

# Training by the 80-20 Rule

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tative is evaluation," said Dr. Larry Green, cochair of the P4 steering committee. While each program is responsible for evaluating itself, the programs will also be evaluated based on national standards established under the initiative.

"It's about learning what happens when they try to do these innovations. How well do they work? Do the residents like them? Does the curriculum teach what it's supposed to?" said Dr. Green who is a senior scholar in residence at the Robert Graham Center and professor of family medicine at the University of Colorado, Denver.

The initiative doesn't offer the residency programs any additional funding. What P4 does offer is assistance in establishing objective measures for evaluating reforms. While participating in the initiative, residency programs also will be given more latitude from accrediting bodies, including the Accreditation Council for Graduate Medical Education, the Residency Review Committee for Family Medicine, and the ABFM.

"As a faculty, we had looked at doing the same thing two or three times in the past, but we have always run up against the RRC requirements. ... You just don't want to risk losing your accreditation," said Dr. Baustian.

In turn, the group's hope is that these innovations may lead to new ways of looking at accreditation.

"Our long-term goal here is to get 4-5 years down the pike and have some real-world experience with adjustments to the residency programs and have some evaluative information about how well they work. Then we can think about making revisions in our training requirements," said Dr. Green.

## First Things First

Family medicine has "been very innovative all along. This is just another step along the way," Dr. Baustian said.

Now family medicine training is adapting to a model of care that is still being defined, but includes modern realities such as pay for performance, chronic disease management, integrative care, and a team-based approach.

At Cedar Rapids the goal is to train residents to deal with those diseases that family physicians see most often. "We are living by 80-20 rule. We want them to be expert in the top 20 things that they are going to see 80% of the time," Dr. Baustian said. The residents will also be trained to work in teams to manage the "big four" conditions of hypertension, asthma, diabetes, and lipid disorders. And for the other 20%, residents will be trained in accessing guidelines, research or systematic reviews, and deciding whether they are valid.

"We tell our residents 'Don't bother buying textbooks,' because they're out of date by the time they are published. If you really want to know the latest information, we'll show you how to find it and how to review it," Dr. Baustian said.

Rather than focus on specific diseases, Christiana Care's programs emphasize core expertise in outpatient chronic illness management, urgent care, transitions of care, cultural competency, the biopsychosocial model, and pay for performance.

Both programs have placed an increased

emphasis on the time residents spend in physicians' practices.

At Cedar Rapids where residents traditionally had a 4-week block of time with a community preceptor, there were always a lot of interruptions due to clinic duties, deliveries, or post call, said Dr. Baustian.

"It got chopped up and divvied up and fragmented," he said. In the new model, residents will stick to the preceptor for the entire month so that they can focus on the type of outpatient care they will be doing once they're in practice.

And at Christiana, instead of the usual rotations through various affiliated specialties, residents will gain that exposure by following their patients through the health care system.

"The residents will learn much better by seeing procedures and tests done on their own patients. That's what we think," said Dr. Naticchia. Those are just the kinds of assumptions that will be formally evaluated as a part of the P4 initiative.

## Addressing the Underserved

The residency pilot occurs at a time when academics are debating how many and what kinds of physicians will be needed in the future.

"Workforce [issues have] been off the radar screen for too long," Dr. Richard Cooper of the Leonard Davis Institute of Health Economics at the University of Pennsylvania, said at a meeting on health policy in Washington. "High-quality health care requires an adequate number of high-quality physicians. The demand for health care services nationally will continue to mirror basic economic growth."

However, what constitutes an adequate number of physicians may be up for debate, given research that suggests new physicians are more likely to end up in communities that already have enough doctors, countered Dr. David C. Goodman, a professor of pediatrics and community and family medicine at Dartmouth College, Hanover, N.H.

He looked at historical periods when there were surges in new physicians. During those surges, for every physician who settled in a low-supply region, four settled in a high-supply region. And, those data do not reflect how many went into primary care vs. specialist medicine.

"Over the years I have seen a declining interest in family medicine as a specialty," said Dr. Naticchia. "While that has occurred on many levels, what I am able to engage in is developing a curriculum that will suit the needs of medical students and in return the needs of patients. I hope it will help revive our specialty, that it will attract the best medical students."

