

Family Medicine Training: Time to Be Counterculture *Again*

Thomas L. Stern Lecture

RAP April 3, 2006

Bob Phillips
The Robert Graham Center
Policy Studies in Family Medicine and Primary
Care

Just a Word about the Robert Graham Center

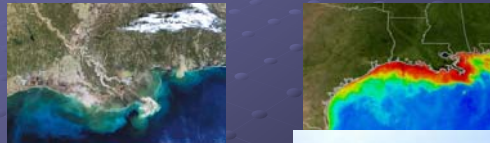
- Functional division of the AAFP
- Editorial Independence
- Mission: To bring an evidence-based perspective of family medicine and primary care to policy deliberations
- Purposefully place in Washington, DC

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



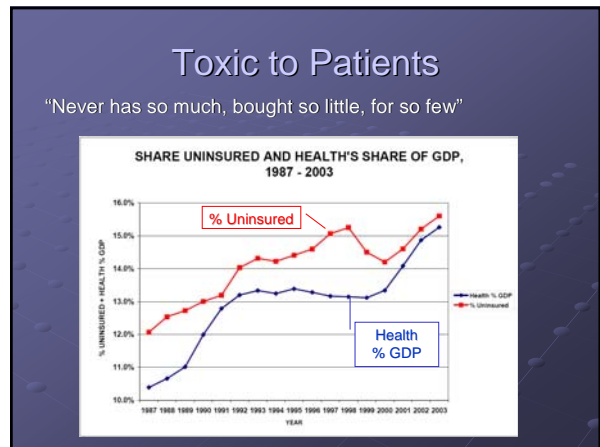
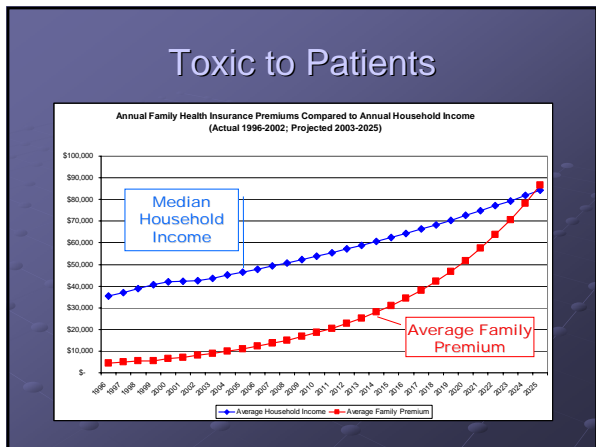
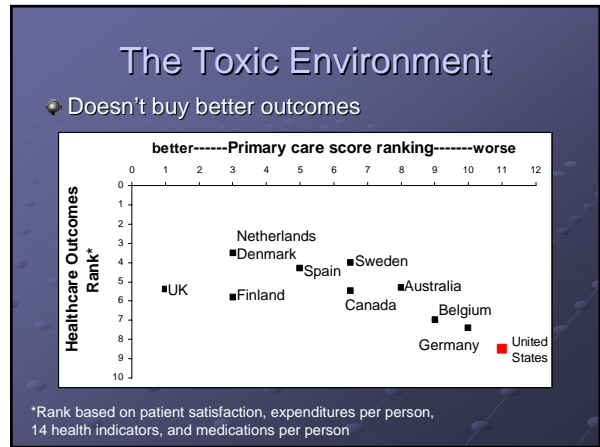
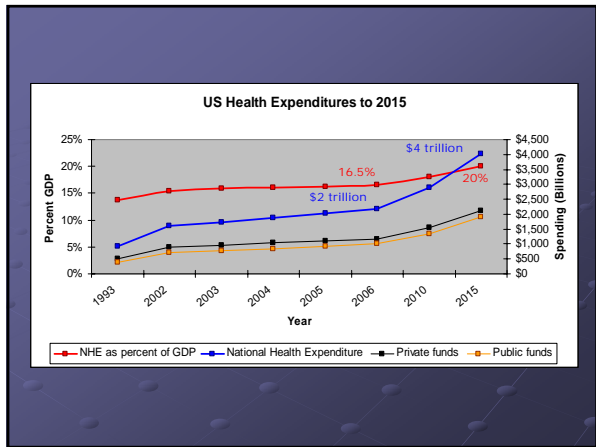
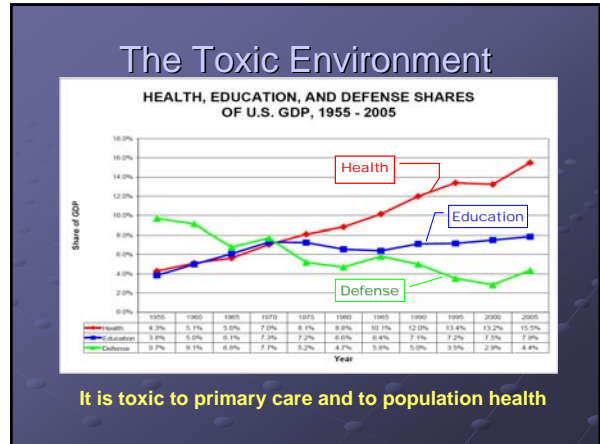
The Toxic Environment

- 2005 health spending
\$1.9 trillion (\$1,900,000,000,000)
- \$6,700 per person
 - \$2000-\$4600 1980-2000 (adjusted to 2000)
- \$133 billion increase over 2004

