



A Specialty for All Seasons: Family Medicine

Since 1995, Warminster Hospital, in Bucks County, Pennsylvania, had been the primary training center for residents in the Drexel University College of Medicine's Family, Community and Preventive Medicine Department. It was also the department's main clinical site, accounting for half of all patient visits. Then, in 2007, Warminster Hospital announced its closure.

Unexpectedly, and with that one act, the very future of the department was at stake. "If we didn't weather [the closure] successfully, we would have lost half our patient volume. We would have lost our residency training program. The department would really have been decimated," explains Eugene Hong, M.D., associate professor and department chair.

Leaders in the department and at the College, however, seized this near-catastrophe and turned it into an opportunity. They created a strategic initiative whereby Family, Community and Preventive Medicine relocated its residency program to Hahnemann Hospital and to the department's office in Manayunk. Hahnemann, however, had never supported a family medicine training program before. This adaptation required a huge adjustment – and Board approval – from Hahnemann Hospital.

Today, thanks to the commitment of the College's leaders, the residency program and the department are thriving.

Richard V. Homan, M.D., Annenberg Dean and senior vice president for health affairs, observes that having the residency program at Hahnemann University Hospital has actually *increased* the number of students specializing in family medicine.

"We have not only survived this crisis, but this crisis has enabled us to be better than we were before in terms of being an academic department," explains Dr. Hong. "There's been a transformation of our department and an evolution of our department.... We feel very comfortable and strong saying that we now provide one of the best educational experiences for students and residents training in family medicine in the region."

This story is indicative of what is happening to family medicine, and family physicians, across the country. A once-thriving profession is challenged with crises.



*Gene Hong, MD, Chairman,
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Family physicians are the backbone of healthcare in America, the front line of medical treatment in many communities. Yet there is a significant shortage of family practitioners at the moment, let alone enough to sustain any future healthcare reforms. Faced with this challenge, the College of Medicine's Family, Community and Preventive Medicine Department is once again producing solutions.

Family practitioner Suzanne Steele, M.D., HU '93, president of the College's Alumni Association, has similarly created a new business model, evolving with changes in the profession. As will be seen later in the article, the professional challenges in family medicine are real, but so is the drive to address and overcome them.

There is clearly a desperate need for family physicians, but, according to Dr. Hong, this shortage is not a new development. Professional associations, such as the American Academy of Family Physicians (AAFP), have been cautioning against the drop in the number of physicians for at least the past three years.

New medical school graduates are entering the field in smaller numbers than in past years. "Only about 30 percent [of all physicians] are primary care providers currently, and the rest are subspecialists. Forty years ago...60 percent were primary care providers," observes Dr. Hong. The number of students entering primary care has dropped 52 percent over the past decade. In the past three years, fewer than 10 percent of new graduates entered the specialty, according to the AAFP.

Many graduates cite relatively poor compensation as the main reason for not entering family medicine. The specialty does not pay as much as others, so a new graduate with thousands in school debt will likely choose a more lucrative career. (It is not unusual for new physicians to leave medical school with \$200,000 in school loans.) Dr. Hong acknowledges that the pay scale is a large part of the problem. "Young doctors who need to pay off their students loans...make rational choices like any other person out there...reimbursement for primary care services is really the worst part of the problem."

Dr. Steele explains that, "while it's definitely rewarding to help your patients and make them feel better and keep the family healthy, someone still has to pay the bills, pay back the loans." She cautions, however, that low compensation is not the only cause of the physician shortage.

Traditionally, family doctors have been available to their patients around the clock. Their work does not end at the close of an office or shift. In light of this constant availability, family practice "has one of the least remunerations for what's being asked of [the family physician]," says Dr. Steele.

Dr. Steele is very clear about the challenges faced by family physicians, particularly for those at the beginning of their careers. She acknowledges that when she speaks with medical students about her field, some might be scared away. Despite these challenges, however, Dr. Steele still believes the specialty is a worthwhile and fulfilling one. "We can still save lives. We can still prolong lives...[and] extend quality of life for our patients," she says. Family physicians offer "comprehensive continuity of care...for the individual and their family."

Dr. Steele explains that she went to medical school "to be the kind of clinician" she had seen as a youth. Yet she was finding that doctor difficult to identify during rotations. "Finally, when I went on my ambulatory rotation, there was a family physician doing it all: pediatrics, OB/GYN... and the adult medicine, and I said, 'Ta da! There it is! That's what I've been looking for.' Doing rashes and sore throats and lower back pain, the things that people generally need."

