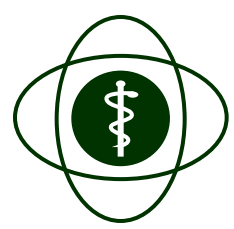


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Internal Medicine in Europe: How to cope with the future?

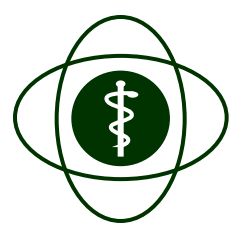
Werner Bauer



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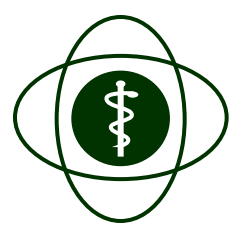
Internal Medicine in Europe: How to cope with the future?

- Internal medicine – challenges yesterday, today and tomorrow
- Internal medicine: the EFIM definition
- Internal medicine: a document for laypeople
- Quality and cost effectiveness: a key role for internal medicine
- Internal medicine: the cornerstone of every national health care system



Many different ways of practicing internal medicine in Europe

- in the hospital
- in the hospital and in outpatient medicine
- as a consultant
- as a primary care physician
- in acute medicine
- as a general internist
- as an internist with subspecialty
- as an internist with a special field of interest
- as a specialist with an interest in internal medicine (?!)
-

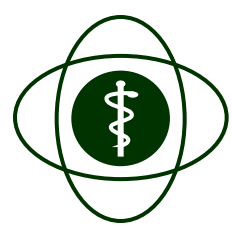


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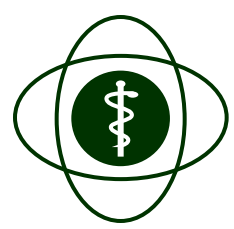
WORLDWIDE PROBLEMS/CHALLENGES OF INTERNAL MEDICINE

A LOOK ON EUROPE:

- Position in health care:
hospitals, primary care, integrated health care delivery
systems, medical schools ...
- Training
- Relationship generalists/specialists
- Relationship physicians/emerging professions
- Research and scientific careers
- Payment



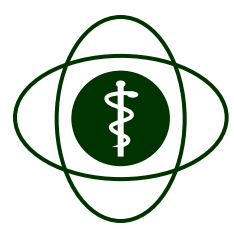
		Basisweiterbildung:			Aufbauweiterbildung:		
		- 3 Jahre AIM - mind. 2 Jahre stationäre AIM (Kategorie A – D; inkl. 3 Monate Notfallstation) - mind. 6 Monate ambulante AIM (Kategorie I – IV) - mind. 1 Jahr Kategorie A oder I			- neben AIM stehen 31 Fachgebiete zur Auswahl gemäss Liste in Ziffer 2.3 des WBP - die als Beispiele aufgeführten Fachgebiete illustrieren die Vielzahl der Möglichkeiten - Perioden: in der Regel 6 bis 12 Monate		
		1. Jahr	2. Jahr	3. Jahr		4. Jahr	5. Jahr
<div style="display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="background-color: #cccccc; padding: 5px; margin-bottom: 10px;">Haus- arzt</div> <div style="border-left: 1px solid black; border-right: 1px solid black; width: 100%; height: 100%; position: relative;"> <div style="position: absolute; top: 0; left: 0; right: 0; bottom: 0; border-left: 1px solid black; border-right: 1px solid black;"></div> </div> <div style="background-color: #cccccc; padding: 5px; margin-top: 10px;">Spital- internist</div> </div>	Beispiel 1	Stationäre AIM Kat. A – D		Praxisassistentz Kat. III (2x6 oder 1x12 Monate)		Chirurgie und/oder Orthopädie/Traumat.	ORL und/oder Dermatologie
	Beispiel 2	Stationäre AIM Kat. A – D		Med. Poliklinik Kat. I – II	Praxis- assistentz Kat. III	Gynäkologie und/oder Pädiatrie	Psychiatrie und/oder Neurologie
	Beispiel 3	Stationäre AIM Kat. A – D		Med. Poliklinik Kat. I – II		Kardiologie und/oder Nephrologie	Infektiologie und/oder Pneumologie
	Beispiel 4	Stationäre AIM Kat. A – D		Med. Poliklinik Kat. I – II	Stationäre AIM Kat. A – D		Intensiv- medizin



Many problems – many differences –
many challenges!

