

## Standards of Care in Family Practice

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Standards are important in any area of endeavor. They are a benchmark for both the user of the product or service and the producer of that product or service. Standards are necessary in medical care, because users of services are often unable to judge for themselves the need for the services, the quality of judgment leading to the performance of the services, and the skill with which the services are carried out.

Practice standards are also vital for the physician. Most physicians want the assurance that they are doing the best that they can for their patient and that they are following the most up-to-date and effective strategies in their care of patients.

Practice standards are also necessary for those who pay for the care provided by physicians. Insurance carriers and government are the major payors, but there are increasing instances of public insistence on measurable standards and evidence that these standards are being met. Unions, public interest groups, and membership organizations (such as the American Association of Retired Persons) have expressed interest in such standards.

Educational efforts of medical centers, professional organizations, hospital staffs, and others obviously can be guided by the study of standards and their application by the physician. The firm establishment of standards and their undergirding scientific base can also be a means of protecting the physician who uses them against litigation based on the application of an unrealistic or irrelevant standard of care.

Current standards are not always established by those in primary care practice. Standards often evolve from studies done in tertiary medical care centers, involving populations of patients quite different from those who populate the waiting rooms of primary care physicians. Such standards are usually modified as they are applied in practice, but these "compromises" are often viewed as poor care by those who have proposed the standards and may be misused as evidence in litigation.

It is essential that standards of care be designed by those who will use them, be based on good scientific evidence,

including outcomes of care and cost effectiveness, and be clearly reported for the information of other professionals, the public, and patients.

The study by Lawler and Hosokawa in this issue of *The Journal*<sup>1</sup> is an important start in this direction. It provides a useful classification system for standards of care and examines physician responses to management decisions involved in 12 hypothetical cases. Each case is representative of a frequently encountered problem in family practice. As the authors point out, the technique is not perfect in that one cannot be sure that a physician's response to a questionnaire is the same as his or her actual decisions in caring for a patient. On the other hand, this question is a testable one and should be pursued by the authors or others.

The study also points out many important avenues for further research. An obvious starting point is the area of "personal preference standards," in which there is great variation among physicians. Why does this variation exist? Which management choice is most effective? What is the cost effectiveness of each of the options?

The ultimate measure of any management choice is its effectiveness in producing the desired outcome. These outcomes are often difficult to measure, and proper measurement may require more time and individual cases than a single physician can provide. Networks or consortia of similar practicing physicians can overcome some of these difficulties. The Ambulatory Sentinel Practice Network (ASPN), based in Denver, Colorado, is an example of such an organization, and it is already producing useful data.

The message is clear. Such studies are extremely important and are badly needed by family physicians, patients, payors, policy makers, and others. These studies can only be carried out in family practice or similar primary care settings, and they must be guided by physicians who are making these difficult decisions. The conduct of such studies could unify and strengthen the discipline of family practice by establishing a unique and exclusive domain of research and by making our patient care more objective and more effective.

### Reference

1. Lawler FH, Hosokawa MC: Evaluation of standards of practice for primary care physicians using 12 hypothetical cases. *J Fam Pract* 1987; 24:377-383.

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