



PENNSYLVANIA ACADEMY OF  
FAMILY PHYSICIANS FOUNDATION

# Who We Are & What We Do



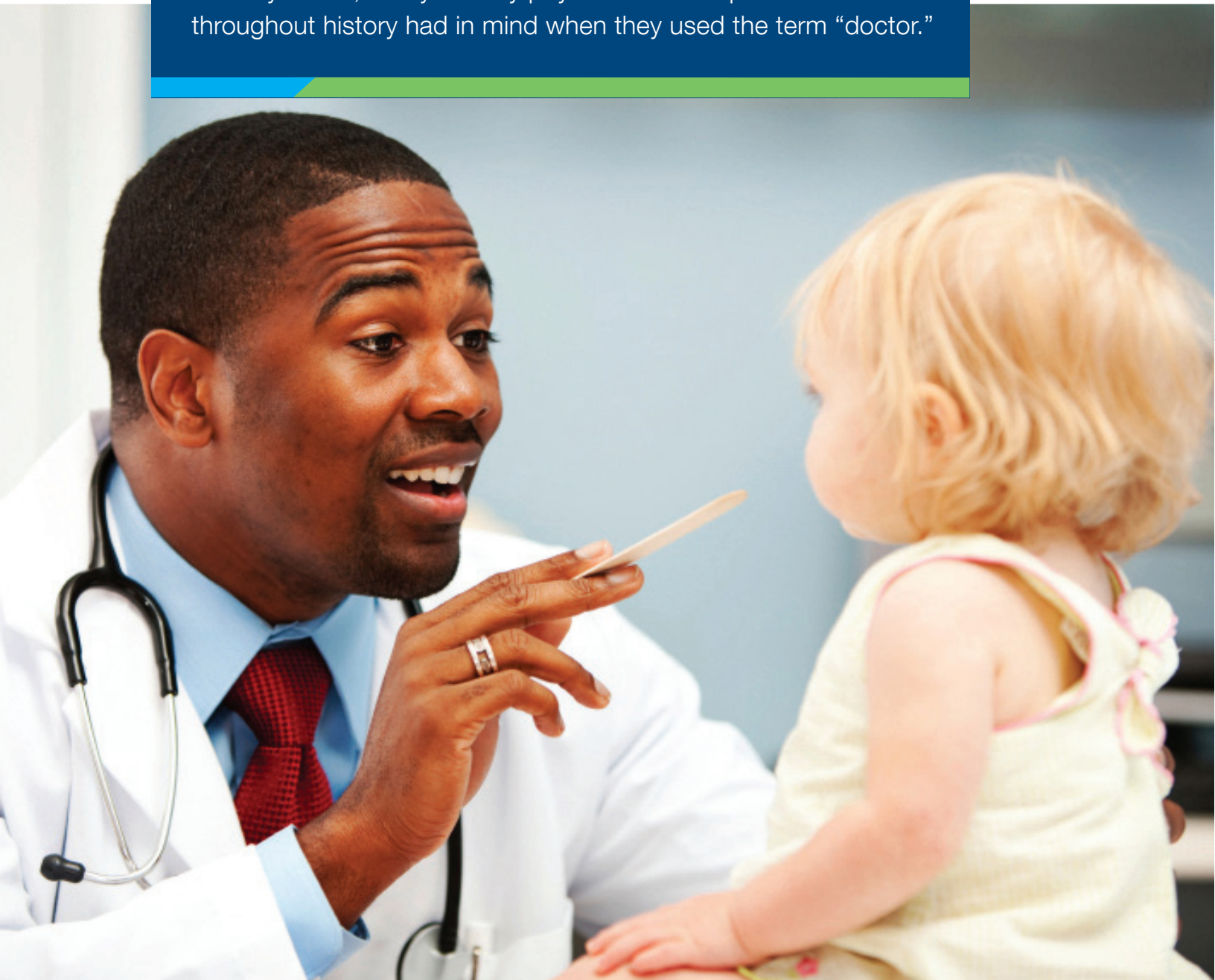
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# What is Family Medicine?

Family Medicine is a medical specialty anchored firmly in the biological, clinical and behavioral sciences. Family Medicine provides continuing, comprehensive health care for the individual while emphasizing the health of the family.

