



The roles of family physicians in the integration of Primary Care and Occupational Medicine Practice

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Flow of discussion

- Background : Primary Health Care, Occupational Medicine , Family Medicine, Primary Care
- Need for integration of occupational health and safety to primary care
- Training of primary care physicians in Occupational Health and safety
- Challenges



BACKGROUND

Primary Health Care

- **“essential health care based on practical scientifically sound and socially accepted methods, it is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work ”**

*WHO, Declaration of Alma Ata,
1978*

Primary Care

- 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
- not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis.

American Academy of Family Physicians

Definitions

Family Medicine

- specialty concerned with **patients and family** in the context of the community and workplace
- integrates **biomedical, behavioral and social sciences**

Occupational Medicine

- the branch of **medicine** which deals with the maintenance of health in the workplace,
- including the prevention and treatment of diseases and injuries, and also promotes productivity and social adjustment.

The need to integrate occupational health and safety in primary care

- Informal workers constitute more than 60 % of workers
-usually go to primary care facilities/ physicians for their health problems
- Even those who are employed will probably go to their personal physicians for health problems
- Long trusting relationship between patients and primary physicians make it easier to deal with psychosocial issues such as work related concerns

Rich Roberts, Wonca President, 2012

Connecting labor and health

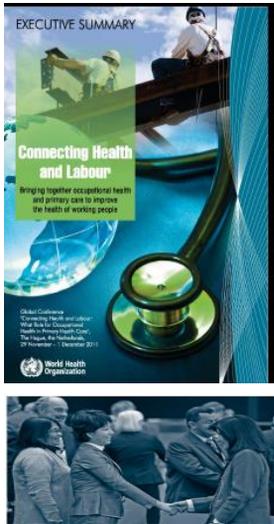


Employment and working conditions have powerful effects on health equity .

When good, → provide social protection , social status , personal development , social relations and self esteem , protection from physical and social hazards and positive health effects

http://www.who.int/occupational_health/publications/the-hague-summary-040512-A4web.pdf

Connecting labor and health

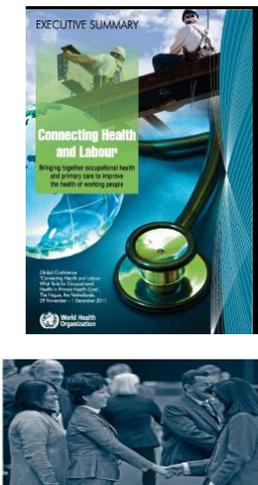


The health of workers is an essential prerequisite for household income, productivity and economic development

Therefore, maintaining and restoring working capacity is an important function of health services

http://www.who.int/occupational_health/publications/the-hague-summary-040512-A4web.pdf

Connecting labor and health



Hazardous working conditions and substandard forms of employment result in inconsiderable burden of ill-health and injuries...

... many effective interventions

- primary prevention of occupational hazards ,
- developing healthy workplaces
- maintaining and restoring functional capability

http://www.who.int/occupational_health/publications/the-hague-summary-040512-A4web.pdf

Connecting labor and health

- With global movement on universal health care, most countries is geared towards primary care, anchored on Family Medicine
- Occupational health services are available to only 10-15% of workers worldwide.
- **Basic Occupational Health Services** are application of the [primary health care](#) principles in the sector of [occupational health](#).

http://www.who.int/occupational_health/publications/the-hague-summary-040512-A4web.pdf

Informal workers in greatest need

Farmers



Market vendors

Small scale miners



Fishermen

Public utility drivers

Construction workers

Occupational health and primary care

- Occupational health and primary care share common value that are important for the health of people and populations
 - The Holistic approach, looking at individual in the context of their life
 - The interest in the communities to secure equity and the involvement of those in greater needs
 - Focus on improving individual's functioning and not only on disease outcomes

http://www.who.int/occupational_health/publications/the-hague-summary-040512-A4web.pdf

Principles for integrating occupational health care into primary health care

1. The health of workers is part of general health and life
2. Health systems should facilitate local strategies to meet health needs of workers
3. In moving towards universal occupational healthcare coverage, target first individuals at greatest risk or need
4. Involve all relevant stakeholders when developing policies about the health of workers
5. Training in health and work should be part of all healthcare professionals training
6. Empowering workers and encouraging decision-makers are critical for promotion of the health and safety of workers.

