Integrated care and training in family practice in the 21st century: Taiwan as an example

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As the President-elect for the Asia Pacific region of the World Organization of Family Doctors (WONCA), I would like to share my thoughts with *Family Medicine and Community Health* readers. In the 21st century, the new directions of family practice aim to provide patient-centered and prevention-oriented holistic care to members of the public in their communities, with an emphasis on the self-caring model and treatment of chronic diseases. Most previous studies have shown that countries with healthier populations have better primary health care systems. For a vigorous population, improving the medical health care system, providing comprehensive care for patients, and interinstitutional coordination are essential [1]. With limited resources, family physicians can have an important role to enrich the health care system; for example, the patient-centered medical home in the United States and the accountable family physicians system through the Family Physician Integrated Care Project (FPICP) led by community medical teams (CMTs) in every community in Taiwan.

Since 1985, the medical care network plan has been progressing in Taiwan to successfully improve problems of scanty medical facilities and unequal medical resources. Particularly, in 2003 the Taiwan government established new directions of post–921 Huge Earthquake and post–Severe Acute Respiratory Syndrome health care construction for the whole island in the 21st century, including patient-centered, community-oriented care in the community, and a chronic disease model health care system. Accordingly, the Taiwan Health Insurance Administration has been providing the novel services of the FPICP since 2003 to highlight community-medical-group-based practice, so-called community medical teams (CMTs), in the primary care sector [2]. The goals of the FPICP are the development of a community-based health care network, the building up of family-oriented medical profiles, the establishment of a new model of mutual referral through a computerized medical information system, and the creation of a health community. The basic unit of a CMT is composed of five to 10 primary care physicians. More than half of the physicians in a CMT are specialists in family medicine, internal medicine, surgery, obstetrics and gynecology, and pediatrics. The CMT should cooperate with a local hospital for backup and mutual referral (Fig. 1). To improve quality of care, the physicians in the CMT should participate in shared-care activities, including medical planning, computerized information systems, and continuing medical education. The CMT is also designed to provide the target family members with a 24 hour hotline for consultation and emergent advice, which is critical for more efficient care. Among the physicians in CMTs, family physicians have played a key leadership role to achieve the goals of the FPICP. The physicians in the CMT

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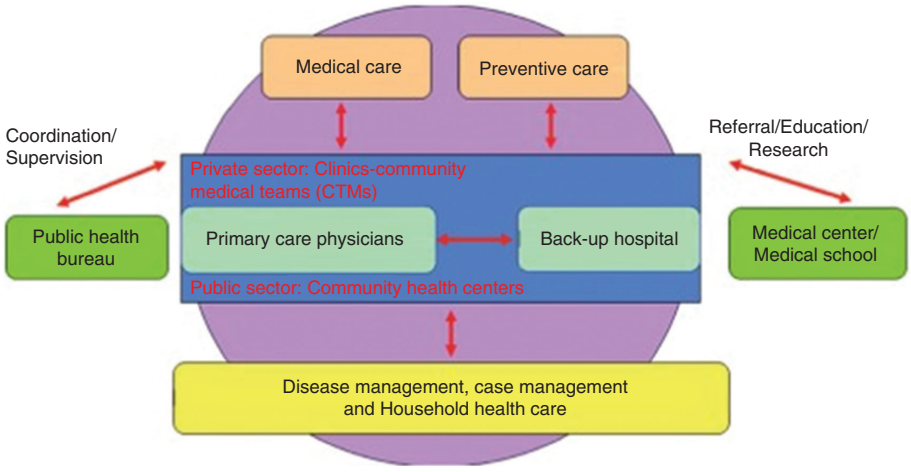

Fig. 1. Integrated community care model in Taiwan (Source: reference 3).

are obligated to create family-oriented medical files for their clients, including information on medical history, family history, allergy history, vaccination records, laboratory data, and physical examination findings. The family-oriented medical files can be used and shared only by the CMT and the local hospital through the Web-based health information system. With the help of this online information system, the primary care physician can easily access each member's health information at the clinic or the affiliated hospital. The preliminary outcomes of the FPICP show that people are likelier to utilize medical resources in the community, receive more preventive services, and be satisfied with medical and health services. Moreover, the second-generation National Health Insurance Law which came into effect in 2011 established the accountable family physicians system and services to provide holistic health care to all people [3].

Meanwhile, medical education has been constantly reformed to be the foundation of the health care delivery system. The medical education reforms in Taiwan include the integration of family medicine into the core curriculum of medical students, the setting up of training centers in community medicine for medical students and trainees, and the implementation of a mandatory postgraduate year of training for every medical graduate. Medical education reform with a focus on a mandatory postgraduate year of training of 3 months from 2003 to 1 year since 2011 and 2 years from 2019 highlights the importance and capacity of primary care and community medicine [4, 5]. Facing the challenges of the third generation of medical reform toward the aging society, we should stress the importance of humanistic care, integrated medical care, and medical health insurance, and train more accountable family physicians with the ability to provide community-oriented comprehensive care.

The FPICP in Taiwan is successful and is accepted by both primary care physicians and the public. The accountable family physicians system supported by the National Health Insurance program and legislation is highly regarded by both the health authority and the medical community in Taiwan.

Conflict of interest

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