

unisanté

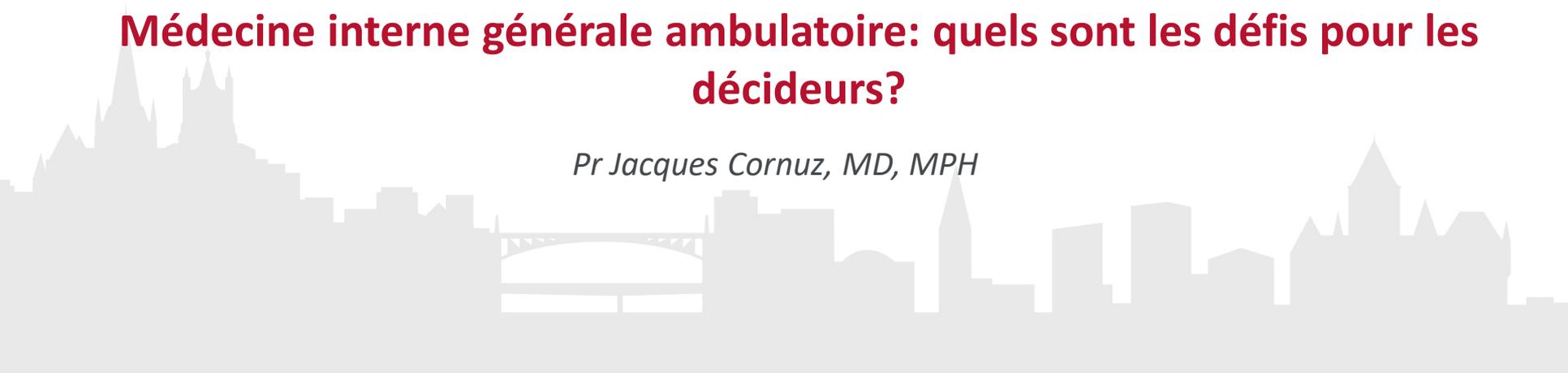
Centre universitaire
de médecine générale
et santé publique · Lausanne

SGAIM – Health symposium 2021

Medical leadership

Médecine interne générale ambulatoire: quels sont les défis pour les décideurs?

Pr Jacques Cornuz, MD, MPH

A light gray silhouette of a city skyline is visible at the bottom of the slide. It includes various building shapes, a prominent bridge with a central arch, and several spires or towers, likely representing the city of Lausanne.

Overview

- Introduction
- Health: definition and determinants
- Perspectives for ambulatory care – general internal medicine
- Blending primary care and public health
- Global perspective on medical leadership
- Conclusion

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Introduction

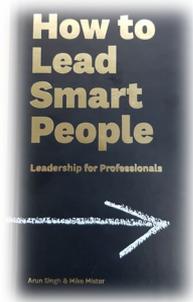
- Personal readings on leadership
- Reference

Clavien PA, Deiss J. Ten tips for choosing an academic chair. *Nature* 519, 286–287; 2015

- Own experience

Full professor and head since 2011

- Decision as a chairperson/head, not as a clinician
- Input from a working group
 - A Perrier, D Aujesky, G Waeber, Ch Meier



Overview

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Definition of health

- Leriche 1936: Life lived in the silence of the organs
- WHO: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- Consensus approach (BMJ 2014)

How should we define health?

The WHO definition of health as complete wellbeing is no longer fit for purpose given the rise of chronic disease. **Machteld Huber and colleagues** propose changing the emphasis towards the ability to adapt and self manage in the face of social, physical, and emotional challenges

The ability to adapt and to self manage

Swiss Academy of Medical Sciences

 SAMW ASSM

03/2021

BULLETIN

Schwerpunkt: Eine neue Definition der Gesundheit? _____ 1	Hommage an Peter Meier-Abt _____ 6	Covid-19: Themen zum Vertiefen _____ 8
Editorial _____ 2	Personelle Veränderungen im Ressort Ethik _____ 6	White Paper Clinical Research _____ 10
SPHN: Unterstützung im verantwortungsvollen Umgang mit Daten _____ 5	SAMW-Award «Interprofessionalität» _____ 7	Zusprachen MD-PhD-Programm _____ 11
	Neue Mitglieder im SAMW-Vorstand _____ 7	Medical Humanities: neuer Veranstaltungszyklus _____ 12



Das Meikirch-Modell:
eine neue Definition der Gesundheit?

