

Scope of Internists in Health care delivery

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Health – Health Care

- Health
 - Not merely absence of disease
- Health care
 - Comprehensive
 - Multidimensional
 - Coordinated

Happy Anniversary

- Internal medicine evolved from 'Innere medizin', which developed in Germany and Austria in the early 1880s when physicians began to practice clinical medicine based on the latest advances in physiology, bacteriology and pathology.
- *February 8, 1880*: 'the birthday' of contemporary internal medicine
 - Ernst Victor von Leyden, Paul Boerner, Friedrich Theodor von Frierichs and 80 other eminent physicians from Berlin founded the Association of Internal Medicine (Verein fur innere Medicin)

Beeson PB, Maulitz RC. Grand rounds: one hundred years of internal medicine. In: Maulitz RC, Long DC, editors, The inner history of internal medicine, Philadelphia: University of Pennsylvania Press, 1988, pp. 15–54.

Internist

- A physician who specializes in the diagnosis and medical treatment of adults. This specialty, called internal medicine, is dedicated to adult medicine.
- focused on learning the prevention, diagnosis, and treatment of diseases of adults.
- Subspecialties of internal medicine include allergy and immunology, cardiology, endocrinology, hematology, infectious diseases, gastroenterology, nephrology, oncology, pulmonology, and rheumatology

- Internists are trained to

- treat patients as whole people, not as mere organ systems.
- diagnose severe, chronic illnesses and situations where several different illnesses may strike at the same time. They also bring to patients an understanding of preventive medicines, men's and women's health, substance abuse, mental health, as well as effective treatment of common problems of the eyes, ears, skin, nervous system and reproductive organs.



- An internist should be able to cope with complicated clinical problems by being an efficient diagnostician of complex diseases and he should also be skilled in the comprehension and management of disorders of various organs and systems. An internist should be concerned with his patient as a person and include in his management all aspects related to the patient's predicament including social, behavioral, environmental, and medical problems.
- An internist must, therefore, be a physician with a holistic, and comprehensive view of his patient

- Although subspecialty experience produces better outcomes for several specific conditions

Zeiger RS, Heller S, Mellon MH, Wald J, Falkoff R, Schatz M. Facilitated referral to asthma specialist reduces relapses in asthma emergency room visits. J Allergy Clin Immunol 1991;87:1160–8.

Schreiber TL, Elkharib A, Grines CL, O'Neill WW. Cardiologists versus internist management of patients with unstable angina: treatment patterns and outcomes. J Am Coll Cardiol 1995;26:577–82

- It has been shown that for most common diseases generalists provide care at least as well as subspecialists.
- By providing care over the entire range of all the subspecialties, the general physician delivers holistic treatment that is *less fragmented* and should be *less expensive*.

Greenfield S, Rogers W, Mangotich M, Carney MF, Tarlov AR. Outcomes of patients with hypertension and non-insulin dependent diabetes mellitus treated by different systems and specialties: results from the Medical Outcomes Study. *J Am Med Assoc.* 1995;274:1436–44.

Starfield B, Simpson L. Primary care as part of US health services reform. *J Am Med Assoc* 1993;269:3136–9.

- Health care providers are belatedly starting to realize that subspecialists are expensive practitioners of medicine and that physicians with broader experience utilize resources more efficiently and cost-effectively

Craig DE, Hartka L, Likosky WH, Caplan WM, Litsky P, Smithey J. Implementation of a hospitalist system in a large health maintenance organization: the Kaiser Permanente experience. Ann Intern Med 1999;130(4 of 2):355–9.

Public view of health care delivery

- As medicine becomes ever more complex, it will inevitably become less personal
- Much of the current disaffection of the general public with the medical profession arises from the depersonalisation of medical care that has already taken place. This is particularly true of hospitals, where even now the average patient can expect to see dozens of health care professionals every day

