

Generally, the material regarding clinical information, diagnostic testing, and disease management is instructive and succinctly presented. The reader would acknowledge that the time for elevator thoughts for such conditions as shoulder dystocia or imminent delivery of twins is indeed fleeting. Of the more troubling aspects of this work are the lists of telephone orders that immediately result from the telephone call, before the patient is examined. For example, in the section on molar pregnancy, the suggested questions in response to a telephone call include asking whether the patient is bleeding and the amount, what the patient's vital signs are, and what the patient's degree of dyspnea is. Based on this information alone, the orders suggested by the author include a serum human chorionic gonadotropin measurement, coagulation studies, thyroid function tests, blood typing and crossmatching, a chest radiograph, an electrocardiogram, starting an intravenous line, and recording fluid input and output. The selective history and chart review then follow at the bedside. Limited telephone orders can be appropriate; but the implication in the text is that they can routinely be placed by the learner, before eliciting a direct patient history or doing a physical examination.

The student of obstetrics and gynecology would probably benefit from specific clinical sections of this text, but the whole lacks sufficient information to be the sole guide for the student or resident on call. Again, of major concern is the apparent expectation in each chapter that a number of specific orders will result from the initial telephone call. Should a trainee assume a diagnosis and write multiple orders for a patient based on telephone responses to questions and no direct interaction with the patient? This text could be used for its clinical content, but my recommendation is tempered unless the novice can be made aware of the limitations of working in specific circumstances outside the SOAP format.

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Primary Care: America's Health in a New Era. Edited by Molla S. Donaldson, Karl D. Yordy, Kathleen N. Lohr, and Neal A. Vanselow. 395 pp. Washington, DC, National Academy Press, 1996. \$42.95. ISBN 0-309-05399-4.

Reading this book is like carrying on a sustained conversation with knowledgeable colleagues who are motivated to achieve consensus around the still rather nebulous concept of primary care. This report represents a major step forward in our understanding of primary care, including its importance, scope, and impact. As such, it provides information, background data, and detailed references that enhance the dialogue concerning correlative issues of vital importance to family medicine.

The Institute of Medicine (IOM) was chartered by the United States Congress to provide advice on policy matters pertaining to the public's health. Consis-

tent with this mandate, the IOM convened a 16-person committee in 1994 to undertake a 2-year study designed to assess the opportunities and challenges of reorienting health care in the United States around the model of primary care. Remarkably, in spite of their diverse constituencies, the committee members achieved consensus on a functional definition of primary care as "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health needs, developing a sustained partnership with patients, and practicing in the context of family and community." Using this definition as its focal point, the authors spent 18 months studying such derivative themes as the nature and content of primary care; its delivery, quality, effectiveness and value; workforce requirements; the education and training of primary care clinicians; and the current state of research in this "largely uncharted frontier."

Supported by this analytic foundation, the report provides 31 mutually reinforcing recommendations with strategies for implementation. These recommendations include advocacy for universal health care coverage for all Americans, care of the underserved, and payment methods favorable to primary care. The authors call on academic health centers to accept primary care as a core mission and propose an all-payer system to support education of health professionals, including reimbursement for primary care training in nonhospital sites. They suggest a common set of competencies as the basis for certifying primary care clinicians and retraining nonprimary care specialists. Perhaps their most consequential recommendation for the future of family medicine is that the Department of Health and Human Services designate a specific federally funded agency to be responsible for developing research capacity in primary care. This agency would also be charged with compiling a national database that has consistent standards for collection and practice-based primary care research networks.

Many recommendations highlight our need for further research and knowledge. For instance, the committee concludes that primary care can best be carried out by a team including nurse practitioners, physician assistants, and primary care physicians, ie, general internists, general pediatricians, and family physicians. The relationship between these clinicians, however, is not clarified; nor is there adequate attention to the possibility of blurring responsibilities and impairing the personal, sustained relationship that the authors describe as the core of primary care. Another issue that requires more thoughtful scrutiny is their recommendation emphasizing that quality-of-care performance measures be available to all interested parties including the general public. The assumption is that we know how to measure this complex entity. Could monitoring relatively easily measured information such as cost per visit, compliance with protocols, and patient satisfaction impel the health care system in such a way as to interfere with fundamental values, decision-making processes, and relations that

might be more indicative of quality but, nevertheless, much more difficult to measure?

The committee's final proposal is the formation of a public-private, nonprofit primary care consortium that would facilitate implementation of their recommendations. The authors acknowledge the challenge of this task and note that "creative effort and collaboration can influence the forces driving health care change in the directions defined by this committee." They con-

clude that "the promise of improving health care for Americans should be motivation enough to stay the course." Likewise, such is sufficient motivation for all those concerned with the future of family medicine to read this well-researched, timely, and thought-provoking report.

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