How can a Private General Practitioner (GP) Stay Relevant in the New Medical Scenario?

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ABSTRACT

With an improved government health system, and specialist-oriented health-seeking behaviour by the patients, the private general practitioner (GP) is facing an existential crisis. This perspective deals with the current challenges faced by the GP and suggests some solutions to tackle them.

Keywords: General Practitioner, Staying Relevant

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55-year-old Dr. Shyam(name changed) runs an outpatient clinic in the suburbs of Thiruvananthapuram district. He completed his MBBS and then went into practice, never feeling that a post-graduate degree would help him any better. He did well running the clinic from 8 AM to 9 PM except on Sundays when he was home by 2 PM. Over the last 10 years, he has noticed a dwindling crowd except during fever seasons. I met him at a meeting, and we had this discussion on what he could do to take his practice forward.

Before we go ahead, we need to define the "new medical scenario". I am not sure if this applies to all states in India and the rest of the world, but in the state of Kerala, the GPs are facing an existential crisis. Here, the government's health systems are well developed catering to good primary and tertiary care with both preventive and promotive health. Pediatric immunisations, maternal health and antenatal care are comparable to the best in the world and available free of cost.[1] Then, who will approach the private GP for medical care?

In a state with over 500 cardiologists, and around 350 neurologists, there is no scarcity of specialists for people with an organ-related symptom (as perceived by them!) to approach and seek treatment.[2] Over these numbers, the state has over 2000 physicians who can manage these medical issues. Medical care is in general fragmented with patients approaching government hospitals, private hospitals, private clinics and individual private practitioners at their whims and fancies.[3] Added to this, there is the unhealthy trend of low-priced clinics (e.g. 10 Rs consultation) started by large hospitals. The numerous licences to run a clinic, and the Clinical Establishment Bill hang like the sword of Damocles over the head.[4] So, what can a GP do to stay relevant in this new medical scenario?

As a doctor (for that matter any profession), it is important to first stay relevant, keeping pace with the change. The next quality is to be a problem solver. This is very challenging for GPs as the science not only advances in leaps and bounds but also keeps specialising and hyper-specialising. The consumers of healthcare are aware and educated about what is available in the marketplace.

I had a long call with Dr. Shyam to discuss some ideas to stay relevant in this scenario.

Informal specialisation: formal specialisation is well known, but informal specialisations are less commonly appreciated. Informal specialisation can be gained by attending conferences and CMEs, workshops, reading, certificate courses and even free resources on the net. Some of these areas include adult and paediatric vaccinations, geriatric care, cancer screening, palliative care, exercise programs and yoga, nutritional advice, and allergies. All of these are important but outside the "routine healthcare."

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Deep interest in common chronic diseases: although people would approach specialists even for all common diseases, care is usually fragmented. This is true, especially for diseases where there is a significant educational and lifestyle component in addition to the therapeutics. In contrast to a specialist, a GP with deep knowledge of diabetes can take time to look at self-monitored blood glucose levels, suggest dietary changes and exercise and explain adverse effects of drugs in an extended consultation. To gain this knowledge, the GP should dive deep and acquire knowledge in areas where specialists do not venture much. On a similar note, bronchial asthma, osteoarthritis etc are other diseases where they can have deep interests. Although the GP cannot keep official degrees, word-of-mouth publicity can bring in patients. The problem-solving skills can take them further beyond just therapeutic interventions.

Modernising clinics and use of technology: The new generation of patients looks for convenience, cleanliness, and ambience in institutions. A good interior design, timed appointments, uniforms for staff, electronic medical records, transparent billing, and printed prescriptions can give a professional appearance to the practice set-up. The modern look and feel of the clinic can bring in more patients. Organised GP practices like Famedico are already doing this in Kerala.[5]

Patient education and media: although traditional marketing tactics like medical camps have low yields, educational videos on YouTube, WhatsApp channels and Instagram reels can bring a new generation of patients to their doorstep. A minimal investment in equipment and an attitude can enable this.

Home care: premium services like home care can be provided at specific hours for patients who cannot come to the clinic. These can be billed at a premium so that the patients save on travelling to the clinic and the GP gets a better revenue for the time spent.

Networking with specialists: a GP can network with a specialist and provide streamlined medical care. Mutual trust will enable the follow-up of the patients by the GP once a care plan is made by the specialist.

Concierge care: highly personalised care can be provided to patients who can afford the same.

Telemedicine: consultations can be provided to patients without visiting the clinic via a secured platform.

Care coordination: the GP can act as a care coordinator for a patient with multiple specialist care providers. This could work well for older affordable patients with no caretakers and having their kids settled abroad. The GP system can act as a provider of medicines, arranging and coordinating appointments and communicating with the family.

Although many of these suggestions seem difficult, they are not impossible. The rise of naturopaths and non-medical influencers who give medical advice, gym instructors who give nutritional advice and practitioners of alternative medicine drawing patients in lots is an indication that these will work. Medical aggregators and home care services are already providing some of these services. All physicians are slowly waking up to the fact that drawing patients and retaining them requires much more than medical degrees. The skills which brought them here are unlikely to take them further.

In a world where the threat (or blessing) of AI in healthcare, the GP needs to remain true to the reason that brought him here in the first place; the eagerness to help his patient. Central to this is his ability to communicate and empathise with the patient. It is important the " old dog" learns new tricks and hones the old ones to retain the patient and enhance care. A GP who shuts shop will leave the average patient at the mercy of a medical system which is expensive and fragmented. Hence, it is now a fight for survival not only for the GP but also for the patient.

END NOTE

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