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

The Toxic Environment

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



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

New Model

Doctor center-stage	----	Patient center-stage
Barriers to access	----	Open access
Paper records	----	EHR
Care often fragmented	----	Care is integrated
Unpredictable services	----	Defined, reliable package
Individual patients	----	Individual and population

New Model

Visits organize care	----	Care is asynchronous
Quality is assumed	----	Quality measured & improved
Safety assumed	----	Safety systematic
Doctor provides care	----	Team provides care
One-on-one visits	----	Individual & Group visits
Knowledge held close	----	Knowledge shared, produced

**The New Model is
Counterculture!**

We know how to do that

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

Call for Counterculture

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

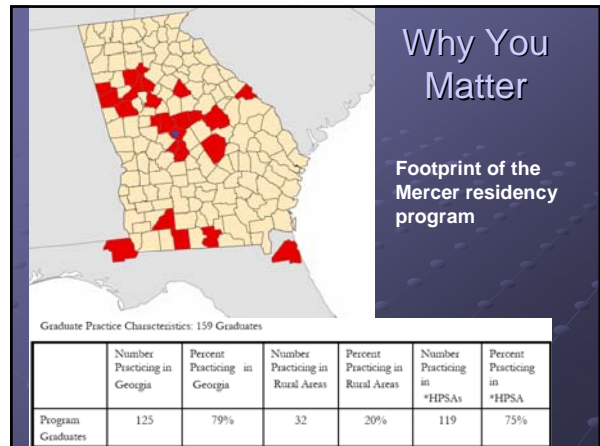
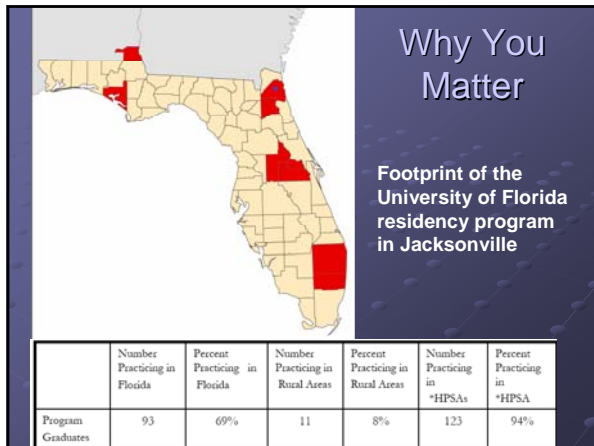
"We should model and provide training in aspects of improved systems of primary care (list many FFM New Model elements)"

New Model and Residencies

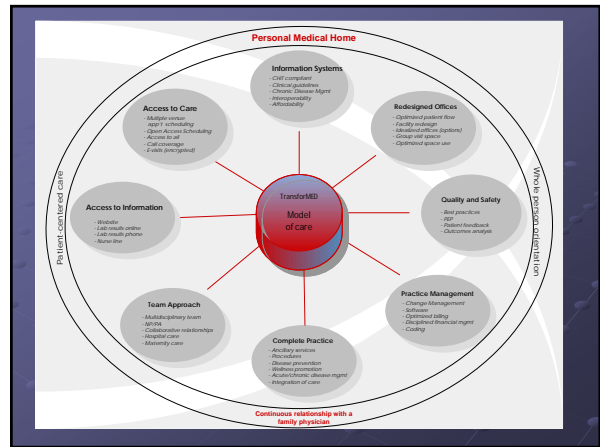


'learning lab'
what works and what doesn't when it comes to implementing change in different practice environments
Will include residency programs

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.... and people

Crisis = Opportunity



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

Crisis = Opportunity

- 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 economist think those economists are nuts

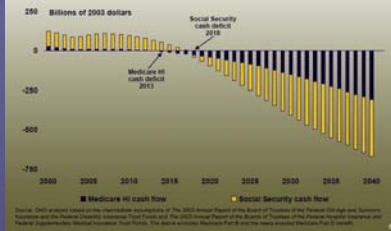
Michael E. Chernew, Richard A. Hirth, and David M. Cutler, "Increased Spending on Health Care: How Much Can the United States Afford?" *Health Affairs*, Vol. 22, No. 4 (July - August 2003), pp. 15-25.

Crisis = Opportunity

- 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?

Crisis = Opportunity

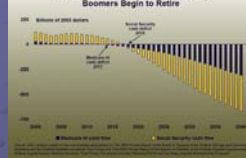
Social Security and Medicare's Hospital Insurance Trust Funds Face Cash Deficits as Baby Boomers Begin to Retire



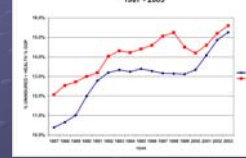
2005 GAO report confirms that Medicare trust fund has IOU's in excess of \$280 billion BEFORE Medicare Part D

Crisis = Opportunity

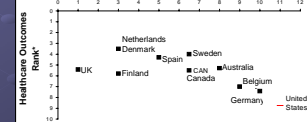
Social Security and Medicare's Hospital Insurance Trust Funds Face Cash Deficits as Baby Boomers Begin to Retire



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



better-----Primary care score ranking-----worse



Get Ready to be Counterculture, Again

Thanks!

The Robert Graham Center: Policy Studies
in Family Medicine and Primary Care

Lisa Klein Jackie McGee Jessica McCann
Martey Dodoo Andrew Bazemore Bob Phillips
Stephen Petterson