

## Supplementary Material

### **Defining comprehensiveness in primary care: a scoping review**

*Derek Baughman<sup>A,\*</sup>, Rafay Nasir<sup>B</sup>, Lynda Ngo<sup>B</sup> and Andrew Bazemore<sup>A</sup>*

<sup>A</sup>Center for Professionalism and Value in Health Care | ABFM Foundation, 1016 16th Street NW, Suite 700, WA 20036, USA. Email: [ABazemore@theabfm.org](mailto:ABazemore@theabfm.org)

<sup>B</sup>Penn State College of Medicine, 700 HMC Cres Road, Hershey, PA 17033, USA. Email: [rnasir@pennstatehealth.psu.edu](mailto:rnasir@pennstatehealth.psu.edu), [lngo@pennstatehealth.psu.edu](mailto:lngo@pennstatehealth.psu.edu)

\*Correspondence to: Email: [baughman.derek@gmail.com](mailto:baughman.derek@gmail.com)

# Supplementary File S1.

## *Definitions of Comprehensiveness in the Primary Care Literature*

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Derek Baughman, MD<sup>1</sup>; Rafay Nasir, BS, BA<sup>2</sup>; Lynda Ngo, BA<sup>2</sup>;  
Andrew Bazemore, MD, MPH<sup>1</sup>

1. Center for Professionalism and Value in Health Care - ABFM Foundation | 1016 16th Street NW, Suite 700, Washington, DC 20036
  2. Penn State College of Medicine| 700 HMC Cres Rd, Hershey, PA 17033
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# PubMed Search Strategy

The following full electronic search strategy was built in PubMed alongside the American Board of Family Medicine's librarian team, and the query was verified by the Centers for Value and Professionalism and Health Care's research team.

1. "comprehensive health care"[MeSH] OR "comprehensive"[tiab] OR "comprehensiveness"[tiab]
2. "primary care"
3. ("Internal Medicine"[Mesh:NoExp]) or "Pediatrics"[Mesh:NoExp]
4. General practice[mesh] or primary care[tiab] or primary health care[tiab] or General practice[tiab] or "primary care"
5. 2 AND 3 AND 4 (primary care)
- 6. 1 AND 5 (comprehensive primary care)**
7. 1 AND ("Berenson-Eggers Type of Service" or "Berenson-Eggers" or "BETOS")
8. 1 AND (("depth"[All Fields] OR "depths"[All Fields]) AND ("breadth"[All Fields] OR "breadths"[All Fields]) AND "care"[All Fields])
9. 1 AND ("Scope of Practice"[MeSH Terms] OR "Continuous care"[All Fields] OR "scope of care"[All Fields] OR "range of services"[All Fields] OR "site of care"[All Fields])
10. 1 AND (Referral and Consultation[MeSH] or "provider referral"[tiab] or "specialty referral"[tiab] or "specialist referral"[tiab])

Separate strategy to narrow the term "referral":

1. Combination of comprehensiveness and key terms  
("comprehensive health care"[MeSH Terms] OR "comprehensive"[Title/Abstract] OR "comprehensiveness"[Title/Abstract]) AND ("general practice"[MeSH Terms] OR "primary care"[Title/Abstract] OR "primary health care"[Title/Abstract] OR "general practice"[Title/Abstract] OR ("Internal Medicine"[MeSH Terms:noexp] OR "Pediatrics"[MeSH Terms:noexp])) AND ("referral and consultation"[MeSH Terms] OR "provider referral"[Title/Abstract] OR "specialty referral"[Title/Abstract] OR "specialist referral"[Title/Abstract]) AND (((("depth"[All Fields] OR "depths"[All Fields]) AND ("breadth"[All Fields] OR "breadths"[All Fields]) AND "care"[All Fields]) OR ("Scope of Practice"[MeSH Terms] OR "Continuous care"[All Fields] OR "scope of care"[All Fields] OR "range of services"[All Fields] OR "site of care"[All Fields]) OR ("Berenson-Eggers Type of Service"[All Fields] OR "Berenson-Eggers"[All Fields] OR "BETOS"[All Fields]))
2. Specific to "depth and breadth of care":  
("referral and consultation"[MeSH Terms] OR "provider referral"[Title/Abstract] OR "specialty referral"[Title/Abstract] OR "specialist referral"[Title/Abstract]) AND (("depth"[All Fields] OR "depths"[All Fields]) AND ("breadth"[All Fields] OR "breadths"[All Fields]) AND "care"[All Fields])
3. Specific to "scope, range of services, sites":  
("referral and consultation"[MeSH Terms] OR "provider referral"[Title/Abstract] OR "specialty referral"[Title/Abstract] OR "specialist referral"[Title/Abstract]) AND ("Scope of

Practice"[MeSH Terms] OR "Continuous care"[All Fields] OR "scope of care"[All Fields] OR "range of services"[All Fields] OR "site of care"[All Fields])

4. Specific to "BETOS":

("referral and consultation"[MeSH Terms] OR "provider referral"[Title/Abstract] OR "specialty referral"[Title/Abstract] OR "specialist referral"[Title/Abstract]) AND ("Berenson-Eggers Type of Service"[All Fields] OR "Berenson-Eggers"[All Fields] OR "BETOS"[All Fields])

## Annotated Bibliography

A structured format was used to standardize the review amongst the three-clinician team. The aim for each article was a succinct 150-250 word overview and application in the context of defining comprehensiveness.

