

How optimistic should we be about family medicine?

While I appreciate Dr. Hickner's optimism for the future of family medicine (*J Fam Pract.* 2014;63:127), the reality is that family physicians (FPs) have been—and still are—considered cheap labor by insurers and hospital systems. Some subspecialists earn triple (and even quadruple) what FPs do, and there's really no reason for this. FPs shoulder the burden for the vast majority of acute and chronic health care in this country. FPs bring in more revenue per provider to hospital systems and are able to provide more efficient, cost-effective care than subspecialists. Despite this, we are still not recognized financially.

However, I do share some of Dr. Hickner's optimism, although for a different reason. I work for a company that contracts directly with larger, self-insured companies to provide medical care for their employees. Our focus is preventive medicine, wellness, and behavioral change, but we also provide occupational health services and one-on-one health coaching. Our resources go directly to patient care and we can reduce employer health care costs by as much as 30% due to fewer emergency department visits and hospitalizations and less time lost from work. This model offers hope in a broken health care system. I'm once again enjoying practicing cost-effective medicine that is truly patient-centered.

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I want to thank Dr. Hickner for sharing his reasons for optimism, but feel compelled to refute his comment that “the health care system and our patients want more of us, and now we are seeing signs that the system is willing to pay more for us, too.” Speaking with my colleagues across all specialties, I’ve learned there has been an inexorable decrease of payment for physician services under the guise of controlling

costs or stamping out fraud and abuse. The meteoric rise in health care costs has been driven by nonphysician services—especially technology, but also by third-party insurers (including Medicare and Medicaid), government paperwork requirements, and skyrocketing pharmaceutical costs—but blamed on physicians.

In my area, I can care for 20 patients for the cost of one computed tomography scan, or 40 patients for the cost of a magnetic resonance imaging scan. Physician services—not physician extenders, information technology, and the rest—are the best value in medicine today. Our focus needs to be on training and rewarding physicians for their dedication and service with proper reimbursement. I think the Affordable Care Act's version of medical care has failed and will continue to fail without universal physician support to eliminate it.

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