

# Four Pillars for Primary Care Physician Workforce Development

*An expanded primary care physician workforce is necessary to meet our country's population health needs and to address the priorities of better access, better health, a better care experience, and reduced costs. These Four Pillars provide consistent language to improve communication and advocacy about the need for increased numbers of well-trained primary care physicians.*

## Pipeline

Efforts need to be focused on identifying, recruiting and retaining students and residents into primary care throughout the continuum of training. Activities should:

- Expose elementary, high school and college students to high-quality primary care practices and physician role models
- Develop more holistic medical school admissions processes, and enhance participation of primary care physicians on admission committees to identify students who are more inclined toward primary care (e.g. those with more service-orientation and those from rural and low-income families)
- Enhance outreach and mentoring programs designed to sustain interest in primary care throughout medical school and residency

## Process of Medical Education

All levels of medical, residency and fellowship education should model excellence in training physicians who practice evidence-based, compassionate and comprehensive primary care. This includes the traditional concerns of curriculum and educational research, as well as:

- Appropriate exposure to excellent and inspiring role models throughout the continuum of medical school and residency
- Systemic efforts to respond to the "hidden curriculum," including bias and "trash talk" about specialty choice
- Integration with Interdisciplinary Professional Education
- A diversity of sites with community clinicians outside of the AHC, including rural offices and CHCs

## Practice Transformation

The Patient-Centered Medical Home (PCMH) model of care provides the framework for primary care practice in the future. Learners must be exposed to practices that deliver this desirable and sustainable model of patient-centered care.

- Practice teams **must** include generalist physician leaders who serve as role models and who deliver comprehensive, broad-scope primary care
- Learners are part of interprofessional practice teams
- Continuity of care is maintained throughout multiple delivery settings (ambulatory, inpatient, extended care, etc.)
- Population-based care is enhanced and supported by system changes to reinforce the "medical neighborhood" of colleagues and consultants

## Payment Reform

National advocacy must continue to address the need for appropriate reimbursement of primary care practice as well as primary care medical education. Activities should target ways to:

- Address student debt which differentially impacts specialties
- Close the gap in primary care/specialty care payment
- Transition from volume-based payment to value-based payment
- Reform graduate medical education to allow payments to non-hospital educational entities, support appropriate, additional primary care ambulatory training, and cover actual costs of training in the community

*Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (IOM definition)*