- **Summary:** a broad overview of article content, type of article, key methodologies, and notable results (2-4 sentences).
  - **Key points:** approximately 3 bullet points that overview the main discussion points of the paper (summarized).
  - **Conclusion:** authors summary of conclusion (1 sentence).
  - **Meaning:** what the article contributes to the definition of comprehensiveness (1 sentence).
- 

### 1. Jonas WB. A new model of care to return holism to family medicine. *J Fam Pract.* 2020;69(10):493-498.

**Summary:** In this descriptive article, authors highlight the need for family medicine to return to its original founding concept of whole-person care, and a 3-step solution is proposed: focusing on comprehensive and coordinated care, adding integrative medicine and mental health, and addressing social determinants of health.

**Key Points:**

- Advanced Primary Care is discussed through a concentric conceptual framework where advanced primary care includes, in a hierarchical manner: integrative primary care then enhanced primary care and then comprehensive primary care.
  - Comprehensive primary care forms the foundation of the concentric model is defined from the Starfield model, consisting of first-contact care, continuous care, and coordinated care.
  - Enhanced primary care includes comprehensive primary care and adds on chronic care management, pharmacy services, referral appointment management, and mental health.
  - Integrative care includes enhanced and comprehensive primary care, and adds on non-pharmacotherapeutic services and lifestyle management.

- The primary barrier to adopting an advanced primary care model is not the lack of funds to do so, but rather the misallocation and poor prioritization of funds already available in the healthcare system due to ineffective incentivization.

**Conclusion:** To return to holism in Family Medicine and subsequently better manage and control chronic conditions, firstly implement comprehensive and coordinated foundational primary care, secondly add on integrative medicine and mental health, and lastly address social determinants of health.

**Meaning:** Comprehensive primary care consists of first-contact care (including appropriate referral to specialty and pharmacy services), continuous care (i.e. longitudinal care), and coordinated care (i.e. for chronic disease management).

**2. Rissi JJ, Gelmon S, Saulino E, Merrithew N, Baker R, Hatcher P. Building the foundation for health system transformation: Oregon's Patient-Centered Primary Care Home program. *J Public Health Manag Pract.* 2015;21(1):34-41. doi:[10.1097/PHH.0000000000000083](https://doi.org/10.1097/PHH.0000000000000083)**

**Summary:** A mixed-methods study that evaluated the effectiveness and barriers of the implementation of Oregon's PCPCH model, revealing key strategies and challenges associated with implementing a medical home model.

**Key Points:**

- **Methods:** Qualitative document analysis, key informant interviews, and claims data analysis of recognized PCPCH practices were triangulated with findings from PCPCH clinic site visits to provide strong qualitative and quantitative data.
- **Comprehensiveness evaluation** focused on 6 key attributes: access to care, accountability, comprehensive whole-person care, continuity, coordination and integration, and person and family-centered care.
- **6 key qualities** adopted by PCPCH clinics were identified: increased access to care, greater accountability, integrated comprehensive approach to care, a focus on continuity, and a return to person- and family-centered care. **4 challenges** of implementation of PCPCH clinics were identified: lack of support, administrative barriers, lack of short-term financial incentives, and insufficient leadership.

**Conclusion:** Implementation of Oregon's PCPCH model is highly complex, dependent on a variety of contextual factors including the administrative, political, and health system engagement and financial support; proper incentivization; and the elimination of administrative barriers.

**Meaning:** Comprehensive whole-person care should include screening for potentially harmful behaviors, preventative care reminders, use of a common-care plan, coordinated medical / behavioral health services.

**3. Haggerty JL, Beaulieu MD, Pineault R, et al. Comprehensiveness of care from the patient perspective: comparison of primary healthcare evaluation instruments. *Healthc Policy*. 2011;7(Spec Issue):154-166.**

**Summary:** This qualitative study used healthcare evaluation instruments to evaluate how well comprehensiveness of care is understood and captured from the patient's perspective. Findings included over ¼ of respondents had missing responses on range of services, implying that range of services and whole-person care is not well measured via patients.

**Key Points:**

- The operational definition of comprehensiveness in this study was identified as the ability to directly or indirectly provide a full range of services to meet patients' healthcare needs.
- The second definition included whole-person care, which was explained as the extent of a provider's ability to consider physical, emotional, social, and cultural aspects of a patient's health.
- Methods: 645 adults with at least one healthcare contact in the previous 12 months responded to validated surveys: The Primary Care Assessment Tool (PCAT) and Components of Primary Care Index (CPCI) – subscales to comprehensive services.

**Conclusion:** Comprehensiveness is the combination of a full range of services and consideration of the patient's individuality in patient care. Range of services offered is best obtained from providers. Comprehensiveness is not currently well measured by patient perspectives.

