In 2001, recognizing the need to take action to transform and renew the specialty, leaders of the seven family medicine organizations together initiated the Future of Family Medicine project. As a first step, the project leaders hired a national market research firm to provide them with an objective understanding of the current state of family medicine. The research produced a wealth of interesting and sometimes eye-opening findings and engendered a great deal of reflection and debate among those involved with the project. It also identified several key challenges that lie ahead for the specialty. With the work of the Future of Family Medicine project now complete and the final report forthcoming this spring, we thought you'd like to know what the public and other physicians had to say about family doctors.

Tough questions, honest answers

“I think many family physicians share the same anxieties and concerns,” says Richard Roberts, MD, JD, a past president of the AAFP who chaired one of the Future of Family Medicine project task forces. “For example, do patients know what I do? Do they value it and respect it? Do other clinicians know what I do? Do they value it and respect it? These were just some of the questions we needed answered at the outset of the project.” (To learn more about the Future of Family Medicine project, see page 46.)

In all, nearly 2,000 interviews were conducted with, among others, patients of family physicians, patients of other specialists, practicing family physicians, academic family physicians, medical students, residents, other specialists and nonphysician providers (for more information, see “About the research,” page 44).

The good news

“We could have learned that what family physicians do is unwanted, unnecessary and irrelevant,” Martin says. “What we learned was quite the contrary: From multiple perspectives, there is still need and desire for family physicians.”

Jennifer Bush is a senior associate editor for Family Practice Management. Conflicts of interest: none reported.
Even though patients and physicians are frustrated by the health care system, the research showed that patients seem to want the same things family physicians want to deliver. According to the research, the primary drivers of patient satisfaction include having a physician who listens, is nonjudgmental, honest and direct and who encourages a healthy lifestyle (see “Patient satisfaction with primary care physicians,” page 45). More than 80 percent of patients and more than 90 percent of family physicians said that these were “extremely” or “very” important physician attributes (see “Comparison of patient and family physician perspectives on health care” on page 45).

“The research findings also confirm there is support for family medicine within the medical profession, particularly among community-based subspecialists,” says Larry Green, MD, director of the Robert Graham Center for Policy Studies in Family Practice and Primary Care and chair of one of the Future of Family Medicine project task forces. More than 80 percent of non-FP specialists surveyed said that family physicians do “well” or “extremely well” at maintaining a good reputation, knowing patients’ history and acting as a health care partner (see “Specialist perception of family physicians” on page 47).

Many specialists saw family physicians and general internists as equal on a number of performance measures. Those who saw a difference thought family physicians perform better in these areas: their concern with doctor/patient relationships, the ease with which patients can relate to them and their responsiveness to patients’ concerns. As one specialist explained, “Family doctors have better communication skills. They tend to translate medical terms to human terms. Internists tend to use more Latin words in their interactions with patients, where family doctors talk to patients in their own language.”

The research also showed that the family physicians surveyed are happy in their practices. Almost 75 percent said they felt the specialty gives them the opportunity to use their full range of skills. Sixty-two percent reported having no doubt that they chose the right specialty (see “Satisfaction with family medicine,” above). And about three-fourths said they would also be “very likely” or “fairly likely” to recommend family medicine to medical students; the most common reasons were for the satisfaction and variety it brings.

The other side of the coin
The research also suggested that while many people value the attributes of family medicine, some don’t really know what family medicine is. For example, one-third of patients whose primary care provider is a family physician aren’t aware they’re going to a family physician. Moreover, when asked to identify primary care specialists, only one in 10 patients named family physicians. And, as those

ABOUT THE RESEARCH
To determine public perception toward family medicine, Roper ASW conducted more than 1,000 telephone surveys using a national random-digit sampling of the general public. Greenfield conducted 13 focus groups with patients, including those from a variety of geographic and ethnic backgrounds, those who were chronically ill, those who had a family physician, those who did not and parents of children 17 years and under.

To determine how family physicians and other specialists perceived family medicine, 17 focus groups and approximately 700 telephone surveys were conducted using AAFP and AMA samplings of practicing family physicians, academic family physicians, non-FP specialists, medical students, family medicine residents and residents in other specialties. The interviews were conducted during June and July 2002. Siegel & Gale (formerly Siegelgale) then analyzed the Roper and Greenfield findings. A portion of the market research findings are available at http://www.futurefamilymed.org/x19431.html.
patients named family physicians.

For example, when asked to identify primary care specialists, only one in 10 patients named family physicians.

Not surprisingly, the research findings also confirmed that family medicine does not have strong support in academic settings.

Yet, while many people value the attributes of family medicine, some don’t know what family medicine is.
Several years ago, realizing that something had to be done if the specialty was going to remain healthy, leaders of seven family medicine organizations together initiated the Future of Family Medicine project (FFM), charging it with a tremendous task:

“To develop a strategy to transform and renew the specialty of family medicine to meet the needs of people and society in a changing environment.”

The organizations behind this landmark effort include the AAFP, the American Academy of Family Physicians Foundation, the American Board of Family Practice, the Association of the Departments of Family Medicine, the Association of Family Practice Residency Directors, the North American Primary Care Research Group and the Society of Teachers of Family Medicine. The FFM project is a collaborative effort. One elected leader and the CEO from each of the seven organizations sit on the project leadership committee (PLC), which manages the project.

