Spreading the Gospel of Family Medicine

When patients engage with primary care, costs go down and quality goes up. So why do growing numbers of patients not have a primary care physician?

As I write this, it's a beautiful early spring Sunday here in northeast Ohio, with blue cloudless skies and a crisp bite in the air. It's perfect weather for getting some work done around the house (I'm painting the kitchen) and taking an afternoon nap while watching the Cleveland Guardians game (they won). And usually on Sundays, I take a few hours to catch up on emails, get ready for the upcoming week in the office, and do some reading.

One of my readings was a recent white paper, which found that, of patients nationally who received medical services from 2016-2022, 29% did not have a primary care visit.[1] Another recent report found that 27% of U.S. adults in 2020 had no "usual source of care" (typically a primary care physician) or reported that the emergency room was their usual source of care, up from 23.6% in 2011.[2] This is stunning to me. Granted, my universe is family medicine — a fair number of my friends are family physicians, all my patient care and administrative duties are in primary care, and even at Christmas dinner probably half the people in my extended family are patients of other primary care physicians in my practice. The idea of not having a primary care physician is foreign to me.

Both studies do a good job identifying the problem. And it *is* a problem, because when patients are engaged with primary care, the cost of care tends to go down and the quality of care tends to go up.[3]

We all know some of the "whys" behind this problem — a shrinking primary care workforce, primary care reimbursement that is not commensurate with our workload, administrative burden, metrics, metrics, metrics, and so on. But here are some other "whys" that have always irked me.

1. A local health system used to buy billboard advertising around town and post "Current Emergency Room Waiting Times" — and they did so proudly! The electronic billboards had timers that would update every few minutes. The health system did not, by the way, post the phone numbers of their family docs.

2. Another local health system offers "executive physicals" to C-suite employees and uses other providers to conduct them. My patients then bring me their 19-page executive physical report — with 18 pages of unnecessary testing.

3. Specialists and procedures are still glorified as the "cool" side of medicine. On TV, on internet forums, and even in our medical schools, it's the exciting procedurist who garners all the attention. That is why I've always liked the framework Dr. Paul Grundy put forth: Primary care docs are "comprehensivists," and other docs are "partialists."[4]

But here's the good news: Despite all this, I still love being a family physician. As I wrote in this column a few months ago,[5] I'm having more fun than ever in practice because I'm off the fee-for-service hamster wheel. Thanks to several full-risk, value-based contracts, I now have more resources and more time to help my patients who really need it.

While we certainly need to address the pain points in our specialty, let's also keep talking about what's working and spreading the gospel of family medicine to patients, payers, policymakers, and students. We still have a lot of ground to gain to make sure every patient has a primary care physician looking out for them. FPM

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