**Meaning:** Comprehensiveness is the ability to provide a full range of services and to consider a patient's individual factors when developing a treatment plan. When evaluated from the patient's perspective (through the PCAT) comprehensiveness of healthcare offices is not well known.

**4. B S, L S, J M. Contribution of primary care to health systems and health. *The Milbank quarterly*. 2005;83(3). doi:[10.1111/j.1468-0009.2005.00409.x](https://doi.org/10.1111/j.1468-0009.2005.00409.x)**

**Summary:** This landmark review article explores primary care's benefits to health (domestically and internationally) and mechanisms in which PC improves population health, one of which includes comprehensiveness.

**Key Points:**

- Features of good primary care include:
  - Long-term person (not disease) focused care (i.e., whole-person care)
  - Comprehensive care for most health needs
  - Coordinated care when it must be sought elsewhere



- Theorized mechanisms behind the benefits of primary care for health include:
  - Primary care's focus on the person rather than the disease
  - Reducing unnecessary or inappropriate specialty care
- Comprehensiveness is the extent of which PCPs provided a broader range of services rather than making referrals to specialists.
- Article Includes Policy strategies that could strengthen primary care & comprehensiveness

**Conclusion:** The mechanism by which primary care benefits population health is through comprehensiveness, whole-person care, and appropriate specialty care.

**Meaning:** Adds a definition of comprehensiveness as the extent to which PCPs provided a broader range of services rather than making referrals to specialists. Clarified the mechanisms by which comprehensiveness in primary care provides benefits to health on patient and population levels.

## 5. Donaldson M, Yordy K, Vanselow N, eds. **Defining Primary Care: An Interim Report. NATIONAL ACADEMY PRESS; 1994. doi:[10.17226/9153](https://doi.org/10.17226/9153)**

**Summary** - This report from the National Academy of Sciences explores a Characteristic of Primary Care Described in the first IOM report 1978. Comprehensiveness of Services is defined as the willingness and ability of primary care physicians to handle the great majority of problems in the population served.

### **Key Points:**

- A primary care physician who provides comprehensive services should serve as the primary medical resource for individuals and/or their families. In this way, the provision of services should include preventative services.
- Comprehensive health care should include the provision of services to patients in a variety of settings, including the hospital, chronic care unit, or home.
- When necessary, the primary care physician should ensure that other medical specialists' services are arranged for the patient, giving responsibility to these specialists to care for complex conditions that are not appropriately handled in the primary care setting.

**Conclusion:** Comprehensiveness of services is reflected by a PCPs capacity to handle most medical problems in their target patient population, and refer the patient out to medical specialists, only when appropriate.

**Meaning:** In a comprehensive primary care system, patients should be able to access most, if not all, of their health care diagnoses and management from their primary care physician. Specialty referrals should be arranged by the PCP and only provided when appropriate.

6. O'Malley AS, Rich EC, Maccarone A, DesRoches CM, Reid RJ.  
**Disentangling the Linkage of Primary Care Features to Patient Outcomes:  
A Review of Current Literature, Data Sources, and Measurement Needs. J  
GEN INTERN MED. 2015;30(3):576-585. doi:[10.1007/s11606-015-3311-9](https://doi.org/10.1007/s11606-015-3311-9)**

**Summary:** This review paper evaluated the components of primary care in the literature and linked these components to patient outcomes metrics. Defined primary care using 5 key measures: accessible first-contact care, continuous care, comprehensiveness of care, coordinated care, and accountable whole-person care. Identified specific variables and data sources that aid in linking the 5 key defining qualities of primary care to patient outcomes.

**Key Points:**

- Data sources for patient outcomes included: claims data, patient survey data, clinician survey data, practice survey data, EHR data, and direct observation data. Discussion on how data sources can be used to quantify comprehensiveness and other aspects of primary care.
- Authors highlight the association of comprehensiveness with improved outcomes and earlier detection and prevention of disease.
- Suggestions for navigating future research efforts within the 5 components of primary care are complex in the context of care within health systems.

**Conclusion:** Comprehensiveness is unique from coordinated care in handling most of the patient's clinical needs. Most metrics of comprehensiveness focus on scope-of-practice but ignore the depth and breadth of care provided. Data sources could better quantify comprehensiveness (claims data, patient survey data, clinician survey data, practice survey data, EHR data)

**Meaning:** Comprehensive care meets most of each patient's physical and mental health care needs, including prevention and wellness, acute care, chronic and comorbid care, and end-of-life care.

7. Thomas H, Best M, Mitchell G. **Health Care Homes and whole-person care:  
A qualitative study of general practitioners' views. Aust J Gen Pract.  
2019;48(12):867-874. doi:[10.31128/AJGP-05-19-4932](https://doi.org/10.31128/AJGP-05-19-4932)**

**Summary:** This qualitative study analyzed interviews with 20 Australian general practitioners on how the Australian Health Care Home concept impacts whole-person care.

