Preparing the Personal Physician for Practice

Family Medicine Network
Grand Rounds
New Brunswick, New Jersey
January 19, 2007

What We'll Do Today:

- *Characterize high performance practice (primary care perspective)*
- *Revisit idea of personal physician*
- *Confirm contemporary interest and feasibility of personal doctoring*
- *Invite your commentary*

“The world was never so young as it is today, so impatient with old and crusty things.”

Walter Lippmann, early 20th century.

High Performance Practice

1. Fair (to all) and open to any health concern.

2. Denominated, answering, “who are my patients?”

High Performance Practice

3. Goal-oriented, in agreement with patients--their health, their illnesses, their diseases, their plan.

4. Intensely personalized—behavior and social context now, genetics eventually.

High Performance Practice

5. Technologically sophisticated—on site testing, imaging, procedures, CCR and other IT enablers.

6. Linked—explicitly to public health, mental health, community services, and subspecialty medicine.

High Performance Practice

7. Measured and compared—"How are our patients doing today?"

8. Mapped—service area, health status, unmet need.

High Performance Practice

9. Prospective responding to need AND reactive responding to demand *across settings*.

10. Asynchronous, with new (and old) team members playing their positions.

High Performance Practice

11. Calm place with confident, humble, reflective clinicians caring for friends.

12. Relatively small numbers of patients per physician.

High Performance Practice

13. Infinite variety on a standard platform—like the genome.

14. Discovering how health is won and lost and how care is best rendered.

High Performance Practice

15. Capitalized!—revenues exceed expenses, probably blended payment.

High Performance Practice

- *Comprehensive, i.e. able to resolve.*
- *Prioritized, based on all the evidence.*
- *Integrated.*
- *MEDICAL HOME!!*

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Jim Rider / South Bend Tribune

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."

What Is a Personal Physician?

"An irreplaceable attribute of personal physicians is "the feeling of warm personal regard and concern of doctor for patient, the feeling that the doctor treats people, not illnesses, and wants to help his patients not because of the interesting medical problems they may present but because they are human beings in need of help."

"Personal medicine must be more closely related to specialist medicine than it often is at present . . . the personal doctor should preserve a measure of geographical and psychological independence from the specialists and their elaborate institutions."

What Is a Personal Physician?

"Now that many so-called general practitioners no longer do obstetrics, advise on babies, set fractures, sew up lacerations, test eyes, or prescribe for diabetics, their title is patently obsolete. . . . family physician, with its friendly warmth, is much better. It suggests continuous care of parents and children over the generations and the experience of medicine and of life that this can give . . . But, as a description of doctors who seldom look after whole families, and whose patients are always moving to another job in another town, it represents an aspiration rather than a fact."

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

Preparing

p4

http://go.to/funpic

Yea, Yea, But . . .

- There aren't enough doctors.
- There's not enough money.
- People only want to go to subspecialists now-a-days.
- All hat, no cattle.

- *It's just not realistic!!*

Active PC Physicians - May 2006

Physicians	Number (%)	#/Persons
FP/GP	97,134(14.4%)	1/3,081 pop
GIM	91,741(13.6%)	1/2,442 adults
GPEDS	48,631(7.2%)	1/1,548 children
PCP's	237,506(35.3%)	1/1,260 pop

Primary Care Physicians to Population Ratio 1980-2005
(Physicians per 100,000 persons)

Physicians (MD) per 100,000 persons

80
70
60
50
40
30
20
10
0

1980 1985 1991 1995 2000 2005

FP+GP Gen IM Gen Peds

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Direct Patient Care Physicians (MD&DO)

	FP	FP & GP	PC	Not PC	Total
1991	45,355	67,078	156,291	294,147	450,438
2001	67,860	85,656	204,068	370,678	574,746
2006	83,002	97,134	237,506	434,922	672,428
1991-2006	+83%	+45%	+52%	+48%	+49%

Population growth 1991-2006 = 19%

2005 US Health Expenditures

• Total	$1,987,700,000,000
• Hospital Care	$611,600,000,000
• Physician and Clinical Services	$421,200,000,000
• Dental Services	$86,600,000,000
• Nursing Home Care	$121,900,000,000
• Home Care	$47,500,000,000
• Prescription Drugs	$200,700,000,000
• Admin/Net Cost of Insurance	$143,000,000,000
• Gov't Public Health Activities	$56,600,000,000

(Source: Catlin A, Clowan C, Heffler S et al. Health Affairs 2007;26:142-153)

The Situation: 2005 Expenditures

	% Increase vs. 2004
• Hospitals	7.9
• Physicians	7.0
• Prescription Drugs	5.8

$6,697 Each in 2005

Unadjusted Expenditures 2005 vs. 1970:

- 26x’s expenditures for personal health care
- 18x’s national health care expenditures per capita
- 30x’s for physician services
- 37x’s for prescription drugs
- 51x’s for insurance admin and net cost

While GDP increased 12x’s and population grew 41%

People With Chronic Conditions Who Report Having Seen a Physician in the Last Year

Condition	Saw PC Physician	Saw Subspecialist
Hypertension	34,384,009 (83%)	27,088,904(65%)
CHF	1,643,725 (85%)	1,505,114 (77%)
Asthma	10,979,405 (77%)	7,551,512 (53%)
Glaucoma	2,959,982 (81%)	3,372,104 (92%)
MS	426,135 (72%)	465,144 (78%)
Parkinson's	431,485 (89%)	410,398 (78%)
Diabetes	12,800,247 (84%)	10,256,910 (67%)
Arthritis	1,891,243 (84%)	1,951,278 (87%)

Source: MEPS 2003

Redesign: Work in Progress

- Institute for Health Care Improvement
- TransforMED—NDP + p4
- Prescription for Health—web, IVR, CHERL, the robust MA, 456 model.
- The low overhead practice.
- Penetration of the EHR/the CCR.
- Alternative payment strategies!

