

# Health Is Primary—Right? Family Medicine Is Certainly for America's Health

Samuel Cullison, MD

(Fam Med 2015;47(1):64-5.)

**B**y now, everyone reading this President's Column is hopefully somewhat aware of our family medicine discipline's \$20 million campaign to put health back in health care and deliver on the true promise of primary care. This initiative is too important for our nation and our specialty to not offer a message for our *Family Medicine* journal on the topic. It delights me to do so.

Our nation's eight leading family medicine organizations banded together to drive changes in our health care delivery system that demonstrate the value of primary care to the entire nation. They all made substantial financial contributions to the effort and are all fully engaged in the program.

Participating organizations are:

- (1) American Academy of Family Physicians
- (2) American Academy of Family Physicians Foundation
- (3) American Board of Family Medicine
- (4) American College of Osteopathic Family Physicians
- (5) Association of Departments of Family Medicine
- (6) Association of Family Medicine Residency Directors
- (7) North American Primary Care Research Group
- (8) Society of Teachers of Family Medicine

## Clear Reasons to Launch This Initiative

Why do this?

(1) Our health system's undervaluing of primary care results in spending more money per capita on medical care than any other country in the world, but poor health outcomes.

America ranks 24th of 30 industrialized countries in life expectancy.

(2) Our system is treating conditions and disease, not patients.

(3) A primary care-based system costs less because patients experience fewer hospitalizations, less duplication, and more appropriate technology as well as preventive care.

(4) Medicare spends less in states with more primary care physicians per capita.

(5) Primary care (unlike specialty care) correlates with a more equitable distribution of health care access across populations.

(6) In areas of the United States with more primary care providers per capita, death rates drop for cancer, heart disease, and stroke, with hospitalization rates dropping as well.

## Clear Reasons to Launch This Project Now

(1) Primary care transformation projects show that their implementation delivers on the triple aim (better health, better care, and lower costs) while returning the joy of practice to the providers.

(2) We must take advantage of the current tidal wave in health care reform (Affordable Care Act implementation), thereby moving our specialty into a position of leadership to reform the health system before a system unchanged further damages the health of our population and our economy.

(3) Patients, payers, providers, private industry, and policy makers are all currently aligning in favor of improving the value delivered by our health care delivery system.

We launched Health Is Primary and Family Medicine for America's Health at the AAFP national conference this past October. The Health Is Primary program is a 3-year media campaign advocating for the values of family medicine. It demonstrates the benefits of primary care, and it drives patient activation through advertising, partnerships, and stakeholder outreach, thus raising awareness of the role of primary care to improve the health care system. The Health Is Primary team travels to cities all across the United States engaging local stakeholders and raising awareness of the promise of primary care. They spotlight successful examples of effective medical home implementation. The project will also partner with employers, disease focus groups (American Heart Association, American Cancer Society, etc), and others pushing for change.

The Health Is Primary media campaign links to a distinct and separate 5-year strategic implementation effort known as Family Medicine for America's Health (FMAH) designed to transform our specialty (eg, expand our scope, among others) and deliver on the promise of primary care (triple aim). Both campaigns are led by an oversight board composed of leaders from the various sponsoring family medicine organizations. FMAH focuses on expansion of the patient-centered medical home; ensuring a larger, stronger primary care workforce; and shifting from fee-for-service payment for health care service to comprehensive primary care payment models.

We established six core tactic teams, which function under the guidance and supervision of the FMAH board. Each tactic team has five members nominated by the founding parent organizations plus a representative of the FMAH board.

The tactic teams are:

- (1) Practice
- (2) Payment
- (3) Education and Workforce Development
- (4) Technology
- (5) Research
- (6) Engagement

The work of these tactic teams is critically important. As recognized during the Future of Family Medicine project in 2003–2004, payment reform is essential: it remains yet to happen but is necessary change required to provide the financial resources needed to allow an effective, adequately funded patient-

centered medical home. For us who devoted our professional lives to primary care, there should be no confusion that this effort is all about the money; it is not. None of us would have chosen primary care if we sought the highest salaries in health care. However, a fully implemented patient-centered medical home, while saving lives as well as saving the health system billions of dollars, is more expensive to run than the previous outdated hamster-wheel model of family medicine. Primary care currently receives 5% of the health care dollar. When Rhode Island realigned its health care spending by increasing primary care payments by 23%, overall health care spending went down by 18%—a 15-fold return on investment through reductions in unnecessary utilization!

### How Will We Know If This Effort Works? What Are the Deliverables?

(1) Growth in the number of students choosing family medicine careers.

(2) Radically expanded adoption of non-fee-for-service payment models for primary care by private and governmental payers: we must stop paying for volume and begin paying for quality.

(3) Expansion in the nation's primary care capacity: more family medicine workforce.

(4) Family medicine practices all across the United States delivering on the Triple Aim promise: better patient health status, better quality patient care, and lower overall costs.

(5) Significant reexpansion of the scope of practice for family medicine.

(6) Improved job satisfaction by family physicians and the many other important members of our delivery team—all working at the top of our licenses.

(7) Improved patient satisfaction.

Let's get to work!

As Winston Churchill is reputed to have said prior to WWII:

"You can always depend on the Americans to do the right thing, but only after they have tried everything else first."

Now is the right time, to do the right thing:

Health is primary!

Family Medicine for America's Health!

**CORRESPONDENCE:** Address correspondence to Dr Cullison, Methodist Health System Dallas, 1441 N. Beckley Avenue, Dallas, TX 75203. 214-947-2356. Fax: 214-947-2358. samuelcullison@mhd.com.