Meikirch model

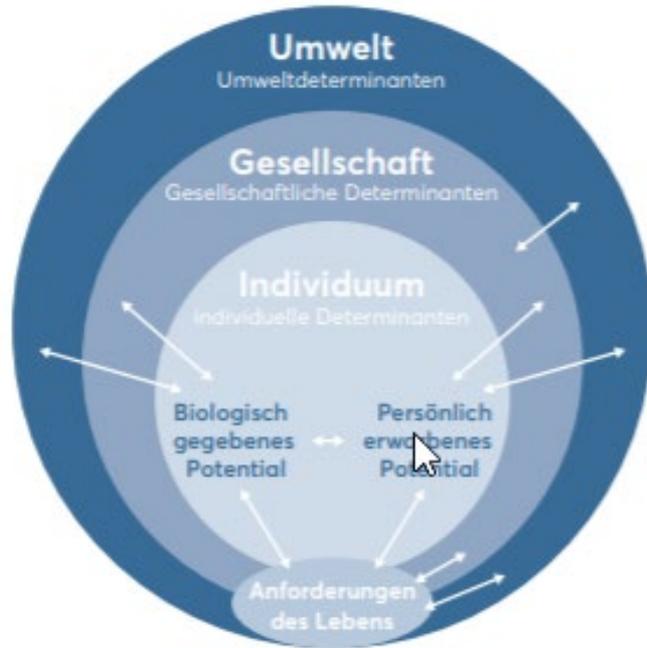


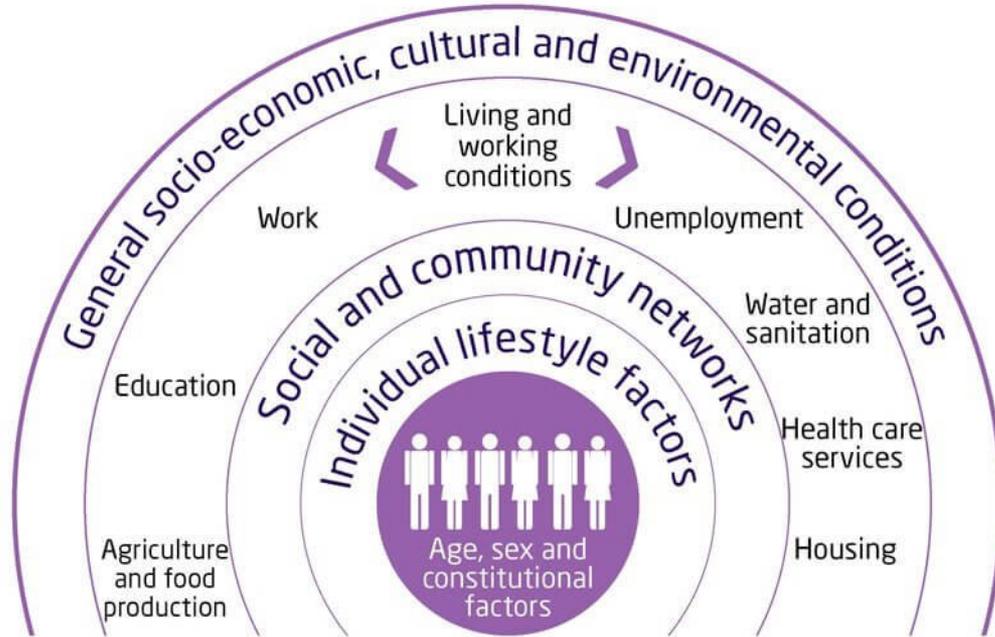
Abbildung 1: Struktur des Meikirch-Modells

Health is a dynamic state of wellbeing and results throughout the life course when individuals' potentials – and social and environmental determinants – suffice to respond satisfactorily to the demands of life.

Bircher J. and Hahn E.

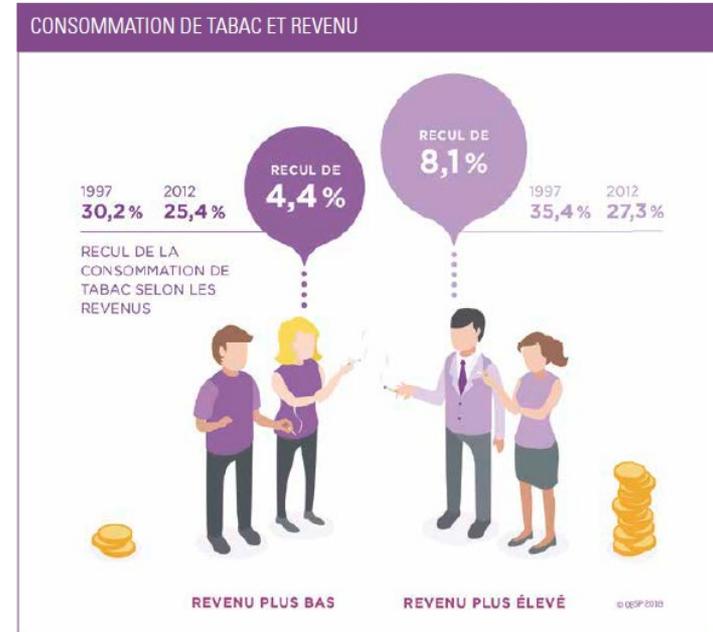
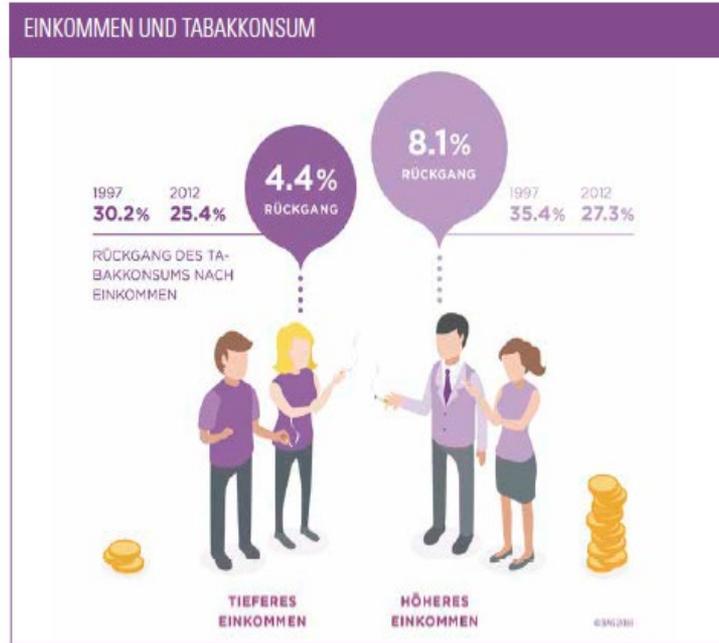
G. Understanding the nature of health 2016

Determinants of health



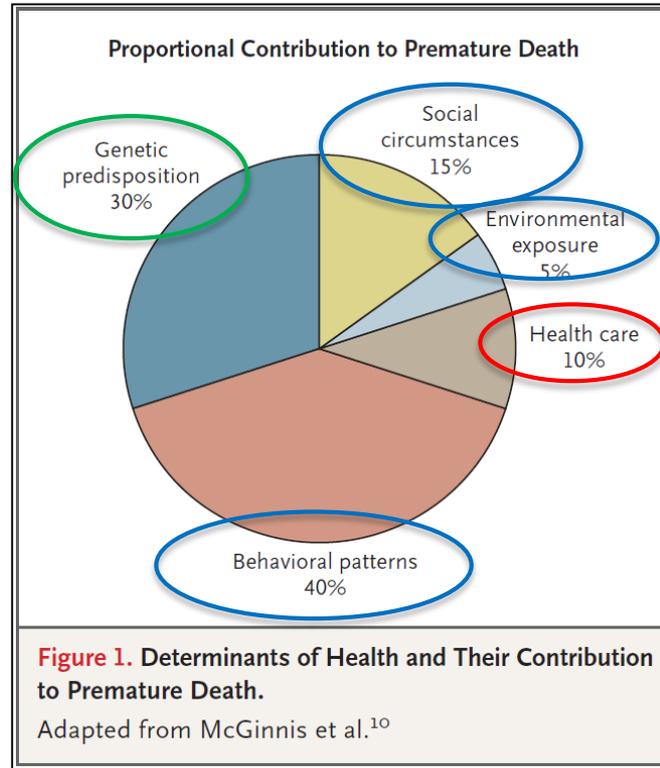
Dahlgren, G. and Whitehead, M. (1993)