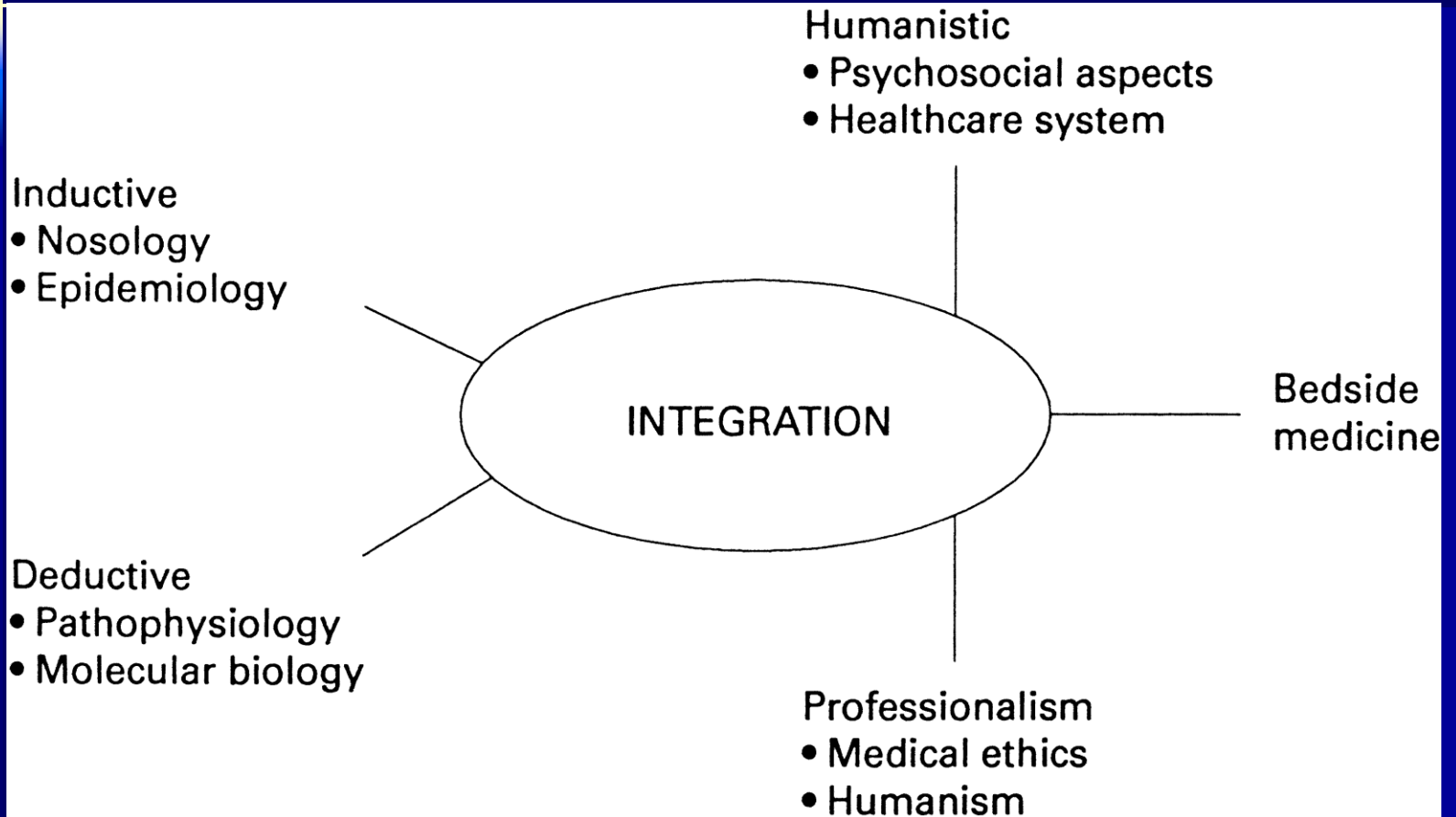
Whitcomb WF, Nelson JR. Hospital interfaces. In: Wachter RM, Goldman L, Hollander H, editors, Hospital medicine, Philadelphia Lippincott Williams & Wilkins, 2000, pp. 9–14.

- Not surprisingly, fragmentation between various departments and providers has been identified as an important obstacle to high quality and efficient care.
- High-technology medicine, therefore, does not diminish the importance of the time spent communicating and examining patients, nor will it obviate the need for physicians to manage efficiently the dozens of personal interactions that frequently determine the outcomes and cost of care.

Simon SR, Lee TH, Goldman L, McDonough AL, Pearson SD. Communication problems for patients hospitalized with chest pain. J Gen Intern Med 1998;13:852-3.

Calkins DR et al. Patient-physician communication at hospital discharge and patients' understanding of the postdischarge treatment plan. Arch Intern Med 1997;157:1026-30.





Why do the health care systems need internal medicine?

- With regard to both cost and delivery problems, today's health care has to be an integrated health care and not an accumulation of independently working specialties, even if we need them for their expertise whenever indicated.

Why do the health care systems need internal medicine? Contd.....

- As a result of demographic changes, we will see steadily increasing numbers of old and polymorbid patients and of complex and chronic diseases; their management is a core competency of internal medicine.