**Key Points:**

- The Australian Health Care Home concept is a trial developed in 2015 by the Australian federal government to transition chronic disease management from a primarily fee-for-service model to a bundled practice payment model.

- The model centered around the general practitioner in a federal effort to broaden the implementation of Australian medical homes to facilitate whole person care/holistic care.
- Holistic care defines healthcare as more than the absence of disease but incorporates aspects of biopsychosocial care and unique aspects of the patient-doctor relationship.

**Conclusion:** Some elements of the Australian Health Care Home concept support whole-person care, but other elements like the practical implementation of the program may impede whole-person care.

**Meaning:** Whole-person care has some elements of holistic medicine, including recognizing a patient's individuality, acknowledging the doctor's humanity, stressing a therapeutic relationship, and including utilizing a range of treatment modalities, and implementing multidimensional and/or integrated care.

**8. Phillips RLJ, Pugno PA, Saultz JW, et al. Health is primary: Family medicine for America's health. Ann Fam Med. 2014;12 Suppl 1(Suppl 1):S1-S12. doi:[10.1370/afm.1699](https://doi.org/10.1370/afm.1699)**

**Summary:** This qualitative research article reconciled expert opinion and strategic planning from multiple organizations in family medicine. The group's "Family Medicine for America's Health Initiative" strategy is outlined in this review of family medicine's important role in improving the healthcare system moving forward.

**Key points:**

- Various consulting groups created both a strategic plan and an accompanying communication plan using the best available evidence pulled from key informant interviews, stakeholder surveys, and the latest literature reviews. Eight family med organizations pledged approximately \$20 million and offered representatives to help implement this strategic plan.
- The strategic plan emphasizes a focus on sustained primary care relationships, accountability in primary care cost and quality, reduced healthcare disparities, payment reform, training reform, support for technology, research improvements, and engaging stakeholders including patients, payers, and policymakers.
- 4 key tenets of family medicine were identified: accessibility (first contact care), comprehensiveness in personal health care needs, coordination of care, and sustained relationships.

**Conclusion:** Family Medicine for America's Health is a comprehensive plan supported and developed by key family medicine organizations to make various improvements in the future of family medicine to support the Triple Aim of healthcare.

**Meaning:** Comprehensiveness is defined as “accountability for addressing a vast majority of personal health care needs”.

**9. Tarrant C, Windridge K, Boulton M, Baker R, Freeman G. How important is personal care in general practice? BMJ. 2003;326(7402):1310.**

doi:[10.1136/bmj.326.7402.1310](https://doi.org/10.1136/bmj.326.7402.1310)

**Summary:** This qualitative study explores patient perspectives of what “personal care” means in primary care and healthcare providers' perspectives of this concept. There are similar themes in what is important to patients and practitioners when it comes to personal care, including tailored care and human communication.

**Key points:**

- To all participants of the study, good personal care included the use of “Human communication” – good interpersonal or communication skills, evidence of empathy, and the perception that providers listened and had time for the patient
- Participants identified that personal care should have “individualized treatment or management”, tailoring their management of conditions to their specific needs.
- Patients desire to be treated as individuals rather than their diseases.

**Conclusion:** Personal care is a large part of general practice. All interviewees held similar views on the meaning of personal care, human communication and individualized care for patients were important aspects of personal care.

**Meaning:** Comprehensiveness includes personal care which includes positive patient-provider communication that facilitates a tailored, individualized treatment plan. From patient and provider perspectives, personal care should incorporate features that consider the patient as a whole person, not just their illness.

**10. Morris RL, Stocks SJ, Alam R, et al. Identifying primary care patient safety research priorities in the UK: a James Lind Alliance Priority Setting**

**Partnership. BMJ Open. 2018;8(2):e020870. doi:**[10.1136/bmjopen-2017-020870](https://doi.org/10.1136/bmjopen-2017-020870)

**Summary:** In this qualitative review, the top 10 research questions regarding primary care patient safety were analyzed with the aim to determine research areas that should be prioritized. There were 341 patient and 86 healthcare professional submissions, focusing on questions related to comprehensive and whole-person care.

**Key points:**

- Research questions framed the significance of whole-person care—ensuring that the care focus is not directed on the condition, but rather accounts for the patient’s mental and physical health simultaneously.

- The significance of comprehensive coordination of care and specialty referral was also highlighted—improving the safety of communication and coordination of healthcare between primary and secondary care providers.

**Conclusion:** Top 10 research priorities identified in this study that are the most relevant to patients and healthcare professionals include the concept of whole-person care and comprehensiveness.

**Meaning:** Comprehensiveness relates to the optimization of safe communication and coordination of general and specialty care. Whole-person care incorporates treatment beyond individual physical conditions.

**11. Kogan AC, Wilber K, Mosqueda L. Person-Centered Care for Older Adults with Chronic Conditions and Functional Impairment: A Systematic Literature Review. J Am Geriatr Soc. 2016;64(1):e1-7.**

doi:[10.1111/jgs.13873](https://doi.org/10.1111/jgs.13873)

**Summary:** This literature review of whole person care (WPC) identified nearly 3,000 articles on the topic. The authors aimed to remedy the lack of a universal definition for WPC by identifying the essential elements and principles that make up WPC.

