

Re-Envisioning the Clinical Model of Family Medicine Family Medicine Leadership Council Summer Retreat 2024

Fifty-five years ago, Family Medicine was born, championing access to care by full scope family physicians working in small group private practices. Supporting this clinical vision was a bold new residency education plan with 3 years training in both community and the hospital and emphasis on continuity of care, behavioral health and practice management. Over the next decade, the number of Family Medicine residencies exploded, and as a result, Family Physicians are now the core of the primary care workforce in the US.

Since 1969, however, the clinical world we practice in and the patients we take care of have changed dramatically, in terms of both the content and organization of care and the needs and wants of the patients. These changes beg the question: what should the clinical model of care for family medicine and primary care look like going forward? The goal of this retreat is **not** to end with a single definitive answer to this challenge, but rather to begin to identify clinical models which are effective and scalable and to frame the questions that our specialty needs to ask.

A starting point for our discussion must be the recognition that, despite great effort, despite pervasive rhetoric of innovation and transformation, despite huge and ever increasing expenditures, our national health care performance is getting worse. Life expectancy in the US has been dropping for 10 years, clinical outcomes for all ages and almost all diseases is the lowest of comparably wealthy countries, and the COVID pandemic has underscored (again) the reality of unequal care. Of course, we in family medicine believe that the right kind of physicians, with the right kind of education, and supported by the right kind of team and community partners, can reverse these trends. But to do so, we need to develop and disseminate a new clinical model.

We believe that there is wisdom in the group, and so the retreat has been designed to include a broad variety of data-driven reports and perspectives, with ample time for dialogue and networking. We encourage you to come with an open mind and be ready to listen and ask questions.

To provide a further introduction, there are several optional readings. The “role” of family physicians is related to, but different from, the clinical model. Bob Phillips and his colleagues wrote an excellent introduction to that issue approximately 10 years ago. Especially haunting is their foil definition of the role of the family physician:

The role of the US family physician is to provide episodic outpatient care in 15-minute blocks with coincidental continuity and a reducing scope of care. The family physician surrenders care coordination to care management functions divorced from practices, and works in small, ill-defined teams whose members have little training and few in-depth relationships with the physician and patients. The family physician serves as the agent of a larger system whose role is to feed patients to subspecialty services and hospital beds. The family physician is not responsible for patient panel management, community health, or collaboration with public health.

After 10 years, is this anti-vision more or less common in our communities? It is important to develop a positive vision of where we should go, however, and to that end, consider our own Renee Critchlow's "Joy of Practice". Each of us should think about how we define hope. Finally, let us keep in mind what the last generation did when it was their turn at the rudder. The core report of the Future of Family Medicine project included many different components, but emphasized a clinical model that emphasized the critical need for managing chronic disease, adoption of EHRs and access along many dimensions. Clearly necessary, but clearly insufficient.

We look forward to seeing you next week!

Warren