

Primary Care Moonshot—A Joyful Practice

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This is my last President's Column, and I cannot even begin to express how honored I have been to represent STFM. I know not all of you will be able to make it to the Annual Spring Conference, so I wanted to give you a glimpse of what you are missing. Below is a draft of the vision-sharing speech that I plan to deliver at the conference: "Primary Care Moonshot—A Joyful Practice."

Esteemed colleagues and vanguards of family medicine:

Each time I find myself traversing the vibrant corridors of Boston Logan airport, I encounter a profound emblem of inspiration as I navigate the terminal—an arresting advertisement for the JFK Presidential Museum, adorned with the resolute words that once inspired a nation to strive beyond the confines of our earthly existence. President Kennedy's audacious pledge to land a man on the moon within a decade, and his call to embrace the arduous tasks because "they organize and measure the best of our energies and skills," deeply echo within the realm of the challenge that lays before us today. If we are to articulate our collective aspiration, what is our Moonshot, if not the transformation of primary care into a luminous beacon of joy and efficiency within the tapestry of our health care system?

Today, as I address this esteemed gathering, I am proud to herald the dawn of our own epoch-making endeavor—the Primary Care Moonshot—A Joyful Practice, in 5 years or less. Our mission is clear and ambitious: to revolutionize primary care practices into realms of joyful physicians working in effective systems. This quest transcends the necessity of survival; it is about flourishing, about reimagining our practice environments so that every health care professional can render their finest care and every patient can receive it.

This vision is not merely aspirational—it is imperative. Echoing Kennedy's words, "We choose to go to the moon in this decade and do the other things, not because they are easy, but because they are hard, because that goal will serve to organize and measure the best of our energies and skills." In a parallel spirit, we commit to this Primary Care Moonshot not because it is effortless, but because the challenge is noble, and the changes are necessary. The rewards—human, professional, and societal—are vast and essential.

Our health care landscape today is riddled with challenges comparable to the unknown realms of outer space during the 1960s. Our systems are plagued with inefficiencies; our practitioners are burdened by unsustainable demands; our patients frequently find themselves ensnared within a convoluted system. We must confront these challenges not with trepidation, but with unyielding determination. Just as Kennedy perceived the Soviet challenge not merely as a rivalry, but as a spur for American ingenuity, we, too, must view our current trials as opportunities to excel, and family medicine must lead this endeavor.

To actualize our Moonshot, I propose a triad of transformative strategies.

1. PAYMENT REFORM

Analogous to how the space race catalyzed investments in groundbreaking technologies, we advocate for an innovative economic model that repositions primary care as the cornerstone of our health system. We must adopt the creed that "We must pay what needs to be paid," endorsing primary care not only as a clinical necessity but as an economic cornerstone for our national health. This will take advocacy at state and national levels. This has begun and prospective payment with increased primary care investment is operating on small scales that we need to enlarge. Prospective payment with focus on care with quality is one path off the fee-for-service hamster wheel. Another path is that of direct primary care (DPC) practices. Payment reform can provide organization around innovation.

2. PRACTICE REDESIGN

The visit volume, inbox managing, electronic health record bureaucrat, is not what we desired to become, and not what we will remain. The Moonshot of a Joyful Practice returns us to our aspirational roots as healers in a continuity relationship with our patients, their families, and our communities. We must both envision and build a future where health care practices are bastions of efficiency and joy—where technology and systems work to support, not hinder, our medical professionals. We must redesign our practices so that they are not factories of isolated, burdensome drudgery, but

systems and process around team-based care that provide a healing sanctuary for our patients, with growth and learning for ourselves.

3. EDUCATION AND PIPELINE DEVELOPMENT

Transforming our practice environments will naturally attract more students to family medicine, only if they are there growing and learning with us. We will need more longitudinal family medicine clerkships, training in the places where we practice and in the community hospitals that we work in. The longer students stay in practices where they see comprehensive continuity care, the more those who can be, will be drawn to primary care. We will embrace and engage with the new technology so that they will not be yokes that bind us, but rather become the tools that facilitate our best care. Students will want to join us in this journey as pioneers. They will see not a path of resistance but one of opportunity and fulfillment.

This vision transcends a mere dream; it is a clarion call to each of us. It demands our collective resolve, courage, and action. We embark upon this new voyage because there is wisdom to be discovered and there are rights to be claimed. We choose this path not because it is easy, but because it is hard, because it is right, and

it is necessary.

Envision a world where primary care stands as the cornerstone of a vibrant and thriving health care system, where every medical student who aspires to be a family doctor, is inspired by a future full of possibilities rather than fraught with hazards. We undertake this journey not simply to follow in the footsteps of the greats but to forge new paths, build effective systems, and serve as pioneers for a healthier tomorrow. And why do we set this as our goal? Because it is there the stakes are monumental, and we are summoned to surpass the ordinary to achieve the extraordinary.

Let us embody the change we desire in health care. Let us be bold. Let us lead. Because every patient deserves the care they need, the compassion they seek, and the peace of mind they yearn for within our systems. By embracing change, shaping change, and demanding change, family medicine and its teachers can lead in this mandate. This is our promise, this is our Primary Care Moonshot, A Joyful Practice.

Let's do this.

When I say "family," you say "medicine."
"Family!"