The biopsychosocial appraoch in primary care – can it be taught to practising primary care doctors?

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What is the healthcare system like in Hong Kong?

- 12,000 registered doctors on the resident list
- 259 specialist psychiatrists (July, 2011) i.e. 3.7 psychiatrists/100,000 people
- Long tradition of General Practice



What is the healthcare system like in Hong Kong?

- 5% GDP on health sector a mixed private/public system
- Over 90% of hospital care is public
- 70% primary care is private



What does the literature say?

- Patients presenting with psychological problems are frequently seen by primary care doctors.
- It is estimated that up to 20-30% of primary care patients have one or more psychological problems.
- It is anticipated that the number of patients with psychological problems will continue to increase and comprise an even greater proportion of those seeking health services.

What does the literature say?

• In many countries, e.g. UK, most of these patients' psychological problems are seen solely within the primary care setting.



Local primary care scene

• However, most of the primary care doctors practising today have little or no formal undergraduate training in the health care issues that are relevant to patients with psychological problems.



• Best health outcomes are not being achieved because the current system does not fully recognize the importance of continuity of care, prevention and the gate-keeping role of primary care doctors.



- Also specifically pointed out that problems beyond the patient's physical condition which nevertheless affect his/her long-term health status e.g. psychological problems are seldom dealt with fully.
- The consequences were that the best health outcomes were not being achieved while time and resources were at times wasted on unnecessary investigations which led to more expenditure.

Postgraduate Diploma in Community Psychological Medicine

Started in 2002 and aimed to improve primary care doctors' knowledge and skills in the care of the patients with psychological problems.



Objectives:

- To promote the practice of psychological medicine among primary care doctors
- To improve the knowledge, skills and confidence of primary care doctors in the care of the patients with psychological problems.
- To emphasise the aspects of care that are different for patients with psychological problems.



Objectives:

- To focus on community care, i.e. assessment of patients with psychological problems in their normal community environment.
- To present a positive model of psychological medical practice.



Methods of instruction

- 40 weekly afternoon sessions
- 20 interactive seminars
- Eight group discussion sessions of cases
- Five clinical training sessions in psychotherapy
- Seven clinical teaching sessions by specialist clinicians



Seminars

- Somatoform disorders
- Anxiety disorders panic and phobic disorders
- Anxiety disorders obsessive-compulsive and related disorders
- Mood disorders and suicide
- Substance abuse including alcoholism



Seminars

- Psychotic disorders and organic disorders
- Child and adolescent psychiatry
- Psychogeriatrics
- Sexual disorders



Group discussion of cases

Students are divided into small groups to present their clinical cases to their specialist tutors for discussion and clinical management.



Clinical training sessions in psychotherapy

Students are attached to clinical units at participating hospitals for psychotherapy training.



Clinical teaching sessions by specialist clinicians

Students are attached to primary care and psychiatric outpatient clinics and rehabilitation facilities at participating hospitals for their clinical training



Assessment

- The performance in written assignments and clinical sessions provides continuous assessment.
- Final examinations with a written paper and a clinical oral examination.
- Examiners comprise of family physicians and psychiatrists.
- Local and/or overseas external examiners are invited to participate in the final examinations.

• Also specifically pointed out that problems beyond the patient's physical condition which nevertheless affect his/her long-term health status e.g. psychological problems are seldom dealt with fully.



• The consequences were that the best health outcomes were not being achieved while time and resources were at times wasted on unnecessary investigations which led to more expenditure.



• Recommended the Government to promote the family doctor concept - the doctor has the mindset and training of managing problems at the primary care level in a holistic way.



WHAT DO PRIMARY CARE DOCTORS GET OUT OF A YEAR-LONG POSTGRADUATE COURSE IN COMMUNITY PSYCHOLOGICAL MEDICINE?*

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ABSTRACT

Objective: There are increasing expectations on primary care doctors to care for patients with common mental health problems. This study examines the outcomes of a postgraduate training course in psychological medicine for primary care doctors. *Methods:* A questionnaire developed by the research team was sent to the Course graduates (year 2003-2007). A retrospective design was adopted to compare their clinical practice characteristics before

*This study was funded by Committee on Research and Conference Grants of The University of Hong Kong [grant number 200807176094].