So What, and Who Cares?

This personal doctoring is the engine for primary care, and if you can read, you should know by now that primary care is important because: It yields better outcomes, at lower costs, with greater equity in health. The same cannot be said for the rest of medicine. (Starfield x many)

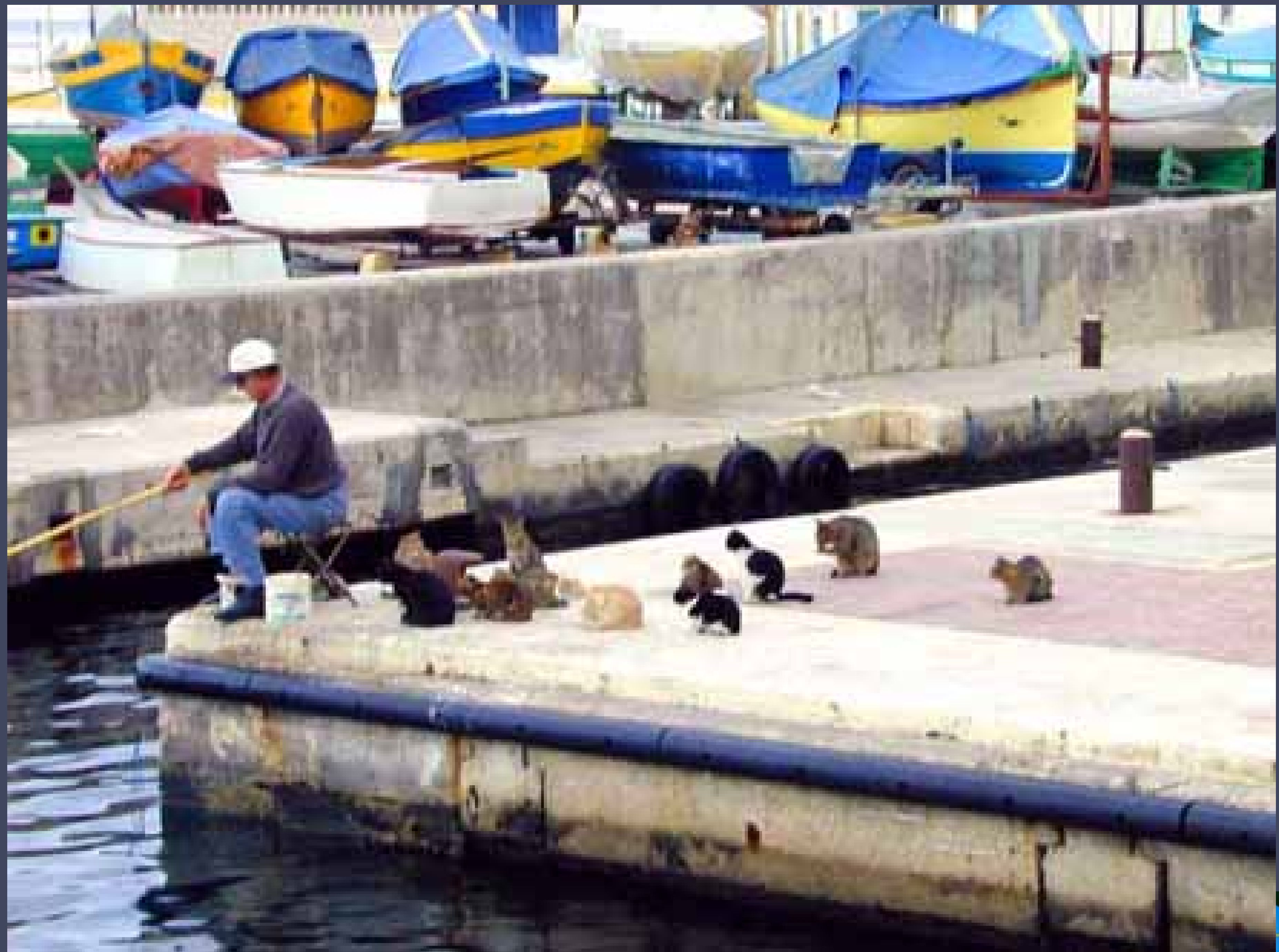
So!

There are plenty of physicians and more coming who want to doctor people, buckets of money, redesign is underway, it matters a lot, and people want it.

Do you want to play??

- “Scientists have an obligation to help fellow citizens make the right decisions.”

- Linus Pauling, Nobel Laureate x2



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