

General practice

GENERAL PRACTITIONERS remain the linchpin of frontline medical care, and continue to aim for comprehensive, coordinated care for their patients. Recent advances in general practice have focused on equipping GPs to better provide such care. Both international and within-country comparisons show that health-care systems based on primary care produce better overall health outcomes than systems based on specialists.¹

Prevention and population health. General practice stands at the interface between specialised medical care and population care. Two factors facilitate GPs' achieving population health goals. The personal relationship between GPs and their patients is basic, but greater use of government-funded incentives that encourage quality primary care is a recent development. As an example, the National Childhood Immunisation Program, which supported and provided financial incentives for GPs, achieved higher childhood vaccination rates. The more recent Enhanced Primary Care Package provides Medicare rebates for health assessments of the elderly, and care planning and case conferencing for those with chronic illnesses and a need for multidisciplinary care. However, this initiative still requires careful evaluation to determine its efficacy.

The "lifestyle diseases" of the modern world, such as obesity, dyslipidaemia and diabetes, require early detection by GPs and long-term control. There is now greater awareness that changing diet and exercise patterns may be more effective than drug therapy² in treating cardiovascular risk factors. Consultation time is limited, but, in the supportive context of a GP's personal approach, even low-intensity messages can be effective.³ To balance risk and benefit requires combining all factors, as emphasised by the New Zealand risk charts,⁴ rather than treating each one in isolation.

Divisions of General Practice. The advent of the Divisions has helped develop a collective local identity for general practice, and provided crucial support for GPs in developing the skills they need for preventive care and healthcare improvement at the community level. The Divisions are also the conduit for forging relationships between GPs, hospitals and community health services, and for testing new models of collaboration.

Continuing care. Depression will become the commonest cause of chronic morbidity, but there will never be enough specialised mental health professionals. National campaigns have emphasised GPs' central role in caring for patients with mental illness, and the need for further improvement of their skills in recognising and treating psychiatric conditions.

There is growing recognition that there are now more people with chronic illness, disability or special needs who require continuing care. Various shared-care and partner-



ship programs between GPs and hospitals have proved effective (eg, for antenatal care and diabetes).

Evidence-based medicine. Recent emphasis on evidence-based medicine poses many challenges in general practice. Extrapolating specialist and hospital-based evidence into community settings is not always possible. In the information age, GPs have to develop the critical skills necessary for evaluating the evidence for and against available screening tools or new interventions, and be able to interpret the evidence appropriately for their patients (who may also be up to date with new developments). On the other hand, practising with an evidence base now enhances confidence in our treatment decisions, such as in reducing antibiotic prescribing for common respiratory

tract infections.⁵

Computerisation. The widespread use of computers in Australian general practice has changed the way many practices function. Electronic medical records, and inter-linking of prescribing, test ordering, evidence-based management protocols, patient recall and follow-up programs and patient education are now possible. However, there is still a need for more user-friendly decision-support systems.

Quality improvement. Vocational registration and practice accreditation have encouraged continuous quality improvement. Although these programs are research-based, continuing evaluation is needed to determine which aspects need further development and which provide the most worthwhile change for the effort applied.

The future. It will always be difficult to resolve the conflict between all that could be done to enhance health, and what can be achieved by general practitioners. By its nature, general practice is dependent on healthcare policy to provide adequate resources for support programs, education, organisation and information. To promote efficient practice, greater investment is needed in vocational and continuing education, in strategic development, research training, and especially in building research capacity.

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