Health in the Balance: Who Will Provide Primary Care?

Washington, D.C.

November 5, 2007

The Assignment

Take a physician perspective on the question.

Raise some things medical schools might want to think about.

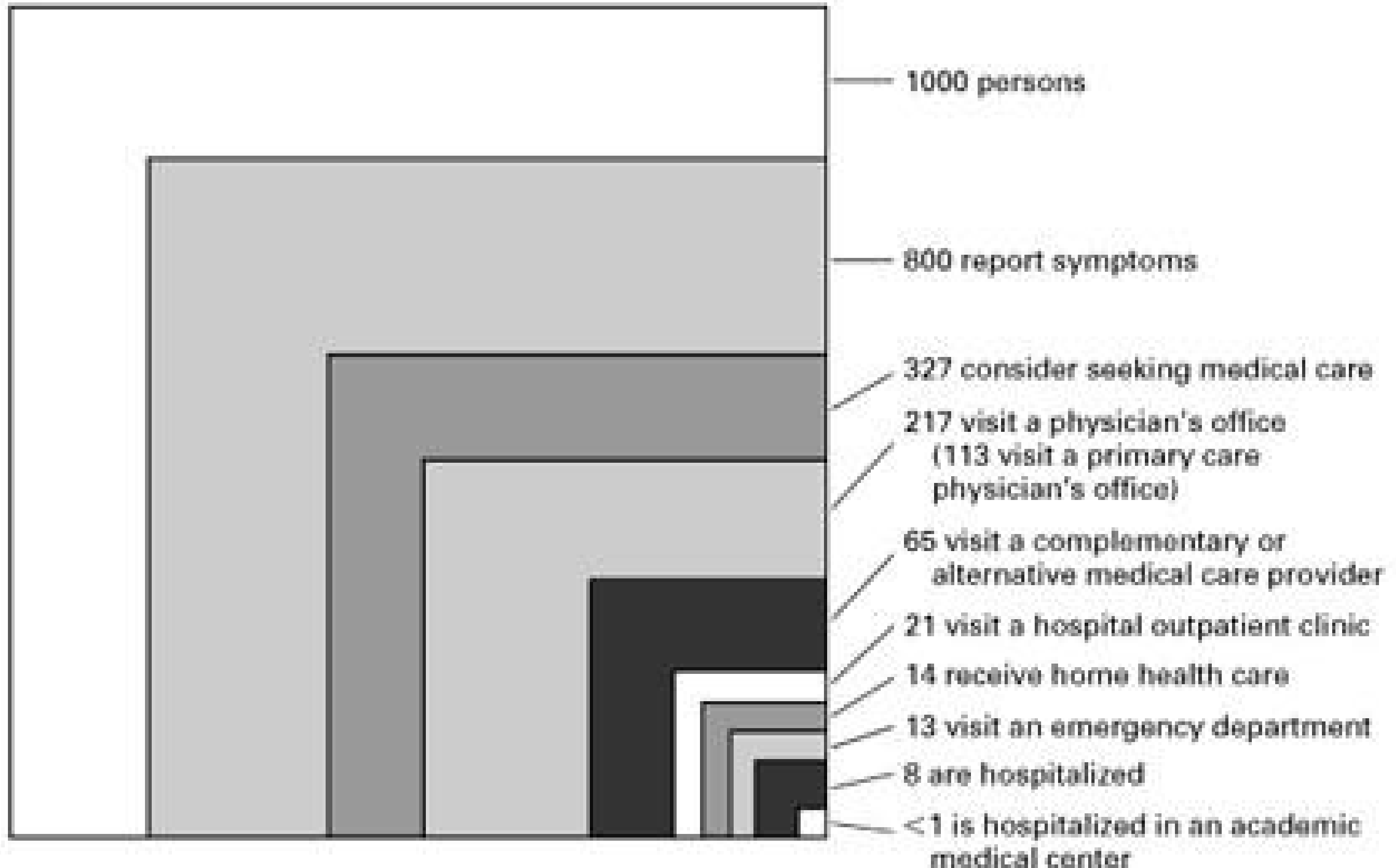
Be a bit provocative.

(Disclaimers)

The Evidence: Primary Care Improves Population Health Outcomes

- Generic outcomes are better in systems with stronger primary care (no study shows otherwise).
- Primary care improves effectiveness.
- Primary care improves efficiency.
- Primary care improves equity.

