

## Full Scope Family Medicine Serving Specialty Unmet Needs

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If you want happiness for an hour—take a nap. If you want happiness for a day—go fishing. If you want happiness for a month—get married. If you want happiness for a year—inherit a fortune.

If you want happiness for a lifetime—help someone else.  
—Chinese Proverb

Opportunity is missed by most people because it is dressed in overalls and looks like work.

--Thomas Edison

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## Goals of Presentation

- Unique Aspects Full Spectrum Fam Med
- Procedures in FS Family Medicine
- The Colonoscopy Story
- The CCRMC Story

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### Complementary Roles

#### Full Scope

- Ambulatory Plus
- Procedure Focus
- Hospital / ICU Care
- Dyads of Care
- Tech-Procedures
- Rising Student Interest
- Diverse Roles

#### Common Scope

- Ambulatory Only
- PAP Smears Only
- Social Visits / None
- Chronic Complexity
- Tech-EMR
- Has been falling
- Site-Specific Role

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### Major Activities in Full Scope FM 2008

- Defining Procedural Training Standards
- Defining FM Hospitalists: Adult/Peds/OB
- Getting Message to Systems & Students
- Acceptance in Fam Med Academia
- Expanding Role in Underserved Care

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### What we Know about FP's: Versatility

- Primary Ambulatory: 50K- 60,000
- Primary Hospital: ~8,000
- Active Hospital: ~24,000
- Active Procedural: Depends on Procedure
- Active ED: ~7,500 (from ED literature)
- Active OB: ~16,000-20,000 ??
- Active Leadership: Community-based

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### Compelling Evidence Benefit Family Med / Primary Care

- **Mortality Outcomes**
  - Primary care: 20% increase in primary care physicians results in 5% decrease in mortality or 40 fewer deaths per 100,000
- **Family Physicians: 1 per 10,000 increase**
  - (33%) results in 9% decrease death or 70 per 100,000 fewer deaths
- **Specialists: 8% increase in specialist**
  - physicians results in 2% increase in mortality or 16 more deaths per 100 000
- Shi. J Am Board Fam Pract 2003;16:412-22.

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### Procedures Performed (>10)

Procedure	Fam Med	Gen IM
Skin Bx	41%	3%
Endoscopy	35%	17%
Endomet. Bx	25%	1%
Splint Ankle	51%	9%
Remove Toenail	30%	9%

Wickstrom et al J Gen IM 2000 June; 15(6):353-360

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### Confidence Teaching

Procedure	Fam Med	GIM
Skin Bx	88%	23%
Suturing	89%	44%
Cryo Skin(wart)	90%	25%
Knee Injection	70%	65%
Splint & Cast	84%	33%
Lancing Boils	93%	56%
Ingrown Nails	84%	14%
Trained In: Univ	54%	87%
In Community	45%	13%

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### Defining Procedure Training Standards: STFM

- Developing List of Procedures (2007)
- Definition → AAFP → RRC → ?Required
- Defining Core Procedures: "A" Group
  - Skin Bx, PAP, EMB, Maternity Care, etc
- Defining Advanced Procedures: B & C
  - Endoscopy, Operative OB, Women's Health

Nothnagle et al. JFM (pending publication) March 2008

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### The Colon Cancer Screening Story

- #2 Leading Cause CA Death in U S
- 56k-60k deaths/yr (Brst CA = 40k)
- 5 Ways to Screen: Confusion
- Only 33% Eligible pt's Screened: FS Colo
- Colonoscopy "gold standard"
- Flex Sig "adequate" though losing favor
- Not Enough GI Docs: 6-18 Month Wait Lists
- GI Restricts FP Training/Performance
  - No Evidence Quality / Safety Problems w/ FP Colos
  - The Numbers Game of Privileging
- Outcome = Limited Access To Life Saving Care

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### The CCRMC Story



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### Full Spectrum Family Medicine

- Our Military Surgeon Founder: Degnan
- Assertive Generalists → Assertive FP's
- Hybrid Teaching Departments
- FP's Doing Procedures
- FP-Specialist serving Specialty Services
- High Level Med Student Interest
  - Rising interest Full-spectrum & Global Health

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### Extended Services by FP at CCRMG

- Non-Cath Cardiology
- Procedures
- OR Cases
- Endoscopy
- Heme-Onc
- Neurology
- Orthopedics
- Emergency Med
- Critical Care/ Proc
- Neurosurg clinic
- HIV Care
- Pulmonary Clinic
- Chest Clinic (TB)
- General Peds/Nursery
- Hi Risk Peri-Op
- GI Clinic

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### Economic / Recruitment Benefits

- No staff Cardiologists at CCRMG
- Able to OR-focus/clinic focus surgeons
- Surgeon satisfaction high
- High recruitment graduates
- Long retention FP's—migrating roles
- Improved communication across dept.
- Ambulatory-focused FP's: no call, etc.

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### Common Procedures FP Registrars at CCRMC

- Inpatient
  - I & D s & bedside debridements
  - Paracentesis, thoracentesis, chest tubes
  - Intubation, central lines
- Cardiovascular
  - ETT, EKG interpretation
  - DC Cardioversion
- Office-Based
  - Skin Bx, Shaves, excisions (non-malignant)
  - EMB, Colpos, Flex sigs
  - Casting, splinting closed reductions (ankle, wrist)

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### Summary

- Successful Full-Spectrum Models exist now
- Full Spectrum Fam Med: Procedures/Hosp /OB
- Quality comes from Experience, not Specialty
- Universal Care → Increasing Demand
- May improve recruitment / retention
- Need Studies to demonstrate cost-effective/safe

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