Phase one: Questions

In 2002, the FFM project leaders hired Siegel & Gale (formerly Siegel-gale), a national strategic branding consulting firm based in New York City, to develop an objective understanding of the current state of family medicine in the United States. In all, nearly 2,000 interviews and 30 focus groups were conducted (see “About the research,” page 44). Those findings as well as Siegel & Gale’s analysis and recommendations were provided to five project task forces, each of which sought to answer a critical question:

Task Force 1: What are the core attributes of family practice, how can family practice best meet people’s expectations and what systems of care should be delivered by the specialty?

Task Force 2: What are the training needs for family physicians to deliver the core attributes and services expected by people and the health care delivery system?

Task Force 3: How can we ensure that family physicians continue to deliver the core attributes of family practice and the services the system expects throughout their careers?

Task Force 4: What strategies should be employed to communicate the role of family physicians within medicine and health care, as well as to payers and patients?

Task Force 5: What is family practice’s leadership role in shaping the future health care delivery system?

The realization that reimbursement models must be developed to sustain and promote family practice led the project leadership committee to add a sixth task force and charge it with addressing reimbursement and financial issues.

Phase two: Answers

Late this summer, the five original task forces submitted their findings and recommendations to the project leadership committee. The committee then reviewed the recommendations and presented a summary report to the leaders of the seven family medicine organizations. The recommendations from the sixth task force are expected by early 2004. At press time, the summary report was being reviewed for approval by the boards of directors of the seven organizations.

Phase three: Implementation

The implementation phase of the FFM project will begin with publication of the project’s final report in the March/April issue of the Annals of Family Medicine (http://www.annfammed.org). The final recommendations will also be summarized in an upcoming issue of FPM. The data collected as part of the project will be made available for future study and will be maintained at the Robert Graham Center for Policy Studies in Family Practice and Primary Care in Washington, D.C. (http://www.graham-center.org). More information on the Future of Family Medicine project can be found at http://www.futurefamilymed.org.

Key challenges

With the market research in hand, the researchers analyzed the findings and identified five challenges influencing family medicine’s ability to maintain viability in the U.S. health care system:

1. Promoting a more accurate and widely held understanding of the specialty among the public.
2. Focusing on communicating and delivering what people expect in a specialty that has a wide scope and variance in practice type.
3. Winning respect for the specialty in academic circles.
4. Making family medicine a more attractive career option.
5. Dealing with the public’s perception that family medicine is not solidly grounded in science and technology.

The Future of Family Medicine project’s final report will be published in the March/April issue of the Annals of Family Medicine (http://www.annfammed.org). It will provide a re-articulated vision of the specialty and numerous recommendations for bringing about changes within the discipline, including methods of health care delivery that will better meet public expectations. The final recommendations will be summarized in an upcoming issue of FPM.

“I think family physicians are going to need to buy into the six aims outlined in the [Institute of Medicine’s] Crossing the Quality Chasm report,” Martin says. “We are going to have to set up new systems that provide safe, timely, efficient, effective, equitable and patient-centered care to patients.” Two ways to accomplish this will be to bring more science and technology into the physician office and provide patients with better service.

“When we talk about service, we aren’t only talking about having open appointments,” Kahn says. “It means offering patients a basket of services so they know exactly what to expect when they walk through the door of a family physician’s office. We have to do a better job of communicating how we will deliver what people expect.” He points to quality as another component of service. “We want to provide patients with a medical home, a similar goal to that of the specialty of pediatrics. We want people to think of a family practice as somewhere they can safely go to get what they need.” Along with a new model of practice, the report will also offer recommendations for revisions in residency train-
ing programs and new approaches to lifelong learning that will enable family physicians to continue to deliver the core attributes of family medicine throughout their careers.

Yet the project leaders also realize that little can be accomplished without some fundamental changes in the U.S. health care system, specifically in reimbursement and financing mechanisms. “The current system doesn’t allow family physicians to do what they want with their practices,” Martin says. “Sure they want to idealize their practices and bring in electronic health records, but they can’t do that if we don’t develop reimbursement models that sustain and promote what they do. Skeptics have already said, ‘Show me the money.’ We’re working on it. Right now, what we’re hearing from payers is that if we can do what we say, they’ll come on board.”

Next steps
If all goes as planned, the Future of Family Medicine report should usher in a period of active experimentation within the specialty. “It will be an ongoing process over the next five to 10 years,” Roberts says. “As a result, I think you’ll see changes in daily work flows, changes in how doctors group themselves, more training in systems care and more use of technology, among other things.” It may also serve to reconnect both physicians and patients to the specialty. “In 10 years, I think it will be viewed as a potentially landmark report,” says Larry Green. “Something that punctuated the next major transition for family medicine in the United States.”

Editor’s note: How do you view the current state of family medicine? Do you believe that without changes the discipline could falter? What do you think needs to be done? We’d like to hear from you. Send your comments to fpmedit@aafp.org or fax them to 913-906-6010.