

## Family Practice Triumphs by the Year 2020: What Will We Have Done Right?

Marjorie A. Bowman, MD, MPA

*For family practice in the United States to be considered a success in the year 2020, several things will need to be done right between now and then. These include (1) an emphasis on quality of care, (2) a dependence on new technologies to enhance quality, (3) availability of and access to primary care for the entire US population, (4) increased political power for the specialty of family practice, (5) enhanced research and research funding, and (6) learning to work with patients so that they are the masters of their own care. If successful in 2020, family physicians will be perceived as quality physicians who use technology that everyone wants and who use their political power to advocate for patients' rights to quality health care and the research important to the discipline and quality health care. Family physicians will have become the "go-to doctors" who put patients in charge.*

(Fam Med 2001;33(4):325-7.)

I look at what is happening today in family practice and believe we have hit a period in which we need redirection. We have fewer students interested in our field, some residencies are closing, and there has been an anti-gatekeeper backlash that is directed at us. Some aspects of the patients' bill of rights being discussed in state and national legislatures can be seen as anti-family physician, such as direct access to specialists. Patients are clamoring for specialists and specialty care. The American Medical Association has withdrawn its support for the *Archives of Family Medicine*.

On occasion, however, some of our biggest problems can result in a redirection that creates success. I would like to think we are at such a point in the development of family practice. I like to think that we are in a recurring cycle of ups and downs, and perhaps today we simply are on the downslope or preferably have already hit bottom and that we will soon be going into an upswing. I sometimes have trouble convincing myself that this is true and wonder what will turn this all around? Then I

realize that it is easy to identify our past errors, but we tend to overlook what we have done right. If family practice is to succeed and thrive in the year 2020, it will be because of what we have done right. Here are some thoughts on what we will have done right.

### Quality

We will have emphasized and continued to improve the quality of care for the people of this country, both the quality provided by family physicians and the quality of the entire system. We will become known as the quality doctors. To develop this reputation by the year 2020, we will need to develop quality-based systems, advertise that we do quality work, publish on quality, and find new methods to improve quality. This improvement will include the quality of the doctor-patient relationship and quality of outcomes for the entire person, not just the process of care for an individual disease.

We also know that quality requires appropriate systems. You can put a good physician in a bad system, and that physician will have trouble performing well. You can put a poor physician in a good system and improve the quality of their care. If we are successful in 2020, we will have worked on developing systems that encourage good quality.

## Technology

Our success in 2020 will have depended heavily on developing technologies that patients like and that support our ability to provide quality of care to people—ie, technologies for which people are happy to pay. In saying this, I might be giving in to the technology imperative and the old reimbursement paradigm. However, I find it truly inescapable that people like new gadgets and new hopes. Technology often means both.

To a certain extent, this probably means thinking about technology differently and using more of the technology that already exists. It may also mean that, nationally, we need to be innovative in forcing reimbursement changes and in helping family physicians know how to be paid for something other than cognitive office visits. We also need to help develop specific technological innovations to help physicians in office practice. Electronic medical records and decision-making aids are a part of this technology. Without such innovations as part of our system, it will be quite difficult to increase the quality of our practice.

## Right to Health Care

If we are successful in 2020, it will be partly because we have pushed for and gotten every person in the United States the right to health care. In the United States, the richest nation in the world, every patient should have a right to health care. I do not mind if the system that provides this care is a government system, it just needs to be a system—a system with primary care at its base. In almost all developed countries with better health outcomes than ours, the primary care clinician at first contact is usually most akin to the family physician in this country—broad-based, easily accessible. It is the right thing to do for the country, and it is the right thing to do for family practice.

## Political Power

Success by the year 2020 will require that we have gained political power. We will need political power in traditional settings, such as the ivory towers of academic medicine, plus in state and federal legislatures and in medical-political organizations. The benefit of political power is evident if one considers a scenario in which half of the deans or vice-presidents for medical affairs at academic medical centers in this country were family physicians. In this scenario, would anyone question the need for education in family practice? Not likely, but achieving such political power will require time.

A related goal is that we should seek two to three endowed professorships in family medicine at every medical school in this country by the year 2020. Endowments make a large difference. In particular, they mean that faculty can have time to develop our discipline by pursuing research and education and not just patient care.

## Research

A successful specialty of family practice in 2020 will have advocated for research, both inside and outside of our own disciplinary walls. Current federal spending for research is too disease specific, and the end result is research findings that do not match our patients' needs. Our patients have multiple concurrent problems (both mental and physical), are on multiple concurrent medicines, and thus often do not match the types of patients entered into federal research programs.

If we are to achieve this success in research, we will need a federal agency that sees family practice research as something to be nurtured and developed. It will also be important to our success to have as many or more federally funded investigators in every medical school family medicine department as in every department of internal medicine.

## Patients as Masters of Their Own Health Care

Finally, if we are a successful specialty in 2020, we will have had success in making patients the masters of their own health care. Personally, I want to be in charge of my own health care, but I admit I need help (from physicians and others). This is no different than my desire to be in charge of my finances, my legal situations, and countless other issues in life, but I need help with these issues, too.

Most patients agree with this model of physician as helper. And this is good, because patients who are active in their health care tend to have better outcomes.

This is perhaps the epitome of all the other factors; the best outcomes are what we seek, and seeking the best outcomes will serve us well as a specialty. Yet, while patients should be able to obtain health care in this fashion, we do not always make it easy for them to do so. We have often espoused the philosophy of patients being in charge of their care, but I do not feel we have implemented it fully. Our success in 2020 will depend on making this model of success a reality.

## Nonfactors in Success

You may be interested in other factors I considered as necessary for success in 2020 but which I decided were not critical factors. They are listed here.

First, I considered the need to change the name of our specialty. Our name is not our problem.

Second, I considered that success will require that we practice in teams. I realized, however, that we do this now and will probably do so more in the future. I do not think a change to team practice will be the driving force in family practice's success.

Third, I considered that our success mandates that we prove our worth through more and better research, showing that family physicians caring for families and individuals improves disease-specific outcomes. Yes, this would be a good idea to have this research, and

research of this nature that has been done has generally shown that care by a family physician improves many general outcomes, such as cost, hospitalization rates, and deaths. However, the bottom line is that this proof will never be enough, nor will it ever be in a system in which our power base is weak.

### **Success in 2020**

In summary, if we are to be successful in 2020, family physicians will need to be seen as the quality physicians who use technology that everyone wants and who

use their political power to advocate for patients' rights to quality health care and the research to support it. We will have become the "go-to doctors" that put patients in charge. Yep, that's family practice. And—it's our success.

*Correspondence:* Address correspondence to Dr Bowman, University of Pennsylvania, Department of Family Practice and Community Medicine, 2 Gates, 3400 Spruce Street, Philadelphia, PA 19104-4283. 215-662-3346. Fax: 215-662-3591. [mbowman@mail.med.upenn.edu](mailto:mbowman@mail.med.upenn.edu).