The 2000 Ecology



Estimated Impact on Premature Death

- 40%=Behavioral patterns
- 30%=Genetic predispositions
- 15%=Social circumstances
- 10%=Shortfalls in medical care
- 5%=Environmental exposures

(McGinnis et al; Mokdad et al)

Point #1

Primary care is not a problem.

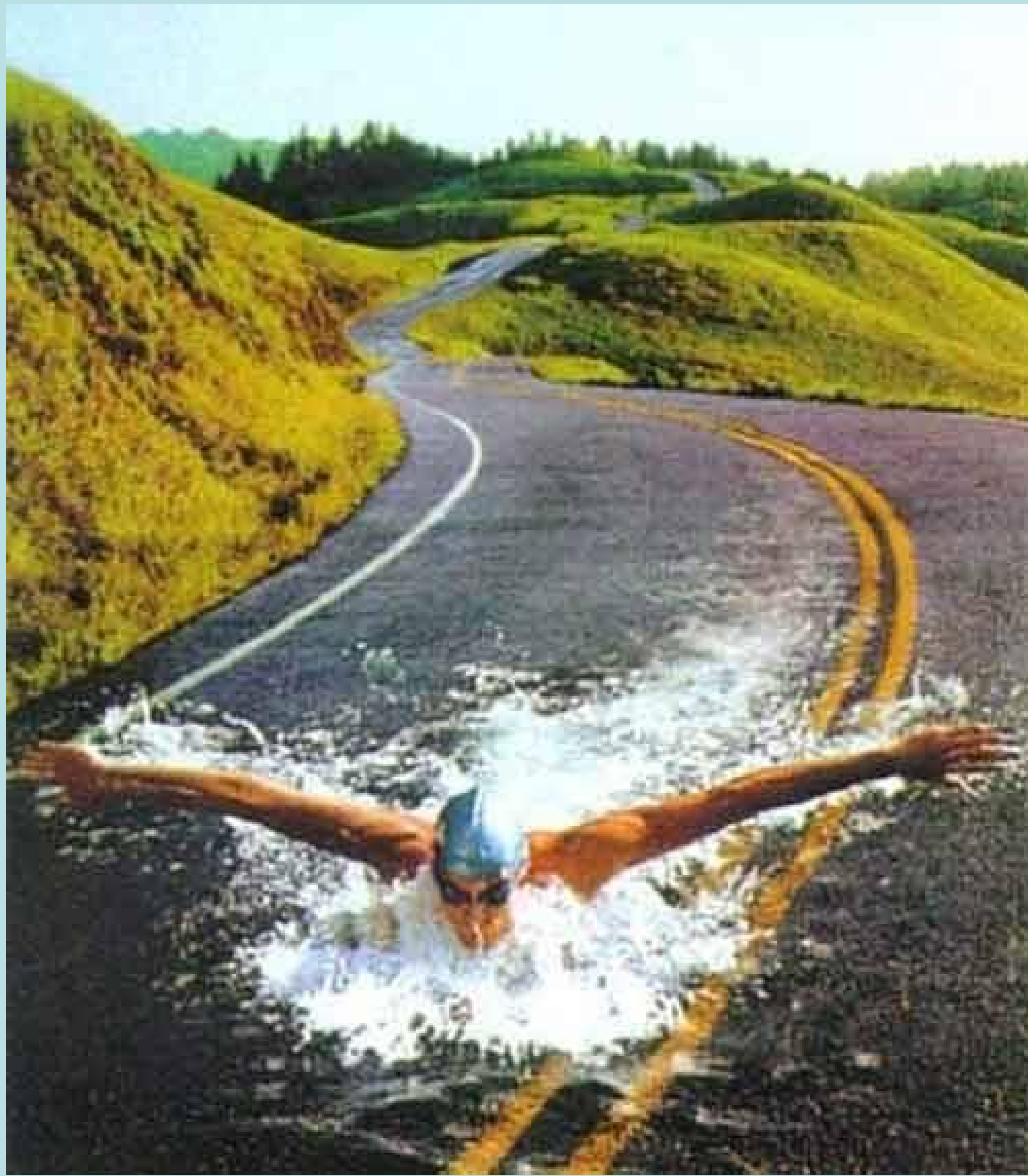
It is a solution to BIG problems that matter to, not a few, but to everyone.

If Primary Care Is So Cool, Why Isn't It Thriving in the USA?

Contrary to other developed nations, its role in the delivery system has not been established.

