

Primary Care Centers in Israel

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PRIMARY CARE PEDIATRICIAN

Offers curative (general practice) and health promotion (immunizations, school-care, etc.) for acute and chronic illnesses in out-patient or ambulatory settings like dispensaries, **primary care clinics**, **health community** centers or in private practice

ELEMENTS IN PRIMARY CARE

1. First Contact

a) Gatekeeper

Now

Reach-out

b) Assessment and measures

Access vs. utilization

Satisfaction

ELEMENTS IN PRIMARY CARE

2. Coordination

- a) Continuous care
- b) Recognition of problems
- c) To be aware of....
- d) Referral system

ELEMENTS IN PRIMARY CARE

3. Comprehensiveness

- a) Acute care
- b) Preventive care
- c) Health promotion

ELEMENTS IN PRIMARY CARE

4. Longitudinally

- a) Source of care
- b) Personal doctor
- c) For “ever”

COMMUNITY PEDIATRICIAN

Devoted to the comprehensive recognition, prevention and treatment of community related health problems such as child protection, children in need, behavior problems, learning disorders, growth, developmental pediatrics, school medicine, etc.

THE SETTING

CHILD HEALTH CENTER

1. 4-6 pediatricians (group practice)
4000-9000 children
2. Primary care services: emergency care; special appointments for chronic pathologies; behavior problems; school pediatrics, etc.
3. Baby clinics: developmental, health promotion.

THE SETTING

CHILD HEALTH CENTER

4. Day care unit:

**a) Observation and diagnosis:
endocrinology, FTT, blood studies, skin
tests**

**b) Acute care: dehydration, acute
respiratory distress, bronchiolitis,
asthma, etc.**

**C) Treatment: IM or IV antibiotics -
otitis media, cellulitis, oncology**

THE SETTING

CHILD HEALTH CENTER

5. Laboratory facilities
6. In situ pediatric sub-speciality clinics:
respiratory, cardiology, neurology,
surgery (<2 wks waiting list)
7. Special interest clinics
8. Teaching: undergraduates - 3 weeks in
community pediatrics; postgraduates -
6 months in Primary/community
pediatrics

HOSPITAL, DISTRICT AND UNIVERSITY COMMITMENT IS ESSENTIAL

DIFFICULTIES

- Recruitment of community role models
- Residents are already overwhelmed
- Residents reluctant to make career commitments
- Budget
- The day after a night shift

TO PROMOTE CAREERS IN COMMUNITY PEDIATRICS:

- Create an *early community experience* for medical students
- Promote *mentoring* and learning activities for pediatric residents
- Ensure presence of *academic primary and community pediatrics*
- Focus *support* on pediatricians working in the community

CONCERNS ABOUT THE PROFESSIONAL FUTURE OF PEDIATRICS

- Few pediatric hospital positions available
- Growing tendency to reduce the number of hospital pediatric wards
- Growing tendency to shift positions from the hospital to the community

CONCERNS ABOUT THE PROFESSIONAL FUTURE OF PEDIATRICS

- Health policy decisions regarding who should provide pediatric care at the primary care level:
- Family physicians/general practitioners; Pediatricians as consultants only;
- Limiting the age of care by pediatricians

TEACHING IN COMMUNITY 1

To maintain *high academic activity* in the community

To learn and practice:

- The diagnosis and management of pediatric problems encountered in the community *within* the context of local health system
- The *bio-psycho-social model*

TEACHING IN COMMUNITY 2

To learn and practice:

- The principles of community health, *epidemiology and resource utilization* in the treatment of individuals and groups
- The principles of *health education/ promotion and disease prevention* in a clinic setting

WHY IS IT NEEDED

- Most pediatric residents *become physicians in the community*
- Traditional residency program is *limited*
- Most health services are *provided in an ambulatory setting*
- Parents *prefer* pediatricians
- Pediatricians *want* to participate in academic activities

THE POTENTIAL OF TEACHING IN A COMMUNITY SETTING

- **Variety; Better representation**
- **Integration of social, cultural and environmental factors**
- **Role modeling; “one on one”**
- **Independent performance**
- **Incorporating epidemiology**

THE POTENTIAL OF TEACHING IN A COMMUNITY SETTING

- Focusing on prevention; Quality of life
- How health system works; Integration of services
- Health education, health promotion
- Issues of management

***THANK YOU FOR YOUR
ATTENTION***

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THE PARTICIPANTS

- Pediatric residents who are *interested* in taking part in the program, based on it's goals, objectives and plan
- Residents are admitted by a special *Admission Committee* (district representative)
- Residents are expected to *comply* with the requirements of the general residency program

