

The Shifting Role of the Primary Care Physician

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“A physician is obligated to consider more than a diseased organ, more even than the whole man – he must view the man in his world.” — Dr. Harvey Cushing

The growing patient population, innumerable regulations, and intense financial and time pressures have compounded the challenges of primary care practice. To distribute the workload and achieve efficiencies, many practices are expanding the role of allied health

professionals such as nurse practitioners and physician assistants or creating new roles, such as health education specialists.¹

Although these team members certainly have a role in the evolving model of primary care, let's be candid: As a physician, it is unsettling to watch fundamental patient care tasks progressively being handed to others who may lack extensive medical training. It raises questions about whether the core functions of primary care physicians are unintentionally being diminished, whether the physician will eventually be reduced to a brief visitor during the encounter, and what constitutes a family physician.

As we are confronted by models that further decrease physician contact with patients, the biggest risk is that we could lose any semblance of a communicative, trusting doctor-patient relationship. Physicians who provide

patient-centered communication tend to have longer encounters,² which reportedly results in greater patient-doctor trust.³ This begs the question: Shouldn't we be focusing on team models that increase and enhance the physician's time with patients, not ones that decrease it?

On our current path, we may soon find “co-visits” to be the norm, with the physician performing a cursory exam and handing off the patient to someone else to discuss medications, conditions, and recommendations. These are key foundations of medical practice and important components of any family physician's education.

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We owe to it our patients, colleagues, and ourselves to

consider practical ways to streamline primary care practice. However, we should identify and avoid, or at least modify, approaches that threaten the most fundamental components of primary care: the physician's holistic knowledge of the patient and the establishment of trusted communication between the patient and his or her physician. **FPM**

1. Chambliss ML, Lineberry S, Evans WM, Bibeau DL. Adding health education specialists to your practice. *Fam Prac Manag.* 2014;21(2):10-15.
2. Epstein RM, Franks P, Shields CG, et al. Patient-centered communication and diagnostic testing. *Ann Fam Med.* 2005;3(5):415-421.
3. Fiscella K, Meldrum S, Franks P, et al. Patient trust: is it related to patient-centered behavior of primary care physicians? *Med Care.* 2004;42(11):1049-1055.

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