BUT:

- Internists have many characteristics in common
 - Internists have a common view of the patient
 - Internists have a common way of decision making
 - Generalists are needed today; internists are generalists.
- > Internists are needed today

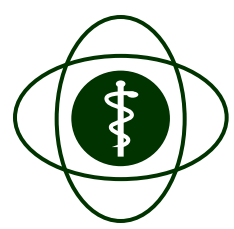


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„Gentlemen, if you want a profession in which everything is certain you have better give up medicine.“

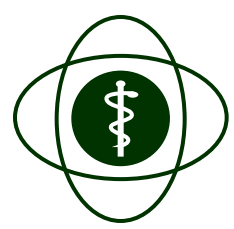
Author: ?





Sir William Osler:

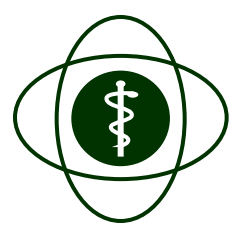
- *born: July, 12th, 1849 in Bond Head, Ontario*
- *McGill University Medical School (exam 1872)*
- *1878 professor of the Institutes of Medicine at McGill*
- *1884 professor of clinical medicine at the University of Pennsylvania*
- *1889 chair of the department of medicine of the new Johns Hopkins Medical School - his comment after the election (communicated to the pathologist Welch):*
«Well, we are lucky to get in as professors, for I am sure that neither you nor I could ever get in as students.»
- *1905 professor of medicine in Oxford*
- *died 1919 in Oxford*



Internal Medicine is hard to delineate:

I wish there were another term to designate the wide field of medical practice which remains after the separation of surgery, midwifery and gynaecology. Not itself a specialty, (though it embraces at least a dozen), its cultivators cannot be called specialists, but bear without reproach the good old name physician, in contradistinction to general practitioners, surgeons, obstetricians and gynaecologists

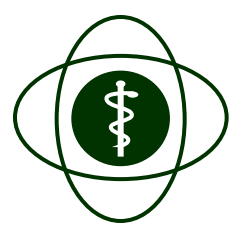
W. Osler, Internal Medicine as a vocation, in Aequanimitas, 133



Definition and mission statement of internal medicine:

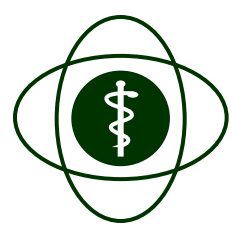
(EFIM working group on professional issues in internal medicine in Europe)

Internal medicine is the core medical discipline that is responsible for the care of adults with one or more complex, acute, or chronic illnesses, both in the hospital and in the community. It is patient-centred, scientifically based and committed to ethical, scientific and holistic principles of care.



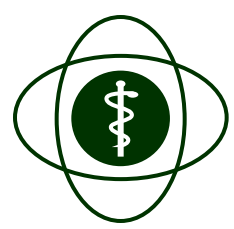
- Definition and mission statement for the modern discipline of internal medicine (2):

Internal medicine, a **clinical and scientific discipline**, creates and promotes medical knowledge, methods and clinical abilities. It analyzes the findings of other medical specialties and integrates them into **strategies for diagnosis, treatment and care for the individual patient.**



- Definition and mission statement for the modern discipline of internal medicine (3):

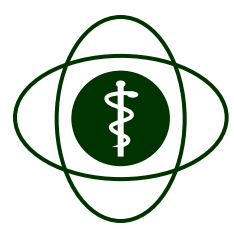
Specific fields of interests include problems caused by polymorbidity, patients with difficult and complex diagnoses as well as preventive, acute, chronic and palliative care. Internists are able to translate their knowledge into patient care. Internists cope with the challenge of developing standards, decision-making, quality improvement and patient safety tools, and **integrated health care delivery systems.**



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Internal medicine –
a cornerstone of any modern health care system
(Text based on the official EFIM strategy document)

Focus:
the public, politicians, journalists, hospital administrators, other health
professionals, insurers, ...



