

New and Improved and Really Far Out
The ^ Future of Family Medicine

2006 STFM: Northeast Region Meeting
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Leading the Renaissance of Generalism

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**The United States has the
best healthcare system
in the world.**

1. TRUE

2. FALSE

Which of the following best describes your views on the future of family medicine.

- 1. Wildly enthusiastic**
- 2. Cautiously optimistic**
- 3. Uncertain**
- 4. Worried**
- 5. It's doomed**

U.S. Healthcare Coverage

118 M (40%) ERISA

74 M (25%) HMO

45 M (15%) public

45 M (15%) uninsured

15 M (5%) indemnity

U.S. Healthcare System

- 3,000 payers
- 5,500 hospitals
- 750,000 physicians
- 4,000,000 nurses
- 300,000,000 people

U.S. Healthcare System

- **15.5% of GDP - \$1.9 Trillion (Swiss 11%)**
- **Largest single segment of economy**
- **1 in 4 without any or enough insurance**
- **2000 World Health Report: ranked 37th**

1966

Three reports focus on frustrations with healthcare system:

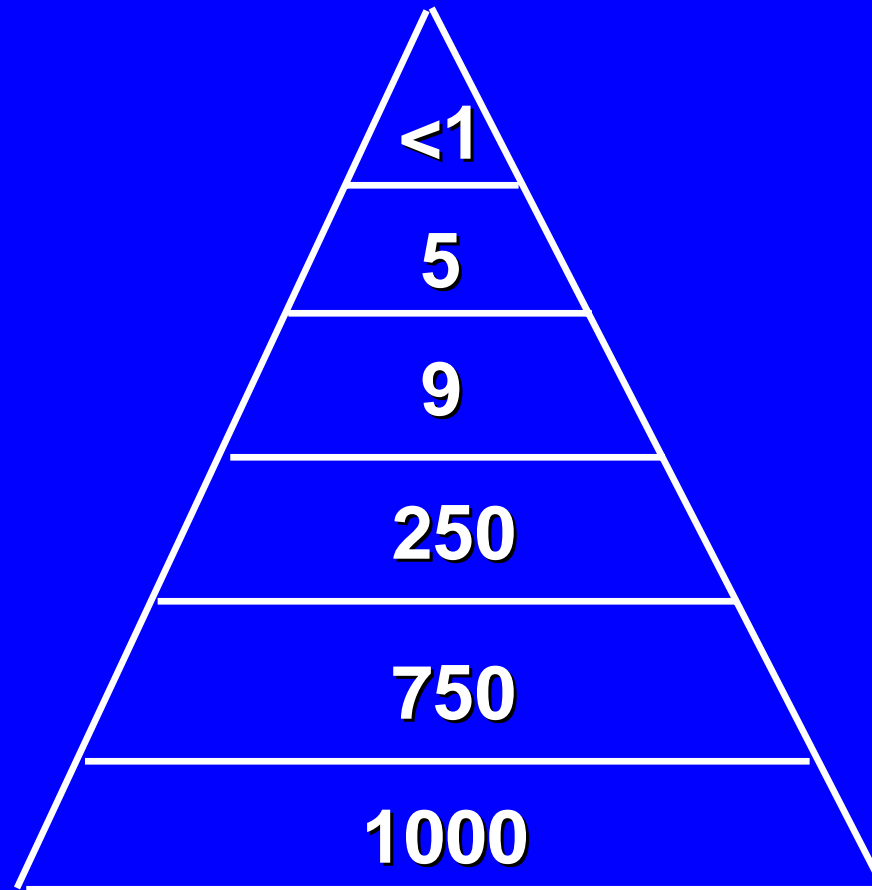
1. The graduate education of physicians: report of the Citizens Commission on Graduate Medical Education (**Millis Commission**).
2. Meeting the challenge of family practice: report of the American Medical Association. Ad Hoc Committee on Education for Family Practice (**Willard Committee**).
3. Health is a community affair: report of the National Commission on Community Health Services (**Folsom Commission**).

All three reports call for a new medical specialty of family practice to meet people's perceived needs in a fragmented health care system.

Family Physicians

- **Doctors of first resort**
- **Continuous & comprehensive care**
- **Responsible for total health needs**
- **75% of complaints are self-limited**
- **Time as diagnostic & therapeutic tool**

Pyramid of Care



Information taken from White KL, et al. N Engl J Med 1961;265:885-92 and Green LR, et al. N Engl J Med 2001;344:2021-25.

How good is the evidence?