	Pre-course	Post-course	Wilcoxon signed rank test	
I am confident of <i>diagnosing</i> patients with common mental health problems (e.g. anxiety, depression, dementia, insomnia) (n=66)				
Strongly disagree	1 (1.5%)	2 (3.0%)		
Disagree	32 (48.5%)	0 (0.0%)	Z = -6.477	
Agree	31 (47.0%)	28 (42.4%)	p< 0.001	
Strongly agree	2 (3.0%)	36 (54.5%)		
I am confident of managing common mental				
health problems (n=67)	2 (4 50()	2 (2 00()		
Strongly disagree	3 (4.5%)	2 (3.0%)		
Disagree	30 (44.8%)	0 (0.0%)	Z = -6.593	
Agree	34 (50.7%)	28 (41.8%)	p< 0.001	
Strongly agree	0 (0.0%)	37 (55.2%)		

	Pre-course	Post-course	Wilcoxon signed rank test	
Patients whose chief complaint and associated symptoms are obviously psychological or psychosomatic seen per week (n=68)				
Less than 3	25 (36.8%)	5 (7.4%)		
3 – 6	14 (20.6%)	11 (16.2%)	7 6 505	
7 - 10	13 (19.1%)	22 (32.4%)	Z= -5.725, p< 0.001	
11 - 14	3 (4.4%)	10 (14.7%)		
Over 14	13 (19.1%)	20 (29.4%)		

	Pre-course	Post-course	Wilcoxon signed rank test	
I am confident of deciding which specialty to refer a patient with mental health problem to if a referral is necessary (n=66)				
Strongly disagree	1 (1.5%)	2 (3.0%)		
Disagree	17 (25.8%)	0 (0.0%)	Z = -5.136	
Agree	44 (66.7%)	32 (48.5%)	p< 0.001	
Strongly agree	4 (6.1%)	32 (48.5%)		
Percentage of patients with mental health problems being referred to psychiatrists (n=64)				
0 - 20	32 (50.0%)	49 (76.6%)		
21 - 40	7 (10.9%)	8 (12.5%)		
41 - 60	14 (21.9%)	6 (9.4%)	Z = -5.163	
61 - 80	4 (6.2%)	1 (1.6%)	p< 0.001	
	7 (10.9%)	0 (0.0%)		

• "Change my practice of seeing patients with unexplained medical/somatic complaints to a more patient-oriented and psychological approach."

Comparison of attitudes of graduates vs non-graduates

Comparison of the attitudes of PDCPM graduates with non-PDCPM towards schizophrenia and depression

43			Schizop	hrenia₽				Depres	ssion.	
	Total Sample∂	Strongly↓ Disagree or↓ Disagree↓	Neutral•	Strongly Agree or Agree	p-value [#] ↓	Total Sample∂	Strongly↓ Disagree or↓ Disagree↓	Neutral:	Strongly Agree or Agree	p-value#₽
I would like to	have X on 1	my practice list	for X's menta	l issues₽						
PDCPM.	n=35₽	11 (31.4%)	7 (20.0%)	17 (48.6%)	0.8300₽	n=31₽	0 (0.0%)ಳ	2 (6.5%)	29 (93.5%)	0.0142₽
Non-PDCPM₽	n=255₽	82 (32.2%)	71 (27.8%)	102 (40.0%)		n=245₽	25 (10.2%)₽	45 (18.4%)¢	175 (71.4%)	
I feel comfortal	ole to deal v	with X's needs								
PDCPM.	n=35¢	3 (8.6%)	11 (31.4%)	21 (60.0%)	0.0240₽	n=31₽	5 (16.1%)	1 (3.2%)	25 (80.6%)	-0.0001
Non-PDCPM	n=254₽	68 (26.8%)	92 (36.2%)	94 (37.0%)		n=243₽	31 (12.8%)	64 (26.3%)	148 (60.9%)	< 0.0001+

^{*}Pearson Chi-squared test to compare the responses between PDCPM and non-PDCPM groups for 5-point Likert scale (1 = strongly disagree; 5 = strongly agree).

The responses of "strong disagree and disagree", "strong agree and agree" are presented here in combined frequency.

Postgraduate Diploma in Community Psychological Medicine

The Course is effective in improving graduates' confidence, attitude and skills in treating patients with common mental health problems. There are significant increase in the number of mental health patients handled, increased confidence in making referrals to psychiatrists and decreased percentage of patients being referred.

Rewards:

- Bigger impact than Impact Factor.
- Growing alumni group. 180 doctors have graduated.
- Students can apply their learning immediately.
- Growing interest in the care of patients with psychological problems among primary care doctors. Separate programme for Traditional Chinese Medicine practitioners.
- Enhance working relationship with psychiatrists.



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