

'Medical Home' Needs Reform in Education

BY JANE ANDERSON

FROM A HEALTH EDUCATION SUMMIT
SPONSORED BY THE CARTER CENTER

Implementing the patient-centered medical home is not enough to improve health care quality; physician education also needs to change, emphasizing team-based approaches to care, participants said at a summit to discuss training gaps in primary care, behavioral health care, and health promotion.

The summit, held at the Carter Center in Atlanta, examined whether medical students are being trained appropriately to function effectively in the newly reformed health care environment.

"Purchasers are actively choosing to buy different kinds of care" because they can't find the types they need in the current system, said Dr. John Bartlett, senior adviser for the Primary Care Initiative at the Carter Center.

"Private purchasers are getting tired of paying the price of poor-quality medical education," Dr. Bartlett told reporters in a conference call.

Meeting participants identified

several key deficits in the U.S. medical education system, according to Dr. Michael Barr, senior vice president for medical practice, professionalism, and quality at the American College of Physicians.

"We train people separately and expect them to work together," Dr. Barr said. And in many programs, physicians-in-training don't meet actual patients until relatively late in their training. Many curricula don't emphasize the types of mental health issues that primary care physicians will need to practice, he added.

Some medical schools have programs worth emulating, but large-scale implementation might require changes in accreditation and regulatory requirements, Dr. Barr said. For example, the University of Wisconsin introduces medical students to patients on their first day in class, which helps sensitize students early in their careers to issues that will arise in primary care.

Dr. Barr pointed out several changes in

medical education that could be implemented relatively quickly:

► Providing more training for medical students with nonphysician mental health professionals.

► Emphasizing wellness and prevention.

► Developing faculty members who can teach within the patient-centered medical home model of care.

Dr. Bartlett added that medical schools also need to focus on ambulatory mental health issues, such as mild to moderate depression, that primary care physicians are most likely to encounter in practice, as opposed to providing only experience on the psychiatric ward.

Dr. Barr also noted that redesigning health education could help prevent discouragement among medical students who already were interested in a primary care career, but who become disillusioned during medical school. "Among

the several factors that influence their eventual choices is the lack of available role models who provide patient-centered primary health care based on the ... medical home model," he said in an interview.

However, both Dr. Barr and Dr. Bartlett noted that improving medical education won't solve the shortage of primary care physicians unless reimbursement also is addressed.

"Improving education is an important step, but we also need to incentivize more physicians to pursue primary care," Dr. Bartlett said, noting that currently, only 10% of medical students choose primary care residencies.

"We do have to talk about reimbursements and other financial rewards for choosing primary care," Dr. Bartlett said in an interview. "I'd especially like to see more funding for researching best practices of incorporating behavioral health into primary care, since we know that between half and 70% of patients seen by primary care doctors have some kind of behavioral health component to their care, and physicians simply aren't equipped to effectively and efficiently deal with these mental health issues." ■

Redesigning health education could help prevent discouragement among medical students who already were interested in a primary care career.

VERBATIM

'As total hip replacement indications extend to increasingly younger populations, [the patients'] mortality risk will diminish, and a vast majority will remain at risk for revision for decades.'

Dr. Jeffrey N. Katz, on the correlation between the age at hip replacement and risk for revision, page 32.



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Acts Against Painful Diseases

Before House of Representatives members went home to campaign this fall, they passed two bills that would advance national efforts against degenerative joint diseases. Led by Rep. Anna Eshoo (D-Calif.), the House passed the Arthritis Prevention, Control, and Cure Act (H.R. 1210), which would expand public health initiatives that address arthritis and focus federal research and training support on pediatric rheumatology. On the same day, the Scleroderma Research and Awareness Act (H.R. 2408), introduced by Rep. Lois Capps (D-Calif.) and Rep. Vern Ehlers (R-Mich.), also passed the House. The bill would direct the National Institutes of Health to conduct research on scleroderma and related conditions including pulmonary hypertension, gastroparesis, Raynaud's phenomenon, and Sjögren's syndrome. The relevant advocacy organizations praised the sponsors and applauded the bills' goals. In its statement, the Arthritis Foundation called on the Senate to pass its version of the arthritis act (S. 984) before the end of the year. Scleroderma Foundation board chair Joseph P. Camerino, Ph.D., said, "With the passage of this landmark legislation, the scleroderma community has even greater hope that a cure will be found."

Grants Fund Lupus Research

The Lupus Foundation of America has made six new grants for studies into what it considers neglected areas of lupus research: pediatric lupus, reproductive health issues in lupus, lupus nephritis, and neuropsychiatric lupus. "The research funded this year tackles some of the most complex and challenging areas of lupus research," said Sandra C. Raymond, president and CEO of the Washington, D.C.-based foundation. "These areas of research have suffered from a lack of resources, and in some cases have seen little advancement." With the new grants, Dr. Bruce C. Richardson of the University of Michigan in Ann Arbor will study the genetics of male lupus; Dr. Richard K. Burt of Northwestern University in Chicago will look at hematopoietic stem cell transplantation in lupus; Dr. Richard J. Quigg of the University of Chicago will study complement manipulation in lupus nephritis; Dr. Martin G. Pomper of Johns Hopkins University in Baltimore will assess imaging microglial activation in neuropsychiatric lupus; Dr. Michelle A. Petri of Johns Hopkins will study the use of levothyroxine in pregnant systemic lupus erythematosus (SLE) patients; and Dr. Kathleen M. O'Neil of the University of Oklahoma in Oklahoma City will look at the effect of puberty on SLE.

World Arthritis Day Celebrated

If you were feeling blue on Oct. 12, maybe it was the glow of the official color of World Arthritis Day. The event, spearheaded by the European League Against Rheumatism (EULAR) and the Arthritis Foundation, included bathing landmarks such as Niagara Falls in blue light. The purpose of World Arthritis Day is to "raise awareness of arthritis in all its forms among the medical community, people with arthritis, and the general public; to influence public policy by making decision makers aware of the burden of arthritis and the steps which can be taken to ease it; to ensure all people with arthritis and their caregivers are aware of the vast support network available to them," according to the EULAR Web site on the commemoration (www.worldarthritisday.org).

Nursing Expansion Called For

Nurses' roles and responsibilities should change significantly to meet the increased demand for care created by health care reform, according to an Institute of Medicine report that immediately drew criticism from the American Medical Association. The report urged the removal of regulatory and institutional obstacles to nurses who take on additional patient-care duties. To handle these new responsibilities, nurses should receive higher levels of training through an improved education system, including a new residency program and additional opportunities for lifelong learning, the IOM report said. The AMA took issue with the report's call to expand nurses' scope of practice, saying that nurse practitioners don't have nearly the amount of training and clinical experience that doctors do. "With a shortage of both nurses and physicians, increasing the responsibility of nurses is not the answer to the physician shortage," said AMA board member Rebecca J. Patchin in a statement.

First EHR-Certifying Bodies Named

A nonprofit organization that is dedicated to health information technology and a software-testing lab have been chosen as the first two bodies to officially test and certify electronic health record systems for the federal government. The Certification Commission for Health Information Technology and the Drummond Group can immediately begin certifying EHR systems as being HHS compliant, the Department of Health and Human Services said in an announcement. Now that HHS has named the certifying organizations, vendors can start applying for certification of the EHR systems and physicians soon should be able to purchase certified products, the HHS said.

— Denise Napoli