Its business model is terrible (expenses > revenues).

It is intellectually immature, disabled by a weak knowledge base, and inadequate technology.



Point #2

It is not the attributes, the function, or the aspirations of primary care that are flawed and of little value.

It is the relatively poor execution of primary care in a toxic environment in the USA that is unacceptable.

Three Possible Answers

A. No one.

B. Anyone.

C. Someone, particular.

Q: What does this road sign represent?

Three Possible Answers

A. No one.

B. Anyone.

C. Someone, particular.

Point #3: A Very Promising Answer

Personal physicians holding forth in the patient-centered "medical home."

What Is a Personal Physician?

"The doctor we have in mind, then, is no longer a general practitioner, and by no means always a family practitioner. His essential characteristic, surely, is that he is looking after people as people and not as problems. He is what our grandfathers called "my medical attendant" or "my personal physician"; and his function is to meet what is really the primary medical need. A person in difficulties wants in the first place the help of another person on whom he can rely as a friend—someone with knowledge of what is feasible but also with good judgment on what is desirable in the particular circumstances, and an understanding of what the circumstances are."

What Is a Personal Physician?

"The more complex medicine becomes, the stronger are the reasons why everyone should have a personal doctor who will take continuous responsibility for him, and, knowing how he lives, will keep things in proportion—protecting him, if need be, from the zealous specialist."

"The personal doctor is of no use unless he(she) is good enough to justify his(her) independent status."

(T.F. Fox, Lancet; April 2, 1960)

What Is a Personal Physician?

“ . . . a doctor who will stick with me, even if I have the wrong problem, and need to go somewhere else.”

Future of Family Medicine Finding

[Annals of Family Medicine 2004;2:(suppl1)S3-S32.]

Patient-Centered Medical Home Is: Modern, Information-Age Primary Care

- Relationship: Personal physician
- Teamwork
- Enhanced access
- Comprehensive, whole person orientation
- Integrated care
- Quality and Safety=Hallmarks
- Value!

(ACP, AAP, AAFP, AOA on the same page!!)

Top Ten	Estimated 2006 Annual GDP (PPP)
United States	**$12,980,000,000,000**
China	**$10,000,000,000,000**
Japan	**$ 4,220,000,000,000**
India	**$ 4,042,000,000,000**
Germany	**$ 2,585,000,000,000**
“US Health Care”	**$>2,000,000,000,000**
United Kingdom	**$ 1,903,000,000,000**
France	**$ 1,871,000,000,000**
Italy	**$ 1,727,000,000,000**
Russia	**$ 1,723,000,000,000**
Brazil	**$ 1,616,000,000,000**