Design: Review of all original clinical research in 3 major general clinical journal or high-impact specialty journals from 1990-2003 that were cited more than 1000 times.

Results: Of 49 highly cited studies, 45 claimed that the intervention was effective.

- 7 (16%) contradicted by subsequent studies
- 7 (16%) found effects stronger than those of subsequent studies
- 20 (44%) were replicated
- 11 (24%) remained largely unchallenged

Source: Ioannidis JPA. JAMA 2005;294:218-228.

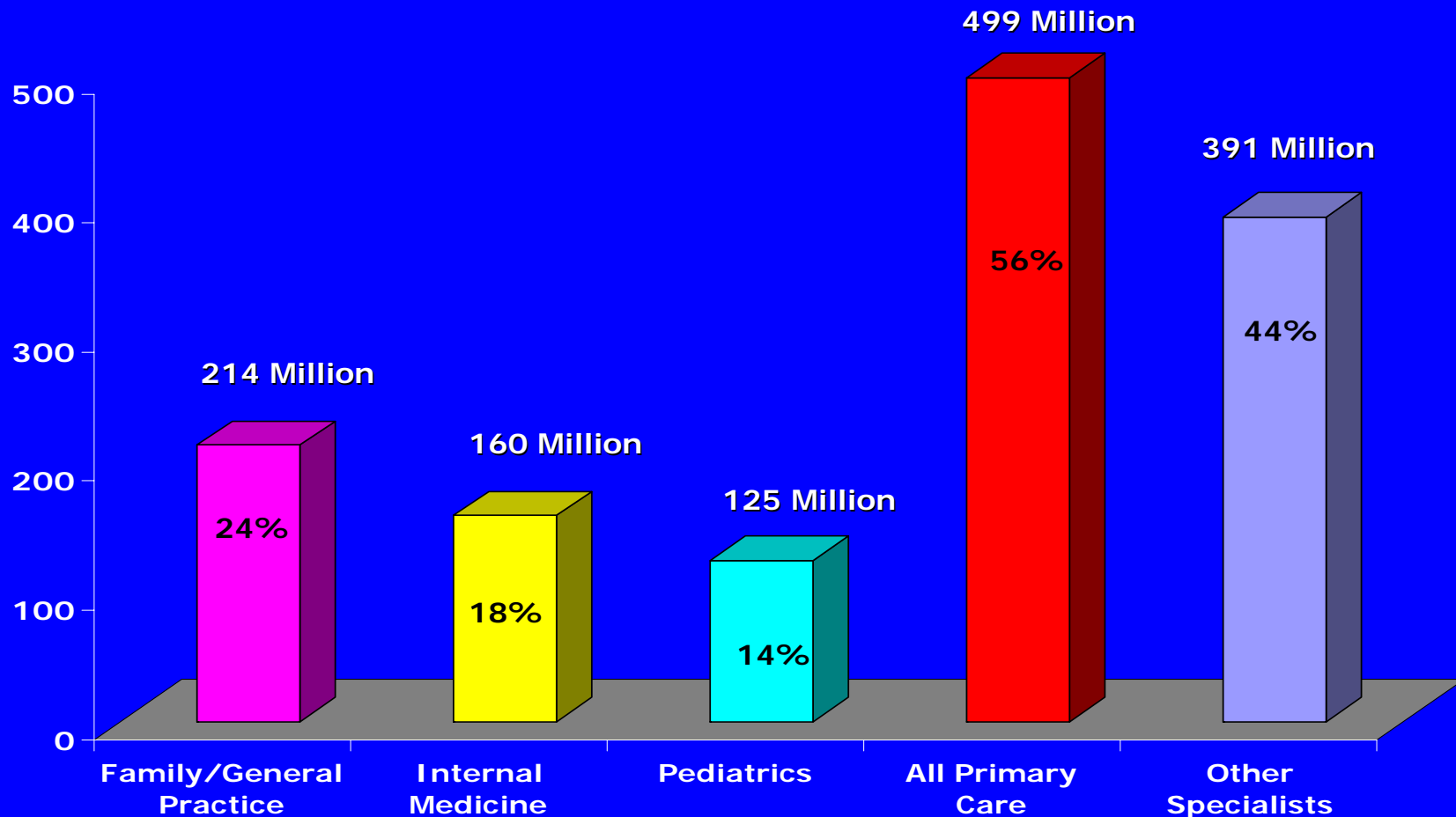
Healthcare services

	<u>U.S., 2002</u>
Physician office visits	889,980,000
Emergency dept visits	110,200,000
Hospital admissions	33,727,000