Why do the health care systems need internal medicine? Contd.....

- New, expensive, competing methods need to be evaluated scientifically and conflicts of interest avoided; this cannot be done by the promoting specialty itself. The same is true for the establishment of standards and guidelines to be used by generalists, an increasingly important task and research area for internal medicine.

Why do the health care systems need internal medicine? Contd.....

- Cost effectiveness means getting the best medicine for the money available. It will never work without good co-ordination between the inpatient and the outpatient sector, and between the specialties involved. This means an evidence-based work-up and treatment; it means the best, but not maximal, use of the diagnostic and therapeutic technologies. Finally, this means integrated disease management (both curative and palliative). Again, these are all core competencies of modern internal medicine.

Why do the health care systems need internal medicine? Contd.....

- Hospitals structured as an accumulation of specialty wards or clinics and without a department of general internal medicine are not able to provide high-quality, cost-effective, integrated care for patients with unclear or complex diseases or for polymorbid patients.

Why do the health care systems need internal medicine? Contd.....

- The boundaries between inpatient and outpatient medicine are gradually fading away. Internal medicine is the classical “link discipline”, providing primary and expert care in the hospital and, also in the outpatient setting.

Why do the health care systems need internal medicine? Contd.....

- The internist is well trained in screening patients, in selecting the appropriate diagnostic and therapeutic procedures, in avoiding costly over-diagnostics and double-diagnostics, and in leading patients through the health care delivery system.

Evolution in the role of internists

- A comprehensive care physician.
- A physician who evaluates and manages all aspects of illness—biomedical and psychosocial—in the whole patient.
- An expert in disease prevention, early detection of disease, and health promotion.

Evolution in the role of internists Contd...

- The patient's guide and advocate in a complex health care environment.
- An expert in managing patients with advanced illness and diseases of several organ systems; equally effective in the office and in the hospital.
- A consultant when patients have difficult, undifferentiated problems or when the internist has special expertise to apply to their problems.
- A resource manager who is familiar with the science of clinical epidemiology and decision making and can bring a thoughtful, lean practice style to evaluation and management.

Evolution in the role of internists Contd...

- A clinical information manager who can take full advantage of electronically stored data and can communicate using the tools of modern technology.
- A generalist in outlook who also possesses special skills that respond to the needs of a particular care environment.

Education and training

Changing the education system:

- Discourage tunnel view of future
- Provide mix of skills
 - improve medical care
 - increase the attractiveness of internal medicine to its practitioners, present and future.

Internal medicine training

- Be reformed
 - to provide both broad and deep medical knowledge
 - to avoid being a 'gatekeeper'
- Include mastery of informatics, management

- Family medicine, general practitioners, and the subspecialties of internal medicine need good teaching in general internal medicine as the cornerstone of their professional formation. The importance of internal medicine in teaching institutions is therefore paramount.

An Internist must be a

- Team man- Team leader
 - uncomplicated primary care to continuous care of patients with multiple, complex, chronic diseases.
- Responsible
 - for the care the team gives, embrace changes in information systems, and aim to provide most of the care their patients require.

Research

Academic internists have made important contributions to clinical research

- Translate lab table data into clinical outcome
- Operational research addressing a wide array of issues, especially those relevant to routine practice.
 - medical interventions, such as tests or therapies, truly benefit typical patients under usual clinical circumstances.

Research

- Reconsideration of national research priorities is needed which can be done by Internists
 - Basic / molecular research!!!
Vs
 - Studies that help physicians apply existing technologies to achieve the greatest benefit, while conserving precious health care resources.

Society of Medicine

- Has General internal medicine been asleep for too long!!!
- It is time now to show its competencies convincingly to the public and to the decision-makers in health care.
- “Corporate identity” for Internal medicine
 - as a modern discipline of integrated and coordinated health care delivery,
 - of decision-making and disease management,
 - of clinical epidemiology, and
 - as the medical specialty for complex and polymorbid patients.

Conclusion

- Internal Medicine as a specialty should focus on insuring that patients receive the most *comprehensive, continuous* and *cost effective* care possible.
- Training and certification mechanisms need to advance this mission. Nationwide, patients are seeking a physician to coordinate their care and to partner with them in maintaining their health and minimizing the adverse consequences of disease.
- The opportunity to recognize areas of special proficiency in Internal Medicine allows us to reconfigure the training and certification process to enhance the attractiveness of the 'comprehensivist' career as well as to unite with health care system to deliver the care that patients need.



Thank You