Policy Implications of the National Study of the Content of Family Practice

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The report by Rosenblatt et al[1] earlier in this issue provides much useful information for the analysis of the specialty of family practice. Although the data used in the preparation of this article are derived from pre-1980 studies, they still represent what appears to be a valid snapshot of the organization of practices in the specialty. The study provides adequate confirmation for many of the things supporters of family medicine have believed, or have assumed as fact, as well as data that suggest some deviation from accepted wisdom.

This paper presents some observations about what, to one reader, are the most salient of the findings of this study, and some comments about what implications such findings may have for the future practice of family medicine and the structure of its educational programs.

Old Truths Confirmed

Perhaps the most obvious conclusion to be reached from the findings of this study is that family practice, in all of its multiple sites and organizations, is truly a specialty of breadth. The data derived from the University of Southern California Medical Activities and Manpower Project, as well as from the National Ambulatory Medical Care Survey, show that the successful practice of family medicine involves the application of the widest range of medical skills and knowledge. An immediate corollary of this finding is that because of its breadth, family practice is a specialty of multiple practitioner profiles, services delivered, and types of patients treated.

A second finding, which confirms a widely held belief, is that younger physicians in family practice differ from their older colleagues in many respects. The productivity of the younger physicians is lower (although hours worked are equivalent), their patient mix is different, and the diagnostic and treatment interventions vary. Although it has been generally accepted within family practice circles that younger physicians, particularly those who are residency trained, would practice differently, these data provide perhaps the most substantial documentation of that hypothesis. At the same time, few conclusions can be reached from

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the data provided in this study as to whether these differences are linked to the unique attributes of family practice residency training or to general changes in the population of younger physicians, such as differing patterns of personal values and the changes in the post-1960 medical school environment.

A final item of support for conventional wisdom is the importance of the hospital setting for the practice of family medicine. Although family practice is widely perceived by those outside the specialty as dealing primarily with "ambulatory care," it is clear from the results of this study that the inpatient setting is not only a major site of practice involvement in terms of time spent, but also plays the critical integrative role in terms of the total set of services delivered by family physicians to their patients.

Emerging Issues

Perhaps the most significant issue raised by the data is the suggestion that the medical practice environment may have more influence on shaping the practice of family medicine than had been originally believed. Although it has been generally recognized that there are wide "regional variations" in the patterns of practice of family physicians, most observers seem to have assumed that this was primarily a reflection of individual choice by family physicians about those services which they wished to provide or which their patients sought from them. The data summarized in this study, as they relate to hospital privileges and the patterns of services provided in both the hospital and office setting, would suggest a far greater role of "environmental constraint" rather than "practitioner option" in the determination of profiles of practice patterns. Although the difference between these two principles may appear subtle, their implication for the specialty and its eventual ability to set its own agenda in terms of scope and content of practice are of considerable importance.

A second significant finding is the extent to which "like treats like." Separate studies have previously documented the tendency of female physicians to have a greater proportion of female patients in their practice and of minority physicians to have a greater proportion of minority patients. Similarly, earlier studies in family practice have suggested that there is a tendency for a practice to "age" as the physician matures, with a concomitant change in the profile of services rendered. Two of these observations are confirmed in the present study (no specific mention is made of minority physicians), and from this begins to emerge the convergence of findings suggesting that a physician's practice is not a fixed entity but may be highly variable over time. It depends on a physician's sex and cultural background as well as time in practice, geographic location, and academic preparation. To describe the true patterns of practice within the specialty, further studies will be required to examine not only the type of training family physicians have received but also their personal characteristics, geographic location, and stage of practice.

One final issue raised by this national study requiring further discussion is the degree of association of residency training with a difference in practice patterns of family physicians. There may be less basis for assuming a cause-and-effect relationship than previously thought. Although many earlier studies have documented how patterns of practice differ between family physicians with and without residency training, this study suggests that there are many other factors that appear to be associated with differences in practice profiles. The general practice environment, the length of time in practice, and the age of the practitioner have already been mentioned. It is thus more difficult to claim categorically that it is the experience of residency training in family medicine, as opposed to other primary (or contributing) factors, that leads to the different practice profiles of such graduates. A note of caution in interpretation must be introduced where previously there was, perhaps, a sense of certainty. It is an issue that can be resolved only by further longitudinal study.

Issues Needing Further Study

This study has provided a wealth of information useful in confirming some hypotheses and in rais-

ing questions that require further pursuit. Three issues, all of which have been raised by the study by Rosenblatt et al, are perhaps the most critical:

1. *To what extent does family practice as a discipline dictate and control the scope and pattern of its practices as opposed to being reactive to the general medical practice environment? Or, more simply stated, is family practice a trend setter or a gap filler?*

The viewpoint that there are substantial regional differences in the practice of family medicine has long been accepted. The issue raised by the present study is whether such regional differences arise primarily out of the positive accommodation of family practice to the differing medical care needs of various regions of the country, or whether they reflect that family practice, as a relative latecomer to the specialty fields, is able to function only in those areas dictated by the wider medical practice environment. Should it be found to be the former, then a strong argument can be made that family practice is playing its appropriate role in the general continuum of medical care. However, should it prove to be the latter, then substantial issues are raised as to whether the specialty has achieved its espoused goals of providing the needed set of services for defined populations.

2. *Is family practice a single specialty or a mosaic of "generalist specialties" having a great deal in common with one another?*

The findings in this national study that give support to the wide variations (geographic and individual) among practices raise again the question of what is the central core of the specialty of family practice. It has been generally accepted that no two family physicians' practices are alike, but now, given the demonstrated differences that are attributable to age, sex, educational preparation, regional location, cultural background, and individual proclivity, the question can be raised whether or not any two practices are even similar. The principle that diversity brings strength has always been accepted. However, it has also been accepted that there is a common core of knowledge, skills, and attitudes which make up the specialty of family medicine and which can be taught in a residency experience. The relationship of training programs to the eventual mosaic of demonstrated practice patterns now must be reexamined and better articulated.

3. *Is it known at this moment what the practice patterns of the specialty are, and what the current environment for the practice of family medicine is?*

Of necessity, this study has relied heavily upon data derived from the mid to late 1970s. Such data have their own internal lag times and may reflect attitudes and practice patterns of even earlier years. Thus the findings and conclusions of the study, as comprehensive and thoughtful as they are, still can be called into question because of the real time lapse involved. It is known, or believed, that family practice in the mid 1970s was different than it is at the present. The degree to which the specialty is able to set and shape its own agenda, rather than responding to the environment, must be at least modestly affected by its increased number of new practitioners and by the vitality of its academic and practice organizations. Unfortunately such information is not presently available.

Conclusion

The study by Rosenblatt et al provides a thorough and useful review of a complex set of issues related to the structure and content of family practice. The issues it raises and the data it provides are of considerable importance to all involved with the specialty, whether they be practitioners or teachers. The difficulty encountered by the authors in working with data between five and seven years old (which they acknowledge) argues for additional studies to analyze, validate, and critique the scope and patterns of family practice and the extent to which the specialty is meeting the expectations and goals which it has set for itself.

Reference

1. Rosenblatt RA, Cherkin DC, Schneeweiss R, et al: The structure and content of family practice: Current status and future trends. J. Fam Pract 15:681, 1982