

# Your Future in Family Medicine Presentation

## *Corresponding Talking Points*

### Slide 1 – Introduction

- Welcome... Please introduce yourself and the other members of the panel
- Ohio Academy of Family Physicians (OAFP) is a statewide professional association of approximately 4,400 members, including practicing physicians, residents and medical students.
- OAFP is a chapter of The American Academy of Family Physicians - the national association of family doctors. It is one of the largest national medical organizations, with more than 94,000 members in 50 states, D.C., Puerto Rico, the Virgin Islands, Guam and the uniformed services.

### Slide 2 – The Scope of Family Medicine

- Family physicians possess unique attitudes, skills, and knowledge which qualifies them to provide continuing and comprehensive medical care, health maintenance and preventive services to each member of the family regardless of sex, age, or type of problem - be it biological, behavioral, or social. These specialists, because of their background and interactions with the family, are best qualified to serve as each patient's advocate in all health-related matters, including the appropriate use of consultants, health services, and community resources.

### Slide 3 – History of Family Medicine

- Although not officially recognized as such, family medicine is arguably the oldest medical specialty. For thousands of years, physicians were true “generalists,” providing care for men and women, children and adults through the entire spectrum of life.
- In 1930, about 80% of American physicians were GPs; only 20% were specialists.” The trend toward specialization started around World War II
- The American Academy of General Practice (AAGP) was established in 1947 to give voice to the decreasing number of generalists.
- In 1966, three landmark reports were released by commissions that had been appointed to study the problem of declining generalists:
  - **The Folsom Report** concluded that “every American should have a personal physician to ensure the integration and continuity of all medical services.” It also stressed the importance of preventive medicine, the use of community resources and the importance of caring for the patient as a whole.
  - **The Millis Report** focused on graduate medical education and determined that family medicine needed to be a board-certified specialty.
  - **The Willard Report** recommended residency training programs for family medicine and specified the establishment of a board to oversee certification. The American Board of Family Practice was established three years later in 1969.

### Slide 4 – History of Family Medicine (continued)

- More recently, family medicine has taken concrete steps to ensure that the specialty remains dynamic and strong.
- The Future of Family Medicine (FFM) Project was conceived with the charge to “develop a strategy to transform and renew the specialty of family practice to meet the needs of people and society in a changing environment.”
- Family medicine’s history indicates that Americans have wanted and continue to seek a physician who is attentive to their needs and skilled at addressing them, and with whom they can establish a life-long relationship.

### Slide 5 – Training in Family Medicine

- Family medicine residents work to develop their clinical and technical skills in an environment that fosters the development of life-long learning processes necessary for every family doctor.
- AAFP offers a terrific resource titled, “Strolling Through the Match” that will help you make appropriate decisions about your professional career and to learn more about the process of getting post-graduate training. They resource is updated annually for consistency and applicability to the career-planning objectives of most medical students, regardless of specialty interest or medical school.

### **Slide 6 – Ohio’s Allopathic Family Medicine Residency Programs**

- New family physicians must complete at least three years of training after medical school in an accredited family medicine residency. After residency, the physician must pass a comprehensive exam to become board certified by the American Board of Family Medicine. In order to maintain board certification, family physicians must complete at least 150 credits of continuing medical education every three years and continue to pass a certification exam every seven or ten years.
- Whether you’re looking for an experience in an urban, suburban or rural setting, Ohio’s residency programs provide medical students the opportunity to learn the critical, hands-on elements of primary care, physical examination skills and doctor-patient relationship building.

### **Slide 7 – Procedures Commonly Performed by Family Physicians**

- Family medicine is the primary care specialty that spans all ages and stages of the lifecycle.
- Family physicians diagnose and treat 90 percent of all patient problems - treating conditions of all organ systems rather than limiting their practice to a specific organ system.
- Family physicians treat the whole patient, taking into account all medical, social and mental health concerns of the individual while emphasizing disease prevention and health maintenance.

### **Slide 8 – Fellowships after FM Residency**

- Fellowships are defined by the Accredited Council for Graduate Medical Education (ACGME) as training in subspecialty graduate medical education programs. There are a variety of fellowship programs available in different specialties.

### **Slide 9 - Geographic Distribution of Board Certified Family Physicians**

- US trained family physicians practice in all 50 states and several overseas countries
- Many residents return to their home state to practice or will practice close to where they trained.
- Many family physicians practice in Health Shortage Areas.

### **Slide 10 – Practice Types of Family Physicians**

- As a family physician, you can practice as a solo practitioner, in a small group, or in a large multi-specialty group. You can be in private practice or be an academic physician. You can be in the military or the National Health Service Corps.
- Family Medicine, with its focus on “family”, tends to offer more flexibility in work hours.
- The possibilities of practice are really limitless and the demand is high.

