

# ***Health Policy Newsletter***

---

**Volume 11 Number 2**

**May, 1998**

**Article 3**

---

## National Primary Care Day '97

**Dipin Gupta\***  
**Susan L. Rattner, MD\***  
**Thomas J. Nasca, MD, FACP \***

\*all of Thomas Jefferson University

Copyright ©1998 by the authors. *Health Policy Newsletter* is a tri-annual publication of the Thomas Jefferson University/Jefferson Health System Department of Health Policy, 1015 Walnut Street, Suite 621, Philadelphia, PA 19107.

**Suggested Citation:**

Gupta D, Rattner, SL, Nasca TJ. National Primary Care Day '97. *Health Policy Newsletter* 1998; 11(2): Article 3. Retrieved [date] from <http://jdc.jefferson.edu/hpn/vol11/iss2/3>.

## National Primary Care Day '97

---

The fourth annual celebration of National Primary Care Day was marked at Jefferson Medical College this past October 2, 1997 with a featured panel discussion entitled "Re-Defining Primary Care Education: Challenges to Health Care Systems." Geno Merli, MD, Vice-Chairman for Primary Care for the Jefferson Health System (JHS) and Director of the Division of Internal Medicine, Thomas Jefferson University Hospital (TJUH) served as program moderator. Panelists included James Plumb, MD, Clinical Associate Professor of Family Medicine and Director, Division of Education, Department of Family Medicine, TJUH; Mr. Leland White, Senior Vice President, Business and Network Development, JHS; and Robert Wright, MD, Associate Dean of the Primary Care Institute, Temple University, and Chairperson for Medicine at the Mercy Hospital in Scranton. Speakers' comments and key points are summarized in this article.

Dr. Plumb, who opened the forum, challenged the medical establishment and primary care educational programs to rethink their relationships with patients and communities, and to shake off a complacency with the status quo. Society is demanding that our medical teaching institutions reorient their goals and provide physicians with substantive training in population-based, community-oriented, preventive aspects of care. These new competencies include care resource management, integration of guidelines and judgment, enhancement of relationships between clinician and community, and expanded teamwork. Dr. Plumb highlighted the recent Pew Commission recommendations to academic health centers (AHCs) to strengthen students' links with and concern for the community's health.

He emphasized that AHCs can become a focal points for health professional schools to forge new partnerships with entire communities. He described three community service and "elective" programs at Jefferson that are examples of this: 1) Jeff H.O.P.E. (Health, Opportunities, Prevention, Education), which provides primary care medical services and social advocacy at four homeless shelters in Philadelphia (over 600 students-medical, nursing, physical therapy, and occupational therapy-as well as 90 faculty, volunteer with Jeff H.O.P.E.); 2) Prevention Point Philadelphia, a needle exchange program emphasizing harm reduction and the needs of the intravenous drug-using populations; and 3) Project H.O.M.E., part of the Philadelphia Plan (a comprehensive neighborhood revitalization program), a major provider of continuum of care programs for the homeless. Family Medicine residents and faculty, and community health nursing students are working with Project H.O.M.E. to develop a community health center in the Diamond Street neighborhood of the city. Dr. Plumb concluded by saying that the Jefferson Health System, managed care organizations, primary care education, and public health are all merging within our educational programs. "The challenge is to make the mergers work for students, residents, patients, and their neighborhoods," he said.

Mr. White spoke about his concern regarding the balance he feels is necessary between the profession of health care and the business of health care, and the implications for graduate medical education funding. Noting that medical education is not exempt from the laws of supply and demand, he emphasized that until there is a greater demand for graduates than there is a supply, gaining leverage in the marketplace for funding will be difficult. Highlighting the imperative to find solutions

to the medical funding dilemma, he predicted that health education will be most appreciated only when it is lost. He added that, in a political environment, "it has to hurt and it has to hurt the right people before you get action." The value of education, he said, must be measurable by the political policy-makers and the integrated delivery system. He cited Great Valley Health, who is hiring its own residents and thus investing in its training process, as an example of an institution that is keen on measuring value.

He added that "until and unless education is connected with renewal and re-growth, it is going to have a problem getting the attention it needs for funding." Mr. White predicted that new sources of funding will emerge, with integrated delivery systems very possibly at the forefront. Echoing Dr. Plumb's assessment of the need for new competencies for physicians, Mr. White described the need for graduating seniors to have achieved multiple competencies, including business management skills and training and education in the tenets of managed care. He concluded by saying that he sees a new partnership developing between medical education and integrated delivery systems, based on interdependence and complementary needs and missions.

Robert Wright, MD, noted major differences between needs perceived by the communities we serve and those who train future primary care doctors. Dr. Wright, who started a residency program 20 years ago at the University of Scranton, explained that his rationale was to bring the medical school to the community, and to bring the community health care needs to the attention of the university, a goal that is even more relevant today in focusing primary care and public health initiatives. He emphasized that "education does not end with the conferring of a degree or certification in a specialty, but must be continuously renewed." He expressed regret that there is the perception that "the skill of practicing physicians is inversely related to the time that has elapsed since they've completed their training." He added that the reality to be concerned with is not so much the time that has elapsed since completion of training but that medical education produce physicians who can thrive in the new health care environment.

In his role of developing curricula of residency programs, he stated that he aimed to advocate humanism, to emphasize the need to involve other kinds of practitioners—for example, advance practice nurses, physician assistants, social workers, and psychologists—in a team model, and to emphasize the teaching of leadership skills, in addition to the traditional biomedical sciences. He predicted that managed care organizations would expedite the development of the team approach to medical care.

### **About the Authors**

Dipin Gupta is a member of the Class of 1998 at Jefferson Medical College. Susan L. Rattner, MD, is Clinical Assistant Professor of Medicine and Assistant Dean for Academic Affairs in the Department of Medicine, Jefferson Medical College. Thomas J. Nasca, MD, FACP, is Associate Dean for Education and Research at Jefferson Medical College and the Jefferson Health System. He is also Vice Chairman of Education in the Department of Medicine at Jefferson Medical College, Thomas Jefferson University.