Editorial

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Editorial on Preventive Medicine: Multidisciplinary Effort

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Editorial Note

We need to identify factors that support or hinder the implementation of preventive medicine and health education tools in various primary care models. Combining health professionals' self-report with computerized objective data enable us to gain insights regarding personal and organizational aspects associated with the implementation of educational tools and bringing about community awareness on preventive medicine. Healthcare professionals affiliated with the multidisciplinary models engage in more training and implementation of preventive medicine and health education tools. Specifically, teamwork enhances the implementation of preventive medicine and yield better patient adherence.

While personal-level factors include health behaviours, organizational-level factors demonstrated the significance of the type of primary care model manifested by different combinations of health professionals affiliated with the clinics, as well as different policies such as resources allocated or fee.

Relevant training, high rates of proactive appointment scheduling and health education group registration were required. The use of empowerment techniques during routine appointments may be influenced by personal level factors, such as positive attitudes towards patient empowerment, while organizational factors such as clinic space do not play a role in the use of this tool. Financial incentives have been found to be effective in improving processes of care and achieving targeted outcomes. Organizational support has been proven essential to conduct adequate teamwork and previous research has indicated that defining unit outcomes, as well as rewarding all members accordingly, may help engage all members in the process and enhance interdisciplinary collaborations. In addition, adding the use of preventive medicine and health education to the clinics' routine assessments may affirm the organizational support of such tools and help enhance its implementation.

This study has provided new insights regarding variables affecting implementation of preventive medicine and health education tools in primary care. Multidisciplinary models are associated with higher levels of these tools' implementation. While these results were based on health professionals self-report, these were also strongly supported by objective organizational computerized data.

Supporting professionals' training as well as acquiring collaboration skills is essential and may help promote the implementation of the tools acquired. Our findings may assist health organizations and policy-makers in modifying practice attributes to enhance preventive medicine and health education implementation in primary care.

Further examination of patients' health outcomes in future studies, may ascertain the link between preventative medicine and health education implementation and patients' clinical outcomes in the various models. A collaboration effort of independent physicians indicates that multidisciplinary support may help promote higher rates of preventive medicine and health education implementation as well as better patients' health behaviors. Collaborative models have presented higher rates of preventive medicine and health education implementation as well as higher rates of patients' positive health behaviours documented in these models. This suggests multidisciplinary primary care models may contribute to population's health by enhancing preventive medicine and health education implementation alongside health professionals' characteristics.

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