Peter Buijs, Bill Gunnyeon, Chris van Weel. Primary health care: what role for occupational health? DOI: 10.3399/bjgp12X659141 Published 1 December 2012

Elements in Integrating Occupational Health Care and Primary Health Care

- Training primary healthcare professionals
- Linking primary health care centers and occupational health services
- Financial arrangements : for human and technological capacity
- Research agenda and promotion of good practices
- Developing national plans for health of workers , involving professionals of primary health care and occupational health care and key stakeholders in society
- Governments should guarantee access to care, allowing full, productive working life

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3505386/pdf/bjgp62-623.pdf>

Occupational Health Services

- Detecting, Evaluating, and Treating Medical Conditions
- Emergency Response
- Medical Surveillance
- Chronic Disease Management
- Fitness and Wellness
- Work-Life Management
- Disability Management and Accommodation
- Employee Assistance and Advocacy
- Absence Management
- Training
- Consultant to Workers, Managers, Unions, and the Community

Department of Environmental and Occupation Health, College of Public Health, University of the Philippines Manila

TRAINING FAMILY PHYSICIANS ON OCCUPATIONAL HEALTH AND SAFETY AND PRACTICE OPPORTUNITIES DURING TRAINING

WHO : Training of primary care providers

(Total of 40 contact hours)

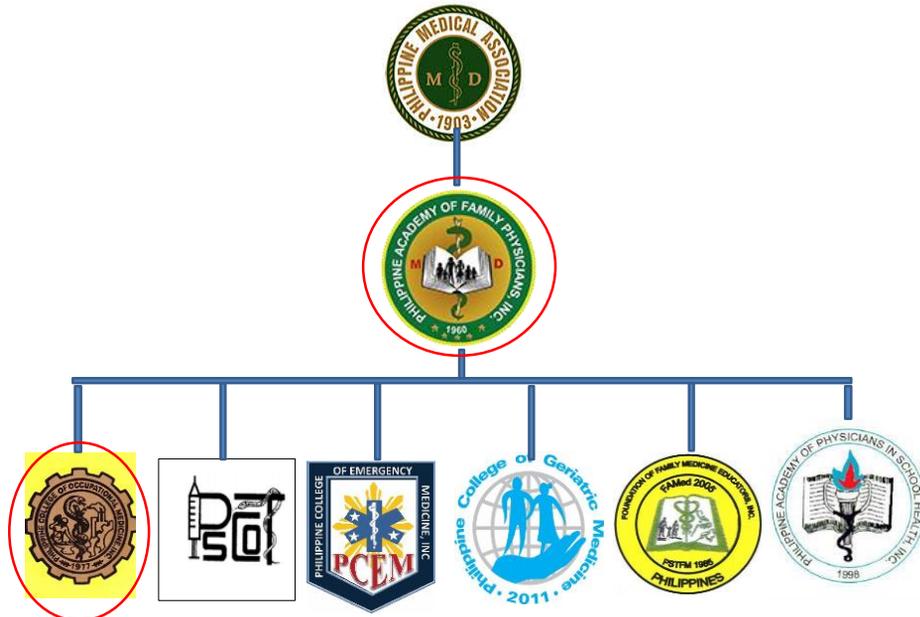
1. Workplace interventions *(10 contact hours)*
2. Case and injuries *(10 contact hours)*
3. Management of occupational and work-related diseases
Medical surveillance of workers *(4 contact hours)*
4. Protection of health and safety in health care facilities *(4 contact hours)*
5. National legislation, organization of occupational health specific issue, sources of information , advice an *support (2 contact hours_ -country specific*

OCCUPATIONAL DISEASES *All Industries (Establishments employing 20 and over)*

INDICATOR	2011	%
Total Cases	85,483	
1. Work-Related Musculoskeletal Diseases	45,572	53.31%
2. Cardiovascular Diseases	13,271	15.52%
3. Peptic ulcer	6,967	8.15%
4. Tuberculosis	4,505	5.27%
5. Occupational Dermatitis	4,374	5.11%
6. Other infections	3,773	4.41%
7. Occupational Asthma	3,652	4.27%
8. Heat stroke, cramps, exhaustion	1,044	1.22%
9. Other diseases	952	1.11%
10. Deafness	868	1.02%
11. Cataract	314	0.37%
12. Frostbite, freezing	99	0.12%
13. Acute poisonings	91	0.11%