Source: National Ambulatory Medical Care Survey, 2002
www.cdc.gov/nchs/hus04

The Primary Care Physician

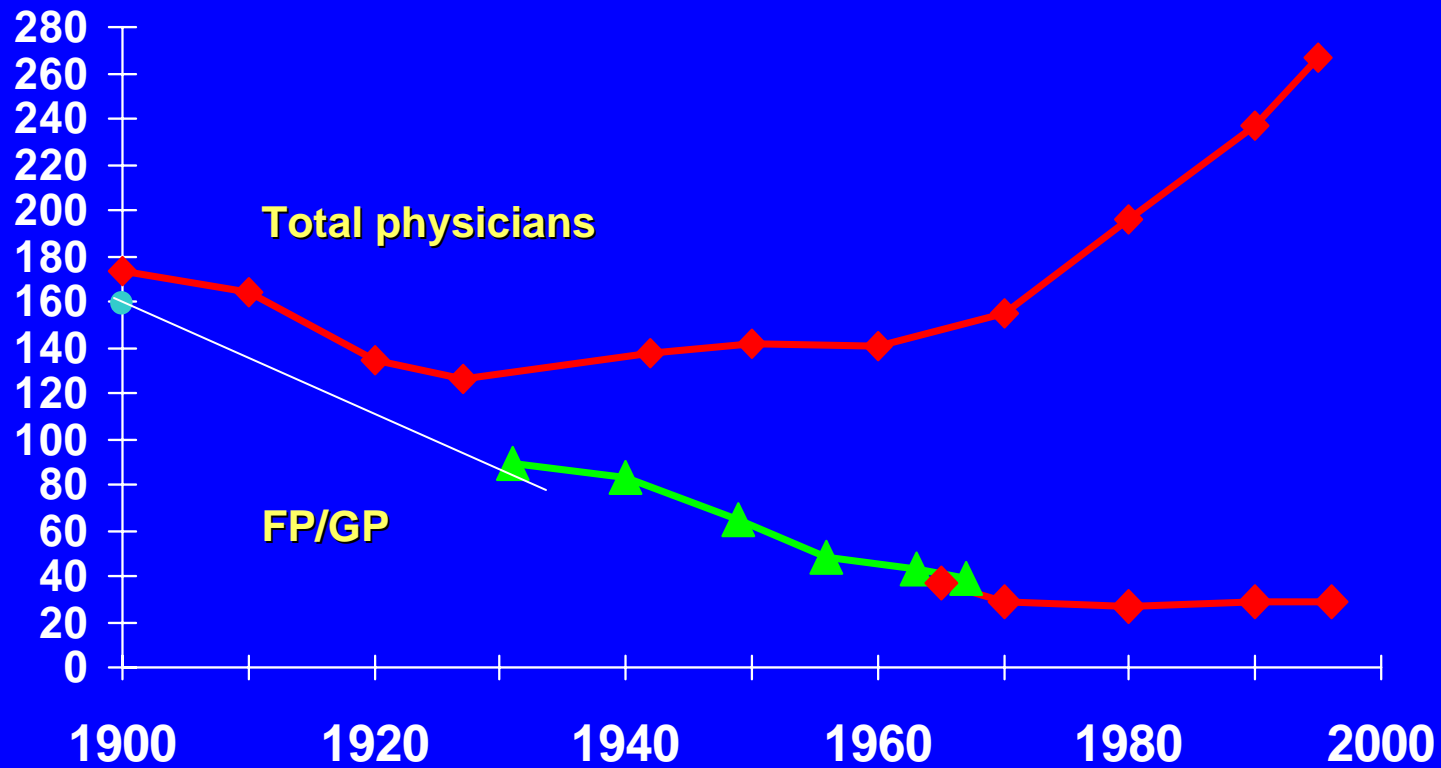
Number of Office Visits to Primary Care Physicians vs Other Specialists¹



¹ Excludes anesthesiology, pathology, forensic pathology, radiology, therapeutic radiology, and diagnostic radiology.