**Key points:**

- WPC has six main domains, which include holistic care for the whole person, respect, value, choice, dignity, self-determination, and purposeful living.
- Personalized care plans and holistic health management are key to providing WPC. Understanding each patient as an individual and considering their experiences and perspectives is crucial.
- WPC is beneficial for patients with complex care conditions (such as older adults with multiple comorbidities ) when treatment plans are considered in the context of living situations and social support systems.

**Conclusion:** The concept of WPC lacks a single definition. Whole-person care and person-centered care are often used interchangeably, but essential elements include individualized care and holistic care. Providers must understand the patient as an individual, considering their life situation and experiences when developing a treatment plan.

**Meaning:** Whole-person care involves considering an individual's preferences, values, social context, community-based needs, and beliefs, as well as involving family members in treatment and management decision-making. This approach enables the development of personalized treatment plans for patients with complex health conditions.

**12. International Conference on Primary Health Care (1978 : Alma-Ata U, Organization WH, Fund (UNICEF) UNC. Primary health care : report of the International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 September 1978. World Health Organization; 1978. Accessed February 12, 2022. <https://apps.who.int/iris/handle/10665/39228>**

**Summary:** This report reviews the summary of discussions and recommendations of the 1978 Alma-Ata conference. The Health Assembly of the World Health Organization (WHO), the Executive Board of the United Nations Children's Fund (UNICEF), and the Government of the Union of Soviet Socialist Republics met for the International Conference on Primary Care to discuss various aspects of primary care culminating in the Declaration of Alma-Ata.

**Key points:**

- Defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- Affirmed the importance of primary care and alignment with health outcomes, highlighting the recognition of inequality of health between developed and developing countries in the context of socio-economic factors.
- Discusses fundamental components of primary care:
  - Focus on the biopsychosocial aspects of health covering preventative, curative, and rehabilitative services, as well as education, nutrition, maternal care, and infectious disease.
  - Extends beyond health sectors to include agriculture, food, education, and housing.
  - Prioritizes both individual and community health, with supportive referral systems and team-based delivery fueled by supportive referral systems.

**Conclusion:** The Declaration of Alma-Ata is a landmark document detailing the importance and role of primary care along with the comprehensive nature of healthcare. Comprehensiveness is contextually referenced to within a complex and broad definition of primary care as described above.

**Meaning:** Comprehensiveness involves effective referral systems that are integrated with other non-healthcare sectors. This is considered a crucial aspect of primary care and helps ensure the best possible coordination between different areas.

**13. Jimenez G, Matchar D, Koh GCH, et al. Revisiting the four core functions (4Cs) of primary care: operational definitions and complexities. Prim Health Care Res Dev. 2021;22:e68. doi:[10.1017/S1463423621000669](https://doi.org/10.1017/S1463423621000669)**

**Summary:** This narrative review describes the four C's of primary care: first contact, comprehensiveness, coordination, and continuity. These aspects are essential for good

primary healthcare, and the authors discuss these core functions in the context of patient outcomes.

**Key points:**

- Outcomes studied for comprehensiveness, coordination, and continuity in primary care include lower costs to the health system, less inequality for patients, and better population health.
- Comprehensiveness includes the capacity of the PCP to manage a wide range of health issues that affect their patient population, including mental health, cancer, and chronic conditions.
- Comprehensiveness in primary care is reflected by a PCPs ability to handle a whole continuum of services, these services may include preventative, curative, rehabilitative, and palliative.

**Conclusion:** Comprehensiveness is an element of the 4C's of primary care. It is important to define comprehensiveness to improve its assessment and support efforts to innovate and optimize processes and outcomes in primary care.

**Meaning:** Comprehensiveness is a fundamental component of primary care that includes a PCPs ability to handle a continuum of services, from preventative to palliative care. The impact of comprehensiveness on primary care is that PCPs have a greater capacity to manage a wide range of issues, notably mental health, cancer, and chronic conditions.

#### 14. Jonas WB, Rosenbaum E. The Case for Whole-Person Integrative Care.

**Medicina (Kaunas). 2021;57(7). doi:[10.3390/medicina57070677](https://doi.org/10.3390/medicina57070677)**

**Summary:** This literature review examined different models of whole-person care within the VA. The authors found a high level of heterogeneity within the models evaluated and concluded the need for standardizing definitions.

**Key Points:**

- Examples of Whole-Person Models included: Optimal Healing Environments (Samueli Institute), Total Force Fitness (used by the US military), Whole Health (used in the US Veterans Health Administration), Integrative Health (used in academic health centers), and Advanced Primary Care (based on the Starfield model).
- Compared to a traditional reductionist model, evidence-based practice and whole-person care models had a favorable impact on four types of outcomes: improving clinical aspects (including chronic pain and health coaching), increasing patient satisfaction, improving clinician experience, and lowering costs.

**Conclusion:** Models focusing on whole-person care positively impact clinical outcomes, patient satisfaction, provider burnout, and cost.