Source of data: 2011/2012 BLES Integrated Survey (BITS)

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ORGANIZATIONS RELATED TO PRIMARY CARE



Foundation courses

- Family Medicine Principles and Family Practice
- Primary Care and Secondary Care (Use of the Biopsychosocial Approach)
- Acute Care
- Preventive Care and Wellness (Children, Adults, Elderly, Family Community)
- Communication and relational skills
- Community Oriented Primary Care
- Evidence Based Medicine
- Quality Assurance
- Research
- Information Technology
- Medical Ethics and Professionalism
- Legislation on Health and the Family
- Practice Management and Health Administration
- **occupational safety and health**

Towards an integrated approach for addressing work by health services

Foundation Courses with Required Competencies	Content	Learning Activities	Evaluation	Program Outcome
N. Occupational Health and Safety 1. Recognize and control the most basic work related hazards 2. Recommend and perform workplace examinations 3. Recognize the work related hazards of the informal sectors (i.e. vendors, tricycle drivers, self-employed businessmen) 4. Understand the legal basis for occupational safety and health 5. Provide a comprehensive management of work related medical problems	Four categories of work related hazards: Biological, chemical, physical, & ergonomics Comprehensive occupational history Workplace examinations 28 OSH standard compensation packages http://thepafp.org/website/wp-content/uploads/2017/05/foundation-courses.pdf	Lecture series	Written exam	1, 2, 7

UP-PGH DFCM

- Module type, 8 Saturdays (half-days)
- 3rd year residents
- written exam
- Case presentations
- Plan: to implement the module among first year residents; allot time for workplace visit

V. Fadrilan-Camacho for DFCM, UP PGH

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TEACHING-LEARNING STRATEGIES

- Lectures
- Case studies
- Journal reports
- Case presentations
- Chart reviews
- Walk-through survey

EVALUATION

- Written examination
- Oral reports
- Written reports



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Training Opportunities on OHS in accredited programs

- Employees clinics of hospitals are managed by DFM
- Most Industrial clinics are run by DFM staff
- Most Corporate centers are run by DFM staff
- Regional Government offices has DFM clinics in government hospital as their clinic
- DepEd teachers and families are enrolled in some DFM clinics of government hospitals for their TSEKAP

PFC Matrix by Leopando, 2000, 2014

	Patient Centered	Family Focused	Community Oriented to Community based
History and physical examination	Cc, HPI, ROS, Past Med Hx, PSH, Feelings, fears concern, doubt, predicament, PE,	Family History, family determinants and resources, caregiver issues Family Life Cycle Stage	Place of origin and residence: endemicity Place/ nature of work and hazard Environmental sanitation Health center & other resources Social determinants of health
Analysis , including differential diagnosis	Differential diagnosis Stage of illness, Impact of illness, Compliance issues Bioethics CPG/ EBM	Tools for family assessment Impact of illness, Compliance issues Family lifecycle stage Bioethics	Community: effect on patient's illness Vice versa Compare with epidemiological picture Legislation and ordinances and policies Social determinants of health
Plan of management	Diagnostics Therapeutics Supportive Alternatives Follow-up/ referral Biopsychosocial approach	Capability building of caregivers Health education for family Reassurance	Networking, Linkages, referral, shared care, Health Education

Postgraduate Course in Occupational Health and Safety , University of the Philippine College of Public Health

- **A. Rationale**
- offered by the Department of Environmental and Occupational Health, College of Public Health, University of the Philippines Manila which is the SEAMEO-TROPMED Center for Public Health, Hospital Administration, and Environmental and Occupational.
- A response to the felt need to provide physicians, nurses, safety engineers and other relevant professionals the necessary competencies to effectively carry out occupational health and safety programs for workers in all places of employment.
- The course is pursuant to Article 159, Chapter I, Title I, Book IV of the Labor Code of the Philippines. Furthermore, Section 6-b and 6-c of Rule I, Book IV of the Implementing Regulations authorizes the College of Public Health, University of the Philippines to conduct the required training course in occupational health for physicians and nurses.