No one really knows what the physician workforce will look like in the future. But P4 is based on the assumptions that patients will have access to a personal physician and that those physicians will operate as part of a team to ensure integration of care. While the initiative is angling for those changes, innovation may come from anywhere. Eighty residency programs applied for the initiative, all of which are interested in pursuing revisions to their curricula. ■

## POLICY & PRACTICE

### Health Spending Continues to Soar

Health care spending in the United States will continue to grow over the next decade, nearly doubling to \$4.1 trillion by 2016, according to an analysis the Centers for Medicare and Medicaid Services. The analysts project that the average annual growth in health care spending will remain at around 6.9% for the next 10 years. The findings were published in the Feb. 21 Web edition of Health Affairs. Prescription drug spending will continue to rise, they predict. By 2016, prescription drug spending is expected to reach \$497.5 billion, more than double the spending for 2006. The rate of growth in physician and clinical spending is expected to slow down in the coming decade, according to the analysis. However, even with the deceleration, spending for physician services is expected to reach \$819.9 billion by 2016. Physician spending in 2006 is projected at \$447 billion. "As the nation moves from more traditional sources of insurance, such as employer-based coverage, to more federal- and state-provided health care, we will continue to face tough questions about how we finance our health care bill," John Poisal, deputy director of the National Health Statistics Group at CMS, said in a statement.

### FDA to Regulate Tobacco?

It seemed like back to the future in Washington on Feb. 15, when Sen. Edward M. Kennedy (D-Mass.) presided at a press briefing announcing a proposal that would give the Food and Drug Administration the authority to regulate cigarettes as a drug delivery device. In the mid-1990s, Dr. David Kessler, then FDA commissioner, made a bid to do just that, but lost in a battle that ended at the Supreme Court. Since that time, congressional bids to do the same have failed. Sen. Kennedy declared that 2007 is the lucky year. "The likelihood of passage is extremely high," he said of his bill, which according to cosponsor Sen. John Cornyn (R-Tex.) already has 30 allies, 11 of them Republicans. The bill would give FDA more power to restrict tobacco ads and sales to children in particular, require reduction of nicotine levels, and necessitate bigger and more informative warnings on tobacco products. FDA could not ban nicotine-containing products. President George W. Bush has not shown support, but Sen. Cornyn said he'd encourage him to sign it into law if the bill passes the House and Senate.

### Performance Data to Patients

CMS has begun laying the groundwork for the release of physician performance data to Medicare beneficiaries. The release will initially come through four regional collaboratives—Indiana Health Information Exchange, Massachusetts Health Quality Partners, Minnesota Community Measurement, and the Wisconsin Collaborative for Healthcare Quality. The four have

agreed to create patient-friendly reports that combine Medicare and private insurance data. CMS said it would bring on two more collaboratives in the near future. Data from the collaboratives will also be given to physicians for quality improvement purposes. The project will be managed by the Delmarva Foundation for Medical Care. Data will be extracted from AQA-approved quality measures, such as whether physicians measure hemoglobin A<sub>1c</sub> levels in diabetic patients twice a year. According to a statement by CMS, the data release is partly in response to President Bush's August 2006 Executive Order encouraging interoperable health information technology, transparency of pricing data and quality information, and use of incentives to promote high-quality, cost-effective care. The order also directed federal agencies to share health quality data with beneficiaries.

### Katrina's Long-Term Emotional Pain

Mississippi children and families displaced by Hurricane Katrina continue to have emotional problems, according to a report from Columbia University and the Children's Health Fund. The researchers interviewed 576 adults from randomly selected households displaced by the hurricane and found that more than half of the parents reported that at least one child in the family had experienced emotional or behavioral issues following Katrina, but only 29% had sought some form of professional help. "Our ongoing clinical work with children in the [Federal Emergency Management Agency] trailers and this latest study suggests that as many as one in three children are already suffering from significant mental health, behavioral, and school-related problems," Dr. Irwin Redlener, president of the Children's Health Fund, said in a statement. There was also a significant emotional strain on parents. About 62% of caregivers surveyed scored low on a standardized mental health instrument, suggesting high levels of clinical anxiety, depression, and posttraumatic stress disorder. The findings mirror the results of a similar survey of Louisiana families released last year by Columbia University and the Children's Health Fund.

### More Americans Donating Organs

The percentage of Americans agreeing to become organ donors as indicated on driver's license or donor cards is increasing, the Health Resources and Services Administration announced. A Gallup Organization survey commissioned by HRSA, which directs federal efforts to promote organ donation, found that 53% of Americans listed themselves as donors in 2005, almost double the 28% who reported doing so in 1993. Nearly all (97%) of the 2,000 survey respondents said they would donate a family member's organs if they knew the person's wishes ahead of time.

—From staff reports