### **Slide 11 – Context of Family Medicine Practices**

- While group practice is most common, many physicians still are in solo practice.
- Family Physicians practice in private offices, community health clinics, hospital based practices, college student health offices, ER’s and many other settings.
- Some physicians are finding niche practices according to the needs of their communities and their lifestyles (Home visit practices where no physical office exists, nursing home only practice, cosmetic medicine, sports medicine, etc)

### **Slide 12 – Patient Contact Hours per Week by Family Physicians**

- Physician work hours vs. actual patient care hours can vary according to how much administrative responsibility they have.
- Opportunities exist for part-time practice or shared practices (two physicians sharing one full time position) to accommodate family life.

### **Slide 13 - Average Number of Family Physician Visits per Week and Average Number of Patients in Various Settings**

- Office patients are by far the majority of the family physicians patient encounters.
- Hospital care is sometimes delegated within a group to one rounding physician per week or may be designated to a hospital medicine group.

- Physicians still do home visits and nursing home visits, more so in smaller communities.

#### **Slide 14 – Family Medicine Lifestyle – “Week in the life of a family physician”**

- Lots of flexibility in number of hours and lifestyle (depending on income desired)
- Ability to change practice emphasis over time to adjust to changing needs of the physician and their family.

#### **Slide 15 - Family Medicine Lifestyle – Balance & Flexibility**

- Many family physicians stay in their same practice for their entire career
- Other physicians may change types or locations of practice over the years according to their family life cycle demands.
- Some physicians look for additional challenges in management positions as their careers progress

#### **Slide 16 – How Much Money do Family Physicians Really Make**

- Family physicians still enjoy a salary that affords a comfortable lifestyle
- Family physicians earn 5-6% on average of all wage earners in US, and at peak wage, easily top 5%

#### **Slide 17 – Salary in Residency**

- Resident salaries in community-based, affiliated programs are the highest
- Resident salaries increase with seniority
- Resident salaries near or top the national median of all wage earners

#### **Slide 18 – Average Income of Family Physicians**

- Average income of family physicians is 140-150K
- Highest wages are family physicians in America reside in the west north central area.

#### **Slide 19 – Salary by Practice Traits**

- Peak earnings generally rise over time in practice
- Salary is comparable by teaching and non-teaching clinicians

#### **Slide 20 – Family Medicine Compared to Other Primary Care Specialties**

- Family physicians are in demand and competitively paid

#### **Slide 21 – Salary Comparison Between Different Primary Care Specialties**

- Initial salaries and average similar among all primary care specialties
- Family physicians with OB earn the most

#### **Slide 22 – What Loan Repayment Options are Available for Family Physicians?**

- Family physicians are competitively paid vis-à-vis other primary care specialists

#### **Slide 23 – Additional Loan Repayment Option**

- Multiple loan repayment options including:
  - Ohio Physician Loan Repayment Program
  - National Health Service Corp
  - Local hospital and system opportunities

#### **Slide 24 – Future Earning Potential**

- A Family physician’s earning potential is only limited by his/her innovativeness and desire

#### **Slide 25 – Current Demand for Family Physicians**

- Improved ability to find a good job after residency
- Family physicians are in higher demand than sub-specialties

### Slide 26 – Current Demand for Family Physicians

- Recruitment packages for family physicians are exceptional and include flexibility in full and part-time opportunities
- Family physicians can practice just about anywhere they want

### Slide 27 – The Call for Change

- Healthcare in the U.S. is:
  - Too expensive
  - Not the best quality
  - Too much inequality
  - Too much fragmentation

### Slide 28 – Primary Care Physicians Care for Complex Disease

- Chronic diseases are becoming more and more common
- Most patients with chronic diseases are cared for by primary care physicians, not specialists
- Family physicians specialize in the common diseases that affect most people

### Slide 29 – Hospital Practice of Family Physicians

- Continuity of care is important
- Patients want their doctor to take care of them when they are admitted to a hospital
- Family physicians are well trained to care for patients across the continuum of care
- This assures safe transitions of care from hospital to home, etc

### Slide 30 – Primary Care Oriented Countries...

- Many studies done in different countries
- The data is clear – the facts are in
  - Higher quality
  - Lower cost
  - Universal access/no inequities
  - Basically the **opposite** of what we have in the United States

### Slide 31 – Primary Care Score vs. Health Care Expenditures

- Compares industrialized countries including the U.S.
- Higher primary care score = lower per capita health care costs
- U.S. is a dramatic outlier
- Cost savings could fuel other parts of the economy and create jobs

### Slide 32 – Is U.S. Health Really the Best in the World?

- Best for insurance companies (highest profits in the world)
- Best for doctors (highest incomes in the world)
- Near the bottom for things important to our patients (health outcomes)

### Slide 33 – Quality Comparisons

- Compared to other industrialized countries, our mortality figures are the worst in the world!

