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Q1 Could you begin by telling us what attracted you to specialise in family medicine and primary healthcare?

I am interested in family medicine and primary healthcare because primary healthcare is the first gatekeeper in the community. Primary healthcare ensures that people receive quality, comprehensive care, ranging from promotion and prevention, to treatment, rehabilitation, and palliative care, which takes place as closely as is feasible to people's everyday environment. Primary healthcare is the most inclusive, equitable, cost-effective, and efficient approach to enhance people's physical and mental health, as well as their social wellbeing.

The main role of primary healthcare is to provide continuous and comprehensive care to the patients. The patient can also be made aware of various social welfare and public health services initiated by the concerned governing bodies, and other organisations. The other major role of a primary healthcare centre is to offer quality health and social services to underprivileged sections of society. As for the benefits to community members, primary healthcare offers the first point of professional care to patients, by incorporating a proactive approach that utilises several preventative measures, manages chronic disease, and promotes self-care. Primary healthcare also provides increased accessibility to advanced healthcare within the community, which results in excellent health outcomes, and prevents delays.

Furthermore, family physicians play a crucial role in various aspects of healthcare. We are often the primary providers of early diagnosis and pharmacotherapy in the care and management of patients, and we provide ongoing comprehensive care, manage treatment-related side effects, and offer follow-up care. Family physicians can strengthen primary healthcare by providing skilled primary care, supporting ongoing training for other healthcare providers, developing relationships with specialists, and engaging communities as partners in healthcare delivery. The comprehensive role of this specialty attracted me to pursuing a specialisation in family medicine and primary healthcare.

Q2 Your research is largely focused on the importance of collaborative approaches in primary healthcare and family healthcare. Could you tell our readers about the effects of a multidisciplinary model on patient outcomes?

Collaboration-based care will help to achieve the triple aims of healthcare: better patient experience, better health outcomes, and lower costs. Health workers are expected to provide services that can deal with the complexity of health issues, eliminate fragmentation, and collaborate to meet health needs. The primary care multidisciplinary approach appears to lead to lower healthcare utilisation, reduced sick leave, improved depression, increased social activity, reduced medication use, and reduced disability. We believe that multidisciplinary research in primary care should build on

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this already established model of clinical teamwork, and should seek to include the full range of healthcare workers delivering primary care services. Involvement of patients in a multidisciplinary research team, as opposed to just being subjects in research, is a concept that is starting to be recognised as very important.

The Institute of Medicine (IOM), which was founded in 1970 under the charter of the National Academy of Sciences (NAS) in the USA to address the concerns of medicine and healthcare, recommends that all health workers collaborate when conducting the management of a patient. Interprofessional collaborative practice (IPCP) occurs when two or more health workers learn from each other, to improve collaboration and service quality. It is hoped that health workers will realise that practical co-operation can improve the quality of health services. The World Health Organization (WHO) realises that IPCP is an innovative strategy, which plays a vital role in dealing with global health problems. IPCP is considered capable of strengthening the health system, and improving the quality of health services. Health workers are expected to be able to have IPCP competencies to be implemented in providing health services.

Q3 Have you been confronted with any challenges or misconceptions towards the multidisciplinary model, and could you explain the rationale behind these?

Health services based on interprofessional collaboration among health service providers are essential to deal with complex health problems. However, this is in contrast to the reality in the field, especially within primary health services, where the difficulty of access to health management in a collaborative, interprofessional manner is one of the shortcomings in terms of service support in primary health.

For example, in Indonesia, through the Ministry of Health, several steps have been implemented in primary services to improve the health of the elderly, including the Elderly Friendly Health Center in all primary healthcare in Indonesia; the Elderly Empowerment Programme; and the Plenary Assessment of Geriatric Patients (P3G). The Elderly Friendly Health Center is a primary healthcare centre, with health workers who have knowledge and training in geriatrics, and who have the infrastructure to accommodate the needs of the elderly. The Elderly Empowerment Programme is a programme that aims to empower the elderly to be able to improve their family health status, so that the potential for them to be able to work and be efficient can be optimised. P3G is an interdisciplinary diagnostic process to determine problems in elderly patients. Geriatrics evaluations and assessment, in terms of the collaboration of health workers, are still not implemented, especially in primary health services.

Some studies also show that the challenges of multidisciplinary care in primary care include a deficit of content and practice in primary care training, variations in training between courses and universities, and the need for permanent education actions and meetings in daily work. Other challenges include inadequate staffing, insufficient education, the lack of financial compensation, low motivation, and lack of time. The implementation of care pathways in primary care also faces barriers, including inadequate staffing, insufficient education, lack of financial compensation, low motivation, and lack of time; and facilitators, including adequate skills and knowledge through training activities for health professionals, and good multidisciplinary communication.