Determinants of health: behavior and income



Determinants of health: respective contribution

**Social,
Environmental,
behavioral factors:
60%**

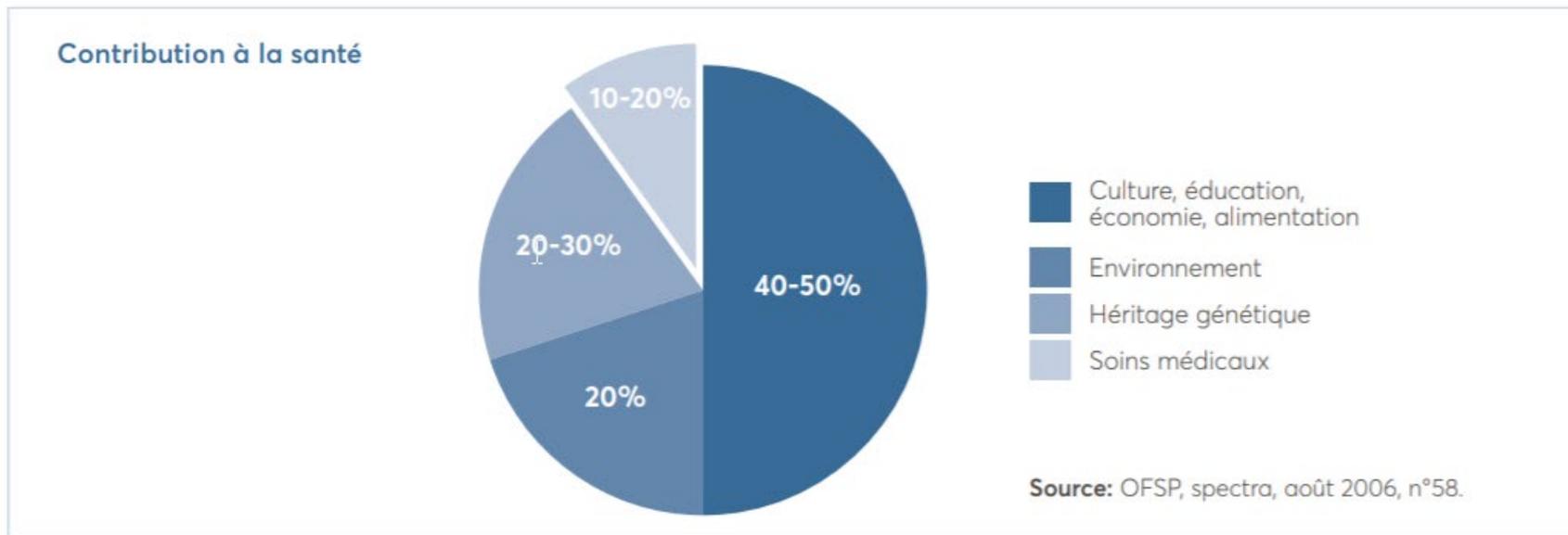


**Traditional
Health care:
10%**

Schroeder S. *NEJM*. 2007

Importance des DSS

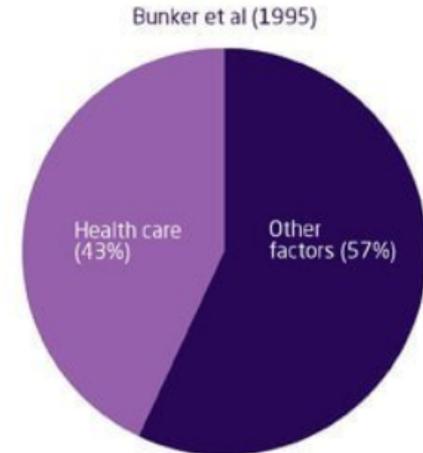
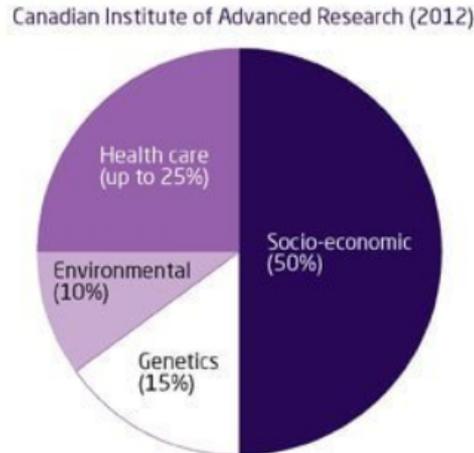
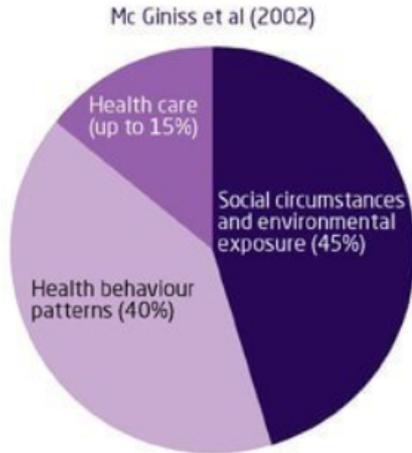
Determinants of health: respective contribution



Les soins médicaux ne contribuent que 10% à 20% à la santé, mais nous coûtent une fortune.