Of her internship with a family practitioner, Dr. Steele enthuses, "You really got a good feeling that people came because they needed something and they left getting more than just a prescription. They got the art and science of medicine."

Dr. Hong echoes this sense of professional fulfillment. He makes it a point to bring up something he identifies as often lacking in conversations about primary care and family medicine. "Primary care providers have a *really high* job satisfaction rate." Of his own practice, he says, "Each year I only enjoy it more. The intellectual challenge is incredible.... There's a surprise behind every door.... [I] continue to grow professionally.... I really enjoy the professional satisfaction that I get from primary care.... [You're] always learning."

Approximately 8 percent of College of Medicine graduates specialize in family medicine. This is higher than the national average of 5 percent and much higher than other Philadelphia medical schools. Dean Homan attributes the program's success to the excellence and leadership of its faculty. Students "see the value and rewards that a career in family medicine can offer." He further notes that the department also provides "significant value" to the College as a whole and creates "a great perspective for all students irrespective of what field they will enter."

Drexel University College of Medicine has several practices already in place that encourage and nurture students training to become family practitioners. Dr. Hong credits the school's predecessor institutions, Woman's Medical College, Medical College of Pennsylvania, Hahnemann University, and MCP Hahnemann, with creating environments that "support and reflect the core values that attract people interested in primary care."

The Family, Community and Preventive Medicine Department is at the forefront of several practices and innovations that support students considering the profession. In terms of curriculum, the Program for Integrated Learning (PIL), one of two curricular tracks that students choose for their preclinical years, nurtures students receptive to family medicine. Dr. Hong explains that while the evidence is only anecdotal, it appears that many PIL students seem to gravitate toward primary care careers.

The Primary Care Practicum is another curricular component that helps create a positive environment for family medicine. For the practicum, all PIL students work with a primary care physician one-on-one for about six weeks.

Department faculty also contribute to an environment that fosters a positive attitude toward family medicine. They serve as advisors to the family medicine interest group, "one of the largest and most popular interest groups" at the College, says Dr. Hong.

Faculty also coordinate the family medicine clerkship in the third year and run the Pathways program in the fourth year. Dean Homan says the clerkship program is "cited as the best clerkship among the third year students that rotate through that specialty.... I think that is a testament to the outstanding teachers they have in the department and their enthusiasm and love for their specialty."

Dr. Hong says the department strives to be on the cutting edge of medical education and practice. Department leaders are currently "...trying to develop our department and our clinical practice as a 'patient-centered medical home'...that's going to be the foundation upon which primary care will be built in the future...." The concept of the patient-centered medical home, first advanced in the 1960s, recommends that the primary care physician care for the patient as a "whole person." The primary care physician would have more incentive to manage the patient's care as opposed to referring them to a specialist.

To accelerate their evolution into a patient-centered medical home, Family, Community and Preventive Medicine was the first College department to completely adopt electronic medical records. Dr. Hong notes that taking the lead in this matter highlights his department as "a positive role model and a force for positive change in healthcare."

Dr. Steele has also begun a new endeavor that can be seen as a positive model in her field.

She recently opened a cash-only family medicine and aesthetics practice in her home. In order to “keep overhead as low as possible,” Dr. Steele is the sole staff person in the office. She is even doing without a billing company, so there is “nothing between me and the patient.” She hopes this model “will help reconnect the patient to understand the value of medical care,” thereby combating the current ethos of, “I’ll present my card and everything I get is owed to me.”

Steele stresses that family physicians provide individuals – and frequently their families – with an incredible level of personal care, information, and insight. By focusing on preventive practices (such as combating obesity), the patient may be spared the pain associated with a long-term illness (diabetes or high blood pressure). Patients simply stopping by at a clinic or pharmacy do not necessarily receive the same quality of care.

Both Dr. Steele’s new business model and the initiatives in the Family, Community and Preventive Medicine Department are addressing the current challenges in the profession of family medicine. Whether as an individual on the front lines of healthcare or an academic institution preparing new physicians, there is awareness of how very relevant and valuable family medicine is in a community.

Dean Homan, himself a primary care physician, observes that, “With healthcare reform now on the front burner nationally...there is going to be an increasing demand for physicians with comprehensive primary care training. Family physicians are in the best position to deliver those services, and that will result, I believe, in having family medicine increase its stature within the context of all medical specialties in the future.”

As Dr. Steele observes of family medicine, “It still is a viable profession. It still is an honorable profession. It’s traditionally what medicine was all about. I think it’s always going to have a role. Human beings aren’t going to change in their needs and their interpersonal relationships with family members and wanting to establish a relationship with their physician. So I think there’s always going to be room for family medicine.”