

## Family Medicine Training: Time to Be Counterculture \*Again\*

Thomas L. Stern Lecture

RAP April 3, 2006

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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

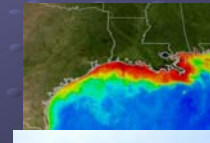
- The Toxic Environment
- Evolve or Die
  - New Models of Practice
  - Testing the Model—A Role for Residencies
  - Training to the Future—Can't get there without you!
- Be Counterculture Again
- Levee Breach – in Crisis, Opportunity

## 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

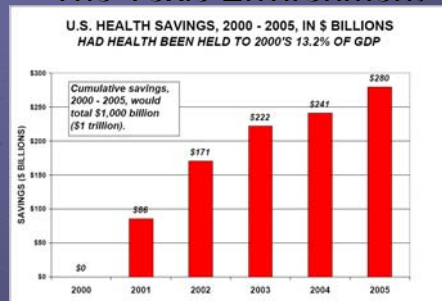
- 2005 health spending  
**\$1.9 trillion** (\$1,900,000,000,000)
- \$6,700 per person
  - \$2000-\$4600 1980-2000 (adjusted to 2000)
- \$133 billion increase over 2004

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

## The Toxic Environment

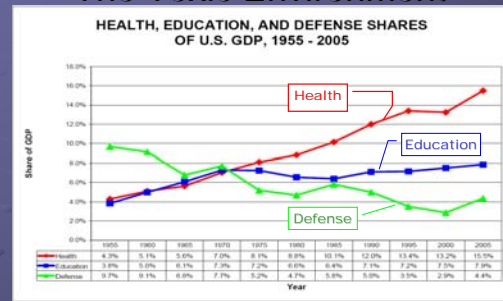
- 16% of the US Economy
- From 2000 – 2005 healthcare devoured nearly 25% of our Economic Growth

## The Toxic Environment



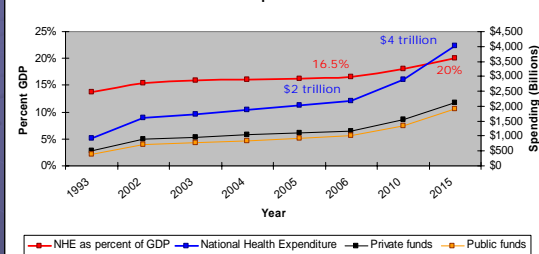
Healthcare's major role has become Economic Engine

## The Toxic Environment



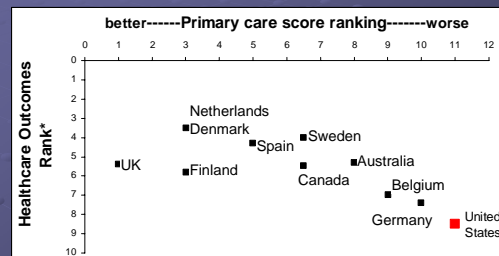
It is toxic to primary care and to population health

## US Health Expenditures to 2015



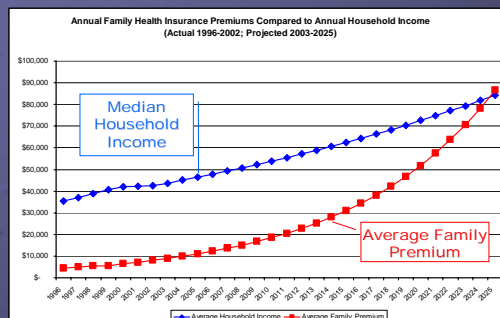
## The Toxic Environment

Doesn't buy better outcomes



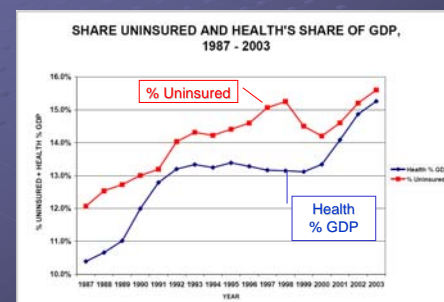
\*Rank based on patient satisfaction, expenditures per person, 14 health indicators, and medications per person