Q4 You are a member of The Network: Towards Unity for Health (TUFH) and the World Organization of Family Doctors (WONCA), both of which advocate for equitable global health. Could you explain the impact of these organisations, and the work that they are doing to achieve this mission?

TUFH brings together a diversity of thought, experience, and technical/financial resources. Members of TUFH include various healthcare

providers, so our members can challenge the status quo, push boundaries, learn from others (mentors), launch healthy vibrant initiatives, and then share best practices and learnings, on a local, regional, and global scale. The TUFH community is an interprofessional, multicultural, and global hub on social accountability. TUFH is open to all institutions and individuals who have a passion for global equitable health. The TUFH conduct routine events, such as symposiums, workshops, and international conference-related collaborative practice.

The mission of WONCA is to improve the quality of life of all people of the world, through defining and promoting its values, including respect for universal human rights and gender equity, and by fostering high standards of care in general practice and family medicine. To achieve their mission, WONCA promote personal, comprehensive, and continuing care for the individual and the family in the context of the community and society; promote equity through the equitable treatment, inclusion, and meaningful advancement of all groups of people, particularly females and girls, in the context of all healthcare and other societal initiatives; encourage and support the development of academic organisations of general practitioners and family physicians; provide a forum for the exchange of knowledge and information between member organisations, general practitioners, and family physicians; and represent the policies and the educational, research, and service provision activities of general practitioners and family physicians to other world organisations and forums concerned with health and medical care.

WONCA represents, and acts as an advocate for, its constituent members at an international level, where it interacts with world bodies such as the WHO, with whom it has official relations as a non-governmental organisation, and is engaged in a number of collaborative projects.

WONCA also give the award for the family doctor across the world through the Montegut Global Scholar Award. The Montegut Global Scholars Program was established by the American Board of Family Medicine Foundation (ABFM-F) in 2010. The ABFM is a member of the American Board of Medical Specialties (ABMS), and the ABFM-F is a supporting organisation of the ABFM. Its primary mission is to support the ABFM's research and scholarly activities. I was one of the awardees of the Montegut Global Scholars Program in 2019, and presented my awardee speech at the WONCA Asia Pacific Regional Conference in Kyoto, Japan.

"It is important for communities and all global partners to be more prepared by taking action before disasters occur."

Q5 You co-authored a paper in 2020 entitled 'Strengthening Primary Health Care: Emergency and Disaster Preparedness in Community with Multidisciplinary Approach'. Could you give an overview of the main findings of this paper?

The increasing number of disasters and communities affected, coupled with the threats from climate change, has drawn not only national but also international attention to the risks of disasters, and what can be done about them. Therefore, it is important for communities and all global partners to be more prepared by taking action before disasters occur through disaster risk reduction, including the efforts of emergency preparedness, as well as through disaster response and recovery. To meet the emergency public health needs in any population, there is no other option than strengthening the primary health care system. For this goal, practitioners from various professions can work together, and share an affinity in synthesising knowledge and bridging gaps across functional areas. These include the disaster risk assessment and preparedness, involving several disciplines, for limiting human and material damage. This primary healthcare strategy, with a multidisciplinary approach, is the best possible method in developing improved approaches for disaster risk reduction and emergency preparedness, by improving health emergency management plans and protocols.

Q6 How do you believe the multidisciplinary approach outlined in your paper contributes to enhancing emergency and disaster preparedness in community healthcare settings?

In this study, we show that the integration of disaster management in primary healthcare is needed, by making it an essential part of the disaster response system. It is vital to start providing disaster management training for primary healthcare staff, and to develop a comprehensive, as well as co-ordinated, approach with all other sectors. In this paper, we show the importance of primary healthcare in disaster preparedness.

Q7 Given the evolving nature of healthcare and emergencies, do you foresee any updates or revisions to the strategies outlined in your paper, and if yes, what aspects might need further exploration?

Based on our study, the aspect that needs further exploration is the competencies of primary healthcare related to disaster preparedness. The listed competencies for first-level healthcare providers can be broadly categorised into three domains: disaster and emergency preparedness, early warning, and response system; patient care and mass casualty management; and resource (human and material) management and eviction. The implementation of collaborative practice in disaster preparedness need to be implemented in primary healthcare.

Q8 As a researcher and practitioner in the field of family medicine and primary care, where do you see your focus lie in the coming years?

In the future, my focuses are related to emergency and disaster preparedness, especially for vulnerable groups including the elderly, children, and pregnant people.