Family Medicine provides care for men, women, children and infants – there is no age limit to the patients a family physician serves. There is no part of the body, no disease or condition excluded from the family physician's care.

In every sense, today's family physician is what patients throughout history had in mind when they used the term "doctor."

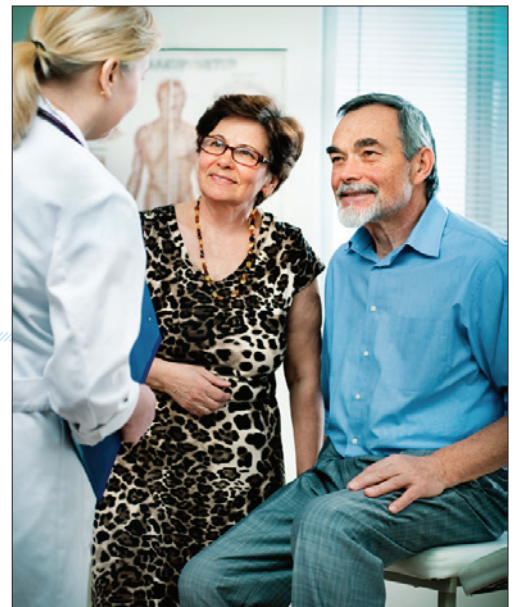


# Most people rely on family physicians.

What happens when a 14-year-old star athlete suffers from sharp stomach pains for two days? When a feisty 80-year-old grandmother begins falling at home? When a middle-aged dad in a stressful job has problems sleeping at night? When a baby needs her wellness check-up and next round of immunizations?

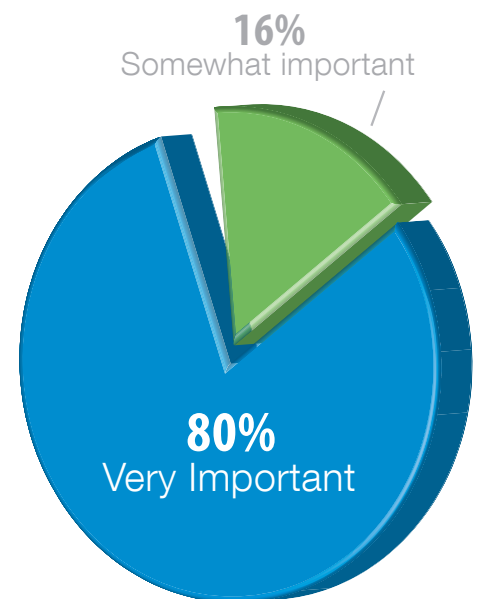
What happens is – someone calls “the doctor.”

And the doctor they call is most likely to be a family physician – the most frequently visited medical specialist in the United States and the only specialist trained to ensure continuous, quality health care coordination for patients of all ages, with all conditions or diseases.



## Pennsylvanians value their Family Physicians

### How important is it to have a family physician?



SOURCE: Madonna Young Opinion Research, August 2002.

## Why a family physician?

Because most patients want the physician they turn to first – and most often – to have these qualities:

- Does not judge; understands, supports.
- Is always honest and direct.
- Acts as a partner in maintaining health.
- Treats serious and non-serious conditions.
- Attends to both emotional and physical health.
- Listens to me.
- Encourages a healthier lifestyle.
- Tries to get to know me.
- Can help with any problem.
- Is someone I can stay with as I grow older.

In a comprehensive national survey, the vast majority of patients said their family physician manifests these very qualities.





Dr. Wanda Filer

## **Breadth and Depth: Patient and Community Care.**

“I like the fact that Family Medicine is both family and community medicine – not only an opportunity for direct patient care, but also the opportunity to work within my community, knowing that the health of the community directly ties back to the health of my patients.

“There is a strong tie in Family Medicine to community health. Risk factors in community health impact the issues I encounter when I am caring for my patients. You get a very broad view of the world, and, at the same time, you can also zero in on specific medical topics.”

– Dr. Wanda Filer, York

# Family physicians treat people – not problems.

There are more than 3,000 family physicians caring for patients in Pennsylvania.

They practice and live in nearly every county in Pennsylvania.

Nearly all care for Medicare patients, and more than 80 percent care for Medicaid patients.