Department of Environmental and Occupation Health, College of Public Health, University of the Philippines Manila

Course objectives

At the end of the course, the participant shall be able to

- discuss the rationale in including Occupational Health (OH) in Family Medicine (FM) residency training
- Describe the occupational health and safety policies and programs in developed and developing countries
- Define scope and impact of occupational health safety on the worker, the industry and the country as a people
- Describe the workplace health and safety hazards as well as their evaluation and control
- Define the role of the worker in relation to the other members of the health and safety team
- Discuss the clinical aspects of occupational diseases, including psychosocial implications
- Appreciate the planning and administration of occupational health and safety programs

VIVIEN FE F. FADRILAN-CAMACHO, MD, MPH, FPAFP

Topics for the Postgraduate Course

- Overview of Laws of occupational Health and Safety
- Identification, evaluation and control of workplace hazards
- Risk assessment and management
- Occupational diseases
- Workplace sanitation
- Environmental pollution
- Compensation Medicine
- Occupational Health and Safety Standards 18001
- OHS Program Planning
- Workplace health promotion
- OHS in practice-Implementing OHS Programs and Services
- Walkthrough Survey

Department of Environmental and Occupation Health, College of Public Health, University of the Philippines Manila

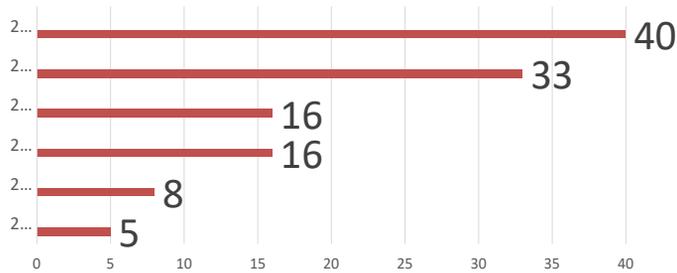
Fundamental Occupational Medicine for Physicians Course @Faculty of Medicine, Burapha University



- Module I – Basic occupational medicine practice
- Module II – Occupational diseases and injuries
- Module III – National legislation, organization of occupational health and injuries
- Module IV – **Organization of occupational health**

Course Director: Associate Professor Somjit Prueksaritanond
E-mail: dr.somjit95@gmail.com
Duration – 2 months (June-July)
Total of 240 contact hours

Number of participants 2555 2012 BC @ Faculty of medicine, Burapha University



ROLE OF FAMILY PHYSICIANS

- Family Medicine
 - holistic approach to health → health in the workplace
 - front liners
 - focus on prevention
- Limited number of OM specialists in the country



<http://mdsalaries.com/>

ROLE OF FAMILY PHYSICIANS

- Ensure effective prevention and appropriate management of injury and illness related to work
- Provide comprehensive care of the injured or sick worker, and to be able to address rehabilitation and return to employment
- Assist employers in the maintenance of a safe and productive work environment

*Recommended Curriculum Guidelines for Family Medicine Residents.
American Academy of Family Physicians, 2015.*

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Competencies

At the completion of residency training, a family medicine resident should:

- Be able to perform standardized, comprehensive occupational assessments; perform any necessary further investigations; and develop preventive, acute, and long-term comprehensive treatment plans based on the patient's present and possible long-term rehabilitation symptoms
- Be able to optimize treatment plans based on the knowledge of occupational and rehabilitation resources that include local, state, and federal agencies
- Coordinate ambulatory and inpatient care across health care providers, employers, and governmental agencies
- Be able to communicate in a compassionate, knowledgeable manner, and address prevention, treatment, and rehabilitation issues for both the employee and employer
- Be able to investigate occupational needs, offer advice on prevention, treat, and design rehabilitation plans that recognize the social, cultural, and employment needs of all parties concerned

*Recommended Curriculum Guidelines for Family Medicine Residents.
American Academy of Family Physicians, 2015.*

Attitudes

The resident should develop attitudes that encompass:

- Awareness of his or her own attitudes and his or her personal and family experiences related to the roles of employees and employers, and the potential implications on the therapeutic relationship
- Recognition of the importance of the physician/employee/employer partnership in promoting and maintaining optimal health in the workplace
- Sensitivity to cultural beliefs and values, family dynamics and social support, and physiologic and environmental variables affecting workplace health and performance
- Recognition of possible conflicts of advocacy with regard to the employee, employer, work community, and community at large
- Understanding of the use of occupational medicine principles and the resident's own self-care
- Recognition of the physician's own level of competence in handling occupational health problems and the need for further consultation, as appropriate
- Utilization of self-directed learning to further his or her knowledge and competence in occupational health
- Support of the patient through the process of consultation, evaluation, treatment, rehabilitation, and possible long-term care and inability to maintain gainful employment
- Understanding of appropriate limitation of investigation and treatment for the benefit of the patient
- Lifelong learning and contribution to the body of knowledge about occupational health and the medical management of the injured patient
- Awareness of the importance of a multidisciplinary approach to the enhancement of individualized care, especially with regard to prevention in the workplace ☐ Awareness of the importance of cost containment

*Recommended Curriculum Guidelines for Family Medicine Residents.
American Academy of Family Physicians, 2015.*

Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. The relationship of the physician providing occupational care to stakeholders
2. Ethics and the role of the physician
3. Preplacement testing and examinations
4. Periodic health assessments, as necessary
5. Disability determination and appropriate guideline
6. Organ related occupational illnesses
7. Job site related occupational hazards, temporal issues, ergonomics, prevention
8. Psychological problems in Industry
9. Epidemiology and statistics
10. Legal issues I occupational medicine
11. Effects of over-the-counter and prescribed medication on job performance

*Recommended Curriculum Guidelines for Family Medicine Residents.
American Academy of Family Physicians, 2015.*

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer:

1. Diagnostic
2. Management of industrial-related health care problems

*Recommended Curriculum Guidelines for Family Medicine Residents.
American Academy of Family Physicians, 2015.*

Wonca Special Interest Group on Workers Health Objectives:

- Collecting and promoting country experiences, including scientific evaluation
- Developing Basic Occupational Health education & training programs for PHC professionals
- Collecting and writing (scientific) articles and policy considerations
- Organizing a work conference in 2017 or 2018 on basic workers' health care in PHC settings
- Organizing SIG meetings during WONCA- and ICOH Congresses
- Identifying financial resources to support developments
- Developing an SIG email Group for enhancing communication between members
- Developing and promoting SIG activities through social networks
- Various publications in preparation, 2016 -2017
- Inputs planned to ICOH World Congress in Dublin; 2018

<http://www.globalfamilydoctor.com/groups/SpecialInterestGroups/WorkersHealth1.aspx>

Wonca Special Interest Group on Workers Health Vision and Mission :

- to identify collaborative ventures regarding gaps in services, education, research and policies for the health and safety of workers and to better integrate occupational health in PHC settings.

<http://www.globalfamilydoctor.com/groups/SpecialInterestGroups/WorkersHealth1.aspx>

**OCCUPATIONAL SAFETY
AND HEALTH IS VITAL
TO THE DIGNITY OF
WORK.**

QUOTEHD.COM

Juan Somavia

FUTURE CHALLENGES

For Training: MOVING FORWARD

- Promote the relevance of OH training among FM residents
- Develop a curriculum guideline for FM residency training
- Partner with institutions that can assist in the training of residents e.g. UP-CPH, DOLE, PCOM
- Encourage training of OM specialists that will facilitate the establishment of formal training in the country

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Family Medicine Collaboration and Partnerships

- Strengthen partnership with DOH for Family medicine residency training, including practice based pathway
- DOLE, AHMOPI and PHILHEALTH: policy on doctors trained to take care of families at entry point
- DILG and LGU officials - encourage and support training of physicians

- References:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5244524/pdf/12930_2017_Article_32.pdf

http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint266_Occupational.pdf

WHO Publications

Key areas



Healthy workplaces



Occupational and work-related diseases



Essential interventions for workers' health

2nd ASEAN Congress
for Family Medicine Educators

Iloilo

April 9-11, 2018

Grand Xing Imperial Hotel
Iloilo City

Theme: "ASEAN FAMILY MEDICINE EDUCATORS:
BRIDGING BORDERS"

www.aseanfamed2017.com