**Meaning:** Whole person care defines patients beyond the physical body to include environmental, social, emotional, and spiritual aspects and can favorably influence health outcomes.

**15. Phillips RL, Brundgardt S, Lesko SE, et al. The Future Role of the Family Physician in the United States: A Rigorous Exercise in Definition. Ann Fam Med. 2014;12(3):250-255. doi:[10.1370/afm.1651](https://doi.org/10.1370/afm.1651)**

**Summary:** This literature review involved a Role Definition Group made up of representatives from 7 family physician organizations. The aim was to update and clarify the role of family medicine (FM) physicians, creating a common definition that would allow for coordinated efforts across all areas of FM. FM physicians offer a wide range of clinical services and provide added value to primary care through comprehensive efforts.

**Key points:**

- Two definitions were formulated - a standard definition and a "foil" definition. The latter aims to depict the role of a family physician if the course of FM is not altered.
- Standard definition: Family physicians provide personal care for people of any age or health status. They are effective in enduring relationships and first-contact health concerns and are reliable in addressing most healthcare needs. They customize care in a community-specific manner, navigating this care in the context of unique health systems. Decisions are evidence-based, making their leadership effective in treating patients and populations.
- FOIL definition: describes a family physician with minimal scope of care, poor coordination of care or continuity, little attention to social determinants of health, and inappropriate referral to specialty care.

**Conclusion:** The role of the ideal family physician of the future is one that incorporates whole-person care, comprehensiveness, and referral to specialty care. If the healthcare system does not change course, it will result in inadequate family physicians that do not incorporate the foundational elements of comprehensive primary care.

**Meaning:** The ideal family physicians are community focused and have a broad range of services, elements of whole-person care, and appropriate referral to specialty care when needed.



16. Lynch JM, Dowrick C, Meredith P, McGregor SLT, van Driel M. **Transdisciplinary Generalism: Naming the epistemology and philosophy of the generalist. J Eval Clin Pract. 2021;27(3):638-647.**  
doi:[10.1111/jep.13446](https://doi.org/10.1111/jep.13446)

**Summary:** This conceptual literature review examines the alignment of general practice and the philosophical model of transdisciplinarity. Authors found commonalities between several schools of philosophical transdisciplinarity and general practice.

**Key points:**

- Philosophical transdisciplinarity is broadly defined as a system of thinking that is marked with integrative and interdisciplinary understanding designed to solve complex problems, particularly those that would not necessarily be adequately solved with a narrow single-disciplined approach.
- The generalist physician's approach to whole-person care and philosophical transdisciplinarity have several commonalities which were combined in this paper to create a new term: "Transdisciplinary Generalism".

**Conclusion:** "Transdisciplinary Generalism" is an evolving system of thinking that includes a scope with breadth and depth, heavy elements of collaboration, and a translational real-world approach to problem-solving.

**Meaning:** Generalist physicians can best address the complexity of whole-person care by utilizing elements of philosophical transdisciplinarity, including breadth and depth, a heavy emphasis on collaboration, a pragmatic approach to problem solving, and an emergent system of thinking.

17. Bechtel C, Ness DL. **If you build it, will they come? Designing truly patient-centered health care. Health Aff (Millwood). 2010;29(5):914-920.**  
doi:[10.1377/hlthaff.2010.0305](https://doi.org/10.1377/hlthaff.2010.0305)

**Summary:** This perspective piece by the National Partnership for Women and Families incorporates qualitative work from both consumer groups and focus groups. They suggest that patient-centered healthcare systems be designed to incorporate features that matter most to patients – including "whole person care". Consumers need to have input on health care delivery and policy makers must ask what patients really want from their primary care providers.

**Key points:**

- Patients and caregivers from the study's focus group and survey findings want "Whole person care", defined as clinicians taking the time to really know the patients they are treating as a whole person rather than a "disease-centered" approach.

- Suggestions to improve the “whole person care” approach include payment models, surveys, and prioritizing patient experience.
- The WPC-centered approach could be a model that bases payments on metrics that are patient-centered, based on patient outcomes and experiences.

**Conclusion:** New models of care must consider the patient's inputs and needs and a PCC approach, including their desire for “whole person care” (defined above). Some suggestions for improvement to health care systems to become more person-centered are stated above.

**Meaning:** WPC is an approach to patient care that demonstrates an understanding of each patient as a whole person rather than disease-centered, aspects of a patient's life that affect their health, including life situation, home environment, and values. WPC in the context of health care delivery and payment models may include metrics like patient outcomes and experiences.

## 18. Freeman JS. Providing whole-person care: integrating behavioral health into primary care. *N C Med J.* 2015;76(1):24-25, 27-28.

doi:[10.18043/ncm.76.1.24](https://doi.org/10.18043/ncm.76.1.24)

**Summary:** This policy viewpoint article discusses the experience of Rural Health Group (RHG), a federally qualified health center in North Carolina, in providing whole person healthcare using an integrated model. Although the author argues for behavioral health integration for most patient needs as an aspect of medical care within PCMHs, it is important to recognize the limitations of primary care and avoid PCMHs becoming the default mental health system for those with severe mental illness.

