

On the Need for Various Models of Primary Care

Eugene S. Farley, Jr., MD
Rochester, New York

The family medicine model of primary care was one of the easier models to create because it threatened no entrenched interest in medical education centers. No other department had the same major interest in primary care. When family medicine became accepted as a member of the medical education community, it differed from other departments in not being responsible for training numerous types of physicians. It did not have to prepare specialists and subspecialists as well as generalists, nor assume responsibility for developing and staffing inpatient services. It could concentrate on primary care both inside and outside the medical center. Admittedly, primary care was an area often considered unimportant by traditional academicians. Some felt that skill in this area came naturally to any physician, regardless of training, interest, or experience — it was considered perfectly acceptable for a Professor of Vascular Surgery to announce that, upon retirement, he would take up family practice. Obviously, few had any knowledge of what family practice should or could be, and many had blind confidence that anyone could do it without special training.

A practice model is essential to the development of family medicine or primary care teaching programs. Efforts must also be made to improve the system under which graduates of these programs practice upon completion of their training. In-hospital

training programs cannot succeed if we do not have well-equipped and well-staffed hospitals which provide excellent care and learning opportunities. Likewise, we cannot have good primary care training programs without adequate facilities and resources. The traditional hospital model of the outpatient clinic, staffed by rotating residents, interns, and part-time faculty doing episodic care, is no better a training site for primary care doctors than a poorly-equipped, poorly-staffed hospital with no standards or controls is for those preparing in the traditional specialties. Medical educators have realized this fact only recently, and few have taken the necessary steps to correct it.

Although family medicine is the first specialty to recognize that primary care is important enough to be taught, it is unlikely that family medicine will ever completely dominate the primary care field. Other specialties are beginning to define their primary care responsibilities and take the necessary steps to prepare their trainees in appropriate areas of primary care. Specialties such as internal medicine and pediatrics represent a major part of the medical education system and their graduates are heavily involved in providing primary care. Teaching and research in these fields have been responsible for many medical advances and for much of the knowledge being used by family physicians. Since these specialties have played, and will continue to play, a very important role in medical education and research, and since they receive such a large portion of the health education dollar, it is unlikely that family medicine, a relative newcomer with limited resources and a limited background in medical education, will dominate the field. Therefore, it is imperative that these other specialties begin to assume the respon-

sibility for training their graduates in primary care. The side-by-side training of family physicians, primary care internists and pediatricians will allow the interchange of knowledge and will strengthen the teaching potential of all three primary care providers.

At the University of Rochester, we emphasize the teaching of primary care internists, primary care pediatricians, and family physicians. The family medicine program, as the oldest of these, has among its responsibilities:

1. Development of the concepts of family practice and methods of teaching them.

2. Development and implementation of practice and data systems which are important to all providers of primary care.

3. Development, in cooperation with the medical school, associated hospitals and the community, of resources that are available to all these groups.

Family medicine is one approach to producing physicians who provide primary care. It is a rational approach, but not the only one. It will succeed because it has much to offer the community it serves. Well trained family physicians should be able to identify and meet the needs of the community through developing and/or mobilizing the appropriate resources. The University of Rochester is attempting to develop models in which the family medicine approach to primary care is compared with the multispecialty approach of the internist and pediatrician. I believe that all these models can and must succeed because the need for primary care far exceeds our present ability to provide it. Since the quality of secondary and tertiary care is dependent on the quality of primary care, we should notice a marked improvement in all health care as the graduates of primary care training programs enter practice.

From the Family Medicine Program, University of Rochester-Highland Hospital, Rochester, New York. Requests for reprints should be addressed to Dr. Eugene S. Farley, Jr., Professor and Director, Family Medicine Program, University of Rochester-Highland Hospital, 335 Mt Vernon Ave, Rochester, NY 14620.