



## **YOUR FUTURE IS FAMILY MEDICINE**

Sample Remarks and References

### **SLIDE 1 – INTRODUCTION**

Before we get started there are four important points you should know about a career in family Medicine:

1. Family medicine is an extremely satisfying career and an ideal specialty choice for students who like getting to know their patients as much as they like getting to know their patients' diagnoses.
2. It is intellectually stimulating and personally rewarding to care for families and individuals over time – through various life stages and during routine and significant events. It forges a patient/doctor relationship unlike any other specialty. And we know that this is exactly what patients want.
3. Recent research confirms that family medicine has more impact on population and individual health than other specialties and that family physicians are highly valued for their diagnostic and patient advocacy skills.
4. Being able to follow patients throughout their entire lives helps to ensure that men, women and children get the appropriate screening and preventive services well before they have established disease.

### **SLIDE 2 – WHAT DOES A FAMILY PHYSICIAN DO?**

Family physicians care for people and families of all ages. Family physicians emphasize wellness, disease prevention, and evidence-based medical interventions; they are always aware of the psychological and social dimension of their patients' lives.

Family physicians are important because they:<sup>21,22</sup>

- Care for a wide variety of medical problems,
- Coordinate care with other health professionals,
- Prioritize from a broad agenda to meet their patients' needs,
- Practice patient-centered medicine,
- Provide care to individuals within the context of family and community,
- Develop relationships over time and multiple patient visits,
- Perform a significant amount of patient education,
- Tailor messages about health habits to high-risk patients,
- Use illness visits as opportunities for prevention, and
- Use patient visits and opportunities to identify mental health problems.

### **SLIDE 3 – WHAT ARE THE PRIMARY CARE SPECIALTIES?**

To understand family medicine and the context in which family physicians view their patients, it is instructive to understand the tenets and value of primary care to individual health and quality of life.

The three primary care specialties recognized by the Institute of Medicine are family medicine, general internal medicine and general pediatrics. Each requires three years of residency training. Although not specifically defined by the Institute of Medicine, OB/GYN is also considered a primary care specialty by many HMOs and by the U.S. Department of Health and Human Services.

Family physicians provide more primary care than any other discipline in the United States; they provide nearly one-fourth of all primary care visits.<sup>1</sup> Family physicians see and manage a wide variety of problems, concerns and diagnoses and are often the first to hear and see the new problem. 21

To keep up with patient demand for family physicians' services and to ensure a good lifestyle, family physicians are adopting new clinical and practice support strategies 14 which will be addressed in more detail later in this presentation.

### **SLIDE 4 - HOW ARE THE RELATED?**

Each of the specialties provides their own special niche to medicine. Pediatrics is involved exclusively in infants, children, and young adults under the age of 18. Internal Medicine generally do not provide care of patients less than the age of 18, but practice adult/elderly medicine. Obstetrics and Gynecology provide exclusive female care to women after menarche. They generally are associated with pregnancy and delivery of infants, and also provide care to post-menopausal women. Family medicine has the best of all worlds. It provides care for patients, from "the womb to the grave." We provide prenatal care for the pregnant female, provide newborn care for her infant, care for children who are ill, provide routine health exams for children and for adults; manage complex medical pathologies like diabetes, hypertension, heart disease, obesity, among others.

### **SLIDE 5 – WHAT DOES A FAMILY PHYSICIAN PROVIDE TO THEIR PATIENTS?**

Family physicians recognize and manage complicated acute and chronic diagnoses including diabetes, heart disease, hypertension, anxiety, depression, obesity and cancer. Helping patients and their families prevent the onset of these complex diseases is an area in which family physicians excel.

Sometimes, family physicians focus on the needs of very specific kinds of patients and have the option of pursuing additional expertise and training through fellowships in areas such as geriatrics, sports medicine, palliative care, preventive medicine, and international medicine, to name a few.

## **SLIDE 6 – WHY IS PRIMARY CARE IMPORTANT?**

Cancer prevention, behavior modification, and control of chronic diseases are some of the ways in which primary care improves the health of individuals.

