

Where do family physicians practice and who is going to be doing primary care with us in the future?

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Goals

- * Discuss what America needs
- * Discuss my thoughts on the State of Family Medicine
- * Discuss my research

What Does America Need?

- * Access
- * Quality
- * Cost effective
- * Prevention
 - * Screening
 - * How to affect the social determinants of health

How do you get there?

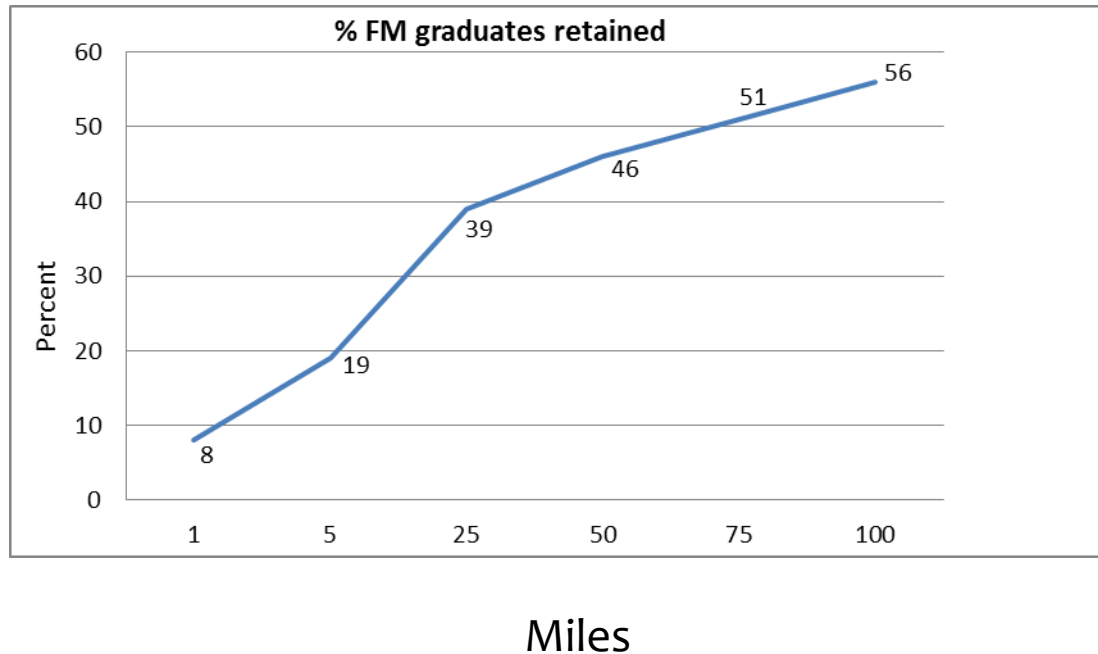
- * Access
- * Increase # of primary care providers
- * COGME rec: 3,000 more physicians/yr
- * Petterson, et al projects need of 52,000 by 2025
- * How?

How do you correct the uneven distribution?

- * Where are primary care physicians needed?
- * Rural
- * Urban underserved
- * Where the uninsured are

What Percent of Family Physicians stay where they train?

- * One-pager = 56% stay within 100 miles



Implications

- * Uneven distribution of physicians
- * Compromises access to primary care
- * Limited volume of training occurring outside of major metropolitan areas and large academic health centers

- * Decentralize GME training
 - * Teaching Health Centers
 - * Rural Training Tracks.

Paper in progress

	% (N) w/in 100 Miles	% (N) w/in 75 Miles	% w/in 50 Miles	% w/in 25 Miles	% w/in 5 Miles
Total N=69,702	53.6% (37,354)	49.6% (34,567)	44.7% (31,146)	37.0% (25,798)	18.6% (12,982)
2000–N=13,379	61.6% (8,238)	58.2% (7,787)	53.7% (7,181)	46.1% (6,164)	27.1% (3,631)
1990–N=25,009	53.5% (13,393)	49.5% (12,389)	44.7% (11,167)	36.9% (9,228)	18.1% (4,517)
1980–N=21,347	50.4% (10,764)	46.1% (9,839)	41.1% (8,778)	33.4% (7,127)	15.5% (3,302)
1970–N=9,520	49.8% (4,738)	45.6% (4,344)	40.2% (3,823)	32.7% (3,113)	15.2% (1,449)

