Shereen Roberts

COMMUNITY MEDICINE

SSC 5c Elective Report - 9th April – 11th May 2012

Grant Medical Centre, Grant, Michigan, USA

Supervisor: Dr Robert Gunnell

Objectives:

1. **What are the most prevalent conditions observed at Grant Medical Centre (GMC)? How do they differ from the UK?**
2. **How are medical services organised and delivered in primary care? How does this differ from the UK?**
3. **Briefly explore the structure of health care in the U.S. – what are the advantages/disadvantages for patients?**
4. **Has this placement encouraged me to pursue general practice rather than hospital medicine – discuss with respect to working in the U.S in the future.**

During my five weeks of shadowing at GMC I have seen patients with a wide variety of conditions ranging from simple upper respiratory tract infections (URTIs) to patients with multiple chronic conditions requiring complex management. The most prevalent conditions I have observed are viral URTIs, seasonal allergies, exacerbation of asthma/ COPD (many patients are on portable oxygen in the GMC patient population which surprised me), chronic back pain and other musculoskeletal problems i.e. sprains, fractures and rotator cuff injuries. Lastly mental health issues were also common, especially anxiety and depression.

These presenting conditions are not very different from what I have experienced in the UK. I believe the management of these conditions are also similar; with conservative management used alongside prescribing medications and encouraging preventative measures for more serious long term conditions. However I do feel that more complex medical issues are dealt with in the primary care setting at GMC than would be in the UK, which may be due to the medical experience and background of the physicians at GMC. However, there does appear to be a lower threshold for referring patients to specialist doctors in the UK for example the diagnosis and initial monitoring and treatment of mental health illnesses such as bipolar disorder is done by Psychiatrists and patients with resistant chronic pain issues are referred to a Pain specialist.

GMC is a rural community family practice in Michigan, USA which provides health care to residents in the small town of Grant and the surrounding areas. The services include consultations with family practice physicians, sports medicine, outpatient obgyn services, phlebotomy and x-ray services. These services enhance the potential of managing patients in primary care, which is beneficial as there isn't a hospital in close vicinity. It appears that other family practice offices provide services according to the need in each area therefore

every practice is potentially different. This set up would be the equivalent to a polyclinic in the UK, which is not as common, but is increasing in popularity.

The system of health care appears to be efficient at GMC with a number of staff in different roles i.e. practice coordinator, receptionists, administration staff (who deal with medical records, insurance issues and referrals), medical assistants and providers (physicians and physician assistants). Medical assistants (MAs) are assigned to assist the providers by checking the patients' vital signs, giving intramuscular injections/ immunisations and generally communicating with the patients. There are 6 providers at GMC; 3 physicians' assistants (PAs) and 3 physicians including the obgyn doctor. At GMC the PAs are very independent in there practice of medicine, but they are still supervised by a physician. In the UK, PAs would probably be the equivalent to a nurse practitioner or clinical nurse specialist, however I believe PAs have more clinical knowledge and responsibility. In the UK the concept of MAs and PAs is not used, instead the duties of a practice nurse lies in between those of MAs and PAs. They have there own list of patients and deal mainly with preventative medicine i.e. vaccinations, immunisations, basic diabetes management, healthy heart checks, cervical smears etc. On call/ Out of hours services are similar in the US and UK.

At GMC annual examinations are offered to patients of all ages; this includes summary of their medical history and any new issues can be addressed, full examination including breast and pelvic for women and external genitalia and prostate exam for men. In addition they can be referred for relevant blood profiles i.e. cholesterol and glucose according to there history, also relevant screening procedures can be arranged. This is a good way to practice preventative medicine. Screening recommendations are different in the USA than the UK. Cervical screening is offered every 3-5 years for patients over the age of 21, in the UK the lower age limit is 25. Breast screening is offered every 1-2 years for women aged 50 and over, in the UK it is every 3 years. Colon cancer screening is carried with a colonoscopy every 7-10 years over the age of 50 years. This is not done in the UK; fecal occult blood testing is carried out for over 65 year olds instead. Women of a certain age are screened every 2 years for osteoporosis in USA. This is not a routine screening programme in the UK. National guidelines are followed in both the U.S. and UK for heart and lung diseases.

Drug rep visits to the office are frequent, occurring mostly on a daily basis, which was a new experience for me. In the UK this occurs less frequently in the hospital setting more than family practice. This is more relevant in the U.S due to the insurance based system of healthcare. Brand name medication is expensive and not always covered by some insurance plans therefore if drug companies can offer a generic version it is more cost effective for the patients. This is something that I had to get used to as in the UK we are more used to generic medications. It took me a while to get used to the brand names used for the medication here. In addition, drug reps bring samples of medications which can be given to patients for free according to there need i.e. as a trial if starting a medication for the first time or if they have issues with insurance coverage or no insurance at all. The samples are beneficial as long as there is a way to meet the cost of the medication once they have finished the free course.

The overall structure of healthcare in the USA is similar to the UK based on primary care in the community and referrals made to specialists for conditions that cannot be managed by family practice physicians alone. A major difference about the USA is that the extent to which patients can access health care is controlled by whether they have insurance or not and what type of coverage the different companies offer for medication, family practice/ hospital/ specialist visits, surgery, diagnostic tests and treatment procedures. This can be seen as a disadvantage compared to system of the free healthcare offered by the NHS in the UK with a small charge for prescriptions. There are different levels of insurance in the U.S. ranging from government funded programs for children and people with disabilities and patients who can't afford insurance to private insurance offered in the work place or for those who can afford it. Patients pay different amounts towards their health care according to what plan they have. The advantages of the care provided in the U.S. are that patients are seen by highly trained and qualified physicians; in addition the medical facilities and the equipment used are of a high quality.

This placement has been a beneficial experience for me in that I better understand the process of health care in the USA and I feel less opposed to working in the US in the future. Even though insurance companies can potentially cause restrictions to the management of patients, there are things that can be done to overcome this it just requires extra time and effort. I have not ruled out family practice following this placement. Although my first interest still lies in Oncology, especially since cancer is very prevalent. In the past 5 weeks I saw at least 3 patients who were sent for further investigations, which resulted in a new cancer diagnosis (2 lung cancers - 1 of these patients had stopped smoking 8 years ago and 1 breast cancer in a 36 year old woman who had no risk factors). In addition, I saw many other patients who have recovered or are in the process of recovery from cancer treatment. As in the UK, I was able to observe family practice providers at GMC who play a large part in the lives of cancer survivors and many of their patients with chronic conditions this also appeals to me. This is what I enjoy most about family practice medicine. Finally I made the most of obgyn services being provided in a primary care setting. I shadowed the obgyn doctor, which I really enjoyed. It allowed me to refresh my knowledge in this area, which was good because I have an obgyn rotation during my 2 year foundation job in the UK which I am now looking forward to.

In conclusion, I have learnt a lot from this placement clinically and about the how medicine is practiced in the USA. Due to my family circumstances there was always a high possibility of me working in the U.S, I now feel more confident in pursuing this plan after completing at least my foundation training in the UK.