Estimates of the impact of the 'broader determinants of health' on population health

Several studies attempt to estimate how the broader determinants of health impact on our health. The three pie charts below depict the main findings of three research papers



Kingsfund.org.uk

Determinants of health in the digital era

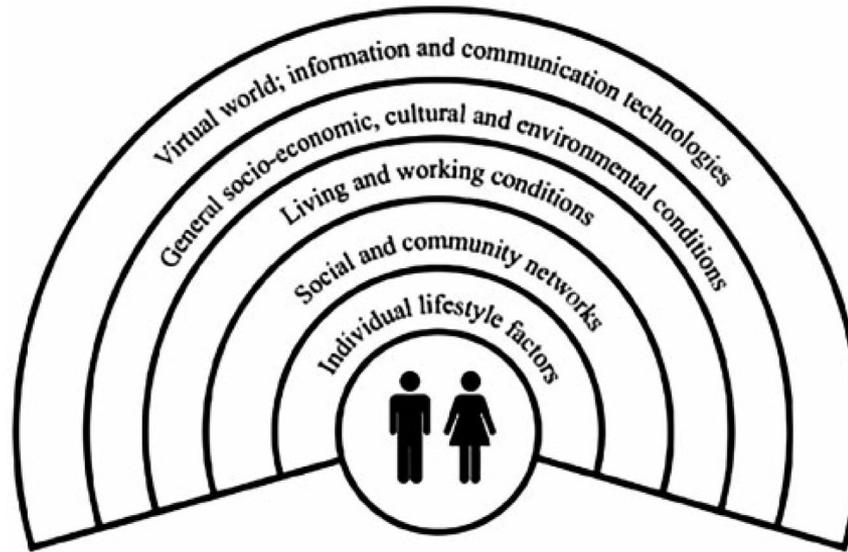


Fig. 1: Determinants of health model 2.0 with additional ICT sphere (developed from a concept by [Dahlgren and Whitehead, 1991](#))

Rice, Health Promotion International, 2018

BULLETIN

Santé et environnement naturel: un lien fort _____	1	Sénat: une drôle d'année 2020 _____	5	Fonds KZS: «seed grants» pour la releve en éthique biomédicale _____	6
Éditorial _____	2	Directives: révision «Décisions de réanimation» _____	5	Prix Stern-Gattiker: deux rôles modèles féminins récompensés _____	7
SPHN: un partenariat fort avec les hôpitaux universitaires _____	4	L'autonomie en médecine: 7 thèses _____	6	Agenda _____	8



Santé et environnement naturel: un lien fort

En 2019, l'ASSM a publié une feuille de route sur la durabilité du système de santé. L'article du Prof. Nicolas Senn, Médecin-chef du Département de médecine de famille, Unisanté à Lausanne, élargit la perspective nationale de la feuille de route en abordant un thème qui touche tous les pays, quel que soit le niveau de développement de leur système sanitaire: le lien d'interdépendance entre la santé humaine et celle de l'environnement.

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Public Health and Family Medicine: An Opportunity

Doug Campos-Outcalt, MD, MPA

J Am Board Fam Med 2004

I

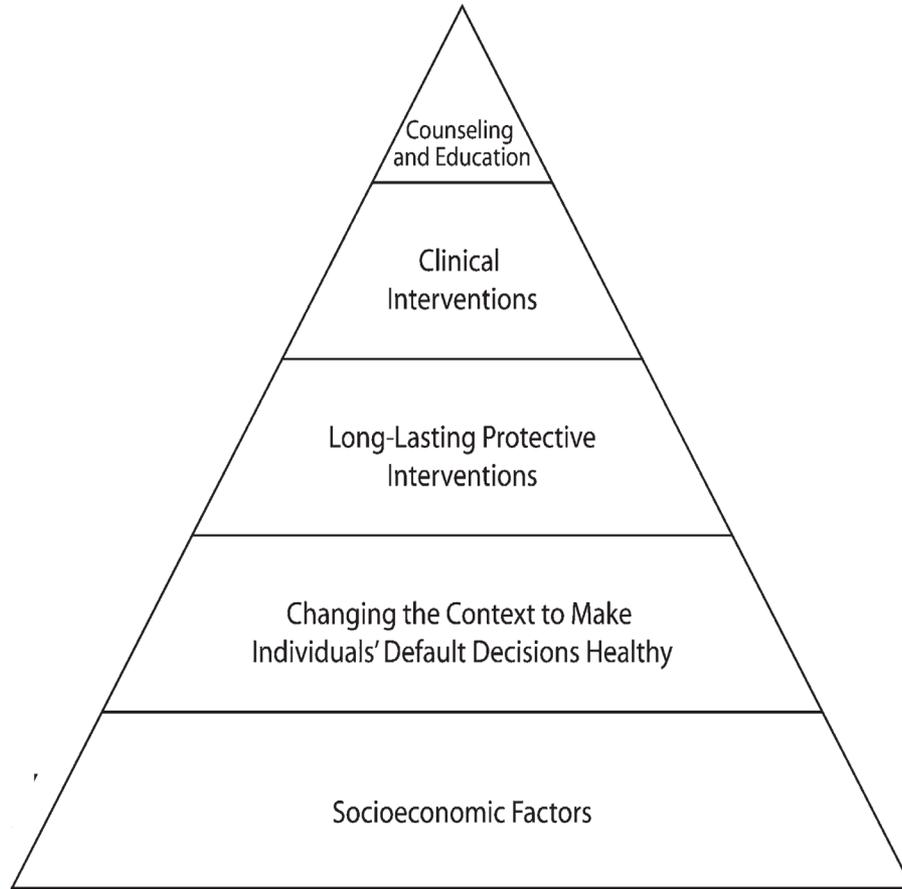
EDITORIAL

Clinical Population Medicine: Integrating Clinical Medicine and Population Health in Practice

Aaron M. Orkin, MD, MSc, MPH, CCFP(EM), FRCPC¹⁻³ *Ann Fam Med 2017;15:405-409. <https://doi.org/10.1370/afm.2143>.*

