## **Graham Center Policy One-Pager**

## Family Physicians Continue to Offer the Most Comprehensive Care

Monica Ajinkya, MD; Stephen Petterson, PhD; Jack Westfall, MD, MPH; and Yalda Jabbarpour, MD

Comprehensiveness of care is one of the cardinal attributes of high-performing primary care. Evidence has shown that more comprehensive care, as measured by the number of services offered, is associated with lower costs and a reduction in hospitalizations. Comprehensiveness of care may be defined as either breadth or depth of services offered, but a comprehensive physician can take care of most of their patients' health care needs.

The Robert Graham Center, in conjunction with researchers at the American Board of Family Medicine and IBM Watson Health, examined the number of conditions physicians treat by specialty in the report "Primary Care in the United States: A Chartbook of Facts and Statistics." Using the number of unique *International Classification of Diseases*, 10th Revision (ICD-10) diagnosis codes as a proxy for measuring comprehensiveness, data from the National Ambulatory Medical Care Survey were analyzed. Primary care physicians use more diagnosis codes than other specialties, with family medicine reporting by far the most

ICD-10 codes (Figure 1).

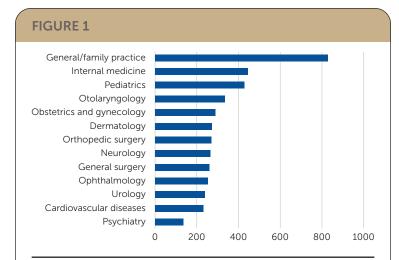
Despite increased comprehensiveness of care compared with other primary care specialties and medical subspecialties, family physicians' scope of practice has been declining. During the long-term recovery from the COVID-19 pandemic, comprehensive primary care will be essential to meeting the acute and chronic health care needs of our population. To maintain the comprehensiveness of care that

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Scope of practice by number of *International Classification of Diseases*, 10th Revision (ICD-10) diagnosis codes for primary care and selected physician specialties.

Source: National Ambulatory Medical Care Survey, 2016

is integral to the identity of family medicine, it is essential to advocate for employer support in credentialing, model broad-scope practice for new residency graduates, and increase the representation of family physicians in health systems' leadership.

## References

- 1. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q.* 2005;83(3):457-502.
- Bazemore A, Petterson S, Peterson LE, et al. More comprehensive care among family physicians is associated with lower costs and fewer hospitalizations. *Ann Fam Med*. 2015;13(3):206-213.
- Willis J, Antono B, Bazemore A, et al. Primary care in the United States: a chartbook of facts and statistics. October 2020. Accessed May 14, 2021. https://www.graham-center.org/content/dam/rgc/documents/ publications-reports/reports/PrimaryCareChartbook2021.pdf
- 4. Weidner AKH, Chen FM. Changes in preparation and practice patterns among new family physicians. *Ann Fam Med*. 2019;17(1):46-48.
- Peterson LE, Fang B, Puffer JC, et al. Wide gap between preparation and scope of practice of early career family physicians. *J Am Board Fam Med*. 2018;31(2):181-182.
- 6. Coutinho AJ, Cochrane A, Stelter K, et al. Comparison of intended scope of practice for family medicine residents with reported scope of practice among practicing family physicians. *JAMA*. 2015;314(22):2364-2372. ■