Some deliver babies. Some focus on care for the elderly.

Some work in hospital emergency rooms. Some have a special expertise in treating patients with drug or alcohol problems.

They work in Pennsylvania's small towns and inner cities.

They care for patients in nursing homes, and some even continue the esteemed practice of making house calls on patients who cannot travel to their offices.

## Family physicians are prepared to care for the “whole person.”

Family physicians as individuals represent a wide range of professional interests and practice settings, but as a specialty, they have committed themselves to Family Medicine because they value its special characteristics.

Like other physicians, family physicians attend medical school for four years and then enter a residency program. The family physician residency program lasts for three years. During this time, family physician residents work in various clinical settings, including doctors' offices and hospitals. They also conduct research and are involved in numerous community service projects.

They hone their interviewing and interpersonal skills to better communicate with patients. They learn to recognize and treat all types of conditions and diseases. Sometimes, they focus on the needs of very specific kinds of patients, developing additional expertise by pursuing training for various Family Medicine subspecialties, such as geriatric medicine.

When they are finished with their residency programs, family physicians are uniquely prepared to care for the whole person – including the physical, emotional, behavioral, family, social, cultural and spiritual needs of each patient.

## Lifelong learning keeps family doctors grounded in science and technology

Family Medicine, as all medical specialties, requires completion of a residency program. For three years, Family Medicine residents see patients in doctors' offices and hospitals, and work with the faculty in their residency program to perfect their clinical expertise and practice their bedside manner.

Family Medicine also was the first medical specialty to require a set amount of continuing medical education every three years to maintain membership in the American Academy of Family Physicians and related state chapters, including the Pennsylvania Academy of Family Physicians (PAFP).

The reason? Family physicians and their professional organizations understand that “the responsibility for providing comprehensive and continuing health care to patients carries with it the responsibility to continue learning.”

Likewise, board-certified family physicians were the first medical specialists to be required to take a recertification exam every seven years to assure their quality of care.

Going forward, board-certified family physicians also will be taking annual self-assessment courses and conducting practice-based quality improvement projects during their recertification process.

# 5

## professional characteristics of the family physician:

- A deep understanding of the whole person.
- Impact on patients' lives across generations.
- A talent for humanizing the health care experience.
- A natural command of complexity.
- A commitment to awareness of their patient's needs at multiple levels – clinical, psychological and social – and directing care for patients across all points in the health care system.

Studies have identified five professional characteristics of the family physician:

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The volume of the family physician's work is considerable and the nature of the work is complex.

Family physicians look at health care for each patient within the total picture, not as individual, isolated incidences of care. These days, family physicians serve as the center of a well-coordinated team, designed to ensure that each member's role contributes as effectively as possible toward keeping patients healthy.

One family physician describes it this way: "Family Medicine works today within a new model – one that is changing the way we deliver health care in America. We funnel team care to patients, through which all of the patient's needs – biosocial, economic, community – are handled. Episodic acute care is replaced with a continuous, long-term relationships and management of the care of the population as a whole. We do proactive care, dealing with the entire range of health needs of the community, rather than one patient at a time."

## The relationship is the heart of the process.

One unique characteristic of Family Medicine is its process – the way in which family physicians provide care. The patient-physician relationship is the heart of this process, and the patient is viewed in the context of his or her family and even in the larger context of the community.

It is the patient-physician relationship – and the way this relationship is valued, developed, nurtured and maintained – that distinguishes Family Medicine from all other medical specialties.

Of course, it's easy to say that Family Medicine gives special importance to the patient-physician relationship, but relationships are a two-way street. How do patients themselves feel about the patient-physician relationship?