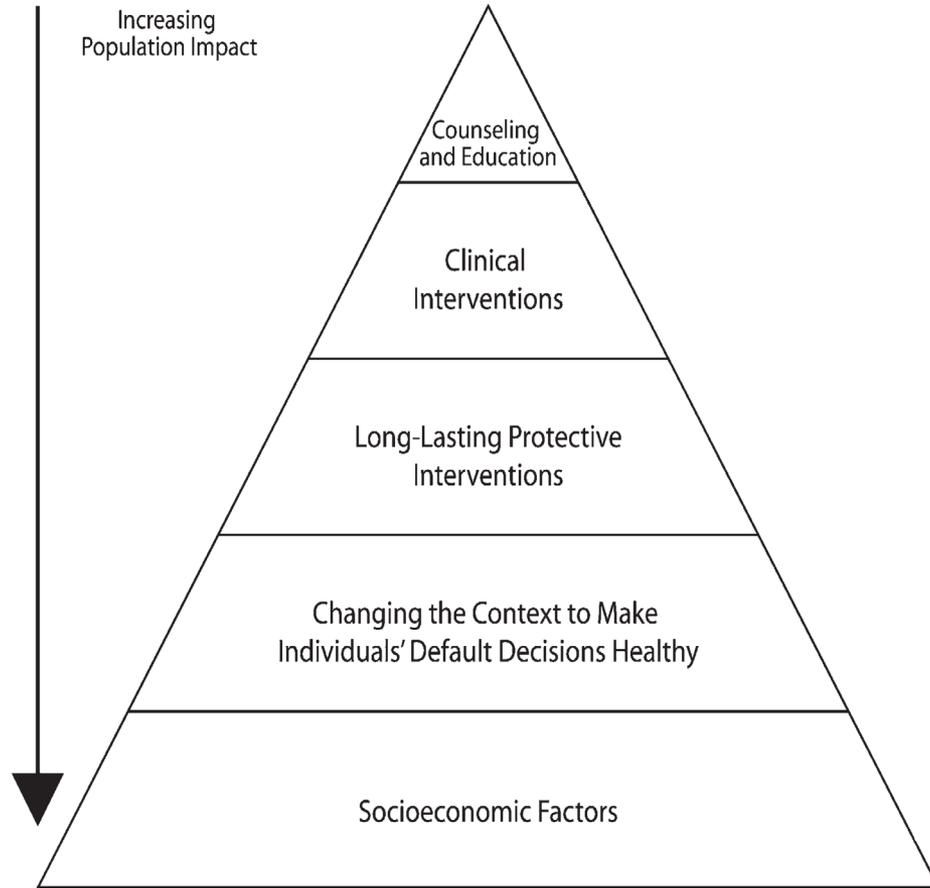
Am Fam Med 2017

The health impact pyramide



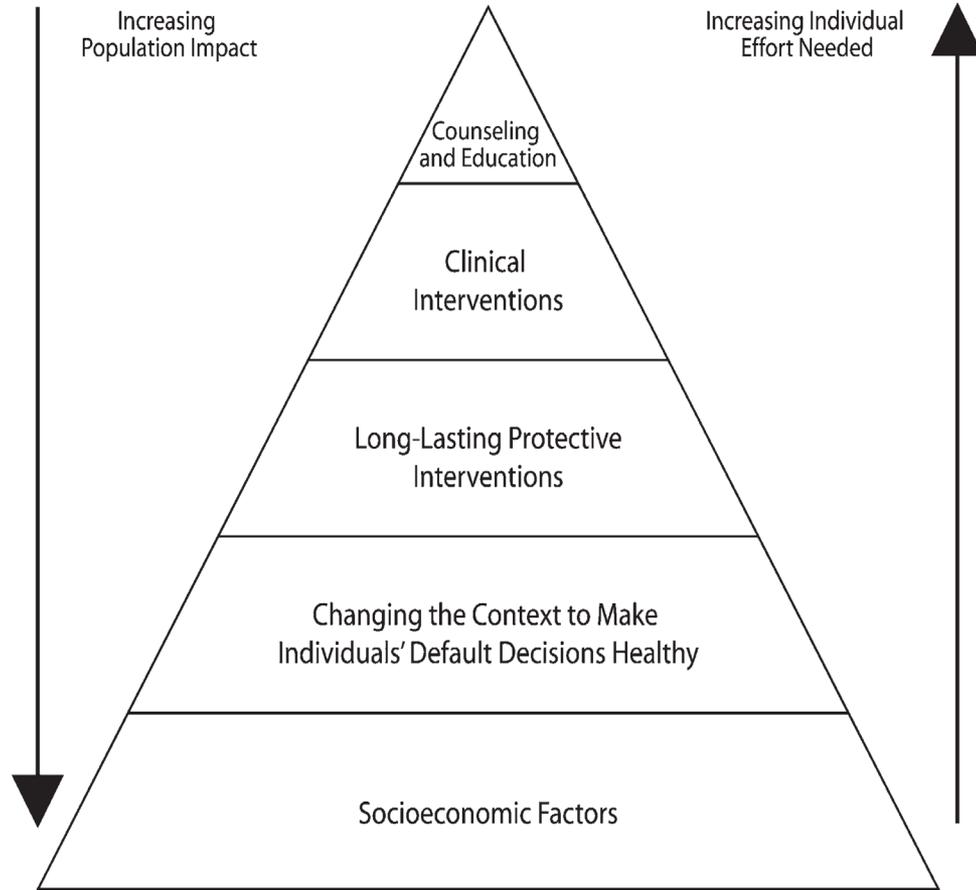
Frieden. Am J
Public Health
2010;100:590–5.