When we examine medical outcomes related to primary care we find:

U.S. adults and children who have a regular source of primary health care have better health outcomes than those who don't.<sup>4,5</sup>

An increase in the proportion of physicians who practice primary care leads to earlier detection of several types of cancer including cancer of the breasts, colon, cervix and skin.<sup>6-8</sup>

Having a primary care physician reduces mortality due to cardiovascular and pulmonary diseases. <sup>8</sup>

States that have more primary care doctors have lower death rates.<sup>5</sup>

Primary care decreases hospital admission rates and decreases emergency room utilization for children and adults.<sup>10-13</sup>

## **SLIDE 7 – WHAT ATTRIBUTES ARE IMPORTANT TO THE FAMILY PHYSICIAN?**

A national market research firm recently asked subspecialists what they valued most about family physicians. Subspecialties said that family physicians are the best suited specialty to:

- act as a partner to patients
- know a patient's long-term medical history
- provide preventive care
- care for patients with complex medical problems

People who become patients value their relationships with family physicians above all else.<sup>27</sup> The value of the patient-doctor relationships is especially emphasized in family medicine training and it creates unique opportunities to make a difference in the lives of patients and their families.

*Include examples from your experience such as a time when a subspecialist depended on you to track the patient's clinical course, or a time when the patient relied on you to explain the treatment and plan of the subspecialist.*

### **SLIDE 8 – A TYPICAL WEEK IN THE LIFE OF A FAMILY PHYSICIAN**

The family medicine office is where family physicians provide the majority of care to their patients.

Their patients present with diverse medical problems that demand the broad medical and psychosocial knowledge that family physicians possess.

Family physicians also deliver care in several other settings: hospitals, nursing homes, community health centers, urgent care centers, emergency rooms, the homes of their patients, managed care clinics, and university-based health centers to name a few.

### **SLIDE 9 – COMPLEX DISEASE AND THE FAMILY PHYSICIAN**

Family physicians enjoy being the first point of contact for the undifferentiated patient. They enjoy the challenge of making the right diagnosis from what seems like a series of unrelated or vague symptoms. Family physicians take pride in their ability to help patients understand the varied and subtle ways in which an individual's health affects the family and community. With the economic impact that these complex diseases have on our healthcare system, it is essential that family physicians efficiently manage these diseases and do all possible to limit the onset of complex diseases.

### **SLIDE 10 – ARE FAMILY PHYSICIANS IN DEMAND?**

Family medicine residency graduates can expect to make around \$125,000 after expenses, which compares favorably to average starting salaries in internal medicine (\$128,000) and pediatrics (\$120,000). According to one of the nation's largest physician recruitment agencies, the average salary offer made to family physicians in 2006 was \$161,000.<sup>44</sup>

This data made Family Medicine the highest recruited specialty in 2006. <sup>44</sup>

Family physician income is highly dependent on region, practice setting, and the number and mix of patients. A family physician's flexibility to tailor clinical services can shape income. For example, family physicians who see more patients and see patients in the hospital will have a higher income.<sup>35</sup> In the future, incomes for family physicians are projected to increase as much as 25% in practices that use new technologies and new care models such as chronic disease management.<sup>14</sup>

*Insert examples of shared call schedules and other ways family physicians balance personal and professional responsibilities*

### **SLIDE 11 – LIFESTYLE OF FAMILY PHYSICIAN**

Like most physicians, family physicians work hard to balance their calling to help patients with a desire to be available for their own families and other interests.