## “In their patients’ own words:”

*He sits to listen to the reason why you are there, and he will inquire about any other physicians you are currently seeing, along with any medications prescribed by any other doctor. The exam is thorough without stress, and very respectful to your modesty. After your exam, he will talk with you about his finding and explain any tests or medications that need to be prescribed. For his benefit, and yours, he will make sure everything is understood and address any questions or concerns on either his or the patient's part.*



*She has a calming personality that allows me to open up and be myself while around her. And I'm not the only one that feels this way. Just look at all the patients that are continually calling to schedule appointments and talk to [her]. The people feel like they can tell her their problems; physical or otherwise. Many times an appointment that should take only a few minutes ends up lasting for much longer, simply because [she] listens to people. That is a rare quality these days.*

*We live in a very rural area and do not have all the modern things that the big city hospitals have. I worked with [this doctor] for over 10 years and have always said I would love to write about all the wonderful things I've seen him do up and beyond the call of his duties ... If he thought a patient needed help or was in a bad way, he would jump in his car, head to ambulance headquarters and ride with the patient to hospital, as he knew they would not meet the medic crew until around halfway there and he could at least start the IV and give meds.*



*[She] is constantly smiling regardless of how she may be feeling herself. Her office staff also reflects her personality. They share in the enthusiasm of patient care. Where most doctors strive to fill their days with as many patients they can possibly see, [she] fills her days with the quality and professionalism that each patient deserves.*



Dr. Ed Zurad

## I Love the Intellectual Challenge

“Family Medicine is the only medical specialty in which one can care for multiple generations of a family simultaneously. I have several families of patients in which I treat four generations. There is nothing like it.

“My patients become my friends. What’s important to them becomes important to me. That sounds corny, but it’s true!

“To learn everything you can about medicine and remain connected to the care of the total patient ... to take care of a person over the patient’s entire life ... to be intellectually stimulated throughout your entire career – there is no way anyone can be bored in Family Medicine.”

– Dr. Ed Zurad, Tunkhannock





# Family physicians: hands-on patient advocates.

In reality, patient health and well-being are managed by a team that includes the patient, clinical staff, sometimes sub-specialists or community resources – all coordinated through the family physician.

Whatever the circumstances, family physicians play a key role in ensuring that the pieces of each patient's diverse medical treatment plan form a coherent whole.

How do physicians in these other specialties see family physicians?

Other specialists say that family physicians are:

- The best-suited specialty to deliver preventive medicine.
- The best-suited specialty to manage complex patients.

Family physicians follow up on test results, obtain clarification on patient questions and concerns, share information among specialists and monitor medication plans.

As such, family physicians play an important advocacy role for stressed families, as their patients gratefully attest:

*"He was especially helpful in coordinating my care for the staging and treatment of early breast cancer six years ago; he was the first person to comfort me at diagnosis. Our family values his accessibility, compassion and expertise across a broad range of our needs, including dealing with life cycle changes, preventive medicine measures and serious illness."*

*"After several months of treatment from another physician, [my family physician] helped define the course we needed to take for the follow up care for rehab. For that I will be forever grateful."*

## Other specialists say that family physicians are:

- The best-suited specialty to deliver preventive medicine.
- The best-suited specialty to manage complex patients.

## Studies prove that:

- Family doctors provide high-quality primary care at a lower cost than non-primary care specialists.
- Patients with complex health problems primarily rely on family doctors.

And some family physicians go much further. The extraordinary service of some family physicians is highlighted annually in the nominations for the Pennsylvania Academy of Family Physician's "Family Physician of the Year" award.

In addition to caring directly for their patients, many family physicians also serve as faculty for medical students and residents. Others conduct research and are experts in clinical areas.

"Once when he wanted me to see another doctor about my [condition], I expressed to him that I was nervous. Imagine my surprise when I went for the appointment – he was there! He saw her with me. It was such a comfort."

In addition, family physicians often serve as patient advocates with health insurance plans. Family physicians and their staffs often spend many hours on the phone, working to ensure that health plans cover needed services, therapies and medications.

## Education and research drive health care improvements.

In addition to caring directly for their patients, many family physicians also serve as faculty for medical students and residents. Others conduct research and are experts in clinical areas.

At the national level, the American Academy of Family Physicians (AAFP) has operated a primary care research network since 1999, and in 2003 a new clinical journal for family physicians – the Annals of Family Medicine – was first published.

At the state level, the Pennsylvania Academy of Family Physicians (PAFP) sponsors an annual Research Day, where family physicians, Family Medicine residents and medical students can present information about their research to their peers. Because the conference overall is geared toward medical students, it introduces research at the very beginning of the students' careers in Family Medicine.