The health impact pyramid



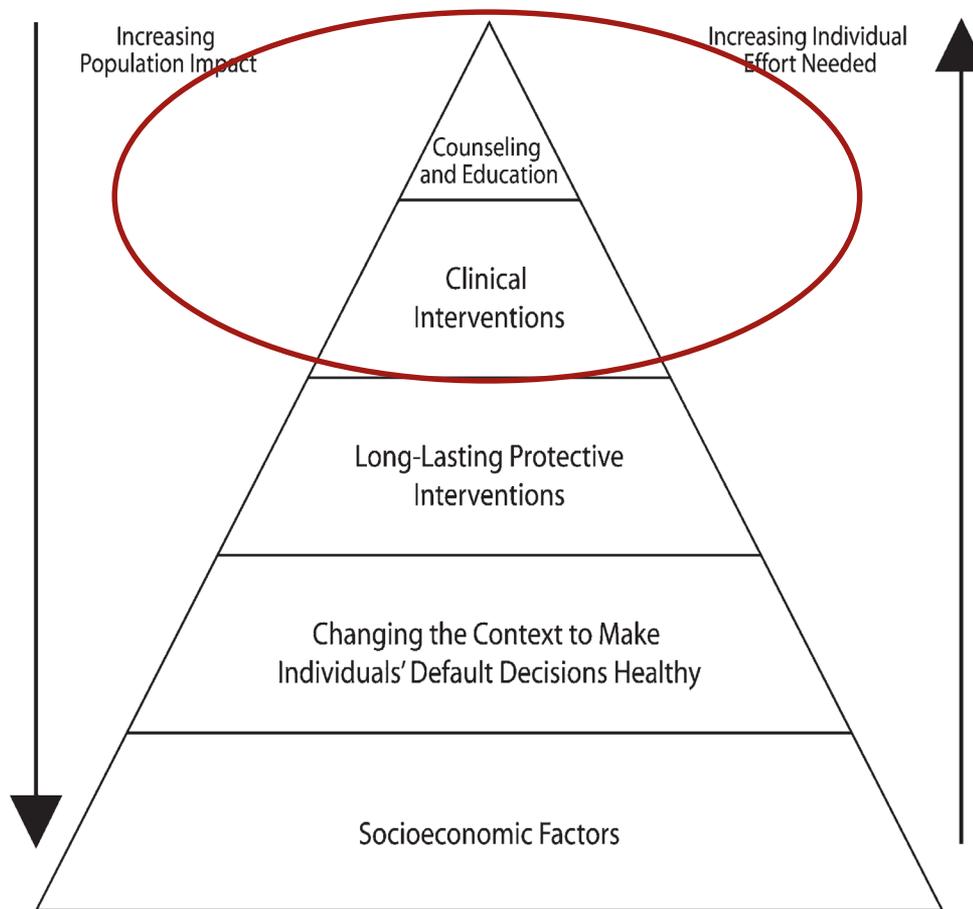
Frieden. Am J
Public Health
2010;100:590–5.

The health impact pyramid



Frieden. Am J
Public Health
2010;100:590–5.

The health impact pyramid



Frieden. AmJ Public Health.2010;100:590–595.

Risk factors for Covid-19



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Contents lists available at ScienceDirect

Brain, Behavior, and Immunity

journal homepage: www.elsevier.com/locate/ybrbi



Lifestyle risk factors, inflammatory mechanisms, and COVID-19 hospitalization: A community-based cohort study of 387,109 adults in UK

Mark Hamer^{a,*}, Mika Kivimäki^b, Catharine R. Gale^{c,d}, G. David Batty^b

^a Division of Surgery and Interventional Sciences, Faculty Medical Sciences, University College London, London, UK

^b Department of Epidemiology and Public Health, University College London, UK

^c MRC Lifecourse Epidemiology Unit, University of Southampton, UK

^d Lothian Birth Cohort, Department of Psychology, University of Edinburgh, UK



Population study on lifestyle RF using prospective cohort data with national registry linkage

Table 2

Combined and individual lifestyle behavioral risk factors in relation to COVID-19 hospitalisation (N = 387,109).

Total lifestyle score	CASES/N	Relative Risk (95% confidence interval)	
		Model 1	Model 2
0 (optimal)	13/19,776	1.0 (ref)	1.0 (ref)
1	55/52,053	1.58 (0.86, 2.59)	1.48 (0.81, 2.71)
2	142/77,861	2.73 (1.55, 4.81)	2.43 (1.38, 4.29)
3	163/87,998	2.76 (1.57, 4.85)	2.41 (1.37, 4.25)
4	160/75,123	3.12 (1.77, 5.49)	2.70 (1.53, 4.75)
≥ 5 (worst)	227/74,298	4.41 (2.52, 7.71)	3.73 (2.12, 6.54)
p-trend		< 0.001	< 0.001
Individual behaviours			
<i>Smoking</i>			
Never	354/214,828	(ref)	1.0 (ref)
Past	313/134,855	1.34 (1.15, 1.56)	1.36 (1.15, 1.59)
Current	93/37,426	1.45 (1.16, 1.83)	1.36 (1.08, 1.71)
<i>Physical activity</i>			
Sufficient	382/209,489	(ref)	1.0 (ref)
Insufficient	192/108,707	0.98 (0.83, 1.17)	0.99 (0.84, 1.18)
None	186/68,913	1.51 (1.27, 1.81)	1.38 (1.15, 1.64)
<i>Alcohol consumption</i>			
Below guideline	216/140,908	(ref)	1.0 (ref)
Rarely/never	304/116,389	1.88 (1.55, 2.24)	1.57 (1.31, 1.88)
Above guideline	240/129,812	1.23 (1.00, 1.45)	1.24 (1.03, 1.50)
<i>Body mass index</i>			
Healthy weight	166/131,162	(ref)	1.0 (ref)
Overweight	317/165,052	1.41 (1.16, 1.70)	1.32 (1.09, 1.60)
Obesity	277/90,895	2.28 (1.88, 2.77)	1.97 (1.61, 2.42)

Model 1 adjusted for age and sex.

Model 2 adjusted for age, sex, education, ethnicity, diabetes, hypertension, cardiovascular disease (heart attack, angina, or stroke).

3.2. Population attributable fraction

Using the Health Survey for England prevalence estimates (17% for current smoking, 25% for ex-smoking, 27% for physical inactivity, 35% for overweight and 28% for obesity), the PAF for the three unhealthy lifestyle factors in combination was **51.4%** (13.3% for smoking, 8.6% for physical inactivity, and 29.5% for overweight and obesity).

Conclusion: Adopting lifestyle changes could lower the risk of severe infection.

