Annex 1; 20 Definitions analyzed in GP/FM and PHC

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Table 1 Sources of the two set definitions of definitions for General Practice/Family Medicine and Primary Health Care

List of ten definitions about General Practice/ Family Medicine

1. Leeuwenhorst definition  general practitioner 1974 (1)

The general practitioner is a licensed medical graduate who gives personal, primary and continuing care to individuals, families and a practice population, irrespective of age, sex and illness. It is the synthesis of these functions which is unique. He will attend his patients in his consulting room and in their homes and sometimes in a clinic or a hospital. His aim is to make early diagnoses. He will include and integrate physical, psychological and social factors in his considerations about health and illness. This will be expressed in the care of his patients. He will make an initial decision about every problem which is presented to him as a doctor. He will undertake continuing management of his patients with chronic, recurrent or terminal illnesses. Prolonged contact means that he can use repeated opportunities to gather information at a pace appropriate to each patient and build up a relationship of trust which he can use professionally. He will practice in cooperation with other colleagues, medical and non-medical. He will know how and when to intervene through treatment, prevention and education to promote the
health of his patients and their families. He will recognize that he also has a professional responsibility to the community

2. American association of Family Physicians Primary Care Physician 1977 (3)
A primary care physician is a generalist physician who provides definitive care to the undifferentiated patient at the point of first contact and takes continuing responsibility for providing the patient’s care. Such a physician must be specifically trained to provide primary care services.

3. American association of Family Physicians Family medicine 1984 (5)
Family medicine is the medical specialty which provides continuing, comprehensive health care for the individual and family. It is a specialty in breadth that integrates the biological, clinical and behavioral sciences. The scope of family medicine encompasses all ages, both sexes, each organ system and every disease entity.

4. F. Olesen General practice 2000 (7)
The general practitioner is a specialist trained to work in the front line of a healthcare system and to take the initial steps to provide care for any health problem(s) that patients may have. The general practitioner takes care of individuals in a society, irrespective of the patient’s type of disease or other personal and social characteristics, and organises the resources available in the healthcare system to the best advantage of the patients. The general practitioner engages with autonomous individuals across the fields of prevention, diagnosis, cure, care, and palliation, using and integrating the sciences of biomedicine, medical psychology, and medical sociology.

5. Wonca dictionary FAMILY PHYSICIAN 2003 (9)
FAMILY PHYSICIAN (FP) (Syn. GENERAL PRACTITIONER (GP),family practitioner, family doctor) a medical practitioner who provides primary and continuing care to patients and their families within their community. WONCA further defines the family physician as, “The physician who provides care for both sexes of all ages, for physical, behavioral, and social problems.

General practitioners/family doctors are specialist physicians trained in the principles of the discipline. They are personal doctors, primarily responsible for the provision of comprehensive and continuing care to every individual seeking medical care irrespective of age, sex and illness. They care for individuals in the context of their family, their community, and their culture, always respecting the autonomy of their patients. They recognise they will also have a professional responsibility to their community. In negotiating management plans with their patients they integrate physical, psychological, social, cultural and existential factors, utilising the knowledge and trust engendered by repeated contacts. General practitioners/family physicians exercise their professional role by promoting health, preventing disease and providing cure, care, or palliation and promoting patient empowerment and self-management. This is done either directly or through the services of others according to health needs and the resources available within the community they serve, assisting patients where necessary in accessing these services. They must take the responsibility for developing and maintaining their skills, personal balance and values as a basis for effective and safe patient care. Like other medical professionals, they must take
responsibility for continuously monitoring, maintaining and if necessary improving clinical aspects, services and organisation, patient safety and patient satisfaction of the care they provide.

7. The CIMF Carta de Quito definition (Latin america) (2014) (13)
Family and Community Medicine is an essential specialty to ensure the sustainability of health systems. It provides person-centered care in the family and community context on an ongoing basis, regardless of age, sex, socioeconomic or health status, integrating the physical, psychological, social, and existential factors in the care process that contribute to the Health-disease process.

