Family Medicine Training: Time to Be Counterculture *Again*

Thomas L. Stern Lecture
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Policy Studies in Family Medicine and Primary Care

Just a Word about the Robert Graham Center
- Functional division of the AAFP
- Editorial Independence
- Mission: To bring an evidence-based perspective of family medicine and primary care to policy deliberations
- Purposefully place in Washington, DC

Our Discussion Today
- The Toxic Environment
- Evolve or Die
  - New Models of Practice
  - Testing the Model—A Role for Residencies
  - Training to the Future—Can’t get there without you!
- Be Counterculture Again
- Levee Breach – in Crisis, Opportunity

The Toxic Environment
- Too much money of a good thing
  - Fertilizer in the Gulf & Money in Healthcare
  - Nutrient-rich discharge from Mississippi causes algae blooms that suck the oxygen out of the water—a Dead Zone

The Toxic Environment
- 2005 health spending
  - $1.9 trillion ($1,900,000,000,000)
  - $6,700 per person
    - $2,000-$4,600 1980-2000 (adjusted to 2000)
    - $133 billion increase over 2004

The Toxic Environment
- 16% of the US Economy
- From 2000 – 2005 healthcare devoured nearly 25% of our Economic Growth

Alan Sager, Ph.D. and Deborah Socolar, M.P.H.
The Toxic Environment

Healthcare’s major role has become Economic Engine

It is toxic to primary care and to population health

Doesn’t buy better outcomes

"Never has so much, bought so little, for so few"

Toxic to Patients

doesn’t buy better outcomes

Median Household Income

Average Family Premium

Toxic to Patients

SHARE UNINSURED AND HEALTH’S SHARE OF GDP, 1987 - 2003

% Uninsured

Health % GDP
The Toxic Environment

Future of Family Medicine

"Unless there are changes in the broader health care system and within the specialty, the position of family medicine in the United States may be untenable in a 10-20 year time frame."

Evolve or Die

Does Family Medicine Still Matter?

Despite being just 13% of the physician workforce, family physicians are where most Americans turn:
- Most named usual source of care
- Most relied-upon by healthcare safety net
- Distribute like the population

We are Highly Valued, FoFM

Future of Family Medicine Project—what we learned
- People value what family medicine offers
  - even though they don’t know what family medicine means
  - even though we don’t deliver consistently
- Subspecialists value what we do

Evolution and FoFM

New Model of Practice – based on a relationship-centered personal medical home

Hypothesis: Even within the constraints of the current flawed health care system, there are great opportunities for family physicians to redesign their models of practice to better serve patients while achieving greater economic success

New Model of Practice

Not achievable absent EHR and asynchronous communication tools
- A reliable basket of services, possibly augmented
- A Multi-disciplinary team, configured differently—for functions not finances
- Scalable—one size unlikely to fit all
**The New Model is Counterculture!**

*We know how to do that*

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**Call for Counterculture**

“Primary care education must be revitalized, with an emphasis on new delivery models and training in sites that deliver excellent primary care”

——*The Future of Primary Care*

Showstack, Rothman, Hassmiller Eds. 2004

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**Keystone III: the role of family medicine in a changing healthcare environment, 2001**

“We should model and provide training in aspects of improved systems of primary care (list many FFM New Model elements)”

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**New Model**

- **Doctor center-stage**
- **Barriers to access**
- **Paper records**
- **Care often fragmented**
- **Unpredictable services**
- **Individual patients**

**Patient center-stage**

- **Open access**
- **EHR**
- **Care is integrated**
- **Defined, reliable package**
- **Individual and population**

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**New Model**

- **Visits organize care**
- **Quality is assumed**
- **Safety assumed**
- **Doctor provides care**
- **One-on-one visits**
- **Knowledge held close**

**Care is asynchronous**

- **Quality measured & improved**
- **Safety systematic**
- **Team provides care**
- **Individual & Group visits**
- **Knowledge shared, produced**

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**New Model and Residencies**

*‘learning lab’*

what works and what doesn't when it comes to implementing change in different practice environments

Will include residency programs

More to come about other opportunities for residencies!
Training for the New Model

The New Model needs revolutionary change, but sustaining it will take evolution. Evolution requires training to change so the next generation of family physicians will expect to practice this way.

New competencies:
- Team-based care, continuous QI, practice information management and mastery, population & community health, reliably delivering a basket of services, research in practice, using decision-support tools while delivering care.

Training for The New Model

- Have to overcome “curriculosclerosis” (hardening of the categories)
- and “curriculum ossification” (an often epidemic casting of the curriculum in concrete)

—Keystone III, quoting Stephen Abramson

Residencies and the Counterculture New Model

- Training sites will be:
  - Laboratories and producers of innovation
  - Attract venture capital and partner with technology corporations
  - Connected to the NIH Research Roadmap
  - Discoverers of the epidemiology of personal and community disorders
  - Be able to demonstrate value to health and economy
In Crisis, Opportunity

Crisis = Opportunity

How is family medicine training like New Orleans?
- Levee’s insufficient
- Poor engineering & eroded buffers
- Hurricane’s are predictably unpredictable
- We know we’re not prepared
- We care for lots of vulnerable shoreline….

Crisis = Opportunity

And, like New Orleans, our particular crisis is an opportunity for:
“a new design for delivering health care in this country”

Michael Leavitt
US Secretary of Health and Human Services
February 21, 2006

Some economists suggest:
- Healthcare spending is good and could go to one-third of GDP
- Growth in healthcare spending too important for the economy to disrupt
- The Market and “consumer-driven” choices will offer corrections

Other economists think those economists are nuts

Some economists suggest:
- Employers and payers are crying “uncle”
  - Starbucks spends more on employee health coverage than on materials to brew coffee
  - GM and Ford have negative net worth due to retiree health liability

What else are we prepared to cut?
- Personal finances, Food Stamps, Education?

2005 GAO report confirms that Medicare trust fund has IOU’s in excess of $280 billion BEFORE Medicare Part D

Get Ready to be Counterculture, Again

Thanks!

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