Unfulfilled potential of primary care in Europe

The Alma Ata declaration's compelling vision of health for all will not be realised until we take community level prevention seriously, argue **Luke Allen and colleagues**

Luke N Allen *GP academic clinical fellow*¹, Shannon Barkley *technical officer*², Jan De Maeseneer *emeritus professor*³, Chris van Weel *emeritus professor of general practice*^{4 5}, Hans Kluge *director*⁶, Niek de Wit *professor*⁷, Trisha Greenhalgh *professor*¹

BMJ 2018

What about Switzerland?

Perspective
DECEMBER 3, 2015

INTERNATIONAL HEALTH CARE SYSTEMS

Individual Responsibility and Community Solidarity — The Swiss Health Care System

Nikola Biller-Andorno, M.D., Ph.D., and Thomas Zeltner, M.D.

Swiss health care system

- Health insurance is compulsory under the Health Insurance Law
- Free access to all primary and specialty care
- 60 government-approved non-profit insurance providers offer basic mandatory insurance
- Citizens have a free choice of insurer.
- 35% of Swiss Citizen have subventions
- High trust in physicians (and very probably in all health care professionals)

Public trust in physicians

Western ranking

Public Trust in Physicians — U.S. Medicine in International Perspective

Robert J. Blendon, Sc.D., John M. Benson, M.A., and Joachim O. Hero, M.P.H.

Attitudes about Doctors, by Country.*

Country	All Things Considered, Doctors in Your Country Can Be Trusted (Strongly Agree or Agree)		Satisfaction with the Treatment You Received When You Last Visited a Doctor (Completely or Very Satisfied)	
	rank	% (95% CI)	rank	% (95% CI)
Switzerland	1	83 (81–85)	1	64 (61–67)
Denmark	2	79 (77–81)	2	61 (59–64)
Netherlands	3	78 (75–80)	11	47 (44–50)
Britain	4	76 (73–79)	7	51 (48–55)
Finland	5	75 (73–78)	9	49 (46–52)
France	5	75 (73–77)	18	38 (36–40)
Turkey	5	75 (73–77)	15	41 (38–43)
Belgium	8	74 (73–76)	5	54 (52–56)
Sweden	8	74 (71–76)	10	48 (45–51)
Australia	10	73 (71–76)	4	55 (52–58)
Czech Republic	10	73 (71–75)	16	39 (36–41)
Norway	12	72 (70–74)	5	54 (51–56)
Taiwan	12	72 (70–74)	27	17 (15–18)
Slovenia	14	70 (68–73)	14	44 (41–47)
South Africa	14	70 (68–72)	7	51 (49–54)
Portugal	16	69 (66–72)	23	26 (23–29)
Philippines	17	68 (65–71)	16	39 (36–42)
Israel	18	67 (64–70)	12	46 (43–49)
Germany	19	66 (64–68)	12	46 (44–48)
Slovakia	20	62 (59–66)	22	28 (24–31)
South Korea	20	62 (60–65)	24	25 (23–28)
Lithuania	22	61 (58–64)	28	13 (11–15)
Japan	23	60 (57–63)	20	30 (27–33)
Croatia	24	58 (56–61)	19	31 (28–34)
United States	24	58 (55–61)	3	56 (54–59)
Chile	26	56 (52–59)	25	23 (20–26)
Bulgaria	27	46 (43–49)	20	30 (27–33)
Russia	28	45 (42–48)	29	11 (9–13)
Poland	29	43 (40–46)	25	23 (21–26)

* Respondents who answered the satisfaction question "does not apply" were not included in the denominator. Countries are rank-ordered according to the percentage of respondents who said they strongly agreed or agreed that "All things considered, doctors in [your country] can be trusted." Countries with the same rank were tied on that measure. CI denotes confidence interval. Data are from the International Social Survey Programme, 2011–2013.

NEJM 2015

Public trust in physicians Switzerland in top position!

Public Trust in Physicians — U.S. Medicine in International Perspective

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NEJM 2015

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Maastricht University Netherlands

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CAPHRI School for Public Health and Primary Care (PHML) and the Academic Centre for Health and Primary Care (ACPH) offer expertise in the primary care and public health care services. We are at the forefront of scientific, clinical, and primary care international experts.

CAPHRI's mission is: "To improve health care innovation, the quality of care, and the promotion of excellent fields. CAPHRI cherishes educational possibilities for PhD students, and offers several travel and postdoc positions for academic career after which signifies CAPHRI research programmes."

In total, CAPHRI has 62 candidates (142 intern candidates). Postdoctoral posts at CAPHRI. The s

Annual report 2010

Cardiff University School of Medicine

Primary Care & Public Health

At a glance

History of the Institute

Clinical

Education

Research

Peer Review Process

News & events

Contacts & people

Vacancies & studentships

Publications

School Home About Us Medical Education Research News & Events Contacts & People

Cochrane Institute of Primary Care & Public Health

'on the basis of scientific evidence...' Archie Cochrane

"The Institute of Primary Care and Public Health promote health and well-being by reducing population health and health care."

Research Focus

The Institute aims to conduct world-leading research that is socially responsive, locally relevant, and applicable internationally.

Our research integrates biological, social, mathematical, clinical and epidemiological fundamental science to take innovations forward using our world leading translation science and topic expertise.

Research is focussed within five programmes:

1. Common Infections and Antibiotic Resistance
2. Behavioural Medicine
3. Early Years
4. Healthy Places
5. Healthy Ageing

Collaborations

There are 42 research collaborations with a total of £23M. The Institute collaborates to improve the benefits of research to the public.

Training and Education

There are currently 40 students on the Master of Public Health programme at the Institute. We also have 100 students on the undergraduate programme.

