

State of the Nation's Health Care
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Oral Remarks

Thank you all for coming today to hear our ambitious proposals for reforming health care delivery.

We are on the threshold of an almost revolutionary change in the way health care is delivered in this country. This change will mean a higher quality of care for patients, while simultaneously making better use of society's scarce resources.

I know from my decades of work as an internist specializing in general medicine that a career in primary care can be both a rewarding and valuable pursuit.

A patient's relationship with their primary care physician is something that can develop and continue over the course of years. You see your patients through major life changes as they both grow-up and grow old.

You develop an understanding of your patients' medical histories. And, this understanding doesn't limit itself to just physical knowledge.

A physician typically knows from personal experience that one patient is extremely conscientious about adherence to a prescribed course of medical treatment. But for another patient, you may know equally well that considerable follow up is crucial to making sure the treatment plan is being followed.

Recent studies in both *JAMA* and *Health Affairs* have shown what I and many other primary care physicians have intuitively known for years. Primary care physicians help to provide higher quality patient care at lower costs.

One of my responsibilities as President of ACP is to travel around the country to learn from my colleagues. I'm concerned that, for many of the young doctors I meet, the rewarding experience I've had in general internal medicine is out of reach. Medical students tell me that they just do not see a future in primary care.

I'm astounded by the numbers we are seeing that show the feelings of those medical students are not isolated cases. Over the past several years, numerous studies in *JAMA* and other publications have found that shortages are occurring in internal medicine.

According to a study published in *Academic Medicine* in 2003 only 27% of third-year internal medicine residents intended to pursue careers in general internal medicine, down from 54% in 1998. And, even more disheartening is that only 19% of first-year residents reported that they were planning general internal medicine careers.

Also, according to a study published in the January 3, 2006 issue of the *Annals of Internal Medicine* after 12 or 13 years in practice 21 percent of general internists are

working in a field other than internal medicine, while only 5 percent of specialists have left internal medicine.

This is why we're here today. ACP has developed a comprehensive plan of action to reverse the downturn in primary care medicine before it is too late. Our recommendations, which Mr. Doherty will discuss in more detail in a few minutes, would change the way that primary care is delivered and financed by Medicare and other payers. Our proposals address the way that Medicare fees are determined, how payments are updated, and how to assure that pay-for-performance programs provide sufficient incentives for quality improvement and care coordination by primary care physicians.

One of our ideas deserves special mention. Today, we are releasing an exciting new policy paper to introduce the concept of the advanced medical home.

The advanced medical home would provide patients with access to care that is coordinated by their own personal physician, working in a practice environment organized around patients' needs. To become qualified as an advanced medical home, a practice would have to demonstrate that it has the capability to deliver patient-centered services. While the specific criteria for being listed as a qualified advanced medical home will be developed later, ACP envisions that qualified practices will have the following kinds of services in place.

Primary care physicians who practice in an advanced medical home would be responsible for partnering with the patient to assure that their care is managed and coordinated effectively. The practice would use innovative scheduling systems to minimize delays in getting appointments. Physicians in the advanced medical home would use evidence-based clinical decision support tools at the point of care to assure that patients get appropriate and recommended care. They would partner with patients to help patients with chronic diseases, like diabetes, manage their own conditions to prevent avoidable complications. Patients would have access to non-urgent medical advice through email and telephone consultations. The practice would have arrangements with a team of health care professionals to provide a full spectrum of patient-centered services.

Advanced medical home practices will also be accountable for the care they provide, by using health information technology to provide regular reports on quality, efficiency, and patients' experience measures.

The advanced medical home is the way that most primary care doctors want to deliver care to their patients, and what most patients want from their physicians. It can only work, though, if Medicare and other payers develop and implement new ways of paying physicians that recognize the value of care coordinated by a personal physician.

Finally, it is important to remember that these innovations can improve health care for a large portion of the population, but they will not reach everyone. We need a national commitment to provide health insurance coverage to all Americans. Uninsured patients

are least likely to have a primary care doctor, and are least likely to benefit from programs to improve health care quality.

I'm nearing the end of my career. As I look at the recently published studies, and speak with medical students and young physicians, I wonder who will be the new primary care physicians to replace me and my colleagues?

I am pleased to introduce you to one of these young physicians. Dr. Vineet Arora is chair of ACP's Council of Associates, which gives her a unique perspective on the challenges she and her colleagues face in deciding on their choice of specialty and career.