Passages on the Road
To The Next Era of Family Medicine

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September 6, 2012
GPET 2012 Convention
Denver, Colorado
My Family
Average Rankings* for Life Expectancy at Ages 40, 65, and 80, for Countries Grouped by Primary Care Orientation

<table>
<thead>
<tr>
<th></th>
<th>Age 40</th>
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<th>Age 65</th>
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<th>Age 80</th>
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<tbody>
<tr>
<td></td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
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<tr>
<td>Worse primary care</td>
<td>7.8</td>
<td>9.5</td>
<td>8.0</td>
<td>8.0</td>
<td>7.4</td>
<td>6.9</td>
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<td>(Belgium, France, Germany, US)</td>
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<tr>
<td>Better primary care</td>
<td>6.7</td>
<td>5.9</td>
<td>6.6</td>
<td>6.6</td>
<td>6.8</td>
<td>7.1</td>
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<tr>
<td>(Australia, Canada, Japan, Sweden, Denmark, Finland, Netherlands, Spain, UK**)</td>
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*Best level of health indicator is ranked 1; worst is ranked 13, thus, lower average ranks indicate better performance.

**England and Wales only

Starfield 00/04
04-157
Annual Health Insurance Premiums and Household Income, 1996 to 2005
(Robert Graham Center: Devoe et al)
Eventually, however, even the mighty American health sector WILL succumb to Herbert Stein’s Law, to wit:

If a trend cannot possibly persist, it won’t
“I don’t believe there’s any problem in this country, no matter how tough it is, that Americans, when they roll up their sleeves, can’t completely ignore.”

Comedian George Carlin
“...Better brace yourselves for a whole lotta ugly comin’ at you, from a never ending parade of stupid!”

Queen Latifah (a/k/a Motormouth Maybelle, Hostess of “Negro Day,” in Hairspray)
Point Number 1

You are a kind and generous group to let me in the door.
Structure of This Presentation

• Remember some foundational knowledge that we think we know and can rely on

• Focus on three PASSAGES to be traversed:
  – wHealthcare to Healthcare
  – Fragmentation to Integration
  – Chess games to Jigsaw Puzzles

• Concluding remarks with a short video and a bit of poetry

- 1000 persons
- 800 report symptoms
- 327 consider seeking medical care
  - 217 visit a physician’s office
    - (113 visit a primary care physician’s office)
  - 65 visit a complementary or alternative medical care provider
  - 21 visit a hospital outpatient clinic
  - 14 receive home health care
  - 13 visit an emergency department
  - 8 are hospitalized
  - <1 is hospitalized in an academic medical center
Reasons Americans Die Prematurely

- 40% is due to health-related behaviors. Since we know that health behaviors can be changed, it follows that programs of health behavior change should be systematically incorporated into any plan for comprehensive health care.

The greater the supply of primary care physicians, the lower the total mortality, heart disease mortality, and stroke mortality at the US county level.

In 35 analyses dealing with differences between types of areas (7) and 5 rates of mortality (total, heart, cancer, stroke, infant), the greater the primary care physician supply, the lower the mortality for 28. The higher the specialist ratio, the higher the mortality in 28.

Controlled only for income inequality

The Evidence: Primary Care Improves Population Health Outcomes

- Primary care improves effectiveness.
- Primary care improves efficiency.
- Primary care improves equity.
- Generic outcomes are better in systems with stronger primary care
- No study shows otherwise.

Starfield. Milbank Quarterly, 2005
Point #2: Critical Assumptions

• Health care systems and communities need family physicians now, more than ever.
• We are between era’s of family medicine, not tweaking, but re-making the field and its work
• We are *tantalizingly* close to performance that matches decades of rhetoric
• Don Berwick got it right:
“It’s sort of a good-news-bad-news situation. The good news: the possibility of change has never been greater—not in my lifetime. The bad news: if it’s going to be the right change, the burden is yours . . . You stand, though you did not choose it, at the crossroads of momentous change—at the threshold of majesty. And—frightened, fortunate, or both—you now have a chance to make what is possible real.”
Q: What does this road sign represent?
One View of Critical Passages

From what – to – what?
wHealthcare ➔ Healthcare

Commercialism ➔ Professionalism
Profit ➔ Healthy Communities
Technicians/Lineworkers ➔ Personal Physicians
More! ➔ Enough!
Volume! ➔ Value!
Produce Inequities ➔ Relieve Disparities
Fragmentation ➔ Integration

Shrinking Scope ➔ Comprehensive Scope
PH+MH+PC+FM ➔ Reunited-Integrated Platform
Biologic Science ➔ All Relevant Science
Little Data ➔ Big Data
Fuzzy Boundaries ➔ Multilateral Compacts
Pay for Fragments ➔ Blended/Bundled Payment
Chess ➔ Jigsaw Puzzle

Heroic Physician ➔ Championship Team
Weak Infrastructure ➔ New Infrastructure
Passive Recipients ➔ Voracious Explorers
Randomizing Confounders ➔ Using Confounders
Self-Proclamation ➔ Demonstrated Excellence
A Learning Health System
SUCCESS FACTORS IN COMMUNITY LEARNING SYSTEMS FOR HEALTH

1. A galvanizing health concern.
2. A comprehensive understanding of health and community health.
3. Collaborative culture; social capital.
4. Trust and community engagement.
5. Access to data on local health and its determinants, plus analytic capacities.
6. Data display and dissemination capacities.
7. Functioning coalitions, community engagement, agreement on priorities.
8. Organizational and technical support.
9. Political and financial support.
10. Processes and systems to translate information and priorities into action, evaluate results, and modify as needed.
Point #3

As we navigate our passages, we probably should always proceed remembering that

Health-- is a community affair!!
Why Are We On This Journey?

Because our people are waiting for us to make the trip and show up — as the best personal physicians, working from a robust and efficient platform, achieving the primary care function that is essential to sustainable, high performance healthcare.
Point #4

It is journey with a still evolving destination,

an exhausting adventure.
Concluding Comments

“May you live in interesting times!”
The remake is underway and it can be done!
Don’t miss it.
View #4:

“If the world were rational, 
*men* would ride side-saddle.”

Author Rita Mae Brown
Rules for the Road

• Health, the foundation for achievement, is our goal.
• It is not so much a battle against disease as a “quest for long, healthy, meaningful lives.”
• Personal doctoring is our cornerstone method, a relationship, not a commodity.
Rules for the Road

• Never sacrifice alignment with public good for professional gain.
• Never forget rural populations.
• There is no one among us unworthy of health care.
• Being the best never goes out of style.
• We’re not going away, ever.
Thank You--for Being You and Doing What YOU Do!