Comprehensiveness during and after a pandemic

Francine Lemire MD CM CCFP FCFP CAE ICD.D, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

Dear Colleagues,

The results of the CFPC member survey[1] about the coronavirus disease 2019 (COVID-19) pandemic show that 90% of FPs made changes in their practice. The implementation of virtual care has been accelerated. What will patient-centred care and physical examinations look like during and after COVID-19? How will we use technology without losing human touch? The World Health Organization recommends that virtual care complement, not replace, in-person care.[2]

Comprehensive care is assumed when an FP, nurse practitioner, and clinic are responsible for the care and total health needs of a defined patient population.[3] Traditionally, comprehensiveness has been implemented face to face. In thinking about comprehensiveness in relation to virtual care, we should consider the following: *context*—invite participation in virtual visits if appropriate; *continuity*—offer methods to stay in touch with patients and note team connectivity; *access*—offer telemedicine visits and offer them after business hours; *comprehensiveness*—integrate new modalities and streamline asynchronous touchpoints; *care coordination*—take note of the effect of remote work on culture and coordination.[3]

The CFPC reaffirmed the commitment to serve Canadians comprehensively in the Family Medicine Professional Profile.[4] However, data from both Canada and the United States indicate a decrease in comprehensiveness,[5,6] and factors that influence practice choices might also hinder comprehensiveness.[7,8]

Comprehensive care, especially team-based care in family medicine (FM), is associated with better outcomes, fewer hospitalizations, and fewer emergency department visits.[9,10] Senior Canadians with FPs report satisfaction with care and greater ease navigating a complex health care system.[11] Burnout is lower in FPs who commit to comprehensive care.[12]

Thank you to those who contributed to the CFPC's Outcomes of Training initiative, which has defined the core professional activities of FPs and which informs the Family Medicine Residency Training Profile. We aim to reaffirm the importance of continuity and comprehensiveness as core to our professional identity.

We are receiving feedback that the CFPC must make a strong statement about the importance of comprehensiveness, and work with partners and decision makers to better achieve this. The pandemic has uncovered gaps in access and service for several populations that have often been filled by FPs, and has also highlighted that Canada's commitment to training and practice support for robust, clinician-generalist care might be suboptimal. We can improve this by addressing competence, confidence, and adaptiveness in FM training programs; by including comprehensive educational experiences for FM residents; by advocating for administrative and faculty support, including remuneration and recognition of FM preceptors; and by fostering leadership opportunities for residents.

The Patient's Medical Home model of care is the CFPC's vision of organization of care and practice.[13] Family doctors are the most responsible providers, and are expected to deliver on comprehensiveness, continuity, first-contact care, and after-hours care. It is understood that in this proposed model, team members help to sustain comprehensiveness.

Much is yet to be learned about provider competencies, synchronous versus asynchronous encounters, and the flow and organization of virtual care.[3] Virtual care should support and enhance relationship-centred care, continuity, and comprehensiveness. Let us be determined to make this happen.

Cet article se trouve aussi en français à la **page 867**.

Acknowledgment

I thank **Michelle Mayne** and **Cheri Nickel** for their assistance with this article.

References

1. CFPC. *Family physicians' response to the COVID-19 pandemic. Results of the May 2020 CFPC members survey on COVID-19*. Mississauga, ON: CFPC; 2020. Available from: **https://portal.cfpc.ca/ResourcesDocs/uploadedFiles/Research/Covid-19-Member-Survey-ENG-Final.pdf**. Accessed 2020 Oct 19.
2. World Health Organization. *WHO guideline: recommendations on digital interventions for health system strengthening*. Geneva, Switz: World Health Organization; 2019. Available from: **https://www.who.int/reproductivehealth/publications/digital-interventions-health-system-strengthening/en**. Accessed 2020 Oct 19.
3. Cheng A, Vasquez Guzman CE, Duffield TC, Hofkamp H. Advancing telemedicine within family medicine's core values. *Telemed J E Health* 2020 Jul 28. Epub ahead of print.
4. CFPC. *Family Medicine Professional Profile*. Mississauga, ON: CFPC; 2020. Available from: **https://www.cfpc.ca/en/about-us/family-medicine-professional-profile**. Accessed 2020 Oct 19.
5. Freeman TR, Boisvert L, Wong E, Wetmore S, Maddocks H. Comprehensive practice: normative definition across 3 generations of alumni from a single family practice program, 1985 to 2012. *Can Fam Physician* 2018;64:750-9.
6. Weidner AKH, Chen FM. Changes in preparation and practice patterns among new family physicians. *Ann Fam Med* 2019;17(1):46-8.
7. CFPC. *Family medicine longitudinal survey: 3 years in practice survey (T3) results 2018. Aggregate data for 15 participating programs*. Mississauga, ON: CFPC; 2019.
8. CFPC. *Family medicine longitudinal survey: 3 years in practice survey (T3) results 2019. Aggregate data for 17 participating programs*. Mississauga, ON: CFPC; 2020.
9. She Z, Gaglioti AH, Baltrus P, Li C, Moore MA, Immergluck LC, et al. Primary care comprehensiveness and care coordination in robust specialist networks results in lower emergency department utilization: a network analysis of Medicaid physician networks. *J Prim Care Community Health* 2020;11:2150132720924432.
10. CFPC. *Family physicians: the foundation of Canada's health care system*. Mississauga, ON: CFPC; 2020. Available from: **https://portal.cfpc.ca/CFPC/National_Content/Resources/Brochures/Brochures.aspx**. Accessed 2020 Oct 23.
11. Canadian Institute for Health Information. *How Canada compares: results from The Commonwealth Fund's 2017 International Health Policy Survey of Seniors—accessible report*. Ottawa, ON: Canadian Institute for Health Information; 2018. Available from: **https://www.cihi.ca/sites/default/files/document/cmwf-2017-text-alternative-report-en-web.pdf**. Accessed 2020 Oct 20.
12. Weidner AKH, Phillips RL Jr, Fang B, Peterson LE. Burnout and scope of practice in new family physicians. *Ann Fam Med* 2018;16(3):200-5. Erratum in: *Ann Fam Med* 2018;16(4):289.
13. Patient's Medical Home. *Vision*. Mississauga, ON: CFPC; 2020. Available from: **https://patientsmedicalhome.ca/vision**. Accessed 2020 Oct 20.