A recent survey by *Medical Economics* magazine indicates that family physicians generally spend between 50 and 55 hours of a week caring for patients and managing their practice. The survey showed that family physicians worked an average of 50 hours a week in patient related activities in 2003 down from nearly 55 hours in 2001. To put this information into perspective: The average hours worked per week by family physicians was three hours fewer than internists; two hours fewer than orthopedic surgeons and 10 hours fewer than cardiologists, gastroenterologists, general surgeons and obstetricians. 31,32

Family physician work hours depend a great deal on the choices the physician makes about his/her practice. For family physicians, the practice setting, size and mix of patients are key variables. Family physicians have the flexibility to tailor their clinical services to the unique needs of their patients and situation. For example, nearly one-fourth of family physicians have reported practicing part-time at some point in their careers to accommodate personal and professional needs.<sup>34</sup> The AAFP Facts about Family Physicians, shows that physicians on average spend 39.7 hours per week in direct patient care.

### **SLIDE 12 & 13 – FAMILY MEDICINE BY THE NUMBERS**

Countries that emphasize primary care have better population health [as measured by longevity, infant mortality and patient satisfaction] at lower costs.<sup>9</sup>

Researchers who have examined the potential impact of primary care on health care spending in the United States estimate that the nation would save \$67 billion dollars per year if every American used primary care physicians as their usual source of care.<sup>14</sup>

To put the cost/quality value of primary care into context:

U.S. health spending per person is twice the average of that in Britain, Canada, France, Germany, and Italy -- countries that support and emphasize primary care and have better health rankings.<sup>15,16</sup>

In 2001, as many as 2.2 million Americans and their dependents experienced medical bankruptcy; more than 75 percent of them had health insurance at the onset of the bankrupting illness. High medical bills contribute to the majority of medical bankruptcies.<sup>18</sup>

In the United States, one-third of excessive costs is attributed to performance of unnecessary and non-indicated procedures.<sup>5</sup>

#### **SLIDE 14 – PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS – NATIONAL**

Family medicine training gives family physicians the flexibility to go where people need health care and to adapt to different practice environments.

This whole-person training makes family physicians the ideal specialty to care for America's most vulnerable and underserved communities.

This slide documents the impact family medicine has on America's access to quality health care. The red areas noted on the map on the left show the location of designated Primary Care Health Personnel Shortage Areas at this time. Primary Care Health Personnel Shortage Areas are designated by the federal government based on low physician to population ratios and/or unique ethnic and socioeconomic status. The map on the right depicts the location and number of shortage areas that would be designated if family physicians were removed.<sup>36</sup>

About 21% of U.S. citizens live in the rural United States and have limited access to health care services by physicians. Family physicians have stepped in to fill that void. Currently about 23% of the family physician workforce practices in rural areas of the United States, while the majority practice in suburban and urban centers.<sup>37</sup>

Contrary to popular belief, rural physician incomes are on par with urban physicians. Rural physicians have significantly more purchasing power or higher "real" incomes, after accounting for the lower cost of living.<sup>38</sup>

#### **SLIDE 15 – PRIMARY CARE HEALTH PROFESSIONAL SHORTAGE AREAS – STATE**

This slide reiterates what was shown on the previous slide within the state of Georgia. Again, Primary Care Health Professional shortage areas are designated by the federal government based on a low physician to population ratio and/or unique ethnic and socioeconomic status.

The map on the right depicts a county-by-county location of Shortages if family physicians would be removed.

#### **SLIDE 16 – FEDERAL INCENTIVES FOR FAMILY PHYSICIANS**

Through the U.S. department of Health and Human Services, there are education loan repayment options available for primary care physicians who commit to practice within predefined regions, including Primary Care Health Professional Shortage Areas. The award is \$50,000 for a two year commitment and can be renewed as needed.

#### **SLIDE 17 – STATE INCENTIVES/LOAN REPAYMENT**

In addition to federal incentives and education loan repayment from the federal government, there are also incentives at a state level to practice in certain predefined regions. The map on the right shows counties in red within the state of Georgia that qualify for loan repayment assistance. The award is \$25,000 annually and can be renewed annually up to 4 years and/or \$100,000 total award.

Awards from the Federal government and the State government can be received simultaneously to be applied to qualifying educational loans.

