Does the Personal Physician Continue in Managed Care?

As health care in America transforms from a cottage industry of private physicians to large organized delivery systems, there is a fundamental question facing family physicians. Are we to continue as personal physicians to a group of families and individuals, or are we to become simply providers of primary care services? The dangerous aspect of this question today is that the transition from personal physician to provider of a limited range of services is occurring subtly and might not be apparent. Just as the frog about to be boiled does not jump out of the water if the heat is turned up slowly, so might the family physicians in a large medical group or delivery system experience erosion of the personal physician role without realizing the loss until it is gone. Unwittingly, family physicians might welcome some of the changes—having fewer fit-in appointments disrupt the schedule, giving up hospital work to hospital-based physicians, turning over after-hours calls to a nurse connection service. Family physicians might then realize that patients see them for only a part of their health care, and the patients have little identity with them as their personal physician.

The designers of new delivery systems, using a population-based perspective, conceive of multidisciplinary models of care that could replace the do-it-all personal physician. For example, case managers, usually nurses, are assigned to patients and families upon enrollment to ascertain health status and risk and direct the patients to a variety of services within the system, including a primary care physician. This early intervention and triage are felt to increase efficiency and prevent through early intervention the later use of expensive services. Why wait until the patient needs to see a physician to coordinate care?

Submitted 6 September 1995.

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Disease management is the latest concept capturing the imagination of large delivery systems. To ensure that patients with certain diseases, such as asthma and congestive heart failure, receive state-of-the-art care as soon as their conditions are diagnosed, they are referred to a multidisciplinary team of advanced practice nurses and other therapists led by a specialist medical director. This care is offered on an outpatient basis to prevent expensive emergency department visits and hospitalization and in a specialized way to allow "optimum management" of the disease. Oh yes, be sure to keep the primary care physician informed.

In this issue Weyrauch reports on the importance of seeing one's own physician or physician of choice.[1] Patient satisfaction is much greater when the personal physician, with knowledge of the patient and trust having already been established, is able to address the problems. Weyrauch did his research in a long-established and one of the largest health maintenance organizations in the country—Group Health Cooperative of Puget Sound. The patients are familiar with managed care and by and large have chosen this model. It is heartening to see that this group values seeing their personal physician as much as does the population at large. But is their care better? Patient satisfaction is important, but not enough. Research is needed comparing medical outcomes of patients receiving comprehensive care through a personal physician or a multidisciplinary system. We need to find out whether the personal physician has a healing power that cannot be replicated by a multidisciplinary team. Michael Balint,[2] Gayle Stephens,[3] and more recently Howard Brody[4] have given us the lessons and prose. Weyrauch's research is an important early step.

Many either-or questions have an ultimate answer of both. Multidisciplinary teams have real value as resources to enhance patient care. Family physicians acting alone have a dismal record in certain outcomes, such as rate of patients' receiving important preventive services. The family physician of the future will be required to orchestrate an even larger range of services, but will it be easier being part of integrated delivery systems? As patients receive more of their health care in different places from different people, the relationship with the family physician as personal

physician could be attenuated. In the same way that young ducks or goats can imprint on a different species, our patients could attach to another place or person of care.

If lost in the complexity of new delivery systems, the personal physician might have to be rediscovered, because patients will, I hope, perceive the need. Health care will continue to be consumer driven. As a specialty, family practice must work hard to prevent this loss from happening. Osler said it is as important to know the person with the disease as which disease the person has. We will need to prove this maxim. We also need to be in the middle of health system design so a balance of personal physician and multidisciplinary services is achieved.

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