Source: US Department of Health and Human Services, Public Health Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2002 National Ambulatory Care Survey. <http://www.cdc.gov/nchs/data/ad/ad346.pdf>

Total Physicians and FP/GP per 100,000 Population



Colwill JW, Cultice J. www.cogme.gov/00_8726.pdf

Family Medicine Metrics

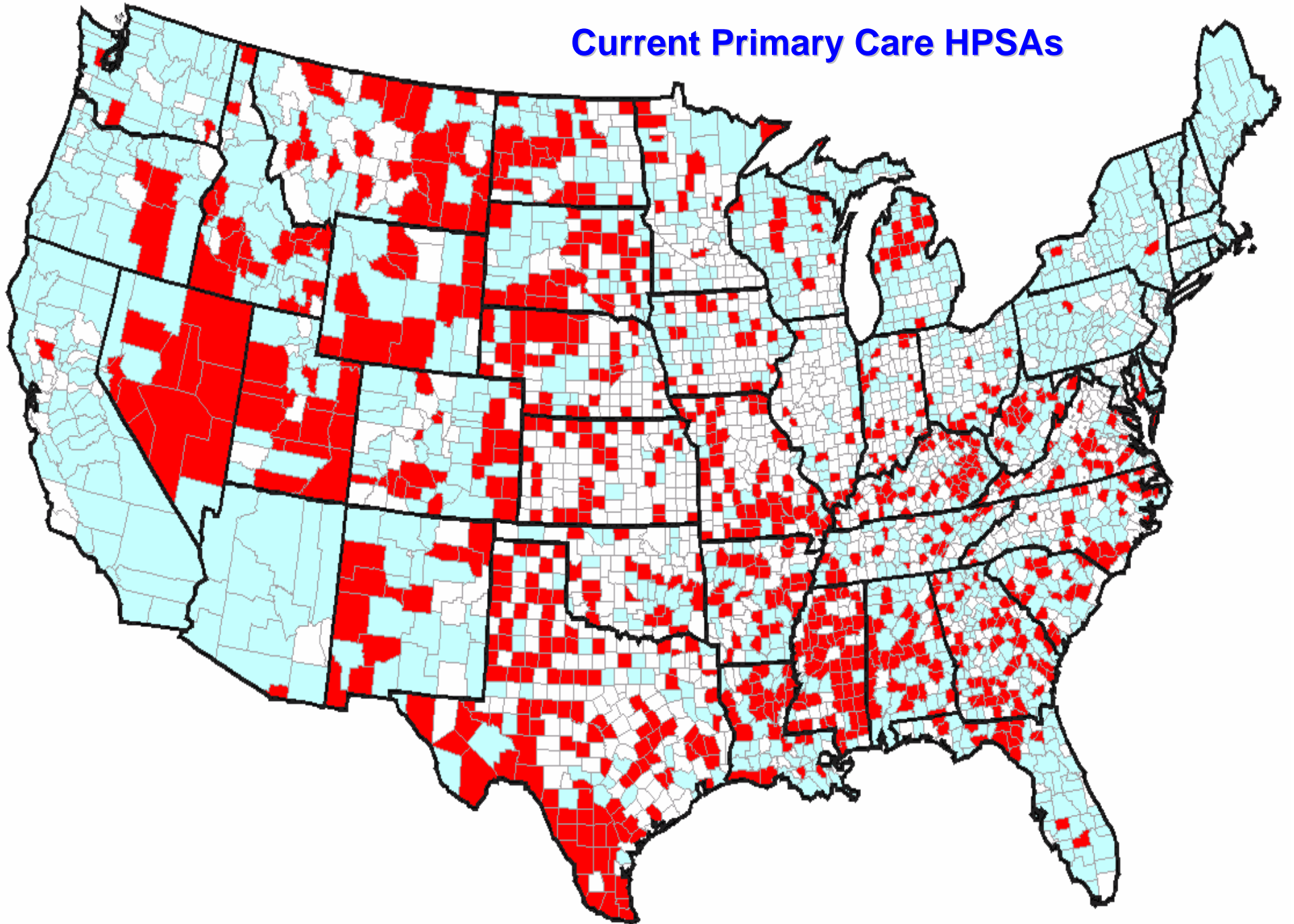
	1969	2005
20 th specialty	ABFP	ABFM
General Practitioners	58,000	15,000
Family Physicians	0	75,000
FM Residencies (started 1970)	0	475
Departments or divisions	0	113
Clerkships	0	106

