EDITORIAL

# The Future of Family Medicine:
## A call for careful consideration

Most of you have seen synopses of the Future of Family Medicine Project, read discussions of the New Model of practice, and heard the call to reengineer our discipline. I am excited about challenging an acute care model that forces us to practice like hamsters in a wheel, and am enthused about a more patient-focused approach. But I am concerned about adopting a "Model" without adequate evidence, about focusing on a single solution rather than multiple creative approaches to practice, and about ignoring underlying deficiencies in American health care.

I am instinctively distrustful of claims for a single solution to a complex and diverse problem such as America's health care crisis. To assert that we have developed a "New Model of Family Medicine" without empiric validation seems rash. Reams of focus group data and patient interviews do not a new model make. Where is the theory development and experimental data that support this? Rather than purporting to have discovered a single "New Model," shouldn't we be encouraging multiple creative models of family medicine? Rather than standardizing a market basket of services, shouldn't we be encouraging a community responsive approach? By experimenting and trying many approaches to achieving better patient outcomes, we will be sure that we have developed a robust model worth replicating. Let's leave the market baskets to Krogers.

Also, tools such as EHR, open access scheduling, or asynchronous communication via the Internet are only means to an end. Let's have a healthy appreciation of diverse methods to enhance community health, patient outcomes including satisfaction, access to care, and timely and appropriate treatment. All these tools may indeed be crucial, but they are just tools—not patient-oriented outcomes.

What gaps might exist in this toolbox? I keep wondering how much we can improve health care of populations without a clear denominator (ie, a registered list of patients) or an insurance "system" that consistently covers the new patients for whom I care. These issues aside, the gap between practice reality and theory, and the economic challenge to meet the initial costs of the new model leave me distressed—problems many of you lament.

Finally, let us remember that even the most robustly functioning practices will not cure a demand-based workforce policy, a financing system that leaves many millions without health insurance and reimburses routine technology over careful coordination of care and cognitive services. So as we consider the Future of Family Medicine, let us demand evidence, spur creativity, and not settle for half-baked solutions that ignore the root causes of a health system in crisis.

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THE JOURNAL OF FAMILY PRACTICE

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110 Summit Avenue, Montvale, NJ 07645.
Telephone: (201) 782-5735.
Fax: (201) 505-5890