### **SLIDE 18 – WHERE TO GO FROM HERE?**

### **SLIDE 19 & 20 – PHYSICIAN TRAINING**

While in High School, take courses to prepare you for college. To be accepted to medical school, there are only four prerequisite courses; one year each of biology, general chemistry, organic chemistry, and physics. Each of these classes must also have a lab associated with them. Outside of these classes, you can major in any course of study that is of interest to you. Of course, it is very competitive to be accepted into medical school, so it is in your best interest to study hard and get good grades. As you near the end of your undergraduate studies, you will take the Medical College Admissions Test (MCAT). This test will evaluate your knowledge of biology, chemistry, physics, as well as your writing abilities.

Historically, medical school admission committees have put a heavy emphasis on grades and academic achievements. More recently, however, the emphasis has been placed on a more well-rounded applicant; one who is active in their community and school and has also achieved academically.

Once accepted to medical school, you will begin your basic sciences training. This will primarily consist of classroom lectures and labs; some schools will introduce you to clinical experiences during this time, too. During your basic science years, you are taught the basic science of medicine (hence the name!); Gross Anatomy, Microbiology, Biochemistry, Immunology, Pharmacology, among many others. After your first two years are completed, you take the first of three licensing exams prior to proceeding on to your clinical sciences.

During the clinical years, you are introduced to the different disciplines of medicine; internal medicine, family medicine, OB/GYN, Pediatrics, Psychiatry, and Surgery as well as other subspecialties within medicine. While on your clinical rotations, you will find an aspect of medicine that appeals to you.

### **SLIDE 21 – MEDICAL SCHOOLS IN GEORGIA**

There are five medical schools in Georgia; Emory University School of Medicine, Morehouse School of Medicine, and the Georgia Campus of the Philadelphia College of Osteopathic Medicine are located in Atlanta. The Medical College of Georgia is located in Augusta, and Mercer University School of Medicine is in Macon.

## **SLIDE 22 & 23 – RESIDENCY TRAINING**

During your last years of medical school, you will apply for a residency position in your chosen specialty. After your graduation from medical school, you will start working as a resident. Since I'm passionate about family medicine, I'll use it as an example. It last three years, and is a combination to both outpatient, clinic-based training as well as inpatient, hospital-based training. We receive training in many different fields of medicine as outlined on the next slide.

The three-year family medicine residency curriculum is rigorous and ensures that family medicine residents gain a high level of competence in each of these areas. Most importantly, the family medicine residency curriculum is structured to ensure that residency graduates are very competent at leveraging relationships to diagnose and treat undetected disease from seemingly vague symptoms, disconnected events and unique family relationships. Residents establish ongoing relationships with a core group of patients and their families early in the first year of residency training; these relationships continue throughout all three years. Just as they would if they were in practice, family medicine residents follow their continuity patients in the family practice center, in the hospital, in the nursing home and in some cases with home visits.

More than 400 family medicine residency programs are available to students. They are in small and large communities in every state and they offer great flexibility that accommodates lifestyle interests, geography and family.

Many of these residencies also provide post-residency fellowship opportunities in areas such as sports medicine, academic medicine, geriatrics, adolescent medicine, women's health and research to name a few.

## **SLIDE 24 – FAMILY MEDICINE RESIDENCIES IN GEORGIA**

There are eleven family medicine residency training programs within the state of Georgia. There are University-based programs, Community-based programs, and Military-based programs. Regardless of where the residency program is located, or with whom it is affiliated, the training is standardized by the Accreditation Council for Graduate Medical Education (ACGME).

## **SLIDE 25 – PERSONAL EXPERIENCES**

Please use this slide to add pictures of personal experiences to share the excitement of family medicine. This can be patients in your clinic, mission trips, or anything else you think would be interesting to your audience.

## **SLIDE 26 – WHAT CAN YOU DO NOW?**

Contact your family physician and see if you can spend several days shadowing them. Or, if you would rather, go to the website of the Georgia Academy of Family Physicians and search for mentors. Since medical school acceptance is competitive, ask the physician to write a letter of recommendation for you when you apply; you'll never know how much it may help!

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