

President's Column

A New Model for American Health Care: Transformation for a Dysfunctional System

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"The answer to how is yes."—
Peter Bock

The need for comprehensive health care reform has been documented; the calls for health reform have made their way from the margins to the mainstream. Family medicine should take immediate and deliberate steps toward broad reform, not just universal coverage. Our next steps must be to create an active discourse within the entire profession. Basic information is not enough; we must educate ourselves in the specifics and nuances of health care reform. We must propose models and weigh alternatives. We must lead the discussion for meaningful change in health care or be the victims of incremental, inadequate measures.

In 2001 Gayle Stephens, MD, wrote, "Family practice, in its advocacy for distributive justice in medical care that is humane, compassionate (merciful), moral, personal, and cost-effective has a necessary relationship to politicians, economics, ethics, and social change . . . this relationship has undergone fragmentation and attrition, due in large part to unremitting and inimical flaws in the US

medical care system . . . therefore, family physicians have a legitimate and obligatory interest in working for reform of the system on behalf of patients, medicine as a whole, and themselves."¹

This legitimate and obligatory interest in working for reform is also based on our position within the system itself. No one sees the inadequacies of the system with more aching clarity than the family physician. We are asked to prioritize medications for patients when they admit that they can't afford them all. We see the waste in a system that repeats three recent studies on a patient because he/she was admitted to a hospital across town. We see patients come and go from our practices based on the yearly deals made in their employer's health care negotiations. We see more patients for less time, with increasing awareness that, as John Saultz, MD, has said, "Family physicians are forced to choose daily between moral bankruptcy and financial bankruptcy."²

The American Academy of Family Physicians (AAFP) has taken a leading role in working with national stakeholder groups in their proposal for "Health Care Coverage for the Uninsured." They have also established principles of health care reform that may be a useful starting point for discussion (www.aafp.org/online/en/home/membership/initiatives/hrsprinciples.printerview.html).

Their expansion of a universal coverage goal to health care system reform is to be applauded. With the Future of Family Medicine Project, the organizations of family medicine proposed a personal medical home for every American that will be safe, effective, relationship centered, and enhanced by technology.

Is it not time to suggest that our goal of a transformed model of family medicine may be impossible without broad and accountable reform?

So, what is the role of a Society of Teachers of Family Medicine in this time of risk and opportunity? A Society whose stated core value is "To advocate for social justice to improve health care for all people" must take on this great responsibility and exciting challenge. Our researchers and leaders must come together and share their expertise, understanding, and ideas for transformation. As teachers, we must use our skills to educate the public and each other, as advocates we must push for more.

We have asked the leaders of family medicine to teach us what they know this year. A 1-day "Family Medicine Forum on Health Care Reform" will be offered at STFM's 2007 Annual Spring Conference in Chicago. Please see a full description on the STFM Web site at www.stfm.org/annualconf/an07/preconference.htm for more information.

(Fam Med 2007;39(4):234-5.)

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If family medicine is to speak with one voice, then we must decide as a profession what it is we want. The good news is that we have done the homework to get our own house in order. We know that we want every American to have access to a personal medical home anchoring an integrated local delivery system. The joint statement on a patient-centered medical home is available at www.acponline.org/hpp/approve_jp.pdf?hp, sponsored by the AAFP, the American College of Physicians, and the American Osteopathic Association. We must extend the discussion to a very specific question: "How do we get from here to there"?

A tipping point will soon be reached. In a February 2007 *New York Times* CBS poll, 89% of the respondents said they were "very" (52%) or "somewhat" (37%) concerned about the health care costs they or their family would face in the coming years. In that same poll, when asked "If you had to choose, which do you think is more important for the country to do right now, maintain the tax cuts enacted in recent years or make sure all Americans have access to health care?" 76% responded that access

to health care was more important, and only 18% responded that cutting taxes was more important.³ Surveys are an important starting point but surely not specific. If the same population were asked, "Do you recommend change to an employer mandate, individual mandate, single payer, or single purchaser system?" the public, I am guessing, would be squarely in the "don't know" column. Unfortunately, most physicians would be there too.

More information on this debate is available at the Academy's Web site at www.aafp.org/online/en/home/membership/initiatives/hrsprinciples.html and at other valuable sources such as The Herndon Alliance (www.herndonalliance.org/), The Physicians for a National Health Program site (www.pnhp.org/), and the site for the Citizens' Healthcare Group (www.citizenshealthcare.gov).

Joe Scherger, MD, has urged us to be a "generation of strategic optimists, a generation with more dreams than memories . . . a generation that wakes up each morning and not only imagines that things can be better but also acts on that imagination every day."⁴

Creating the needed change in the health care system will take an enormous effort by this generation of family physicians—an endeavor, I believe, as important to the American people as the effort to create the specialty of family medicine 40 years ago. We must act on our imagination, our values, and our dreams, and we must be more than visionaries, we must be warriors. We must stand together, speak the truth, and be heard.

REFERENCES

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