Point #4

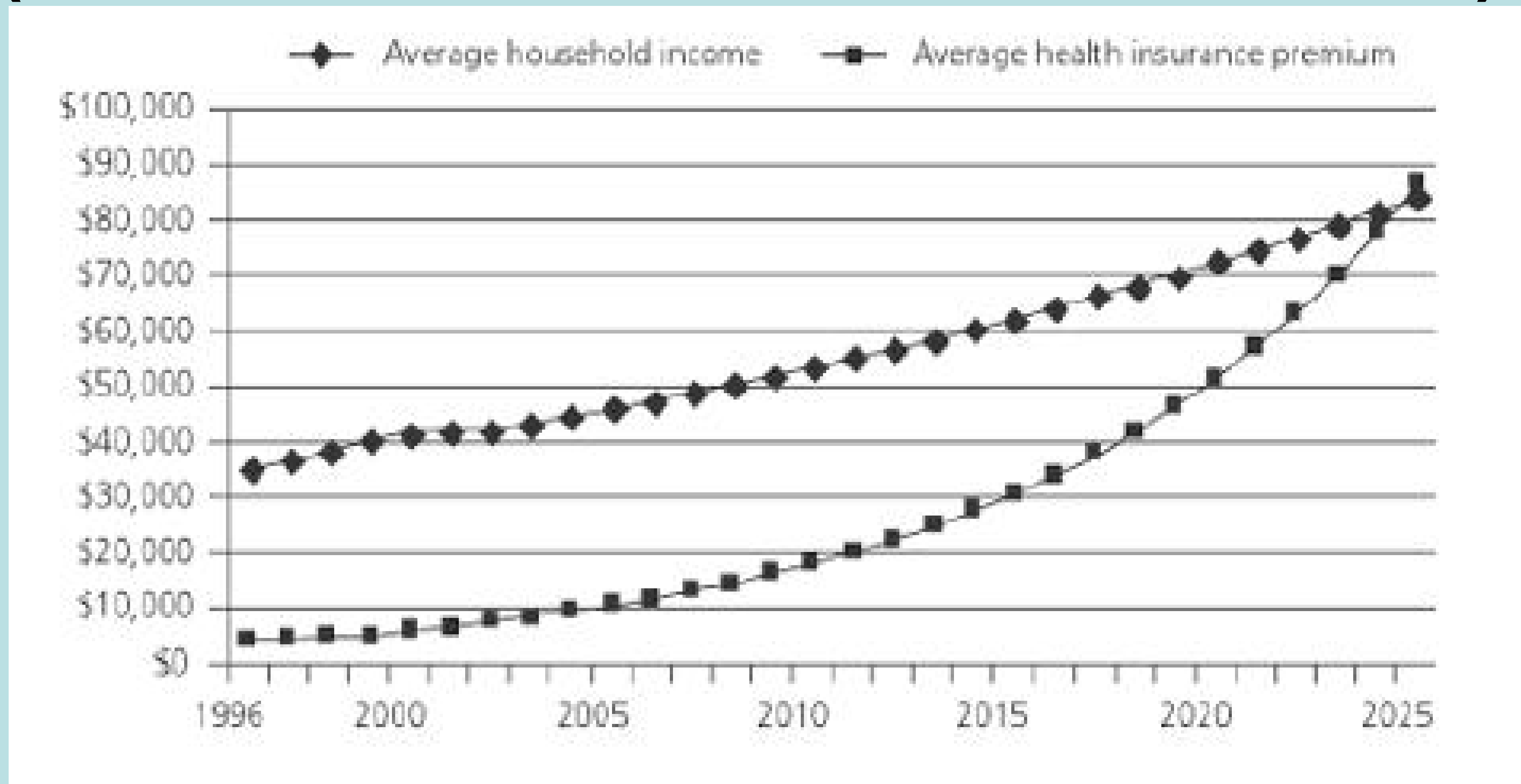
The richest nation on the planet with more than $2T to spend on health care (renewable annually) can have personal physicians and a patient-centered medical home for every inhabitant—IF it wants to.

There Is Some Urgency to Answering Our Questions

"*Our country's financial health will in fact be determined primarily by the growth rate of per capita health care costs.*"

Orszag PR and Ellis P. The Challenge of Rising Health Care Costs-A View from the Congressional Budget Office. N Eng J Med 2007;357:1793-5.

Annual Health Insurance Premiums and Household Income, 1996 to 2005 (Robert Graham Center: Devoe et al)



What Should Medical Schools Be Thinking About Doing Now with PC?

1. Stop the beatings and the whining.
2. Accept that primary care done well is a coherent, worthy, clinical, intellectually challenging enterprise, and NOT the sum of subspecialty parts.
3. Forgive primary care for its mis-steps in the last century.
4. Unite the three physician pc tribes to be the best personal physicians ever created.

What Should Medical Schools Be Thinking About Doing Now with PC?

5. Decide to be a serious player on the nation’s largest platform of health care delivery.
6. Invest in discovering primary care (basic, clinical, health services, and policy).
7. Create the new science of translational medicine <u>with</u> primary care (and all of its knowledge bases) *intimately* involved. Think about how you will discover the attributes of those who do NOT get sick.
8. Enable substantial changes in the location and content of residency training for personal physicians (help revise GME funding to make the emerging experiments possible and sustainable.)

What Should Medical Schools Be Thinking About Doing Now with PC?

9. Pick a definite population for whom you are willing to be held accountable for improving their health status and commit publicly to measuring your effectiveness (you'll enjoy your primary care crew more.)
10. Figure out how to train the health care workforce together, instead of daring them to work together after they graduate.
11. Add change management and teamwork to the core curriculum for physicians.
12. Hold conferences about "Health in the balance: who will do subspecialty care?"

And More Personally,

HOPE that when you and those you love have your unexpected acute problems and your expected 8-16 chronic diseases, you will have an outstanding personal physician who actually knows you as a person and can execute to perfection the integration of the care you need.

Your Answer?

A. No one.

B. Anyone.

C. Someone, particular.

Primary Care Perspective

A Patient's Perspective

Thank you for listening.

http://go.to/funpic

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