Family Medicine Firsts

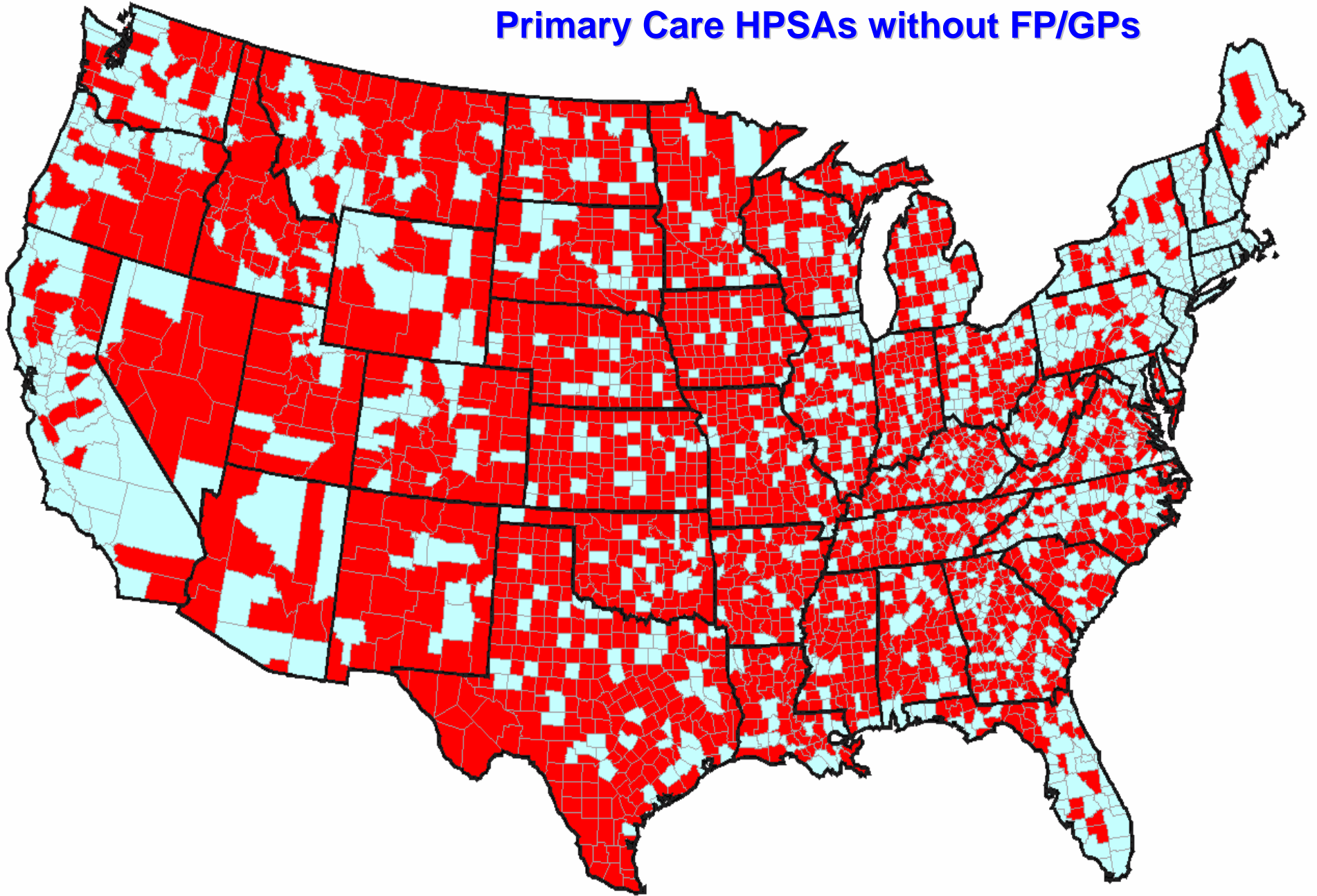
- CME requirement
- Ambulatory training
- Board recertification
- Quality?
- Electronic health record?
- Patient-centered?

