The Future of Family Medicine: Reflections from the Front Lines Reveal Frustration and Opportunity

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The Future of Family Medicine (FFM) project aims to launch efforts “to transform and renew the discipline of family medicine to meet the needs of patients in a changing health care environment.”

Table 1 below depicts some of the early themes apparent in the ongoing discussion about the project’s report, which was published as a supplement to the previous issue of *Annals*. By the time this On TRACK feature is published, the ongoing discussion will likely reflect additional ideas on the future of family medicine. We encourage readers to participate and invite diverse others to join in at http://www.annfammed.org. Invite patients, people without access to becoming patients, other health care professionals, policy makers, and others to bring their voices and insights.

The early online TRACK discussion personalizes the sense of frustration on the front lines of a dysfunctional, imploding health care system. The assessment of many is succinctly summarized by Douglas W. Morrell, a family physician from Rushville, Ind,

> “The article ‘The Future of Family Medicine’... is a great idea, but the reality is that it just can’t happen without great changes in the American health care system.”

A number of TRACK discussants (including Dr. Morrell) identify survival strategies in the current system.

The discussion also suggests helpful frameworks and some innovative approaches for pursuing practice change. At the same time, it calls for a crusade to reform the larger health care system.

The early discussion leaves us with at least 3 overarching questions and many subquestions that call for further debate, and ultimately, action. We invite readers to weigh in and to pose other questions:

1. How do we move from our current frustration to a better place for patients, family physicians, and the larger health care system?
2. How can the larger health care system be reformed?
3. What do we do in the short term and at the local level, while advocating for long-term and macro-level solutions?
Diverse strategies are emerging

Challenges for individuals and organizations

TABLE 1. Themes from the Early Future of Family Medicine Online Discussion*

| Change and the current health care reality is causing great frustration | Among family physicians, patients, others |
| --- | --- |
| Loss of relationships, system fragmentation | Financial crisis, malpractice crisis |
| Pain from being part of a dysfunctional system | Distress is an impetus for calls for retrenchment or further change |
| Some feel isolated from the report and its proponent organizations; some are energized | A sense that the reports, and therefore the organizations, in trying to see beyond the current frustration, are not adequately acknowledging the current reality |
| The call is about something larger, a crusade about which family medicine is only a part | Restructuring and greater equity in health care financing and reimbursement |
| Health care for all | A medical home for high-quality, integrated medical care |
| Local practice and system innovation | Appreciative medicine |
| A viable economic model can provide “breathing space” to pursue innovation, but with current financing, this can involve sacrificing access for all to primary care |
| Concierge practice | Safety-net projects |
| National advocacy and partnerships for health care, financial and tort reform | Return to old values and approaches |
| Retain some core values and develop new approaches | Take the offensive based on the unique and valuable generalist role |
| A complexity science perspective | Anticipate nonlinear results and unintended consequences |
| Initial conditions and evolving relationships are key | Well-planned social interaction can result in a partial agreement |

Potential partners around an important common goal? How can we discover that which gives meaning, life and joy, dream what might be, design together what should be, and then make our destiny together by working on our own part of the solution?

- What changes do we want? What comes to mind when you think of practicing family medicine happily? What is the meaning of family medicine in your life? What 3 or 4 things do you like best about family medicine and shouldn’t be lost? What do you do for joy?

Please continue to use the Annals TRACK forum to share your insights, frustrations, and joys. Give the Web address to others and invite patients, policymakers, health care professionals in other fields, payers, and other potential partners and antagonists to enrich the debate and action.

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* An earlier version of this table was posted in TRACK on April 26, 2004. The author is grateful to the many discussants who provided helpful feedback for its revision.

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The study finding low levels of reported physician effectiveness in screening for inherited cancer risk brought a reflective commentary on why we don’t consistently do what we are “supposed” to do. Two family physician genetics researchers urge us either to seize the “teachable moment” to incorporate genetics into our practices or to do more research to understand how to do this effectively.

The related studies that identify mortality risk from elevated serum transferrin saturation and dietary iron intake brought important perspectives from an advocacy group questioning the practice of iron fortification of foods. In addition, researchers identify a possibly related gene locus and free radicals as a likely causal pathway for the observed association. The Annals’ statistical editor points to these studies as examples of the fruitful hypothesis-driven analysis of nationally representative data to answer an important clinical question.

The novel and intriguing finding by Keeley et al that a specific combination of parental attitudes is a predictor of birth weight is supported by French, who raises additional questions for further research.

Gask’s study of powerlessness among HMO-based family physicians generated a call for team approaches to practice, and the hypothesis that the younger generation of physicians may have a different experience. Another writer hypothesized that it would be valuable to bring some aspects of decision making back to the physician “connected to the ground level practice realities of caring for patients.”

Comments on the US Preventive Services Task Force finding of insufficient evidence to support screening for intimate partner violence reflected frustration with the limited evidence identified by this systematic review and recommendation. Observations included a call for additional questioning and research, the presentation of emerging data on terrorism and other disasters as a risk factor for intimate partner violence, and questioning the methods and data used for the systematic review and recommendation.

In critiquing the meta-analysis that failed to show value to partner support in increasing smoking cessation, McIlvain wonders whether the question is too broad. Because there is such diversity in “partners” and in the meaning and quality of such relationships, she concludes that without further definition, the answer is likely to remain “it depends.”

The very personal story shared by Rosenblatt generated intellectual and personal responses but a lack of surprise at the impersonal care he received. What are others’ experiences and expectations of health ‘care’?

In addition to these postings related to the last issue of Annals, thoughtful commentary continued on articles in previous issues, including a critique of the immunization study by Schillaci, and author response to previous and continuing critique of the study on religion, spirituality, and health status in geriatric patients. Jerant responded to critique of his TCL model of palliative care in the elderly. A retired public health physician provided some thought-provoking (if speculative) data on the magnitude of iatrogenic risk for mortality.

Finally, the Annals Open Forum was used to introduce the “Campaign to Revitalise Academic Medicine,” offering an option for readers to contribute their views on this international effort. Previously, the Open Forum generated a spirited international discussion of the importance of classification systems relevant to primary care. This discussion was in response to posting of the Banff Declaration on this topic.

We thank you for your thoughtful engagement.

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