Paper in progress

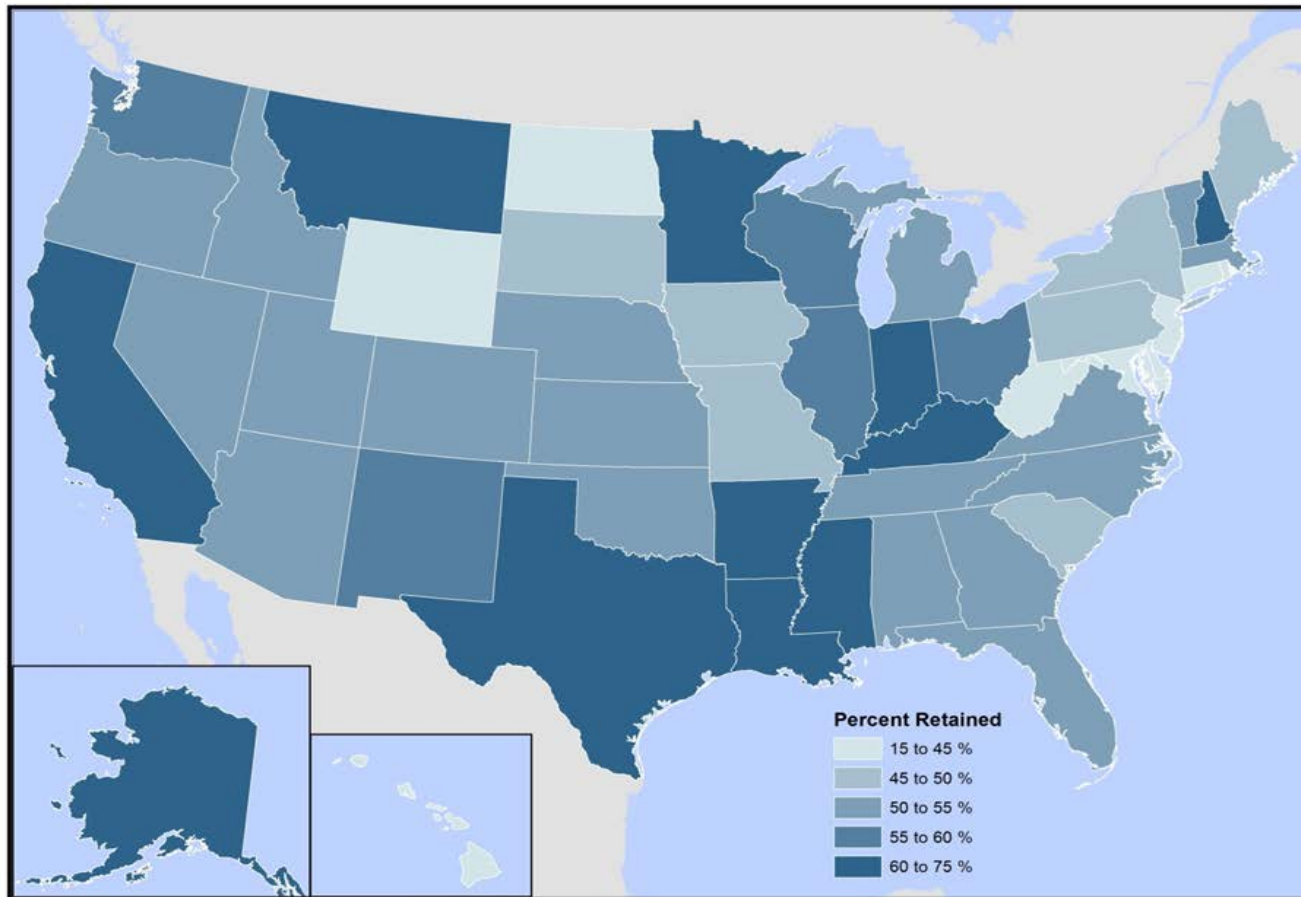
- * 54% within 100 miles
 - * 50% within 75 miles
 - * 45% within 50 miles
 - * 37% within 25 miles
 - * 19% within 5 miles
-
- * What are the policy implications?
 - * What are the problems with this measure?

Paper in progress

- * 62% stay within 100 miles in first 6 years
- * 54% grads from 90s
- * 50% grads from 80s

- * What are the policy implications?
- * What are the problems with this metric?

Paper in progress



Paper in progress

- * 56% stay within the state in which they graduated
- * DC 15%, RI 22%, DE 36%, MD 36%
- * Tx 75%, CA 71%
- * WY 27%
- * MS 74%

- * What are the implications?
- * What are the problems?

What is a family physician?

- * We have an image problem
- * The family physician is the physician that her/his community needs
- * We “fill in”
- * We need to become the driver of U.S. healthcare

What is a family physician?

- * Can FPs help with access?
- * Yes

- * Can FPs deliver high quality?
- * Need to prove it, over and over

- * Can FPs provide cost effective care?
- * How many times have you proven it?

Prevention

- * In the office, must set up systems
- * Must work in teams

- * How do FPs affect the 70% of health that happens outside the office?
 - * ie We currently have no control over it

What we are teaching in FM residencies

- * Current payment (care) system
- * Future payment (care) system
- * Continuous quality improvement
- * Patient Centered Medical Home

What we are teaching at MAHEC's FM residency

- * Team based care
 - * Integrated behavioral health
 - * Integrating pharmacists into practice
 - * Care workers (CCNC, TCM, others)
- * The tools and conceptions for continuous learning
- * As broad of a skill set as possible

- * Future: Group visits, e-visits, e-consults

Conclusions

- * America needs access to high quality, cost effective care.
- * FPs are well positioned to provide this type of care
- * We, as a society, need to put resources and emphasis into the social determinants of health – the 70% that doctors have no control over

Conclusions

- * RGC research shows FPs stay where they are trained
- * Decentralized FP training could help place FPs in rural areas – where they are needed
- * Review the next steps