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

![Graph showing retention rates of Family Medicine graduates by distance from training location.]
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

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