METHODS

- Academic bridging of community and hospital
- Development of curriculum
- Designing the course
- Structuring the community experience
- Building the method of evaluation
- Funding the program

PRINCIPLES OF CURRICULUM DEVELOPMENT

- Problem oriented
- Patient and family oriented
- Teaching by community pediatricians
- Small group discussions
- Case presentations
- Reviews
- Mini-courses
- Independent clinical performance
- One-on-one tutorship

PRINCIPLES OF ADULT LEARNING

- **Bring past experience**
- **Relate to current life situations**
- **Provide skills**
- **Learners as a valuable resource**
- **Use learners' self esteem**
- **Remove obstacles**
- **Use individual self-assessment**
Learners assess own learning needs

PRINCIPLES OF ADULT LEARNING

- **Variety of teaching methods**
- **Be interactive**
- **Small groups**
- **Give feedback**
- **Listening and reflecting**
- **Syllabus; Time frame**

TEACHING METHODS

- One-on-one in the clinic
- Problem based learning
- Journal club
- Lectures
- Guideline development
- Case report and discussion
- Epidemiological research
- Guided tours
- Independent work in a clinic

TEACHING METHODS

- Examinations
- Periodical instructor feedback
- OSCE exams
- Workshops
- Mini courses (i.e. epidemiology, computers)
- Role playing

MAJOR DOMAINS OF COMMUNITY PEDIATRICS HEALTH SUPERVISION AND EVALUATION

- **Interviewing skills**
- **Age appropriate and problem oriented physical examination**
- **Immunizations**
- **Screening**
- **Developmental assessment**
- **Behavioral issues**
- **Familiarity with community resources**

MAJOR DOMAINS OF COMMUNITY PEDIATRICS ACUTE CARE

- **Principles of triage**
- **Diagnosis and management of common acute problems**
- **Ancillary diagnostic services and consultations**
- **Emergency situations**
- **Technical expertise**
- **Community day-hospitalization facility**

MAJOR DOMAINS OF COMMUNITY PEDIATRICS CHILDREN WITH SPECIAL NEEDS

- **Barriers to providing/receiving care**
- **Impact of illness on patient and family**
- **Available resources**
- **Developmental delay**
- **Child abuse**
- **Behavioral and functional problems**

MAJOR DOMAINS OF COMMUNITY PEDIATRICS MANAGEMENT

- The medical record
- Telephone consultation
- Team work
- Legal and ethical issues
- Patient compliance
- Quality improvement/assessment

MAJOR DOMAINS OF COMMUNITY PEDIATRICS MANAGEMENT

- Putting epidemiology into practice
- Clinical guidelines and decision making
- The art of consultation
- Continuing medical education
- Computers and internet skills

IMPLEMENTATION

- Theory course - a monthly full day session over three years (288 hours)
- Practical experience - six months rotation in a community settings
- Research- Six month community epidemiology research
- Evaluation by mentors and written examination
- University diploma in Community Pediatrics

SELECTED TOPICS

- Including parents in decision making
- Chronic conditions and quality of life
- Control of infections in day-care
- Injury prevention
- Adolescent medicine
- Developmental pediatrics
- Telephone consultation

PLAN

- To incorporate a special track in primary community pediatrics *within the pediatric residency program*
- To prepare residents to practice *primary community pediatrics at the highest achievable standards*

WHO IS CARING FOR CHILDREN IN THE COMMUNITY?

- Board certified family physicians
- General practitioners
- Board certified pediatricians
- Pediatricians with special training in primary care
- General practitioners with special training in pediatric primary care

FORECAST FOR THE PROFESSION

- **Less candidates for residency in pediatrics**
- **Lack of academic positions at the community level**
- **Community positions filled by family physicians and by general practitioners with special training**

FORECAST FOR THE PROFESSION

- Lack of planning for career development in community pediatrics
- Pediatrics to become a high technology, intensive care profession, forgetting its role in health promotion and health maintenance

PROFESSIONAL OUTCOMES FOLLOWING THE PROGRAM

- **Variety of community child health initiatives**
- **Pediatric leadership**
- **Pediatrics in the context of the local health services**
- **Pediatrics in the context of political and social environment**
- **Overcoming social and cultural barriers**

SUMMARY

A community pediatric track within the traditional pediatric residency program will enhance the performance of future primary community pediatricians