Access

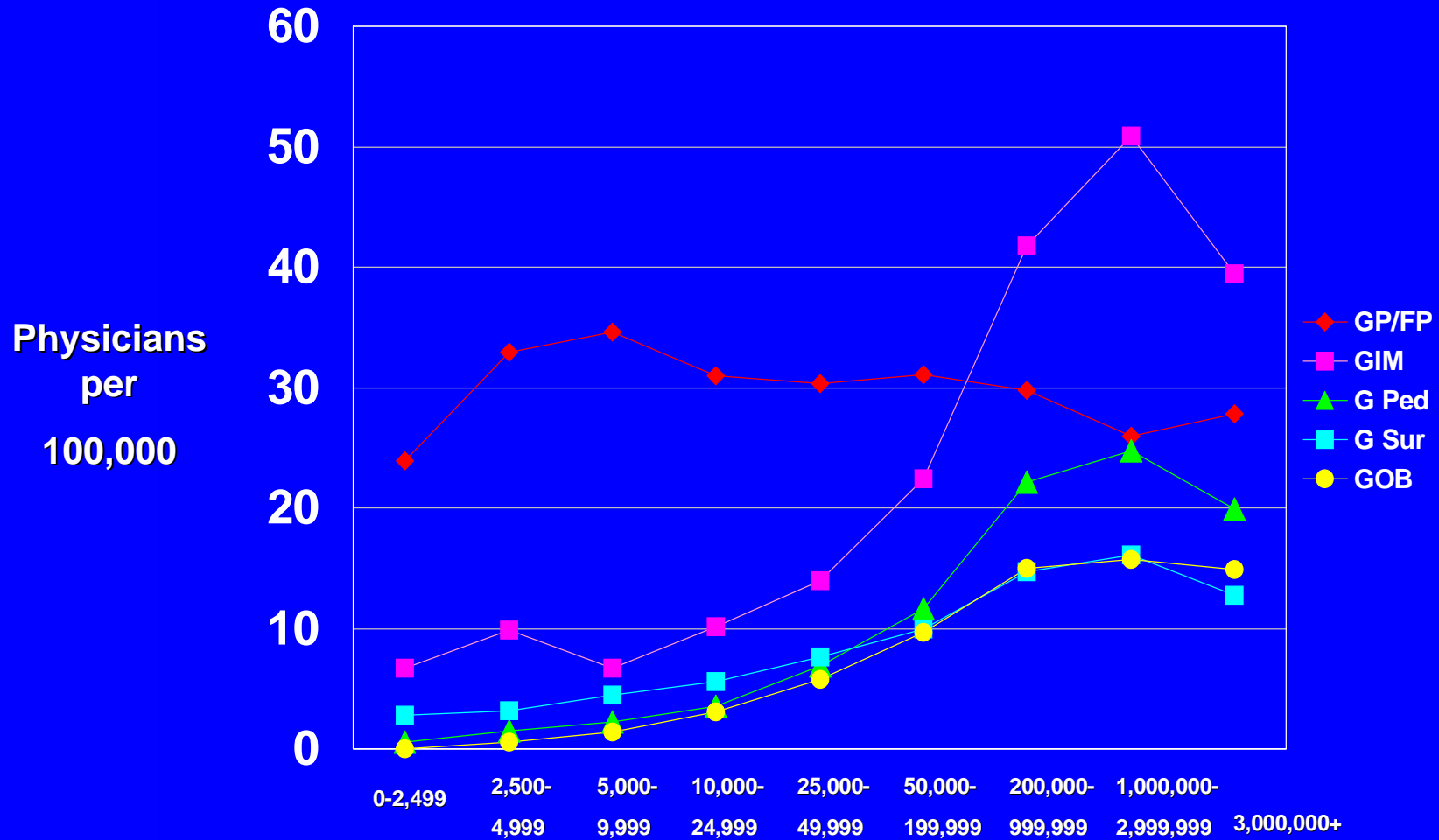
Current Primary Care HPSAs



Primary Care HPSAs without FP/GPs



Physicians per 100,000 Population – 2000 (Total MD's)



Colwill JW, Cultice J. www.cogme.gov/00_8726.pdf

Outcomes

Mortality Outcomes

- Primary care: 20% increase in primary care physicians results in 5% decrease in mortality or 40 fewer deaths per 100,000

Family Physicians: 1 per 10,000 increase (33%) results in 9% decrease or 70 per 100,000 fewer deaths

- Specialists: 8% increase in specialist physicians results in 2% increase in mortality or 16 more deaths per 100,000

Shi. J Am Board Fam Pract 2003;16:412-22.

Indonesia Infant Mortality

	<u>1996-1997</u>	<u>1997-1998</u>	<u>1998-1999</u>	<u>1999-2000</u>
Primary care*	10.3	9.6	8.5	8.2
Hospital*	4.1	4.1	4.6	5.3
Infant Mortality	70% improvement in all provinces 1990-1996		14% worsening in 22 of 28 provinces	

*constant Indonesian rupiah per capita, in billions

Simms et al. Lancet 2003;361:1382-5.

Cost & Quality

Increasing physicians 1 per 10,000 population

- **Specialists**
 - Decrease 9 states in quality
 - Increase costs \$526/beneficiary
- **Primary care**
 - Increase 10 states in quality
 - Decrease costs \$684/beneficiary

Personal physician: primary care vs specialist

- **33% lower cost of care**
- **19% less likely to die**

Frank et al. J Fam Pract 1998;47:105-9

People do better with primary care.

