

# The Content of Family Practice: A Landmark National Study

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This issue presents a landmark national study of the structure and content of family practice in the United States.<sup>1</sup> Because of the extent of the data sources, the quality of the research methods, and the comprehensiveness of the analysis, this study provides the best view of family practice yet available and is likely to be of major importance from a health policy standpoint in the 1980s.

During the last ten years there have been a number of content studies in family practice, but all have had significant limitations preventing generalizability for the entire field. Some excellent studies of the content of family practice have been done in several states, but even collectively these have incompletely described the work of the family physician because of regional variations. Although the National Ambulatory Medical Care Survey provides a wealth of information on office practice for all specialties, many important aspects of ambulatory practice are not included, and hospital practice is totally excluded.

The study reported here was carried out by a research group based at the University of Washington through the support of the Robert Wood

Johnson Foundation. Several national data sources are analyzed in depth. The principal data source is derived from the Medical Activities and Manpower Project at the University of Southern California, which carried out a log-diary study in 1977 of a national sample of over 1,000 general and family physicians. This data base was supplemented with other information gathered by the federal government—the Area Resource File and the National Ambulatory Medical Care Survey. The USC survey involved separate surveys of self-identified “general practitioners” and “family physicians.” These two groups obviously overlap, however, since many general practitioners have become board-certified in family practice and many self-reported “family physicians” have neither completed family practice residency training nor been certified by the American Board of Family Practice. For the purposes of this study, these two groups have therefore been combined, though many of the analyses differentiate residency-trained and board-certified family physicians from non-residency-trained and non-board-certified general practitioners.

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This new study represents a quantum step toward defining the field of family practice and in describing the work of general and family physicians in both ambulatory and hospital settings. A portrait is presented of patient populations, practice styles, productivity, use of diagnostic and therapeutic resources, and other practice characteristics, together with the influence of board certification, residency training, geographic location, and regional variations. The diagnostic cluster technique permits for the first time more useful analysis of the clinical content of family practice. Previous classification techniques failed to identify basic patterns in the work of the family physician which the diagnostic cluster technique makes readily apparent (eg, the third most common inpatient diagnosis for family physicians is neoplasm). The use of several tracer diagnoses (hypertension, diabetes mellitus, neurosis or depression) affords interesting profiles of the process of care by family physicians for these problems.

This study clearly dispels the myths perpetrated by some that family practice is, or should be, principally or exclusively involved with relatively uncomplicated problems in ambulatory practice, and is more suited to rural than metropolitan areas. Instead, a national profile of family practice emerges which reveals that family physicians care for a wide spectrum and complexity of clinical problems in metropolitan as well as nonmetropolitan settings, and that hospital practice occupies about one quarter of the practice time of family physicians throughout most the country.

This new national study has important implica-

tions both for family practice as a specialty and for the changing health care system of which it is a part. Within the field, the findings of the study bear on the organization and patterns of clinical practice, the effectiveness of educational programs, and the needs for further research. Of particular interest are the very real differences in practice style demonstrated by recently trained residency graduates compared with the practices of their non-residency-trained older counterparts, for these emerging patterns of young family physicians are likely to greatly influence the future content and shape of family practice. As the largest single group of primary care providers, general and family physicians are responsible for one third of all ambulatory care visits each year, including more than one half of all office visits for such problems as hypertension and diabetes mellitus. The results of this study are therefore important in better understanding the capacity and function of the primary care base of the entire health care system.

#### 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