

LEADERS: LORI HEIM, M.D.

AAFP President Charts New Course as Hospitalist

Dr. Lori Heim is anything but a typical hospitalist. She came to the field after working for many years as a family physician in the outpatient arena, and she now enjoys the chance to focus on quality and have time for interests outside of her own practice. And when Dr. Heim isn't in the hospital, she's likely at the airport, on her way to another meeting with lawmakers or physicians to discuss health reform, workforce issues, or the Medicare payment formula. As the current president of the American Academy of Family Physicians, Dr. Heim brings a unique perspective to her Laurinburg, N.C., hospital.

Dr. Heim is the first family physician to join the new hospital medicine program at Scotland Memorial Hospital. Currently, she practices alongside four internists and two family nurse practitioners as part of the growing program. Nationwide, family physicians are a minority in the hospitalist community. The Society of Hospital Medicine reports that fewer than 4% of hospitalists are trained in family medicine, compared with more than 80% of practicing hospitalists who were trained in general internal medicine. Similarly, only about 4% of AAFP members were working as hospi-



talists in 2009. Whether that indicates a lack of interest by hospitals or family physicians is unclear. But Dr. Heim said hospital medicine can be a good option for family physicians, even if it's not a career-long choice.

For some, it is simply a love of hospital medicine that drives the career choice. For others, it may represent a chance to get away from the administrative issues that plague many family physicians in private practice. And for others, it is a pragmatic way to get a better balance in their work and family lives, she said.

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DR. HEIM

For their part, family physicians can bring additional skills to the hospital medicine world. For example, hospital medicine groups with family physicians can expand the care they provide to children. And Dr. Heim said that when she is called to a medicine consult with obstetric and gynecology patients, she is glad for her broad-based training.

"I've dealt with a lot of the complications with regard to pregnancy and women's issues," she said. "It's very

familiar territory given our training."

Dr. Heim said her own experience as a hospitalist over the last 18 months has really opened her eyes to systemwide issues that can result in poor outcomes for patients. Although family physicians often do a good job during the face-to-face visit, there aren't good systems to help patients outside that encounter, she said. And patients who can't get an appointment to see their regular doctor, or who don't have a regular physician, often end up hospitalized or readmitted.

But Dr. Heim is using her position as AAFP president to draw attention to some of these gaps in care. She tells lawmakers and the media about her firsthand experiences in the hospital, highlighting how conditions that can be cheaply and easily treated in the primary care setting, such as hypertension, can become expensive complications by the time they reach her in the hospital.

After her official leadership role with AAFP wraps up in a few years, Dr. Heim said she hopes to bring some of the innovative solutions she's seen while traveling around the country back to her North Carolina hospital. She looks forward to taking concrete steps on concepts like the medical home neighborhood, which envisions more coordinated patient care with roles for the hospital, the hospitalist, the primary care physician, subspecialists, and the community.

—Mary Ellen Schneider



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Medicare Is Solvent to 2029

The new health care reform law will extend the solvency of the trust fund that pays for Medicare hospital services 12 additional years, the Department of Health and Human Services announced. The law requires Medicare to develop new models of care, reward quality, and ferret out fraud and abuse, and these provisions mean the Medicare Hospital Insurance Trust Fund will continue to take in more money than it spends until 2029, according to the annual report from Medicare's trustees. Last year, the trustees predicted the fund would begin to run in the red by 2017. The report also projected a balanced budget "for the foreseeable future" for the trust fund that helps Medicare beneficiaries pay for physician services and prescription drugs.

\$42 Million for HIV Prevention

The Centers for Disease Control and Prevention has awarded \$42 million to 133 community-based organizations to fight HIV among at-risk populations, which include blacks, Hispanics, gay and bisexual men, and illicit-drug injectors. The organizations will receive an average \$323,000 per year for 5 years to implement HIV-prevention programs, increase HIV testing, and promote knowledge of HIV status among individuals. The organizations will use small amounts of each grant to measure their effectiveness. According to the CDC, a local organization has community knowledge and perspective that enable it to reach people who might not otherwise get tested for HIV or access preventive services.

Foreign Training Upholds Quality

Foreign-trained physicians provide the same quality of care as do physicians trained at U.S. medical schools, according to a study published in the journal *Health Affairs*. Using data from Pennsylvania, the researchers found no significant difference in the death rates of patients treated by international medical school graduates vs. those treated by graduates of U.S. medical schools. However, the study also found that the patients of U.S.-born doctors who graduate from non-U.S. medical schools had higher rates of in-hospital deaths than do the patients of foreign-born international medical school graduates. "It is reassuring to know that patients of [international graduates] receive the same quality of care that they would receive from a physician trained in the United States," John Norcini, Ph.D., president and CEO of the Foundation for Advancement of International Medical Education and Research and lead author of the study, said in a statement. Nevertheless, the study's authors said that as U.S. medical schools expand, they must carefully guard the quality of their accepted applicants.

Primary Care Gets Sued Less

More than 5% of physicians surveyed by the American Medical Association reported being sued at least once in the past 12 months, but internists and family practice physicians reported fewer lawsuits than did other specialists. Only 3.1% of physicians in family and general practices had lawsuits filed against them, while 4.4% of general internists and

3.6% of internal medicine subspecialists reported being sued, according to the AMA. However, more than one-third of internists and family physicians told the AMA they had been sued at least once in their careers, and 13% of general internists, 22% of family physicians, and 21% of internal medicine subspecialists had been sued twice or more. Nearly 70% of general surgeons and obstetricians/gynecologists had been sued in their careers, 52% twice or more. The AMA compiled the report from data in its 2007-2008 Physician Practice Information survey. "The findings in this report validate the need for national and state medical liability reform to rein in our out-of-control system where lawsuits are a matter of when, not if, for physicians," Dr. J. James Rohack, AMA immediate past president, said in a statement.

Med Students Want More Sex Ed

More than half of medical students completing an Internet survey said they had not received enough training on sexual issues to address their patients' sexual concerns clinically, a study in the journal *Academic Medicine* found. Despite this, four of five of the students said they felt comfortable dealing with their patients' sexuality issues. Students reporting limited sexual experience, being at risk for sexual problems, and feeling that they had not been trained adequately admitted more unease talking about sexual issues than other medical students did. The survey of U.S. and Canadian medical students included 1,343 women, 910 men, and 8 who answered "other" to gender.

Deals Keep Generics Off Market

Branded- and generic-drug manufacturers have made at least 21 deals so far this year that potentially delay the production of cheaper, generic versions of existing

brand-name drugs, the Federal Trade Commission said. In three-quarters of the settlements, reported to the FTC, the branded and generic drug makers came to terms without money changing hands. The agency, which is attempting to crack down on "pay-for-delay" deals, told congressional lawmakers that generic and branded drug manufacturers inked 19 such deals in 2009 and 16 in 2008. The 2010 deals protect \$9 billion in brand-name drug sales from generic competition, FTC Chairman Jon Leibowitz told a House subcommittee. The FTC estimated that "pay-for-delay" deals cost consumers \$3.5 billion each year.

—Jane Anderson

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