Is there a doctor in the 'home'?

Jeff Grossman, MD

Because of my job, I'm frequently asked by friends and colleagues to recommend a physician. Without much trouble, I can name an exceptional doctor in any one of more than a hundred sub-specialties, depending on the problem at hand. But ask me to find a general internist or family physician, and I've got a problem. Our large, multi-specialty group has a shortage of these doctors, most of whose practices do not accept new patients.

Yet primary care physicians are central to solving the quality, cost, and access problems creating a "crisis" in American health care. General internists, general pediatricians and family physicians provide preventive care, diagnosis and therapy for many of the acute and chronic illnesses that affect us. They also provide a "medical home", a place for care, comfort, and counsel over the course of our lives. These are the people we call our personal physicians, on whom we rely, especially as we age, for integration of our care in an increasingly complex health care system.

It is alarming that fewer medical students and young physicians are choosing careers as primary care physicians, since they are crucial to building and maintaining the "medical home." Shortages are predicted in internal medicine and family medicine; a recent report in *Health Affairs* estimated that by 2025 there will be a 29% increase in workload compared with a 2% increase in the workforce. For those of us who try to recruit and retain these physicians, predictions are unnecessary; today's reality tells the story.

Steven Schroeder, MD, of the Robert Wood Johnson Foundation, was prescient when he wrote in the *New England Journal of Medicine* 15 years ago: "Strangely neglected in the current debate over reform is any acknowledgment that a major cause of both these problems [sic, cost and access] is the uniquely skewed distribution of our physician work force among specialties." At that time, he noted the decreasing popularity of generalist careers, and contrasted our relative paucity of generalists with their greater abundance in Europe.

The shortage has several causes. Primary care physicians often have much lower incomes than their subspecialty colleagues, but no less school debt. To deliver excellent care, they must provide many services for which there is no reimbursement, while facing an increasing amount of administrative work that detracts from patient care. They often deal with an aging population with increasingly chronic and complex diseases and bear most of the burden for the implementation of electronic health records. With the same training, they can choose hospital-based inpatient care over an ambulatory practice and enjoy a more controlled work schedule and better compensation. Finally, they will probably tell you they feel undervalued by the public and their subspecialty colleagues.

We need to make dramatic investments to create health care organizations that support a real "medical home" under whose roof our citizens can find the efficient, effective, timely, equitable, safe, and patient-centered care called for by the Institute of Medicine.

While the media and professional journals are full of descriptions of the primary care "problem," primary care physicians are voting with their feet, and health care organizations have an immediate dilemma that profoundly affects our ability to care for our patients.

What is the answer? Most of us

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think we cannot effectively address this national problem on a local basis. The federal government and large payers must take the initiative to change payment mechanisms for primary care. Several public and private agencies are now supporting experiments to reward the practice of primary care. Such trials are worthy precursors of evidence-based policy and action, but are they enough to create the change that is needed?

I think not. The pipeline to a physician career begins in the first year of medical school (or even earlier) and ends 7 or 8 years later. That's a long time to wait for a renaissance of primary care. Moreover, a renaissance is not apt to occur in response to a bit of tinkering here and there with the current reimbursement system. We need change far more substantive and rapid, and better reimbursement is only part of the answer. We need to make dramatic investments to create health care organizations that support a real "medical home" under whose roof our citizens can find the efficient, effective, timely, equitable, safe, and patient-centered care called for by the Institute of Medicine. Having so well defined the goals, we must now create the environment in which they can be realized.

Many people of great intelligence and good will are focused on this problem, but action has been scarce. We are now standing on a "burning platform" in primary care. Perhaps ironically, this sense of urgency to make things right for patients and physicians leaves me more optimistic than I've ever been that out of the current "crisis," we will create a better system of care.

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