### Key Points:

- Best practices in providing whole-person care include:
  - Providing care without arbitrary differentiation by diagnosis, geographic location, or other filters (focus instead on patient-centered issues and social determinants of health)
  - Promoting healthy overall team dynamics, including promoting team-based care and assessing for change-readiness, and focusing on provider prescribing practices.
  - Emphasizing patient-centered care and “not telling the patient what to do”
- It is noted that though RHG focuses heavily on mental health, it cannot become the default mental health system for those with severe mental illness, as they require specialty care.

**Conclusion:** Integrative whole-person care is key in RHG's success. Referral to specialty care is a key component of whole-person care.

**Meaning:** A successful integrative approach to whole-person care includes a strong system of referral to specialty care particularly in situations where a primary care approach is no longer appropriate to address complex needs.

**19. Thomas H, Best M, Mitchell G. Whole-person care in general practice: The nature of whole-person care. Aust J Gen Pract. 2020;49(1-2):54-60.**

**doi:**[10.31128/AJGP-05-19-49501](https://doi.org/10.31128/AJGP-05-19-49501)

**Summary:** In part 1 of WPC in general practice, this qualitative study explores Australian general practitioner's understanding of whole person care: teams-based and generalist focused to handle multi-morbidity and biopsychosocial care.

**Key Points:**

- Qualitative methodology with semi-structured interviews with 20 Australian general practitioners using grounded theory methodology.
- 4 themes were identified in the Australian general practitioner's understanding of WPC:
  - Holistic approach toward patients as “multidimensional persons”
  - Includes a wide range of services and practice scope
  - Centered on building strong relationships between doctors and patients.
  - Collaborative involvement in healthcare teams

**Conclusion:** Australian general practitioners understood whole-person care as a multifactorial model impacting many aspects of the care they provide.

**Meaning:** Whole person care focuses on considering all facets of a patient, has depth and breadth in scope of care, and is formed through a combination of doctor-patient and team-based care.

**20. Thomas H, Best M, Mitchell G. Whole-person care in general practice: The doctor-patient relationship. Aust J Gen Pract. 2020;49(3):139-144.**

**doi:**[10.31128/AJGP-05-19-49502](https://doi.org/10.31128/AJGP-05-19-49502)

**Summary:** In part 2 of WPC in general practice, this qualitative, interview-based study of Australian generalists describes the foundation of whole person care as the doctor-patient relationship.

**Key points:**

- WPC is based on the doctor-patient relationship and the ability of the doctor to develop a therapeutic relationship with the patient.
- Themes and subthemes of WPC e.g. “Treats patients as multidimensional persons” “May involve team-based care” GP's role as the ‘conductor of the orchestra’

**Conclusion:** WPC is foundational to the doctor-patient relationship. Knowing patients as multidimensional is fundamental – gaining an understanding of the cultural, physical,

environmental, spiritual, psychological, and social factors that influence their life enables PCPs to establish trust and deepen the doctor-patient relationship.

**Meaning:** WPC is the ability of providers to treat patients as multidimensional persons by considering patients as persons rather than diseases, and considering the multiple personal and social factors that influence their health. Implementation of WPC into practice can improve the doctor-patient relationship and patient trust.

**21. Thomas H, Best M, Mitchell G. Whole-person care in general practice: Factors affecting the provision of whole-person care. Aust J Gen Pract. 2020;49(4):215-220. doi:[10.31128/AJGP-05-19-49503](https://doi.org/10.31128/AJGP-05-19-49503)**

**Summary:** In part 3 of WPC in general practice, interviews with GP's practicing in Australia were interviewed about barriers to the provision of WPC.

**Key points:**

- WPC, a defining feature of general practice, has received recent attention in response to increasing multimorbidity.
- Time was a large constraint in providing sufficient WPC. Responders highlight that “trying to do adequate whole person care takes time”, indicating the time pressure and finite appointment availability as barriers or inhibiting factors to optimal WPC.
- Practical approaches to support WPC as a health system level include valuing WPC at policy level, developing funding structures that support WPC, avoiding introduction of incentives based on disease-specific guidelines, increasing GP numbers, and supporting patient ability to self-select their GPs

**Conclusion:** WPC is not implemented for every patient encounter. Despite multifactorial reasons behind this, there are systemic approaches for the general practitioners to improve WPC implementation.

**Meaning:** Whole person care, while integral to general practice, has constraints to its provision. Supporting measures for quality WPC include changes that can be made on the patient, practitioner, and health policy levels.

**22. Thomas H, Mitchell G, Rich J, Best M. Definition of whole person care in general practice in the English language literature: a systematic review. BMJ Open. 2018 Dec 14;8(12):e023758. doi: [10.1136/bmjopen-2018-023758](https://doi.org/10.1136/bmjopen-2018-023758). PMID: 30552268; PMCID: PMC6303638**

**Summary:** This broad scoping systematic review investigated how the term “whole-person care” was understood by general practitioners using thematic synthesis. 50

examples of “whole-person care” were reviewed from a broad range of English literature.

