

Georgia National Family Medicine Training Center: Discover a more effective way to make clinical decisions

By Dr. Irina Karosanidze and Dr. Beka Ioseliani

About the the National Family Medicine Training Center

The National Family Medicine Training Center (NFMTTC) was established as part of the United Kingdom Department for International Development (DFID) “Primary Health Care Development Project” in 2001. Since then we have become a leading organisation in family medicine in Georgia. We initiated the first family medicine practices in Georgia, and designed and implemented the first training programs in family medicine. Since establishment we have trained over 2000 general practitioners, 1500 family nurses and 500 practice managers.

At the Center, we are actively involved in developing clinical practice guidelines and protocols for specific conditions, performance evaluation tools (appraisals, medical or organisational audits, and surveys); and accredited continuous professional development courses for family physicians and family physician trainers. We also work with the Ministry of Labor, Health, and Social Affairs (MoLHSA) to develop and implement the strategy of primary care development.

The Center is founded on a belief that a strong primary medical care system is essential to the



effectiveness of the health system as a whole. We are committed to providing the highest quality of care to more than 50,000 patients, supporting the continuous professional development (CPD) of our staff, and facilitating training programs for students and health professionals. In addition, we are focused on ensuring that all of our 200 healthcare professionals, including 22 general practitioners (GPs), can apply evidence-based knowledge more effectively in their practice to support better patient outcomes.

As part of the BMJ Clinical Decision Support Training Initiative with the Ministry of Health, Labor and Social Affairs of Georgia, we have access to BMJ Learning and BMJ Best Practice. These resources are supporting our key aims and helping us to make evidence based decisions with confidence.

The search for an unbiased clinical decision support tool

Compared to other decision support tools we have used in the past we believe the quality of the guidance on BMJ Best Practice is far superior, and also that it is free from commercial bias. We will typically refer to BMJ Best Practice several times a week especially when the need for efficient and reliable decision support is required. It is used within the patient consultation and often searched after the initial consultation to consider diagnosis, management and follow-up care.

The major benefit of BMJ Best Practice is that it clearly presents step-by-step guidance on each topic, helping us to make both diagnosis and treatment decisions and apply these straight away. BMJ Best Practice is building our confidence in making decisions and has optimised the number of patients we are referring for specialist care.

Using the evidence-based guidelines that BMJ Best Practice provides, we have modified many of our treatment plans, used alternative communication methods with patients and families, altered screening and prevention practices, and incorporated different diagnostic strategies into patient evaluations. For example in the past we used creatinine levels alone to

monitor kidney function in chronically ill patients. Based on recommendations in BMJ Best Practice we started to calculate eGFR (estimated Glomerular Filtration Rate) and albumin creatinine ratios which allow us to identify kidney damage more effectively than creatinine levels alone.

Another example is ABI (ankle-brachial index) that allows us to identify patients with vascular problems for timely referral to specialist care. Before this we did not have any screening strategies to identify such patients.

We also implemented ABCD2 tool to assess the risk of stroke following transient ischemic attack and help doctors to make the best decisions for patient care (referral to emergency treatment, specialist care or management in primary care). Before this we had been referring all new patients for emergency hospital assessment which is not cost effective for patients or the health care system and had low acceptance rate with patients - causing delayed treatment and related disability. All these changes in practice have now been adopted as institutional protocols, and have become part of our residency training program and continuous development courses.





Keeping up with change

Our biggest challenge is dealing with the rapid changes in the health environment and the latest evidence based guidance while managing a demanding workload. Each doctor sees on average 25 patients daily and conducts phone consultations and home visits in addition to administrative demands.

Under the local organisational regulations, it is compulsory for all GPs to participate in appraisal. All BMJ Learning modules are linked to the BMJ Portfolio for easy tracking, recording and planning of CPD, which can be easily used for maintenance of registration.

In addition, BMJ Learning also supports our educators and trainers in preparing their educational materials for trainees and students. For example we developed modules for chronic liver disease and chronic kidney disease based on BMJ Best Practice topics and BMJ Learning modules.



Keeping the momentum going

Looking at the bigger picture, general practice in Georgia faces significant challenges including financing, recognition, capacity to provide comprehensive care and integration with the rest of the health system. However, wider access for primary health specialists throughout Georgia will improve the quality of care in whole healthcare system. Continued access to BMJ Best Practice and BMJ Learning is essential for us and will increase our knowledge of the latest evidence-based guidelines. It will also increase our levels of competence and performance, and ultimately lead to improved patient outcomes.



About the authors



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To learn more about the BMJ Clinical Decision Support Training Initiative
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