

INTERNAL MEDICINE AND HEALTHCARE

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Seven Challenges Facing Medicine

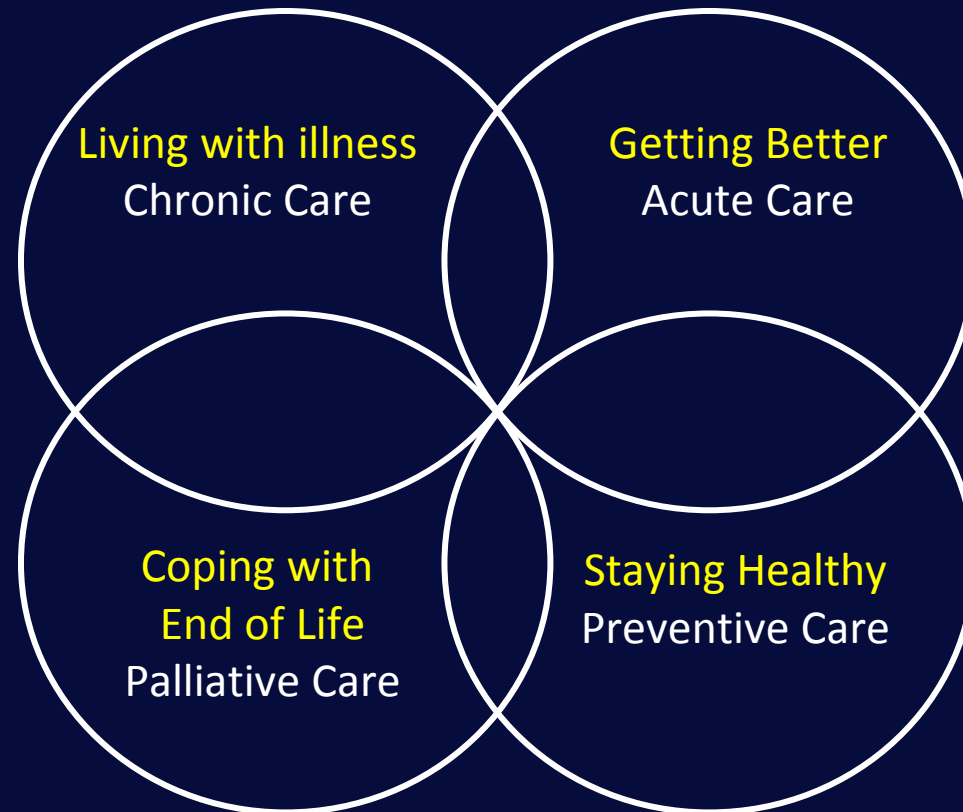
- The changing expectations of patients
- The expanding pace and scope of discovery in medical science and technology
- The increasing number of patients with chronic illnesses
- The growing complexity of medical care
- The increasing demand for transparency
- The growing diversity
- External threats

David Lawrence, From Chaos to Care, 2002

Key Issues-Past and Present

- Cost containment
- Improving access
- Quality improvement
- Ensuring security of benefits
- Structural changes
 - Managed care-HMOs-Government control
- Incorporating consumers into health care decision making
- Improving health behaviors

Healthcare



K Adams, JM Corrigan, Editors, Priority areas for national action, Transforming health care quality, IoM, 2003

Goals for Future Healthcare

- Commitment to improve
 - Patient safety
 - Effectiveness of care
 - Patient centered aspects
 - Timeliness of care
 - Efficiency of care
 - Equitable nature of care

Institute of Medicine, Crossing the Quality Chasm: A New Health System for the 21st Century, 2001
Joint Commission, Weaving the Fabric: Strategies for improving our nation's health care, 2003

Goals for Future Healthcare

- Practice of medicine
 - Evidence based decisions
 - Safe care
 - Transparency
 - Anticipate patient needs
 - Coordination of care
 - Clinicians information exchange
- Evidence based approaches to care of common conditions
- Collaborative redesign of care processes
- Diffusion of knowledge to providers and patients

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Internal Medicine

- At the turn of the 21st century, the mission and identity of internal medicine are less clear than ever before.
- As subspecialists continue to increase and displace generalists among internists, it can legitimately be asked whether “internal medicine” retains a coherent identity.

*Huddle, Centor, Heudebert, American internal medicine in the 21st Century,
J Gen Intern Med 2003;18:764-767*

Why is internal medicine still needed?

- It has been shown that for most common diseases generalist-internists provide care at least as well as subspecialists.
- Subspecialty medicine, by its nature, is diagnosis-centered. Internists, on the other hand, often have to deal with vague and difficult to resolve problems, as well as poorly defined disorders, ailments and high-risk behavior.
- The two principal advantage of the general physician are comprehensiveness and continuity.
- The general internist delivers holistic treatment that is less fragmented and should be less expensive.

*Greenfield et al. JAMA, 1995;274:1436-44; Starfield and Simpson, JAMA, 1993;269:3136-9;
Kellett J, Internal Medicine-back to the future of health care delivery, Euro J Intern Med 2002;13:4-8*

Reality?