**Key points:**

- WPC includes recognizing a multidimensional approach to care, emphasizing the importance of the physician-patient relationship, acknowledging the humanity in both patient and physician, expanding beyond the biomedical model of care, and using comprehensive treatment for patients.
- It was found that the terms “whole-person care”, “biopsychosocial”, and “holistic” were used interchangeably to describe similar concepts.
- Heterogeneity in the whole-person care literature might be related to the evolution of holistic terminology, posing an unclear discrepancy between the features of terms versus the relative importance of terms.

**Conclusion:** Practitioner views on the definition of whole-person care includes a humanistic physician-patient relationship as a foundation to a multidimensional approach to care. “Whole-person care” can be described as an integrative approach to care which emphasizes a humanistic physician-patient relationship and comprehensive treatment plans.

**Meaning:** WPC varies in definition among general practitioners, it is understood to mean an approach to patient care that encompasses biological, psychological, social, and possibly spiritual factors, integrated treatment approaches that support the doctor-patient relationship.

**23. Brickley B, Sladdin I, Williams LT, Morgan M, Ross A, Trigger K, Ball L. A new model of patient-centred care for general practitioners: results of an integrative review. Fam Pract. 2020 Mar 25;37(2):154-172. doi: 10.1093/fampra/cmz063. PMID: 31670759.**

**Summary:** This integrative review synthesized literature regarding general-practitioner-delivered patient-centered care with a goal of determining overarching themes of this model of care delivery.

**Study details:** descriptive, country of origin: multiple

**Key points:**

- Thematic analysis and meta-synthesis were used to analyze 30 studies spanning 15 years that met the study’s inclusion criteria (English, between 2003-2018, related to 4 dimensions of person-centered care: understanding the whole person, finding common ground, patient-doctor relationship, and disease/illness experience).

- 4 main themes of patient-centered care were discovered: , including whole-person care, outcome-driven care, shared decision-making, and a humanistic approach to medicine.
- Results expand on conceptual models of patient centered care by incorporating time and outcomes from the patient perspective – where longer consults can positively impact patient centered care.
- Negative reported impacts of patient centered care were infrequent.

**Conclusion:** Patient-centered care delivery by general practitioners employs concepts of share-decision making, humanism, and outcome-driven care.

**Meaning:** Whole person care, also referred to in some texts as patient-centered care, emphasizes concepts including share-decision making, humanism, and outcome-driven care.

**24. Brickley B, Williams LT, Morgan M, Ross A, Trigger K, Ball L. Patient-centred care delivered by general practitioners: a qualitative investigation of the experiences and perceptions of patients and providers. BMJ Qual Saf. 2022 Mar;31(3):191-198. doi: 10.1136/bmjqs-2020-011236. Epub 2020 Dec 10. PMID: 33303622.**

**Summary:** This qualitative analysis of patient experience evaluated the quality of patient centered (whole-person) care delivered by Australian general practitioners (GPs), focusing on humanistic factors.

**Key points:**

- A total of 27 (15 patient advocates and 12 practicing GPs) participated in structured, 7-question interviews within focus groups. Questions elicit feedback on perceptions and experiences of patient centered care impact on health systems.
- Patients and GPs agreed in recognizing the significance of humanistic care, and that health system factors may hinder patient centered approaches.
- Regarding optimizing patient centered care, patients recommend improving the clinical environment (office design, relatable culture, approachable reception staff etc.), while practitioners recommended highlighted systemic improvements (funding, navigating time limitations and policy constraints, and improving patient-centered education).

**Conclusion:** Patients and GPs value humanistic care, with patients suggesting enhancement of clinical environments and practitioners suggesting improvements to health system structural enhancements to improve patient-centered care.

**Meaning:** Patient-centered (whole-person) care is foundationally humanistic, relying on optimizing the clinical experience and mitigating systemic barriers such as practitioner's time and education

**25. Lynch JM, van Driel M, Meredith P, Stange KC, Getz L, Reeve J, Miller WL, Dowrick C. The Craft of Generalism clinical skills and attitudes for whole person care. J Eval Clin Pract. 2022 Dec;28(6):1187-1194. doi: 10.1111/jep.13624. Epub 2021 Oct 15. PMID: 34652051.**

**Summary:** This descriptive article organizes the opinions of the authors regarding the concept of transdisciplinary generalism to promote whole-person care. Arthur's argue that understanding the "craft a generalism" facilitates better training of general practitioners and philosophically, frees these practitioners from practice limitation's within their communities.

**Key points:**

- The scope of generalist includes several principles: whole-personal scope, relational process, healing orientation, and integrative wisdom
- There is a philosophical interrelatedness to these principles, where each principal is required to deliver a person care.

**Conclusion:** Whole person care is a construct borne from "the craft of generalism" in clinical medicine. The principals have far-reaching impact on the community, including political, educational, and academic.

**Meaning:** Whole person care involves the integration of practice scope, emotional intelligence, and clinical knowledge that allows primary care physicians to broadly impact communities.