

The Future of Family Medicine – In China



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Educational Alliance

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Learning Objectives



- Discuss the background leading to an emphasis on the development of primary care
- Share the IPCEA's journey in China
- Discuss Healthy China 2020/2030



- The purpose and goal of this alliance is to *advance the recognition and development of primary care medicine* as the foundation required to provide timely and appropriate access to quality, cost-effective, humanitarian health care for all people of the world.



- This primary care educational alliance, basing its actions and goals around this osteopathic philosophy and its principles and operating under the auspices of the American College of Osteopathic Family Physicians Foundation, will seek to bring together all physicians, health care providers, health care foundations, governments and industries to reach its *goal of enriching global health through primary care education.*

Barefoot Doctor

- Farmers who received minimal basic medical & paramedical training; often work barefoot in the rice paddies
- Bring health care to rural areas where urban-trained doctors would not settle



Physician Training Today

- High school
- Medical school
- Residency



The Chinese Healthcare Dilemma

- Access, quality, cost
- Lack of insurance coverage
 - 1978: ~90% covered
 - 1979: ~90% peasants, 50% urban uninsured
 - High out of pocket expenses
- Rising costs of healthcare
 - Basics – price control below costs
 - Profits on diagnostic tests, pharmaceuticals

The Chinese Healthcare Dilemma

- Kick backs to hospitals
- Physician bonuses tied to prescribing
- Fragmented care



The Chinese Healthcare Dilemma

- Lack of confidence in small hospitals and community clinics
- Medical records in the hands of patients
- Civil unrest



Solutions

- October 2006: New governmental focus - people-centered; healthcare a priority
- Increased tax base with improved economy
- Increased government funding for universal basic healthcare (\$25-38B)
 - Subsidies to farmers from central and local governments (4/5 of annual premium)
 - Nearly 100% coverage by 2008

Solutions

- Decision to turn to primary care
 - Development of FM residencies
 - Retraining of specialists to become generalists
 - 300,000 by 2020
- Increased numbers of Community Health Centers (CHC) and Community Health Stations (CHS) – 15 minute access
- 2009: \$124B to upgrade 3700 CHCs

Hospital-Based Care



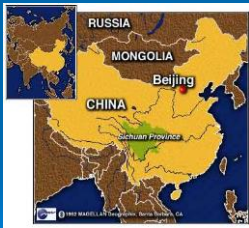
Community-Based Care



Traditional Chinese Medicine



Sichuan Province



Our Partners in Sichuan

- Heart-to-Heart International
- Sichuan Provincial Health and Family Planning Commission
- West China Hospital and Medical School
- Sichuan Provincial People's Hospital
- Sichuan Continuing Education College of Medical Science
- Welch-Allyn

Our Sichuan Path



- May 2006
- June 2017

The Sichuan Training Model



- Family medicine residency development
- Annual seminars for re-trainees and direct patient care
- Delegation visits to the US



Trips to the US

- ~ 20 physicians and administrators
- Chicago
- Columbus, Philadelphia, Stratford, Fort Lauderdale
- Washington, DC



The Earthquake - 2008



Chinese Medical Doctor Association

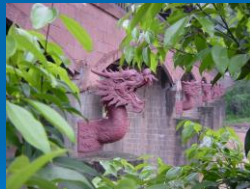
- Conference on Postgraduate Medical Education
 - Nanjing, July 2008
- Introduction to Family Practice Residency Training in the United States

Shenzhen



Our Partners in Shenzhen

- Shenzhen Continuing Medical Education Center
- Bao'an District
- Shekou District
- Welch-Allyn



Our Shenzhen Path

- June 2011
- 2013-16
- 2016-18
- Additional collaboration



The Shenzhen Training Model

- Train-the-trainer
- Teams every other month
 - Patient Care
 - Lectures
 - Clinical Skills
 - OSCE
- Final Session



Curriculum – Year One

Month	System	Clinical Topics
Month 1	Cardiovascular	Hypertension, CHF, CAD, Stroke/TIA
Month 2	Pulmonology	Asthma, COPD, CAP, PE/DVT
Month 3	Endocrine	Diabetes Type Two, Hyperlipidemia, Hypothyroidism, Hyperthyroidism
Month 4	ENT	URI, AOM, Allergic Rhinitis, Otitis Externa
Month 5	GI/GU	PUD/GERD, Irritable Bowel Disease, UTI, STD
Month 6	MS	Low Back Pain, OA/RA, Knee Pain, Shoulder Pain

Curriculum – Year Two

Month	System	Clinical Topics
Month 1	Neurology/Psychiatry	Dementia, Syncope, Depression/Anxiety, Cephalgia
Month 2	Preventive Medicine: Adult male, female and children including immunizations; substance abuse screening	
Month 3	Clinical Thinking for Doctors: Whole Patient Assessment and Care, Assessment of and Planning of Care, Epidemiological Care of Patient, Population Management	
Month 4	Communication Skills: Obtaining information, patient education, promoting patient compliance, establishing trust and doctor-patient relationship with patients, communication with other specialists	
Month 5	Teaching Skills: Teaching at bedside, active learning techniques, principles and procedures, giving feedback, assessment and correction, etc.	
Month 6	Final Assessment and Graduation – Written and practical evaluation	

US Training Opportunities

- Rowan University
 - 6 – 12 weeks
 - Family medicine residency
 - English comprehension

Beijing



Our Partners in Beijing

- Peking Union Medical School
- Chaoyang District Health and Family Planning Department
- Capital Medical University
- Beijing Municipal Health and Family Planning Department
- Welch-Allyn



Our Beijing Path



The Future

- Healthy China 2020/2030*
 - Personal health through primary care system
 - Medical knowledge
 - Infrastructure development
 - Reduce costs, broader insurance coverage
 - Universal healthcare access
 - New investment
- Healthy Sichuan
 - 5,000 GPs to be trained each year

*Norton Rose Fulbright, 2015

Questions?

谢谢你