And family physicians willingly donate even more of their time by service to the PAFP's speakers' bureau. Family physicians are available through this program to talk with medical students about smoking cessation, substance abuse, domestic violence, cancer, breast



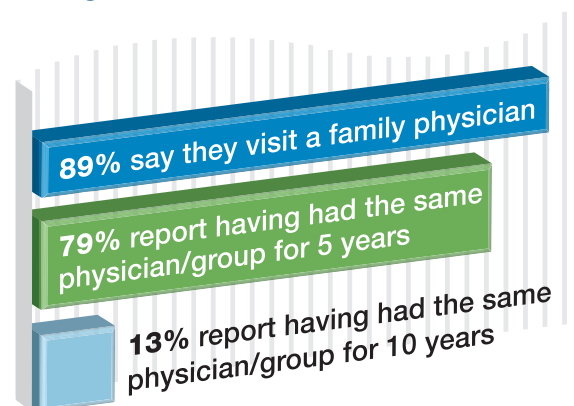


feeding, sports medicine, asthma, back pain, knee pain, shoulder pain, foot pain, high blood pressure, diabetes, nutrition, suturing, casting/splinting, HIV/AIDS, obstetrics, gynecology, end-of-life care, poisons, alternative therapies, acupuncture, pain control, depression, immunizations, genetics, dementia, stress management, biological/chemical warfare, dermatology, thyroid disease, dizziness, sinus infections, sore throats and antibiotics.

The PAFP Foundation also sponsors public health awareness programs. In the past, these have included:

- The Pennsylvania Hepatitis C Coalition, to increase public and physician awareness regarding prevention and treatment of this growing problem.
- The Osteoporosis Project, to improve screening and diagnosis of this debilitating condition.
- Tar Wars, which takes family physicians and others into fourth- and fifth-grade classrooms to teach the many reasons to remain tobacco-free.
- The Pain Medication Diversion Project, to educate family physicians about ways to prevent and recognize diversion of pain medications.

### Of Pennsylvanians who have a regular source of healthcare...



SOURCE: Madonna Young Opinion Research, August 2002.

# The PAFP speaks for Family Medicine.



Family physicians need an organization to support their medical specialty in ways that individuals cannot do on their own. The Pennsylvania Academy of Family Physicians (PAFP) serves that role for its 3,500 physician members and nearly 1,000 medical student members. The PAFP is unified with the AAFP, which means that Pennsylvania family physicians have support for their state-specific needs plus access to national resources.

## Impact on Public Health Policy.

The PAFP works throughout state government in the halls of the Capitol in Harrisburg, ensuring that family physicians have the best possible practice paradigms so they can provide their patients with access to quality primary care. The PAFP works closely with the departments of Public Welfare, Health, Insurance and State, as well as all 253 members of the Pennsylvania General Assembly.

In the private sector, the PAFP advocacy efforts place them in direct contact with insurance companies about medical care and treatment policies that impact patient care.

## Impact on Individual Patient Care.

Family Medicine long ago recognized that lifelong learning is essential to providing quality care. A vital service of the PAFP Foundation is helping family physicians to grow their clinical expertise with evidence-based continuing medical education (CME).

The PAFP Foundation is committed to offering top-quality, affordably priced CME, and consistently delivers excellent information appropriate for the entire primary care team at both live events and online at [www.pafp.com](http://www.pafp.com). Patient safety sessions are offered in abundance to help physicians satisfy state licensing requirements.



CME from the PAFP Foundation reflects complex, contemporary health care issues, including type II diabetes, colorectal cancer, arrhythmia management, addiction treatment, skin cancer and behavior management in children.

The PAFP Foundation's CME also helps family physicians create better patient care delivery systems by implementing elements of the Patient-Centered Medical Home model, including electronic health records, integrating care and changing office procedures to follow a "team approach."



## Supporting Issues Important to Family Medicine.

The PAFP provides members with a full-service, comprehensive state governmental affairs team whose activities include legislative and regulatory advocacy, direct and grassroots lobbying, legal services and public relations. The PAFP is a key conduit of health care policy information to its members and the media.