Umeå University

Department of Public Health and Clinical Medicine

Department of Public Health and Clinical Medicine

Department of Public Health and Clinical Medicine

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Contact Form

Divisions

- Dermatology and Venereology
- Epidemiology and Global Health
- Family Medicine
- Medicine
- Nutritional Research
- Occupational and Environmental Medicine
- Professional Development

Lausanne: institutions merging

- Department of ambulatory care and community medicine (*Policlinique Médicale Universitaire, PMU*), www.pmu-Lausanne
- Institute for Social and Preventive Medicine (*Institut Universitaire de Médecine Sociale et Préventive – IUMSP*), www.iumsp.ch
- Institute for Work and Health (*Institut Universitaire Romand de Santé au Travail, IST*), www.i-s-t.ch
- Institute for health promotion (*Promotion santé Vaud, ProSV*), in charge of community health promotion. www.prosv.ch
- Foundation for cancer screening (*Fond. vdoise des dépistages des cancers*)

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Leadership in Swiss medical academic setting

- How to define an appropriate leadership?
- Many leadership models
- Operational definition:
 - Leadership is the art of motivating a group of people to act toward achieving a common goal.

Methods

- Five colleagues
 - All but one baby boomers!
 - All men...
- 5 Workshop with ~ 50 young MDs (general internists)
- Consensus group
- Paper in progress
- Preliminary results

Medical academics position

- Activities
 - Care, relationship, science, education
- Governance
 - Public (State), Board with many delegates (private sector), ...
- Funding
 - Public (state,...), private (foundations,...), health insurances (premium, ...)

Leadership in an academic institution

Characteristics	<i>Comments</i>
Inspiring and motivating	<i>Crucial to reach team objectives</i>
Promoting intrinsic motivation	<i>Important for finding solutions</i>
Flexibility and adaptability	<i>Nothing worse than a “psycho”rigid boss!</i>
Authenticity	<i>Nobody is perfect! Stay who you are</i>
Vision	<i>“Managing is doing the things right - Leading is doing the right things”</i>
Courage to take some tough decisions	<i>Be respectful, but ready for confrontation if necessary</i>

Leadership in an academic institution

Resistance to stress and pressure	<i>Mood swings exhaust employees!</i>
Communication	<i>It is rare that we communicate too much!</i>
Enthusiasm	<i>Important to motivate, to mobilize a group</i>
Listening	<i>Active listening helps identify problems</i>
Creativity	<i>Needed to promote R&D activities</i>
Role model	<i>How can we hope to federate efforts without setting an example?</i>
Providing advice	<i>One of the most sought-after activities by employees</i>
Prioritizing	<i>Allows employees to focus on what is most important</i>
Good work-life balance	<i>What an evidence!</i>

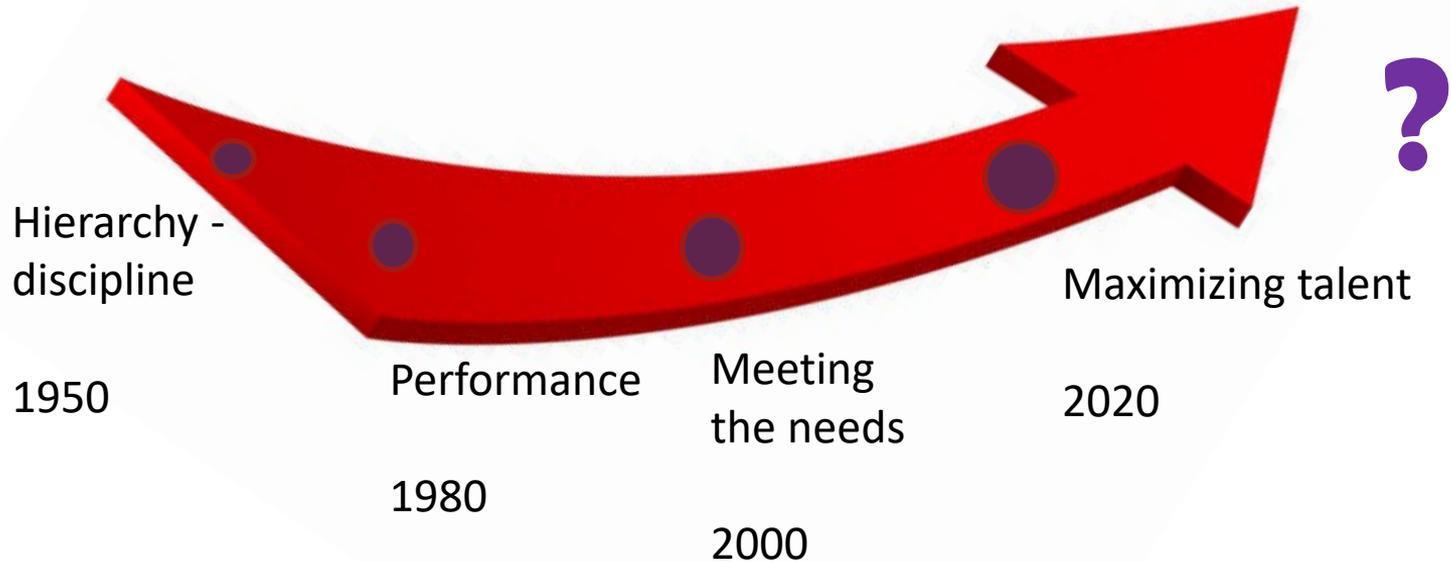
Some pitfalls in leadership

Pitfalls and drifts	<i>Comment</i>
Language marked by paternalism («my»)	<i>Language outdated</i>
Self-satisfaction	<i>Precludes self-questioning</i>
Selfishness	<i>Precludes adherence</i>
Overestimation of one's skills	<i>Especially risky if one avoids confrontation</i>
Abuse of power, arrogance	<i>A decision should not be accepted due to this characteristics - precludes motivation</i>

Some pitfalls in leadership

Exhaustion, burn-out	<i>A classic trap!</i>
Staying in his-her Ivory tower	<i>Leads to an inability to confront others</i>
No willingness to bring about contradiction	<i>Confront our own ideas and those of others is always beneficial</i>
Manipulation	<i>Being in a dominant position can encourage this drift</i>
Negativism	<i>If so, burnout is not far!</i>
Trying to satisfy everyone	<i>Prevents from making tough decisions</i>

Evolution of the leadership



Conclusion

- Deciding based on the determinants of health
 - Stay tuned!
- Prioritizing based on the patient, citizens and community needs
 - General medicine may play a role (bridging)
- Leading is a difficult task
 - Do not hesitate to share your experience