

Primary Care Needs to Be Made More Attractive

BY MARY ELLEN SCHNEIDER
Senior Writer

Leaders in medicine are trying to figure out how to make primary care attractive to students and residents once again.

"We've got to change the way students see primary care," said Michael Whitcomb, M.D., senior vice president of the division of medical education at the Association of American Medical Colleges.

Over the last few years, students have been choosing internal medicine subspecialties over primary care, causing groups like the AAMC, the American College of Physicians, and the American Academy of Family Medicine to reevaluate how to sell primary care to students.

Part of the problem is how students and residents are trained, said Holly Humphrey, M.D., dean for medical education at the University of Chicago. For example, students don't usually get a chance to see the multidisciplinary team approach that works best in primary care, Dr. Humphrey said.

Students training in the hospital see chronic disease management as "overwhelming" and don't see the infrastructure that could make it workable, she said.

But showing the proper management of chronic care patients could be a way to attract more medical students into primary care, said Dr. Whitcomb of the AAMC.

AAMC has formed a group to consider broad issues around improving chronic care, including how a change in emphasis could be one way to attract more students into primary care. This group started its work last fall and is expected to produce a proposal sometime this year, Dr. Whitcomb said.

Trainees and students often don't recognize the gratification of building relationships over many years, said Steven Weinberger, M.D., senior vice president for medical knowledge and education at the ACP. He said he hopes that by redesigning student and resident training, medical school faculty can demonstrate to students that primary care offers the potential for long-lasting relationships with patients.

One way that the AAFP is looking to increase student interest is by providing students access to competent role models in family medicine. One of the academy's efforts in this area includes piloting an online mentoring system. The concept began in Ohio where the Ohio Academy of Family Physicians and students from Ohio State University in Columbus have been using the Internet to connect medical students with practicing physicians in the community.

This year, AAFP is testing out the concept of an online mentoring program through similar projects in three states, said Jay Fetter, AAFP's student interest manager.

These organizations are also working on revitalizing primary care at the practice level.

Repairing the payment system, reducing administrative hassles, articulating the value of internal medicine, and redesigning

training to better meet the scope of practice, are all important steps, Dr. Weinberger said.

In fact, improving practice issues may be more important to attracting students than making educational changes, said Tod Ibrahim, executive vice president for the Alliance for Academic Internal Medicine. "I think the generational issues are bigger than anyone realizes," he said.

The federal government could help by offering economic incentives, such as re-

payment of medical school loans, said Richard Lang, M.D., chairman of the department of general internal medicine at the Cleveland Clinic. Everyone in medicine is working hard, he said, but the salaries for primary care are much lower than other areas of medicine.

The key is to bring back job satisfaction for practicing primary care physicians, said Lawrence Smith, M.D., dean of medical education at the Mount Sinai School of Medicine, New York.

Dr. Smith predicts that electronic health records could make practice easier in the future. New practice models that revolve around a team of caregivers in a single office, could also help. In addition, physicians need to be reimbursed for how they spend their time, including phone calls and e-mail consultations with patients.

If the problem of attracting new practitioners isn't addressed, the United States could end up with a system without primary care physicians, Dr. Smith said. ■

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