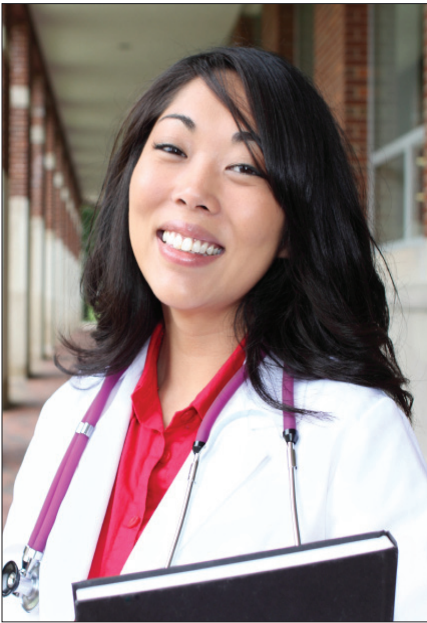
The PAFP advocacy team spends much of its time at the state Capitol talking with lawmakers, legislative staff and officials in the governor's administration. Members of the advocacy team work with PAFP leaders to get quick responses to requests for PAFP positions on the issues, ranging from complex licensing requirements to public health issues to insurance contracting concerns. They also help to connect lawmakers with family physicians living in their districts to answer questions about the many health care issues that become legislative priorities.

Additionally, the PAFP participates in statewide coalitions to provide clinical and program feedback on public health and other initiatives. These include working with other organized medical lobbyists, as well as other public health advocates, on topics important to family physicians and their patients.

## Promoting the Growth of Family Medicine.

The PAFP promotes growth of the specialty through a variety of student and resident programs, including financial support to attend national and state conferences. Residents and students – the next generation of family physicians who will care for Pennsylvania's citizens – actively serve on PAFP committees, its board of directors and House of Delegates.

# Family Medicine's Future in Pennsylvania.



Family physicians play a critical and irreplaceable role in the provision and coordination of health care. Supporting the progression by keeping medical students interested in Family Medicine is one of the highest priorities of the PAFP.

Medical students responding to a national survey in 2002 saw family physicians as:

- People-focused.
- Self-confident.
- Intelligent.
- Idealistic.

They saw the specialty of Family Medicine as:

- Offering greater personal satisfaction than other specialties.
- Providing two key attractions: freedom and flexibility.

However, they also held the following perceptions of Family Medicine:

- Less well-compensated.
- Coping with health system interference.
- Less prestigious
- Providing a less preferable lifestyle and more limiting opportunities.
- Poorly promoted at the school level.

The last group of perceptions was cause for concern. In 2003, the PAFP began a project to increase student interest and academic respect for the specialty. The first step was creation of ways to share best practices, including online and face-to-face networking by Family Medicine department chairs and residency program directors.



On the national level, the AAFP responded, as well. A multi-year project dubbed the “Future of Family Medicine” was initiated. It incorporated plans for a comprehensive Family Medicine career development program, as well as many resident and student initiatives.

The Future of Family Medicine endeavored to “transform and renew” the specialty of Family Medicine across the entire United States through research, technology and quality improvement initiatives.

In the process, it identified six priorities for health care reform:

1. A personal medical home for everyone.
2. Health care coverage for everyone.
3. Use and reporting of quality measures.
4. More primary care research.
5. Reimbursement to “sustain” primary care.
6. Family Medicine as a leader in the process.

What does this mean in practical terms for Pennsylvania patients? The vision is ambitious.

- It means that every patient will have a “medical home,” characterized by a team approach to care, open scheduling and on-going support by means of email and web portals. (See the PAFP white paper on the concept of the “Patient-Centered Medical Home” for more information.)
- It means that electronic records of family physicians will be used in ways that both ensure patient privacy and access and help to generate information that will improve care for all who suffer from chronic diseases.
- It means patients will receive quality care from a family physician whose own lifelong learning is being supported by mentoring and new systems of feedback and assessment.

In broad terms, it means transforming Family Medicine to ensure that family physicians remain in the forefront of primary care.



