

Agenda

Overview

Analysis

- Five Key Challenges
- Deconstructing the Core Attributes of Family Practice
- Clarifying the Identity of Family Practice

Leveraging Identity to Meet Key Challenges

► Conclusions

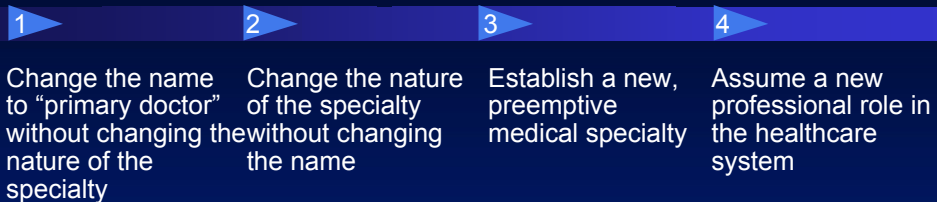
Strategic Directions

Next Steps

1

Strategic directions

Four principal strategic directions emerge along a continuum:



These directions move from the least degree of change for the specialty to the highest degree of change.

2

Strategic directions

1. Change the name to “primary doctor”, without changing the nature of the specialty

Family practice adopts a new name—“primary doctor^{*}”—expressly designed to support its value as the logical point of first contact for patients into the healthcare system.

** The name currently proposed by Task Force One*

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Strategic directions

1. Change the name to “primary doctor”, without changing the nature of the specialty

Key **advantages**:

- Suggests a broader platform
- Clarifies the specialty as the singular first point of entry, i.e., is a preemptive strategy
- Better aligns image with reality
- Does not disrupt society’s perception of what primary care physicians should deliver

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Strategic directions

1. Change the name to “primary doctor”, without changing the nature of the specialty

Key disadvantages:

- Likely to engender criticism and challenge from other “primary care” doctors
- Does not necessarily call for the development of greater intellectual, scientific or medical research content, leaving the discipline still behind the “academic eight ball”
- Does not communicate or fulfill on the true value of the discipline
- Is not significantly differentiated in name or function
- Defines a category, not a distinct medical specialty

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Strategic directions

2. Change the nature of the specialty without changing the name

Family practice retains its current name, but fundamentally changes the meaning of the discipline and the resultant messages it sends to all constituencies.

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Strategic directions

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2. Change the nature of the specialty without changing the name
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- 4

Key advantages for changing the nature of the specialty:

- Clarifies the specialty's true value
- Uncovers previously hidden benefits of family practice
- Provides the specialty with a new, promising direction

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Strategic directions

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2. Change the nature of the specialty without changing the name
- 3
- 4

Key advantages for keeping the name:

- Retains “family” heritage – a key component in many family physicians practices
- Stays a known quantity to other doctors and healthcare professionals
- Supports the discipline's patient-friendly attitude
- More likely to retain broadest support among current family physician population
- Easily communicates “treats all ages and genders”
- Avoids problem of a name change being seen as superficial

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Strategic directions

2. Change the nature of the specialty without changing the name

Key disadvantages:

- Name actually miscommunicates and is a barrier to conveying the true value of the discipline – it is an “albatross” around the neck of change
- Redefining the practice while retaining the name creates an ever-increasing expectations gap between reality (new definition, new content) and perception (name)
- Does little to help raise respect levels and compensation potential
- Name currently is used in different ways, i.e., family practice vs. family medicine

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Strategic directions

3. Establish a new, preemptive medical specialty

Family practice renames and reorganizes around a new specialty or “ology” that concentrates squarely on the dynamics of whole person medicine and the science of complexity.

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Strategic directions

3. Establish a new, preemptive medical specialty

Key advantages:

- Acknowledges the scientific contribution of family practice in society
- Provides a strong platform for effecting change in the healthcare system, over time
- Gives family practice permission to develop a comprehensive science with strong research potential
- Establishes a stronger intellectual imperative
- Could help attract a broader, more attractive talent base
- Could help weed out marginal doctors among the current family practice population
- Would engender widespread popular and media interest

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Strategic directions

3. Establish a new, preemptive medical specialty

Key disadvantages:

- Likely to foster broad debate in the healthcare field vis-à-vis existing classifications
- Could bring about resistance from specialists and sub-specialists who perceive encroachment, or a threat to their discipline
- Could breed defection among current family practice doctors who prefer the status quo
- Requires a strong stomach, a long view, and significant marketing support
- Challenges current belief that family practice fills the “important role of the generalist doctor”
- Healthcare professionals may have a hard time believing family physicians can deliver on this promise

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Strategic directions

4. Assume a new, professional role in the healthcare system

Family physicians develop a formal, new profession as “health counselors” in community settings. This alternative positions family physicians as “healthcare experts” who have the knowledge to direct patients to the right specialists, hospitals, and community services based upon their individual needs, lifestyles, and personalities.

The name, definition, and delivery of the practice change accordingly.

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Strategic directions

4. Assume a new, professional role in the healthcare system

Key **advantages**:

- Provides patients a clear point of entry
- Calls for accreditation that drives quality
- Clarifies the role for patients and healthcare professionals
- Recognizes the growing knowledge base within each specialty and patients' desire to see specialists
- Legitimizes the existing core attributes of family medicine by placing them in proper context: first contact, community, comprehensiveness, continuity
- Enhances the specialty's service orientation

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Strategic directions

4. Assume a new, professional role in the healthcare system

Key disadvantages:

- Doesn't call upon the full potential inherent in the identity of the discipline
- Requires change in the healthcare system, including compensation, to realize the new role
- May disenfranchise family physicians who prefer their existing roles as medical doctors versus healthcare professionals
- Healthcare professionals may question the need
- Positions the practice more as a business than a medical specialty

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