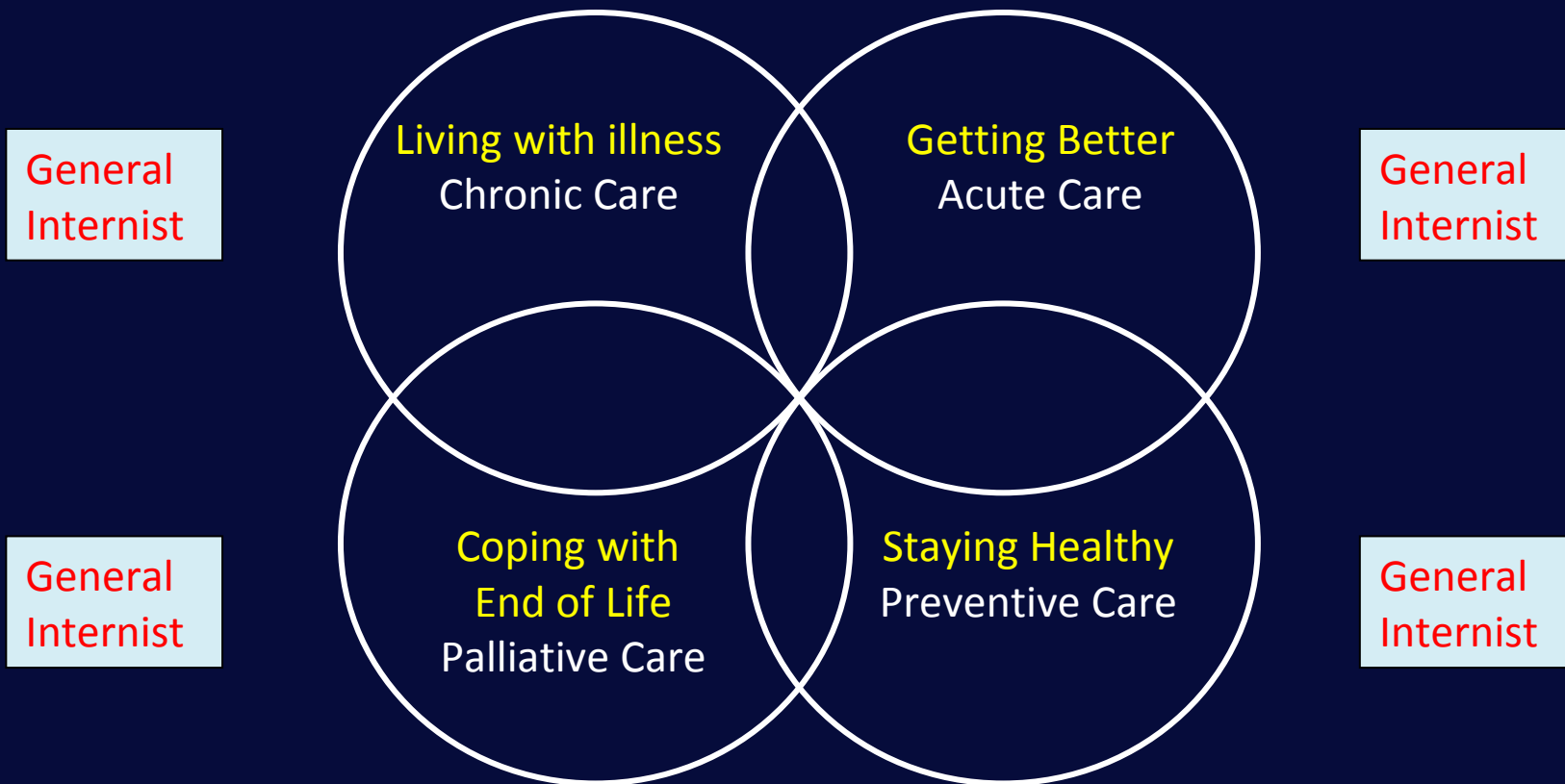
- “We are dealing with a historical transition right now. Internists were the consummate thinkers and quickly became the ones who brought a lot of the science of medicine forward...Then the subspecialist took away the role.”
- “I think the internist is a pluripotential person. Internists win Nobel Prizes, internists are public health officials, internists are taking care of primary care patients, and internists are taking care of critically ill patients.”

*Mark A Kelley, U Penn, Chairman of ABIM (1998), from March 1998 ACP Observer
www.acponline.org*

General Internist

- General internist should be able to care patients with multiple, complex, chronic diseases and to perform or supervise uncomplicated primary care.
- Preventing and managing chronic diseases will eventually constitute an estimate of 80% of medical care.
- Fifty percent of all patients with chronic disease have one or more other chronic diseases.
- This represents a unique opportunity for general internists to translate their broad and deep training into crucial benefits for patients.

Healthcare



K Adams, JM Corrigan, Editors, Priority areas for national action, Transforming health care quality, IoM, 2003

Areas of interest for GIMs

- Preventive care
- Primary patient care (PCP)
- Hospitalist practice
- Disease management (chronic diseases) coordinator
- Quality improvement programs-leadership
- Outcomes research-performance management
- Tele-medicine-generalist consultant
- Health literacy and education

Conclusions

- The domain of general internal medicine will continue to be primary and principal care of adults-increasingly as team leader.
- Broad, deep generalist skill and knowledge, with open information management, can distinguish general internists, improve patient well-being, and use resources effectively and efficiently.
- Wherever they practice, general internists should aim to meet most (80% to 85%) of their patients' ongoing care, including common chronic illnesses.

Thank you.