

**Family Medicine
Perspective**

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Family Medicine

Where are we?
Where are we going?
How can Telemedicine help?

The Primary Care System Struggles

- Increasing demands and expectations
- One physician coordinates with 229 other physicians and 117 different practices

Workforce Issues

- More Women in Family Medicine
- Fewer hours worked
- Less production due to increased requirements on time for coordination of care

Where are we going?

- American Academy of Family Practice and the Patient Centered Medical Home (PCMH)
- Cooperation with Internal Medicine, Pediatrics, American Osteopathic Association, and Committee for Quality Assurance (MCQA)

Features of PCMH

- Personal Physician
- Physician Directed Medical Practice
- Whole Person Orientation
- Care is coordinated and integrated
- Quality and safety initiative
- Enhanced access
- Payment reform

Personal Physician

- Currently by a Medicare study 35% of patients saw an average of 2 primary care physicians and five specialist in 4 different practices.
- Each patient has an ongoing relationship with a personal physician trained to provide first contact and comprehensive care.

Physician directed involves a multi disciplinary team.

Whole person approach focuses on 1 whole person's personal and medical history and life circumstances.

Care is coordinated and Integrated

- Recently the most vulnerable person in the equation, the least trained in the complex culture and language of medicine is asked to verbally relate their sequence of care.
- Average \$7,000 per year per person on health care
- Most care when poorly organized seems to produce inferior outcomes

Quality and Safety Initiatives

- Information technology
- Continuous quality improvement and recognition process

Enhanced Process

- 54% of patients have a physician but doubt they have access
- Possible solutions include open access, scheduling group visits, office design changes and open access scheduling

Payment Reform

- Chronic disease management
- Payment might be a blend of fees for service, monthly fees for chronic disease management and additional bonuses for meeting quality and performance goals.

“The current reimbursement system for primary care practices is not sustainable. Practice resources are insufficient in the current system to accomplish many of the tasks essential for an improved and transformed health care system.”

Future of Family Medicine Task Force 5

Possible Telemedicine Role

- Integration of care
- Improvement of quality and performance goals at lower cost
- Ease of communication
- Most important needs psychiatry, endocrinology, nephrology
- Requirements: efficiency, ease, appropriate payment for time and savings to the health system

"The relationship between doctor and patient partakes of a peculiar intimacy. It presupposes on the part of the physician not only knowledge of his fellow men, but sympathy. He sits, not as a judge of morals or conduct, but rather as an impersonal repository for confession. The patient, on his part, must feel the need of aid, and few patients come to doctors except with this incentive. The aspect of the practice of medicine has been designed as the art; yet I wonder whether it should not, most properly, be called the Essence."

Warfield Theobald Longcope (1877-1953)