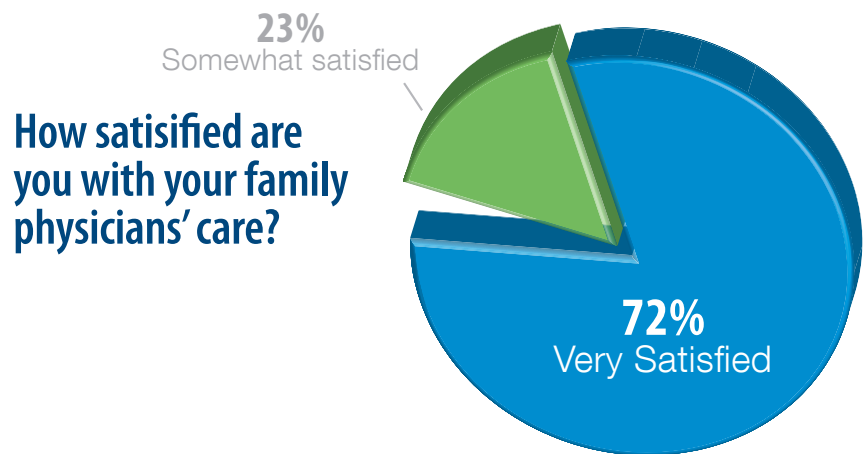
## **priorities for the Future of Family Medicine**

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6. Family Medicine as a leader in the process.

Complete results of this major national effort were published in the March/April 2004 Annals of Family Medicine. The work of The Future of Family Medicine Project is extensive and will continue to bear fruit in Pennsylvania and across the country for years to come.

To this end, the PAFP welcomes the opportunity to work with government, health insurers, businesses, patients and others to strengthen Family Medicine in Pennsylvania and its indispensable role in providing care to all.

## Pennsylvanians are satisfied with family physicians' care



SOURCE: Madonna Young Opinion Research, August 2002.

### A look at how far we've come...and where we're headed.

**1947** The American Academy of General Practice is organized.

**1948** The Philadelphia Academy is established with some 23 physicians and soon becomes the Pennsylvania Academy of General Practice.

**1969** The American Board of Family Practice is formed. Family physicians who become board certified are called "Diplomats" and must recertify every seven years.

**1969** Three-year Family Medicine residency programs are initiated.

**1971** The Pennsylvania Academy of General Practice becomes the Pennsylvania Academy of Family Physicians (PAFP).

**1999** Some 4,500 family physicians and medical students are now members of the PAFP, which has become increasingly engaged with legislative and policy issues related to Family Medicine.



**2000** The PAFP establishes a website ([www.pafp.com](http://www.pafp.com)) and commits to better informing the public and policy makers about Family Medicine.

**2004** With more than 4,500 members, the PAFP is the only organization in Pennsylvania dedicated solely to family physicians and the third largest chapter of the American Academy of Family Physicians.

**2001** Initiation of the national Future of Family Medicine project.

**2002** For the first time, 100 percent of all residents in 34 approved Family Medicine residency programs are members of the PAFP.

**2010** The Quality Initiatives department is established to assist family physicians in providing the highest quality of care to Pennsylvania's patients.



# Family Medicine in motion.

Having faced serious challenges in the past, Family Medicine is a profession in motion. Because family physicians have a tireless commitment to meeting the needs of their patients, Family Medicine survived a changing health care environment once before – and evolved. By the early 1960s, the medical establishment, noting the diminishing number of general practitioners and medical students choosing that path, viewed “General Practice” as on its way out. Undeterred by this new “age of specialization,” family physicians did not fade away. They transformed Family Medicine into a formal medical specialty and became stronger than ever.

Today, new health care challenges confront the profession – and the evolutionary process continues. Combining the efforts of physicians and patients, organizations like the PAFP are helping Family Medicine to evolve again.

Subsequent issues in this series will explore education in Family Medicine and the concept of “patient centered medical home.”

If you have questions or comments, call 1-800-648-5623.  
For updates and additional information, visit [www.pafp.com/FMinPA](http://www.pafp.com/FMinPA).

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### **ACKNOWLEDGEMENT.**

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Website: [www.paahec.org](http://www.paahec.org)

### **SOURCES.**

American Academy of Family Physicians (AAFP)

Website: [www.aafp.org](http://www.aafp.org)

Future of Family Medicine Project

Website: [www.futurefamilymed.org](http://www.futurefamilymed.org)

Future of Family Medicine Project national survey, 2002

Pennsylvania Academy of Family Physicians (PAFP)

Website: [www.pafp.com](http://www.pafp.com)

Madonna Young Opinion Research, August 2002

Sample size – 800 Pennsylvania residents

American Board of Family Practice

Website: [www.abfp.org](http://www.abfp.org)



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