**Starfield B, Shi L, Grover A, Macinko J.
The Effects of Specialist Supply on Populations'
Health: Assessing the Evidence.**

<http://content.healthaffairs.org/cgi/content/full/hlthaff.w5.97/DC1>

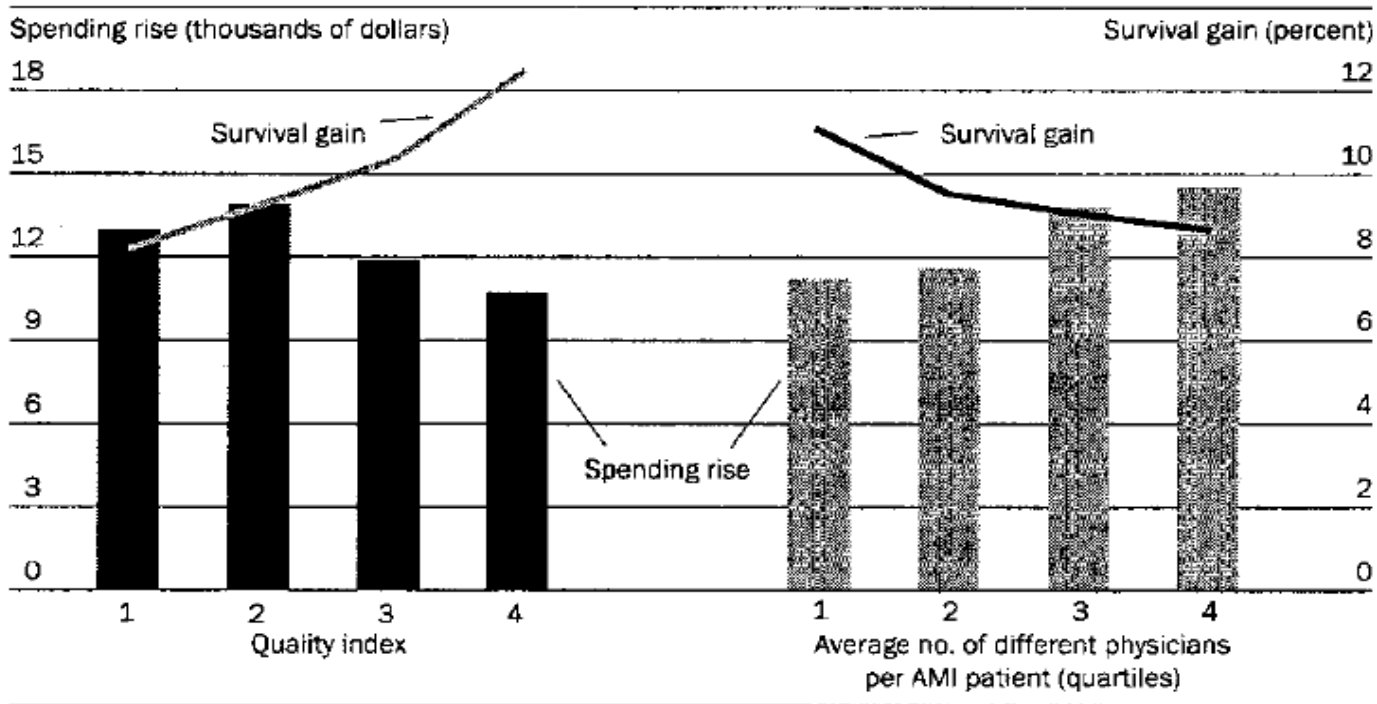
Why do people worse with specialists?

- **Outside area of expertise:
CAP, AMI, CHF, UGI bleed¹**
- **Late stage diagnosis of breast²
or colorectal³ cancer**
- **Excessive utilization⁴**
- **Handoff or communication errors⁵**

1. Weingarten et al. Arch Int Med 2002;162:527-532.
2. Ferrante et a. J Am Board Fam Pract 2000;13:408-414.
3. Rotezheim et al. J Fam Pract 1999;48:850-858.
4. Greenfield et al. JAMA 1992;367:1024-1030.
5. Skinner et al. Health Affairs 2006;25:w34-w37.

EXHIBIT 5

Association Of Regional Quality Of Care For Acute Myocardial Infarction (AMI) And Average Number Of Physicians Per AMI Patient (Quartiles) With Changes In Survival And Spending, 1986-2002



SOURCE: Authors' calculations using Medicare claims data.

