



Student and Resident Perspective: Family Medicine Is a Major Landmark on the Health Care Landscape

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Family medicine is changing in ways that will be critical and fundamental to the health care landscape of the United States. In this issue's articles, six terrains of a shifting landscape are charted and visualized by some of the premier thought leaders in our field as part of the Family Medicine for America's Health (FMAHealth) campaign.¹⁻⁶ By studying these six papers, medical students and residents, the future family physicians of our country, can help shape and shift the landscape in these crucial domains.

Vision

The vision set forth by FMAHealth to achieve the Triple Aim and transform health care delivery in the United States emphasizes patient and community engagement along with strengthened partnerships with other care providers, including nurse practitioners, physician assistants, social workers, and mental health professionals. This approach is grounded in the recognition that people are a product of their communities, and we need to work together to address the socioeconomic factors that influence the "vital signs" of the communities we serve. Students and residents applaud this visionary approach and are energized to embark on this mission while acknowledging the ramifications it holds for our discipline.

Specifically, there is a need for innovative training environments equipped with inter-professional teams and dedicated mentors to inspire medical students to pursue family medicine and serve in communities where health disparities are most prominent. If we are serious about cultivating family medicine leaders

of tomorrow, medical schools must work to provide students with broad and representative family medicine experiences, thus addressing not only the disparities in health but also in medical training. While it may be true that some medical students and residents may be intimidated by or simply uninterested in navigating the socioeconomic factors that influence health, it is a quintessential part of what results in better health and what makes family medicine so unique.

Workforce

The ambitious pipeline goals set forth by the Council of Academic Family Medicine (CAFAM) and FMAHealth should be applauded by medical trainees across the country. If met, these goals would surely shore up our ranks and help family medicine to meet the primary care needs of America. Neither students and residents, nor their patients, will wait patiently for significant changes to specialty pay disparity and practice redesign—rather, delays in these advancements will have negative effects on the family medicine pipeline.

Students and residents echo the call for greater accountability on the part of academic health centers (AHCs) with regard to GME funding and training opportunities. AHCs need to be held responsible for producing a

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workforce that meets the health care needs of our communities. Trainees also need better preparation with regard to reaching those communities, and family medicine suits itself to population health management more so than other specialties.

It is important that students and residents are exposed to new models and the people who practice in them. Mentors who are true primary care champions—who may practice full scope medicine in underserved communities—can have outsized effects on the pipeline. Family medicine will be well served by identifying, developing, and supporting these champions.

Practice/Payment

Students and residents are interested in practice and payment reform, but the slow pace of change stymies our drive to make a positive impact in our patients' lives. When trainees are able to see, experience, and contribute to exciting new ways of practicing, especially ones that nullify some barriers to providing optimal primary care, interest in our specialty deepens.

Nobody would deny the laudability of the stated aims of expanding the PCMH model, including more comprehensive, stronger relationship-based and community-based care; these are, in fact, often attributes that draw students to family medicine initially. However, it would probably be a mistake for family medicine to hang its hat on the "PCMH+" model to jumpstart a staling and tepid pipeline of future family physicians. Instead, attention should be paid to why the current PCMH concept has failed to ignite a passionate group of trainees.

Meaningful exposure to new models of care, especially early in medical training, may mean the difference between a student choosing family medicine or a seemingly more lucrative alternative.

Research

Family physicians hold the key to unlocking the robust health datasets that will soon exist in each of our communities. Creating a "culture of curiosity and inquiry" is crucial, and students and residents should be actively encouraged throughout their training to extract meaning from the numbers by becoming engaged in projects that prepare them for community-driven health care of the 21st century. Organizations like Primary Care Progress have helped catalyze research projects involving students, residents, and faculty, facilitating sharing of results via a Clinical Innovation Network.

Engaging residents and students in this way has multiple benefits for the specialty. It increases exposure to research in primary care and dispels myths that family medicine is not a research-oriented specialty. It better prepares trainees to enter the workforce wielding the evidence to manage populations more efficiently, and it gives learners the opportunity to contribute during their training. Such work can help students to see themselves as future family physicians and can affect their specialty choice.

Technology

Electronic health records (EHRs) can now collect extensive health data, but siloed, uncategorized, and fragmented systems have rarely been unified to harness the full power of that technology. Bringing data from EHRs, hospitals, payer claims, and regional disease surveillance reporting into a Health Information Exchange where they can be analyzed and used to improve care will require collaboration between informaticists and clinicians. Family physicians, by virtue of caring for the broadest demographics, are best situated to utilize population-level data to proactively improve the health of their communities. Students and residents come with progressively savvier skillsets and can be champions of technologic innovations to improve population health.

Being on the cutting edge of care technology will attract students to the specialty. But family medicine needs a clearinghouse to vet new technologies to its practitioners. The AAFP's Alliance for eHealth Innovation is a new collaborative that might be able to do that. Ideally, the stronger tech community we can build, the more leverage we will have to encourage tech companies (especially EHR vendors) to improve their products.

Patient Engagement

Family physicians are wholly "person-centric" and form lasting relationships with patients. We pride ourselves in our ability to engage patients, forming an unbreakable bond that can last a lifetime. But in an ever-changing and increasingly fragmented health care arena where more value is placed on transient consultation services than long-term health partnerships, are we selling ourselves short on our unique ability to sew the pieces together? We are called by FMAHealth to leverage the intrinsic strengths of family medicine to lead health care transformation and achieve the Triple Aim through collaborative partnerships,

shared decision-making, community-based research, education, and patient-guided advocacy. We must do so proudly, unapologetically, and boldly, because the health of our nation depends on it, and we must make sure that students and residents also hear that calling.

Conclusion

What stands out about these six papers are the values that illuminate the way. With a unified vision, these values can guide our health care system to more efficient and equitable benchmarks, improving the overall health of all who live in America. Students and residents want to realize that result, and to contribute to its achievement, and are well situated to lead our specialty into an exciting new era.

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