### Slide 34 –Per Capita Health Spending as Percentage GDP

- Reiterates runaway healthcare spending in U.S.
- Money spent on healthcare cannot be spent elsewhere in the economy
- We are not getting good value for our healthcare dollar
- Other countries get better outcomes and spend less
- A strong primary care system is the basis for their success
- A weak primary care system is the basis for our failure

### Slide 35 – What if Family Medicine Disappeared

- Map on the left shows physician underserved areas of the U.S.

- Map on the right shows what happens without family physicians
- Family physicians take care of people where people need care
- Family physicians are the ones most likely to practice in small towns, rural communities and urban underserved areas
- There would be **no** health care in most parts of the U.S. without family physicians

### Slide 36 – The Future of Family Medicine is the Patient Centered Medical Home

- This “new” idea has long been a tenet of family medicine – putting the patient first. The healthcare system is now recognizing the innate value of primary care, through its cost efficiency, enhanced physician-patient relationships and better health outcomes overall.
- The Patient Centered Medical Home (PCMH) is characterized by seven core measures. In order to provide a true medical home, care must be: Accessible, Continuous, Comprehensive, Family-Centered, Coordinated, Compassionate, and Culturally Effective.

### Slide 37 – Patient Centered Medical Home

- PCMH principles:
  - **Personal physician** - each patient has an ongoing relationship with a personal physician trained to provide first contact, continuous and comprehensive care.
  - **Physician directed medical practice** – the personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.
  - **Whole person orientation** – the personal physician is responsible for providing for all the patient’s health care needs or taking responsibility for appropriately arranging care with other qualified professionals. This includes care for all stages of life; acute care; chronic care; preventive services; and end of life care.
  - **Care is coordinated and/or integrated** across all elements of the complex health care system (e.g., subspecialty care, hospitals, home health agencies, nursing homes) and the patient’s community (e.g., family, public and private community based services). Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner.
  - **Quality and safety** are hallmarks of the medical home that includes using Evidence-based medicine and clinical decision-support tools guide decision making and participation in quality improvement activities at the practice level.
  - **Enhanced access** to care is available through systems such as open scheduling, expanded hours and new options for communication between patients, their personal physician and practice staff.
  - **Payment** appropriately recognizes the added value provided to patients who have a patient-centered medical home. The payment structure should be based on that enhanced value.

### Slide 38 – Patient Centered Medical Home

- Change is coming! Two large projects are under way – The Patient Centered Primary Care Collaborative and TransforMED.
- First - The Patient Centered Primary Care Collaborative (PCPCC) is a coalition representing the country's national business leaders, consumer groups, organizations representing primary care physicians and other health care stakeholders, released its Purchaser Guide to the patient-centered medical home (PCMH).
- The PCPCC is organized and financed to provide better outcomes for patients, more efficient payment to physicians and better value, accountability and transparency to purchasers and consumers. Studies of the PCMH model show that it improves patient satisfaction and clinical outcomes. It also lowers health care costs by improving care coordination and communication between primary care physicians and their patients.
- TransforMED was a demonstration project that is now incorporated by AAFP to assist family physicians become a qualified PCMH. The elements of TransforMED are achieved through a number of practice innovations including the following:
  - Open access scheduling
  - Online appointments
  - Electronic health records
  - Group visits

- Electronic visits
- Chronic disease management
- Web-based information
- Leveraging and engaging clinical staff
- Clinical practice guideline software
- Outcomes analysis
- Alternative reimbursement models

### **Slide 39 – The Future of Family Medicine is YOU!**

These pictures are taken at various OAFP student programs:

- Each year, OAFP sponsors a Student Retreat where you can hear topics not covered in medical school and hands-on procedures that are relevant to family medicine.
- OAFP also arranges for a fall outing for students and residents to network and plan the Retreat. Previous trips have included a high ropes course, group canoeing and a paintball challenge.

### **Slide 40 – Your “Go To” Resources for Family Medicine**

- OAFP and AAFP have terrific resources (many online) for any student interested in family medicine.
- OAFP Foundation pays for student membership dues to belong to AAFP and OAFP. With your membership, you’ll receive the publications of both organizations.
- There are abundant opportunities for student leadership roles within each organization. Just ask – the staff is ready to assist you.
- OAFP Office: (614) 267-7867/ Kate Mahler, Staff liaison to Student Affairs Committee can be reached directly at [kmahler@ohioafp.org](mailto:kmahler@ohioafp.org)