The Family Doctor or Physician has a professional and social responsibility to his community. It plays its role, through the promotion of health, the prevention of disease and the provision of clinical care, rehabilitation and palliative care; They do it according to the health needs, respecting the cultural diversity and optimizing the available resources in the community. The Family Doctor must be responsible for the development and maintenance of their skills, values and personal balance, as a basis for the provision of effective and safe care. Family and Community Medicine is a key tool for the development and maintenance of peoples' health.

8. The Role Definition Group definition (USA)(2014) (19)
Family physicians are personal doctors for people of all ages and health conditions. They are a reliable first contact for health concerns and directly address most health care needs. Through enduring partnerships, family physicians help patients prevent, understand, and manage illness, navigate the health system and set health goals. Family physicians and their staff adapt their care to the unique needs of their patients and communities. They use data to monitor and manage their patient population, and use best science to prioritize services most likely to benefit health. They are ideal leaders of health care systems and partners for public health.

Foil Definition (quoted here but not used in the NLP analyse)
The role of the US family physician is to provide episodic outpatient care in 15-minute blocks with coincidental continuity and a reducing scope of care. The family physician surrenders care coordination to care management functions divorced from practices, and works in small, ill-defined teams whose members have little training and few in-depth relationships with the physician and patients. The family physician serves as the agent of a larger system whose role is to feed patients to subspecialty services and hospital beds. The family physician is not responsible for patient panel management, community health, or collaboration with public health.

Family Medicine is defined as a specialty of medicine which is concerned with providing comprehensive care to individuals and families by integrating biomedical, behavioral and social sciences. As an academic discipline, it includes comprehensive health care services, education and research. A family doctor provides primary and continuing care to the entire family within the communities; addresses physical, psychological and social problems; and coordinates comprehensive health care services with other specialists, as needed.
10. AAFP Primary Care Physician (2016)(3)
A primary care physician is a specialist in Family Medicine, Internal Medicine or Pediatrics who provides definitive care to the undifferentiated patient at the point of first contact, and takes continuing responsibility for providing the patient's comprehensive care. This care may include chronic, preventive and acute care in both inpatient and outpatient settings. Such a physician must be specifically trained to provide comprehensive primary care services through residency or fellowship training in acute and chronic care settings. Primary care physicians devote the majority of their practice to providing primary care services to a defined population of patients. The style of primary care practice is such that the personal primary care physician serves as the entry point for substantially all of the patient's medical and health care needs - not limited by problem origin, organ system, or diagnosis. Primary care physicians are advocates for the patient in coordinating the use of the entire health care system to benefit the patient.

List of ten definitions about Primary Health Care

1. IOM Institute of Medicine; Primary Care 1996 (2)
Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

2. PAHO Primary Health Care statement 2007 (4)
A PHC–based health system is composed of a core set of functional and structural elements that guarantee universal coverage and access to services that are acceptable to the population and that are equity–enhancing. It provides comprehensive, integrated, and appropriate care over time, emphasizes prevention and promotion, and assures first contact care. Families and communities are its basis for planning and action.

3. EU Expert panel definition of primary care 2014 (6)
Primary care: the provision of universally accessible, person-centered, comprehensive health and community services provided by a team of professionals accountable for addressing a large majority of personal health needs. These services are delivered in a sustained partnership with patients and informal caregivers, in the context of family and community, and play a central role in the overall coordination and continuity of people’s care.(EXPH 2014)

4. Brazil organization of Primary Health Care 2013 (8)
The centerpiece of the strategy is the Family Health Strategy, which became the key program to reorganize and strengthen primary care. It is based on multiprofessional family health teams of usually six to 10 professionals (a family health physician or generalist, a nurse, nursing assistant, four to six community health workers, and in some cases dentist health professionals, operating from a health center or family health center but providing mostly outreach activities through regular home visits to every family in the team’s coverage area. Family health teams are responsible for providing first contact,
comprehensive, and whole-person care coordinated with other health services. Each team is assigned households within a given geographic area, and should register every family in the area; assess and monitor living conditions, health risks, and health status; and provide first-level preventive and curative care. Upon the need for additional health services, the team interacts with other health professionals at the facility or refers the patient to higher-level services.