## Toxic to Patients



## Toxic to Patients

"Never has so much, bought so little, for so few"



## 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)"

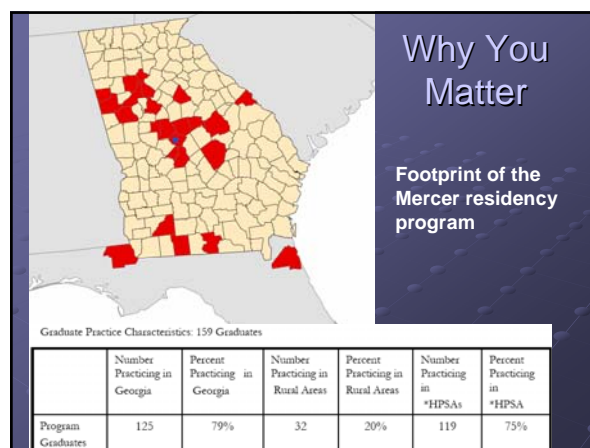
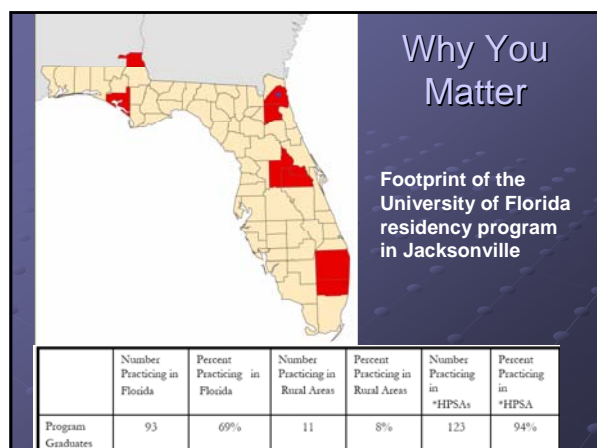
## New Model and Residencies



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

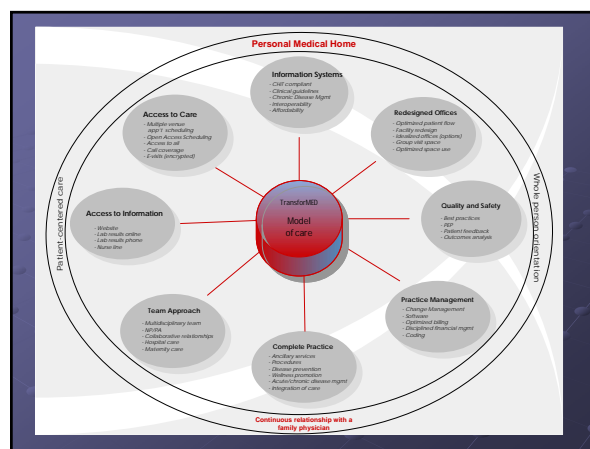
**More to come about other opportunities for residencies!**





## 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

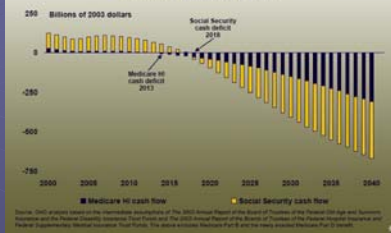
Michael E. Chernew, Richard A. Hirth, and David M. Cutler, "Increased Spending on Health Care: How Much Can the United States Afford?" *Health Affairs*. Vol. 22, No. 4 (July – August 2003), pp. 15-25.

## 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

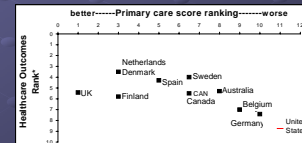
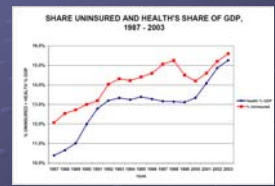
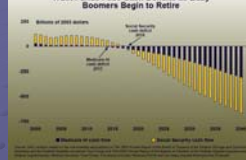
### Social Security and Medicare's Hospital Insurance Trust Funds Face Cash Deficits as Baby Boomers Begin to Retire



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



## Get Ready to be Counterculture, Again

Thanks!

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

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