Internal medicine –
a cornerstone of any modern health care system

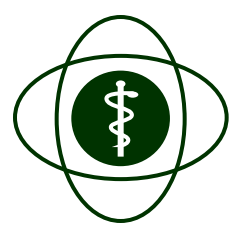
- **Today`s health care needs a holistic approach**

Medicine, in caring for patients and preventing disease has to look toward “systems medicine”, which incorporates the complex interactions between biochemical, physiological, genetic and environmental factors.

- **Internal medicine – what is it?**

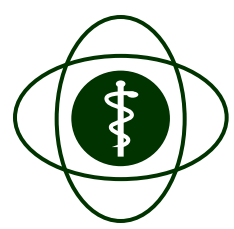
Internists are generalists; they are not just specialists of a specific human body system (blood, stomach, kidneys) or of a specific procedure (endoscopy, radiology, angioplasty); internists have an integrated approach.

Internists are competent in the fields of decision making, of coordinated and integrated health care, of dealing with complex problems and of disease prevention.



Internal medicine –
a cornerstone of any modern health care system

- **Specialists are important, generalists are urgently needed**
Specialists are essential to perform the specific procedures or to overlook specialized care where this is necessary.
Today`s health care relies on teamwork, and the internist is the ideal coordinator of all the services that are needed.
Resources are limited everywhere today; it becomes more and more clear that in the hospital a well structured system of coordination and counselling by internal medicine increases the quality of care and improves cost effectiveness.



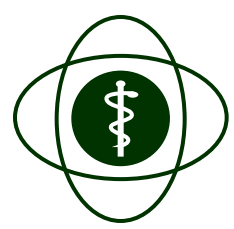
Internal medicine –
a cornerstone of any modern health care system

- **Internists: specialists for integrated health care**

The training of internists is focused on integrated patient care; internists are trained in collaborative team work and in a multi-disciplinary approach.

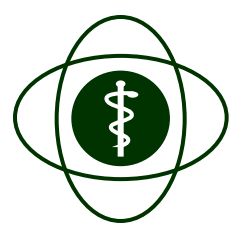
A patient with several health problems may need several specialists and may need the support of other health professionals – and he urgently needs an internist who coordinates them all.

Integrated health care means cost and resource effective health care – in the inpatient and in the outpatient setting.



Internal medicine –
a cornerstone of any modern health care system

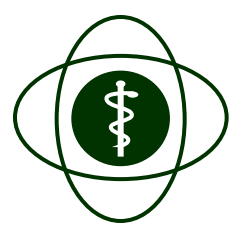
- **Internists: competent doctors for adults**
Adults need a doctor who is competent in dealing with the whole spectrum of care: prevention (“staying healthy”), acute care (“getting cured”), chronic care (“living with illness”) and palliative care (“coping with the end of life”) – all competencies integrated in the training of internists.
- **Internal medicine – cost effective diagnostics, treatment and care**
In the hospital and in outpatient care increasing costs represent an ever growing problem. Rational decision making, coordination of diagnostic and therapeutic procedures, and control of effectiveness will help to make wise use of the resources. These are precisely the core competencies of internists.



Internal medicine –
a cornerstone of any modern health care system

- **Internal medicine – cornerstone of any modern health care system**
Medical care has to be optimized, not maximized. That is why Europe`s health care systems need patient-centred generalists who have a broad knowledge of all aspects of medicine for adults. Good coordination of all services must have an impact on health care quality, on access to medicine, on the rational use of the resources and on providing cost effective care.

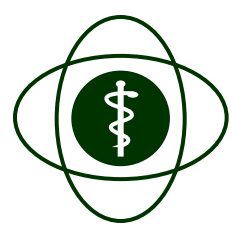
Therefore, internal medicine should be the cornerstone of every national health care system.



