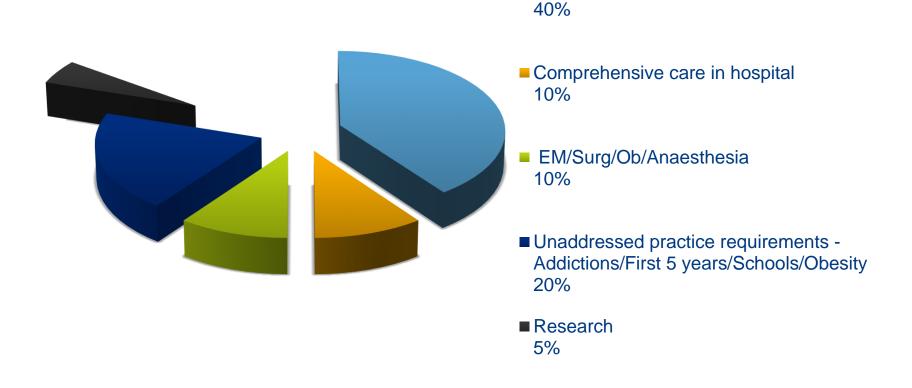
Clinic/community FFS.CDM/CC40%







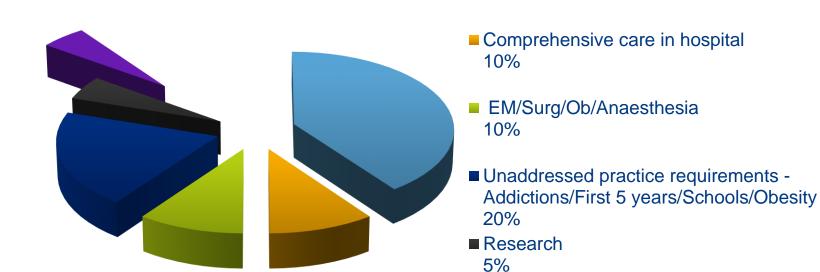
■ Unaddressed practice requirements - Addictions/First 5 years/Schools/Obesity 20%



■ Clinic/community FFS. CDM/CC

40%

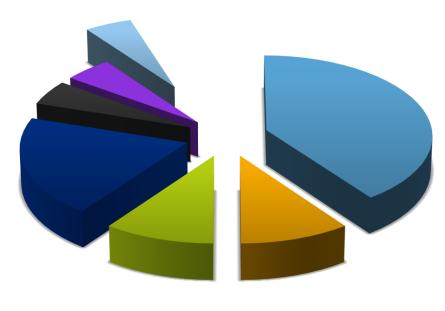
5%





■ Team leadership and Practice surveillance

■ Clinic/community FFS. CDM/CC

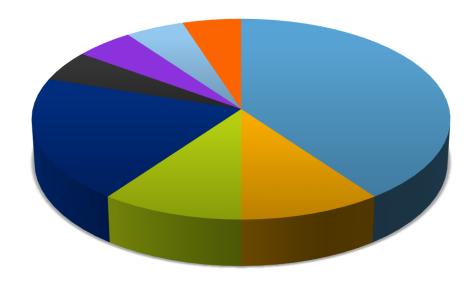


- Clinic/community FFS. CDM/CC 40%
- Comprehensive care in hospital 10%
- EM/Surg/Ob/Anaesthesia 10%
- Unaddressed practice requirements -Addictions/First 5 years/Schools/Obesity 20%
- Research 5%
- Team leadership and Practice surveillance 5%
- ■CPD 5%



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- Research 5%
- Team leadership and Practice surveillance 5%
- CPD 5%
- Teaching 5%



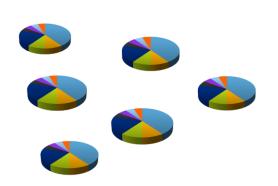


Remote bio-monitoring
Artificial Intelligence
Omics
Home Care
Virtual Care

#### TEAM:

Clinic Nurse & MOA
Specialty consultation
Nurse Practitioner
Community Health Worker
Midwives
Community Nurse
Addictions Counsellor
Mental Health worker
Social worker
Pharmacist
Dentist
Business manager

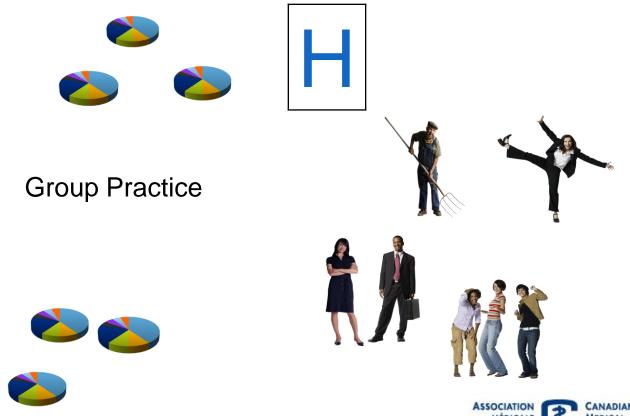




**Group Practice** 



# Generalist Physician – responsive to, and guided by, Community need



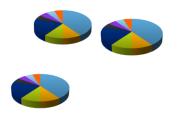
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## Generalist Physicians – with Specialist partnership

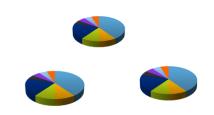


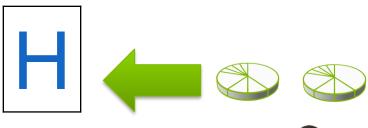
**Group Practice** 

Specialist physicians

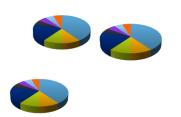


Generalist Physician – an information system that the patient owns





**Group Practice** 



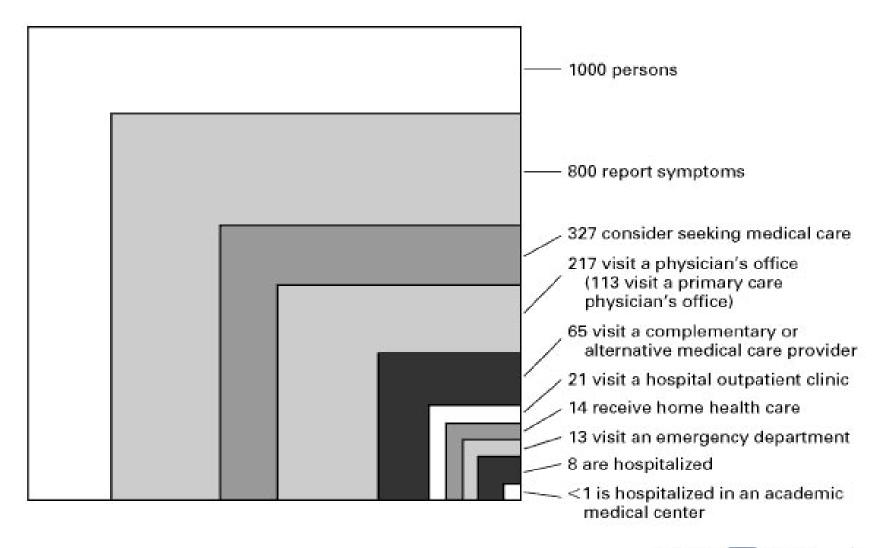


#### Generalist Practice structure

- > Patient as Partner
- Generalist principles
- > Teams
- > Full scopes of practice for all professions
- Culturally informed & safe
- Community responsive
- 'Self sufficient' Practices



#### Scope of Practice





#### Relationship Building - Partnership Pentagram