5. World Health Organization Glossary Primary Health Care Based Health System (no date) (10)

Primary Health Care Based Health System: health system organized and operated so as to make the right to the highest attainable level of health the main goal while maximizing the equity and solidarity. A PHC-based health system is composed of a core set of structural and functional elements that guarantee universal coverage and access to services that are acceptable to the population and that are equity-enhancing. It provides comprehensive, integrated and appropriate care over time, emphasizes prevention, promotion, and first contact primary care as well as intersectoral actions to address other determinants of health and equity.

6. PHC-RIS Australia Primary Health care (2015) (12)

Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multi-disciplinary teams supported by integrated referral systems in a way that:
• gives priority to those most in need and addresses health inequalities
• maximizes community and individual self-reliance, participation and control
• involves collaboration and partnership with other sectors to promote public health.
Comprehensive primary health care includes health promotion, illness prevention, treatment and care of the sick, community development, and advocacy and rehabilitation.


The Health Home (Maison de santé) is a legal person constituted between medical professionals, medical auxiliaries or pharmacists. "They shall carry out activities of primary care [...] and, where appropriate, of secondary care [...] and may participate in public health, preventive, health education and social actions within the framework of the health project they draw up. [...] The Health Home gathers at least two doctors and at least one paramedical professional (nurse, physiotherapist, ...). [...] The majority of health professionals working in a Health Home seek to extend their offer of care to their patients to that of public health organized on a territory (continuity of care, therapeutic education)

8. The Belgian medical home (FMMCSF) (2016) (14)

A medical home is a multidisciplinary team providing primary care. It is aimed at the entire population of a neighborhood. Its action aims at a global approach to health, considered in its physical, psychological and social dimensions. It is part of a health promotion approach and integrates care and prevention. The medical center relies on a dynamic of community participation: it enhances the resources of the inhabitants and the neighborhood. It works in partnership with the local network. The medical house bases its action on values of social justice, based on a principle of equity and solidarity; the citizenship; Respect for others and autonomy. As part of its approach to health promotion, the medical center develops prevention, health education and community health activities with all professionals, with the aim of
enabling the population to stay or become an actor in his health. The medical center works with partners in the neighborhood, integrating all the determinants: social, economic, environmental and cultural.


The medical home encompasses five functions and attributes:

1. Comprehensive Care; The primary care medical home is accountable for meeting the large majority of each patient’s physical and mental health care needs, including prevention and wellness, acute care, and chronic care. Providing comprehensive care requires a team of care providers. This team might include physicians, advanced practice nurses, physician assistants, nurses, pharmacists, nutritionists, social workers, educators, and care coordinators. [.....] 2. Patient-Centered; The primary care medical home provides health care that is relationship-based with an orientation toward the whole person. Partnering with patients and their families requires understanding and respecting each patient’s unique needs, culture, values, and preferences. The medical home practice actively supports patients in learning to manage and organize their own care at the level the patient chooses. Recognizing that patients and families are core members of the care team, medical home practices ensure that they are fully informed partners in establishing care plans. 3. Coordinated Care; The primary care medical home coordinates care across all elements of the broader health care system, including specialty care, hospitals, home health care, and community services and supports. [.....] 4. Accessible Services; The primary care medical home delivers accessible services with shorter waiting times for urgent needs, enhanced in-person hours, around-the-clock telephone or electronic access to a member of the care team, and alternative methods of communication such as email and telephone care. The medical home practice is responsive to patients’ preferences regarding access. 5. Quality and Safety; The primary care medical home demonstrates a commitment to quality and quality improvement by ongoing engagement in activities such as using evidence-based medicine and clinical decision-support tools to guide shared decision making with patients and families, engaging in performance measurement and improvement, measuring and responding to patient experiences and patient satisfaction, and practicing population health management. Sharing robust quality and safety data and improvement activities publicly is also an important marker of a system-level commitment to quality.

10. AAFP Primary Care (2016)(3)

Primary care is that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis. Primary care includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.). Primary care is performed and managed by a personal physician often collaborating with other health professionals, and utilizing consultation or referral as appropriate. Primary care provides patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services. Primary care promotes effective communication with patients and encourages the role of the patient as a partner in health care.

References: