# Research Agenda for General Practice / Family Medicine and Primary Health Care in Europe

## Summary

EUROPEAN GENERAL PRACTICE

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RESEARCH NETWORK

*EGPRN is a network organisation within WONCA Region Europe - ESGP/FM*

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## General practice/family medicine

General practice/family medicine (GP/FM) is the core discipline of primary medical care and the cornerstone of many healthcare systems in Europe. WHO recently emphasized the importance practice of GP/FM: Strong primary health care improves overall quality indicators such as a low premature mortality, and better and more equitably distributed population health. It effectively contains healthcare costs and prevents harm caused by unnecessary hospitalisation and over-investigation. Most European citizens regularly consult their GP. More than 80% of all patient complaints and illnesses can be managed in GP/FM, particularly the chronic problems that will form the bulk of the case load in the future. A strong European primary care provides easy access to coordinated healthcare, and prevents fragmentation of care for the increasing numbers of persons with chronic health problems, and it is of particular importance in the light of the greying of the European population and their care providers.

## The Research Agenda for Europe

The **Research Agenda for General Practice / Family Medicine and Primary Health Care in Europe** is a comprehensive review of GP/FM research. It was developed upon request of WONCA Europe, related to the **European Definition of General Practice/Family Medicine** (2002, 2005). The Research Agenda summarizes the current scientific evidence related to the core competencies and characteristics of GP/FM, based on several key informant surveys and a **comprehensive review** of the scientific literature. It points out research needs and action points for health and research policy.

## 1. Primary care management

For European patients in the next decade, with their diverse needs, primary care management encompasses a broad and integrated variety of important concepts:

- **access to health care**, management of effective care provision, health service utilisation and facilitation of appropriate services
- **coordination** at the **interface between primary care and other levels of (health) care**, with other professionals in primary care, and medical specialists of other disciplines,
- **different models of care organization** (i.e. disease management programs, shared care models, team based primary care)
- **clinical competence issues** like dealing with unselected problems while covering the full range of health conditions.

Access to and cooperation between primary and secondary care is organized very differently across Europe. Generally, research has shown that primary care patients are very satisfied, and has proven **advantages for health systems that rely on primary health care and general practice** in comparison to those systems tending towards free access to specialists: better population health outcomes, improved equity, access and continuity as well as lower costs. However, not much is known yet about consequences of the healthcare organisation differences within Europe. Comparative studies of **primary care management models and interventions** could shed light on this important issue and inform European policy. Future research should include methodological and instrumental research. Further development of primary care epidemiology research based on electronic medical records is promising, especially with respect to patient oriented health and quality of life outcomes.

Questions regarding delivery of care (e.g. nurse practitioners, outreach visits, consultation length, interventions, referrals), primary care management models, sustainability of care results and efficacy of continuous professional development could be answered based on observational or interventional studies using quantitative, qualitative and mixed designs.

## 2. Person-centred care

Person-centred care is defined as a **personalised approach** in dealing with patients and their problems. It includes an effective doctor-patient relationship and communication which respect the patient as an actively involved autonomous partner, **shared priority setting and decision making**, and **longitudinal continuity** of care. Person or patient-centeredness is considered a central value in primary medical care, valued by both patients and doctors, in particular with regards to continuity of care and **good communication.** Many, but not all, patients wish to be actively involved in decision making.

Person-centred care is nowadays universally advocated in medical education. However, research data to underpin the concept is still insufficient. The concept needs further theoretical and empirical clarification, both as an intervention and as an outcome. Although some aspects of person-centeredness (enablement, satisfaction, participation) can be measured, instruments techniques to assess the complex concept of person-centred care as a whole still have to be developed.

In order to better understand the implications of person-centeredness, both as an intervention and an outcome, more evidence for a patient-centred approach with regard to relevant health outcomes and quality of life is needed, as well as research on effective training methods and their sustainability.

## 3. Specific problem solving skills

General practice/family medicine requires specific problem solving skills. They take into account the properties of primary care, such as:

- decision making related to the **prevalence** of particular illnesses in the population
- often **unspecific signs and symptoms** in an early stage of disease
- a situation of **uncertainty** with frequent, often self-limiting disorders on one hand, and need for early detection of rare life-threatening conditions on the other, requiring a considerate and efficient use of diagnostic and therapeutic facilities, including watchful waiting on appropriate occasions
- simultaneous presence of **multiple complaints and diseases,** particularly in the elderly
- a person-centred approach, based on often detailed knowledge about the patient's life, which respects **individual patients' preferences**
- the need for systematic medical record keeping und information transfer

Identifying the *particular contribution of GP/FM* research to the vast field of medicine is a complex task. There are major achievements concerning care for acute and chronic disorders, and the issue of quality improvement in general practice. However, clinical research is usually performed in hospital settings and mostly restricted to highly selected patient populations, narrowly defined diseases or strategies, technical approaches or new drugs.

GPs and their patients need the results of pragmatic studies in primary care settings, accounting for the specific properties named above. Research on these issues needs specific methods (e.g. management of a large number of trial sites and research networks, definition of adequate control groups, and specific statistical methods).

Research themes comprise

- **diagnostic and prognostic reasoning**, incl. stepwise procedures optimising predictive values, assessment of risk optimising predictive values
- **therapy**, including pragmatic randomised controlled trials on medication and other treatment forms, safety issues, patient-related factors like adherence. Pragmatic randomized controlled clinical trials in general practice could give answers to the **effectiveness of** relevant everyday **treatment approaches** and relevance of new drugs or recommendations for primary care settings
- specific skills/approaches (e.g. palliative care, chronic care, genetics), and **quality improvement**
- the impact of primary care research findings on the different levels of care and on education
- primary care epidemiology with a **longitudinal perspective** in order to provide important background information, as well as information on the **sustainability** of effects.

Educational research shows that early experience in primary care helps *medical students* to acquire professional attitudes and influences career choices. Well-tailored, specific educational interventions contribute to the translation and implementation of innovations.

## 4. Comprehensive approach

Almost all existing research on comprehensive care, defined as the management of multiple complaints encompassing acute as well as chronic problems and health promotion, is cross-sectional or only has a short follow-up. Studies give a scattered view on some very specific situations, but not on the concept of comprehensive care. High quality research on prevention is scarce. Lifestyle interventions often have only minor effects.

Research in this domain lacks good longitudinal studies with relevant outcomes and long-term impact. Starfield's indicator 'the extent to which the health care provider recognises the patient's needs as they occur and offers a range of services to meet them', is rarely used.

Comprehensiveness appears to be an umbrella concept encompassing all other core competencies of primary care. Qualitative research can foster understanding of a comprehensive approach concept from physicians' and patients' point of view. Mixed method studies as well as, longitudinal and intervention studies can measure the effectiveness and sustainability of comprehensive care. Specific research tools are needed and appropriate outcome measures must be defined.

## 5. Community orientation

Community orientation encompasses individual health needs within the context of a person's environment as well as health needs of a community. The concept of community includes both small groups such as a family, and larger entities such as a school, a city or a country. Community orientation needs a specific kind of decision making as well as co-operation with other professionals and agencies. Most scientific articles define the concept in a narrative way. Some studies are based on a specific model called community oriented primary care (COPC), others focus on specific diseases (common chronic conditions), services (prevention) or population groups (old people, mothers and newborns, minorities). They describe management approaches involving cooperation between primary care and community institutions, collaborative care, or GPs' referral to community programmes.

Further research should focus on comparing different models of primary health care in the community, and affirm the power of cooperation between health care and other community services. It should also focus on the prospect of information technologies in this context, and on education of professionals and stakeholders about COPC, and on specific areas such as palliative care or drug addiction programmes. Development of research instruments and outcome measures reflecting the different aspects of community orientation, and their convergence is needed.

## 6. Holistic approach

A holistic approach includes the use of a **bio-psycho-social model**, taking into account **cultural** and **existential dimensions**, thus caring for the whole person in the context of their values, family beliefs, family system, culture and socio-ecological situation within the larger community. The holistic approach recognises that humans are complex living beings rather than aggregates of separate organs, and that all illnesses have several dynamic components. It considers that individuals, organisations, social groups and society have characteristics of **complex adaptive systems**, which do not always react in the way originally intended. This has to be taken into account when planning and interpreting research. **Ethical issues** are an important component of a holistic approach to health and health care.

A holistic approach is widely appreciated as important, valuable, and essential for a broad concept of health. However, there is a lack of research and empirical evidence.

Future research must

- explore which needs are expressed in the approval of holistic care, and in demands for complementary medicine
- understand the impact of social, cultural and environmental circumstances on health
- evaluate the effectiveness of a holistic approach, more specifically cultural competency and a bio-psycho-social care model, with regard to satisfaction, coping, and health outcomes
- Assess education for a holistic approach, namely cultural competency and addressing of social problems, if proven valuable.
- Future research has to develop appropriate instruments and outcome measures.

## Agenda for future primary care research

1. To further develop and evaluate **generic** (person -centred, biopsychosocial, comprehensive or community-based) models or strategies

2. To encourage **comparative research** in populations with different cultural, social, or geographic contexts., and healthcare systems

3. To promote and support **longitudinal cohort studies** to evaluate the **prognosis and determinants** of health and disease

4. To promote and support intervention studies and **randomized controlled trials** which take into account broad issues such as patient preferences, multimorbidity, quality of life and social and environmental circumstances.

5. To encourage research focussing on **diagnostic strategies and reasoning**

6. To promote studies assessing **effectiveness** and **efficiency** in everyday care

7. To develop and validate functional and generic **instruments** and **outcome measures** for use in GP/FM research and care.