

**POLICY BRIEF**

# The Declining Presence of Family Physicians in Hospital-Based Care

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**Despite training to provide care across the continuum of health delivery settings, the proportion of family physicians (FPs) reporting inpatient care has decreased by 26% between 2013 and 2017, leaving approximately 1 in 4 of FPs practicing hospital medicine in 2017. Policy makers, payers, and leaders in medical education should closely track the impact of these trends, given previous evidence associating better cost and utilization outcomes with broader scope of practice. (J Am Board Fam Med 2019;32:771–772.)**

**Keywords:** Continuity of Patient Care, Family Physicians, Health Policy, Hospital Medicine, Inpatients, Leadership, Medical Education, Pay for Performance, Residency

Comprehensiveness is one of the Starfield's core tenets of primary care. Patients of family physicians (FPs) with a broader scope of practice have been shown to have lower overall health care spending.<sup>1</sup> Given the proportion of FPs providing care across a range of services and settings continues to narrow,<sup>2</sup> this brief explores the trends in provision of hospital-based care among FPs.

We used data from the 2013 to 2017 American Board of Family Medicine Certification Examination application questionnaire to examine trends in hospital care for the most recent years available. This survey included a series of questions about the provision of specific services. We performed descriptive analyses on the sample of FPs who provide direct patient care. Among 46,762 respondents across 5 years, the share of FPs reporting hospital

care decreased from 34.1% in 2013 to 25.2% in 2017 (see Table 1).

As observed in other domains (prenatal care, home visits, nursing home care, and obstetric care),<sup>2</sup> this study adds to the evidence demonstrating contracting scope of practice among FPs.<sup>3</sup> A decade ago, family medicine residency directors openly debated the continued inclusion of hospital medicine in family medicine residency training.<sup>4</sup> Theoretically, continuity of care across settings translates to better health outcomes for patients. Yet, the recent evidence on the benefits of continuity by a provider<sup>5</sup> and comprehensiveness of services<sup>1</sup> have not focused on the effects of following one's patients between settings. As the proportion of family physicians providing inpatient and outpatient services shrinks, we need better research on the impact that practicing across settings may have on patients and health systems.

To see this article online, please go to: <http://jabfm.org/content/32/6/771.full>.

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**Table 1. Family Physicians' Self-Reported Provision of Inpatient Care (2013 to 2017)**

Year of Survey	2013	2014	2015	2016	2017*
Total FPs surveyed (N)	10,673	10,064	8,464	8,886	8,675
FPs reporting inpatient care (n)	3,637	3,386	2,551	2,551	2,182
Share of FPs reporting inpatient care (%)	34.1	33.6	30.9	28.7	25.2

ABFM, American Board of Family Medicine; FP, family physician.

Source: ABFM Demographic Survey (2013 to 2017).

Sample restricted to FPs in direct patient care.

\*In 2017, ABFM Diplomates were asked whether they provided adult inpatient care instead of inpatient care in the previous years.

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