Internists try to give their best in caring for their patients, they work hard to obtain good quality and they take into consideration the costs.

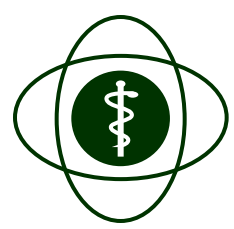
... that is how we feel.

... but: that is not enough any more.



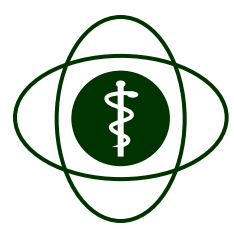
We have to prove it!

- to health care agencies, to the governments
- to insurers
- to politicians
- to the public



Costs will go up!

- demographic changes
- new methods
- new disease entities
- new guidelines and standards
- demand of the public



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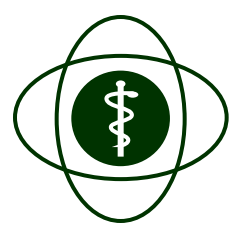
A difficult (impossible?) task:
Limit costs – maintain quality!

The magic word:

Cost effectiveness

Effectiveness:

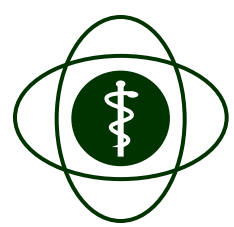
The extent to which medical interventions achieve health improvements in real practice settings



Comparative effectiveness:

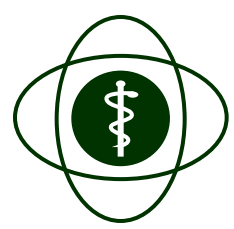
Comparative effectiveness analysis evaluates the relative (clinical) effectiveness, safety, and cost of two or more Medical services, drugs, devices, therapies or procedures used to treat the same condition.

“Improved availability of comparative effectiveness information (...)”, a policy paper of the American College of Physicians, 2008, in which the ACP strongly supports the establishment of a center for comparative effectiveness information in the US.



Comparative effectiveness:

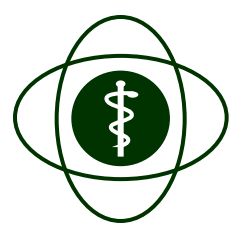
- Institute of Medicine (USA, 2009)
Report: National Priorities for Comparative Effectiveness Research (CER)
President Obama: 1,1 billions \$ for CER (2009)
- PCORI (USA, 2010)
Patient-centered outcome research institute



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Improvement of quality and cost effectiveness –
a key role for the internists (practice + research)?

Yes!

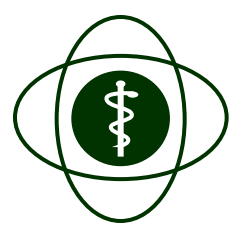


Improvement of quality and cost effectiveness – a key role for the internists? Why?

First, because internists often have (and should have) in hand the key to the specialized, invasive and high cost procedures (referrals).

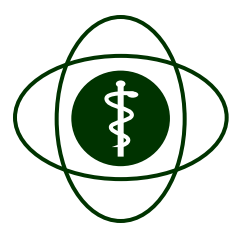
Second, because they already are familiar with many useful tools for quality and cost efficiency improvement.

Third, because most internists feel a commitment to improve quality of care as emphasized in the Physician Charter on Medical Professionalism (ACP/ABIM/EFIM, 2004)



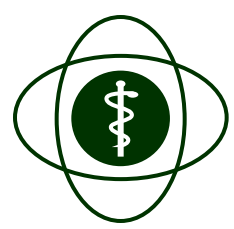
Internists skills and tools which are needed in studying and realizing quality and cost effectiveness improvement programs:

- Care management, coordination
- Communication
- Decision making
- Pre-, in- and post-hospital care
- Outcome research, clinical research
- Comparative effectiveness evaluation
- Clinical standards
- Strong links and networks with specialists



Conclusion:

Internal medicine –
cornerstone of a modern health
care system



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... and of course:

YOU, the young internists, you are the future of
internal medicine!