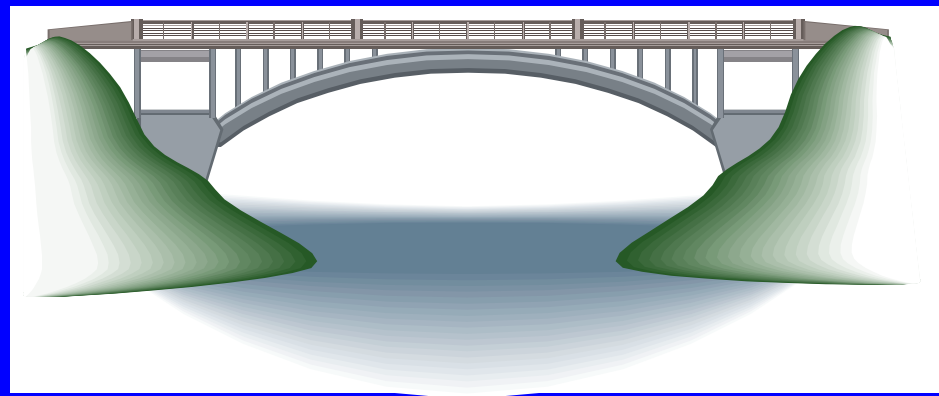
NOTE: Bars denote spending rise (in thousands of dollars), and lines show percentage increase in number of AMI patients surviving to one year.

**Why do people do better
with primary care?**



Family Doctors

**Personal
Health**



**Community
Health**

Personal

Professional

HEALTHCARE

Public

Population

**If primary care is so good,
then why do things feel so bad?**

US Healthcare System

- **Power**
- **Prestige**
- **Profits**
- **Publicity**

Future of Primary Care

- American Academy of Pediatricians: Future of Pediatric Education (FOPE). Shipman et al. Pediatrics 2004;113:435-42.
- American College of Physicians, 2006: “impending collapse”
http://www.acponline.org/hpp/statehc06_1.pdf
- Future of Family Medicine (FFM), 2002-3:
<http://www.futurefamilymed.org>
- Society of General Internal Medicine:
Redesigning the Practice Model of General Internal Medicine, 2006. <http://www.sgim.org/BRPFInalReport71106.pdf>
- SOAR International Colloquium:
Toronto, September 2006

The Future of Family Medicine



The Future of Family Medicine

Working Party Organizations

- **American Academy of Family Physicians**
- **American Academy of Family Physicians Foundation**
- **American Board of Family Practice Medicine**
- **Association of Departments of Family Medicine**
- **Association of Family Practice Medicine Residency Directors**
- **North American Primary Care Research Group**
- **Society of Teachers of Family Medicine**

The Future of Family Medicine

Oct 2001

Keystone III

Jan 2002-Aug 2003

FFM

The Future of Family Medicine

Working Party on Family Medicine

Project Leadership Committee

TF 1 – New Model

TF 2 – Training

TF 3 – Continuing Skill

TF 4 – Communication

TF 5 – Leadership

TF 6 – Financial Model

SOAR: Toronto, Oct 2006

- *Australia* - MJA 2006;185:125-127: www.racgp.org.au
- *Canada* – Primary care renewal: www.cfpc.ca
- *Netherlands* – MJA 2003;179:26-29: <http://nhg.artsennet.nl>
- *New Zealand* – 2005 RNZCGP Membership Survey, 2006: www.rnzcgp.org.nz
- *United Kingdom* – The Future of General Practice, RCGP, 2004: www.rcgp.org.uk
- *United States* – Future of Family Medicine: www.futurefamilymed.org

Strategies

- ***Convenient (access)***
 - networks
 - open access
- ***Continuous***
 - electronic communications
 - electronic records
- ***Comprehensive (scope)***
 - basket of services
- ***Competent***
 - safety
 - standards
 - accreditation

Two key concepts

- Practice redesign
- Disruptive innovation

Practice Redesign

- **Flow**
- **Waste**
- **Rapid cycle design**

New Model of Family Medicine

- **Advanced/open access scheduling**
- **Online appointments**
- **Electronic health record**
- **Group visits**
- **E-visits**
- **Chronic disease management**
- **Web-based information**
- **Team approach**
- **Clinical practice guideline software**
- **Outcomes analysis**

Disruptive Innovation

- **Internet; email**
- **Information as commodity**
- **Simpler technology**
- **Smarter users**

It's the

RELATIONSHIP,

Stupid!



The Future of Family Medicine

The Future is Family Medicine