

„Königsdisziplin“ Allgemeinmedizin

Vom Unbestimmten zum Konkreten: das
Bild der hausärztlichen Primärversorgung

Primärversorgung ist die erste Anlaufstelle für alle Menschen mit gesundheitsbezogenen Anliegen(Website Gesundheitsministerium)

PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs (WHO)

PHC is rooted in a commitment to social justice, equity, solidarity and participation (WHO)

4C of PHC: first contact, comprehensiveness, continuity, cooperation (Starfield)

Core Values and Principles of General Practice/Family Medicine

WHO considers primary health care to be a cornerstone of sustainable health care systems. The General Practice/Family Doctor (GP/FD) is a key provider of primary health care.

WONCA Europe has defined General Practice/Family Medicine as both a clinical specialty and a discipline in its own right, with its own curriculum and research base.

GP/FM may be practiced in different contexts according to the characteristics of each health system, country or community. However, the foundation of GP/FM is based on the core values listed below. They are the essential elements of good quality of GP/FM, and should provide a frame of reference for our professional identity.

PERSON-CENTERED CARE

GPs/FDs practice person-centered medicine, emphasizing dialogue, context, and the best evidence available.



GPs/FDs always take the impact of biological, psychosocial and cultural determinants on individuals' health into consideration.

GPs/FDs engage professionally with their patients' current life situations, biographical stories, beliefs, worries, and hopes. This helps to recognize the links between social factors and sickness and to deepen the understanding of how life and life events leave their imprint on the human body and mind. GPs/FDs promote patients' capacity to make use of their individual and communal resources.

CONTINUITY OF CARE

GPs/FDs promote continuity of doctor-patient relationships as a central organizing principle



The doctor-patient relationship is based on personal involvement and confidentiality. Continuity of care helps build mutual trust and enable high-quality, person-centered care.

GPs/FDs seek to maintain this continuity of care when organizing their practices, regardless the size, composition and nature of the primary care team.

COOPERATION IN CARE

GPs/FDs collaborate across professions and disciplines while also taking care not to blur the lines of responsibility.



GPs/FDs integrate different programs and services and engage actively in developing and adapting effective ways to cooperate with other health and social workers.

GPs/FDs help patients navigate the health system and facilitate communication with other health professionals

COMMUNITY ORIENTED CARE

GPs/FDs remain committed to education, research, and quality development.



GPs/FDs' community orientation and social accountability aim at influencing the health policies addressing health disparities by integrating clinical care, public health and social services on community level.



EQUITY OF CARE

General practitioners/Family doctors prioritize those whose needs for healthcare are greatest.

GPs/FDs provide equitable health care. Equity is an essential dimension of the quality of health care. The aim is to minimize inequalities in health service delivery. We organize our practices to allocate time and effort to those whose needs for treatment and support are greatest.

GPs/FDs perceive it their duty to speak out publicly about societal factors impacting access to health care and inequalities in health outcomes. GPs/FDs are especially aware of the health challenges facing certain groups in relation to age, gender, sexual orientation, ethnicity, socio-economic status and religious orientation.



SCIENCE ORIENTED CARE

GPs/FDs provide care based on the best available evidence, respecting patients' values and preferences.

Overexamination, overdiagnosis, and overtreatment can harm patients, consume resources and indirectly lead to harmful underdiagnosis and undertreatment. When equally effective interventions are available, GPs/FDs choose the interventions on the basis of cost-effectiveness and patient safety.



PROFESSIONALISM IN CARE

GPs/FDs provide medical care to individuals and promote health on the community level. GPs/FDs engage in political and social aspects impacting health outcomes in community-oriented advocacy.

GPs/FDs engage actively in the training of future colleagues and facilitate inclusion of young doctors in organizational and fundamental decisions regarding the under and postgraduate medical education.

GPs/FDs implement and promote research relevant to the needs of GP/FM, and assess knowledge and guidelines critically with a constructive and academic approach.



Vereinszweck der ÖGAM

- Zweck der Gesellschaft ist die Förderung der Wissenschaft und der Wissenschaftsvermittlung in der Allgemeinmedizin. Die dient damit der Allgemeinheit auf geistigem und kulturellen Gebiet
 - Expliziter Auftrag: Beratung der Entscheidungsträger

Themenschwerpunkte der ÖGAM:

Entwicklung und Vermittlung unseres Fachs Allgemein- und Familienmedizin mit spezifischen Aufgaben, Inhalten und Kompetenzen (Entwicklung von Tools, Leitlinien und anderen theoretischen Grundlagen)

Entwicklung von Konzepten für eine verlässliche, flächendeckende Primärversorgung – Rolle der Allgemein- und Familienmedizin

Wissenschaftliche Darstellung der Inhalte und Methoden (enge Kooperation mit akademischer Allgemeinmedizin) – Definition, Erfassung und Verarbeitung von Daten

Frage 1

- Hat sich der Blick auf die/ das Verständnis von Primärversorgung für Sie als Vertreter Ihrer Institution durch die Anforderungen der vergangenen 3 Jahre verändert? In welcher Weise? (Positive und negative Aspekte bitte)

Frage 2

- Wo sehen Sie die wichtigsten Funktionen der Primärversorgung und deren Aufgaben, wo die Rolle der Hausärzt:innen?

Frage 3

- Welche Voraussetzungen müssen Ihrem Verständnis nach hausärztliche Primärversorger:innen erfüllen?

Frage 4

- Wie sieht in 10 Jahren unser Gesundheitssystem aus?
 - Best case
 - Worst case

Unser gemeinsames Ziel:

Klare Konturen