

POLICY FORUM

Innovations in Primary Care Practice

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Gordon H. DeFriese, PhD, and Kristie Weisner
Thompson, MA

Issue Brief: New Developments in Primary Care Practice

Warren P. Newton, MD, MPH, C. Annette DuBard, MD,
and Thomas H. Wroth, MD, MPH

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Brian R. Forrest, MD

*“Visionary clinical
leaders have
demonstrated
innovative ways
to improve the
financial margins
of their practices,
improve access to
timely care for
their patients
and communities,
and deliver higher
quality care for
patients with
chronic disease.”*

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INTRODUCTION

Policy Forum: *Innovations in Primary Care Practice*

The July/August 2002 issue of the *North Carolina Medical Journal* gave topical focus to “The Place of Primary Care.” The papers in that issue of the Journal provided a general overview of the evolving role primary care plays in the ever-changing American healthcare sector. The last paper in that issue, by Warren P. Newton, MD, MPH, Professor and Chair of the Department of Family Medicine at the University of North Carolina School of Medicine, raised questions about the attractiveness of medicine as a profession (primary care practice in particular) in an age of increasing pressure from managed care and governmental insurance programs, as well as at a time of increasing commercialization of medical science and practice. These pressures and added complexities may be making these fields less attractive to future medical school applicants and graduates.

Now, three years later, we have invited Dr. Newton and several colleagues from across the state who practice (or study) primary care to describe some of the recent developments in this field that are enabling practitioners to better serve their patients’ primary care needs, while at the same time assuring their own personal, professional, and financial goals. Most of these papers were generated from discussions taking place in a fall 2004 conference on “innovations in primary care practice” named in honor of the late Robert Huntley, MD.*

These papers describe six specific categories of developments in the organization and practice of primary care. Although these ideas are often described as “innovations” in this field, they are not new ideas for the most part. Rather, it is the recent attention they have received as strategies for improving quality of care and assuring the professional and financial viability of primary care practice that makes them important.

These six categories of developments include: (1) efforts to downscale the size and complexity of practice organization with an emphasis on low-overhead operations; (2) the infusion of electronic health records in primary care practice; (3) the use of disease management protocols for the major categories of chronic conditions seen in primary care practice; (4) the use of *Advanced Access* scheduling as a way of increasing the efficiency of small practice organizations; (5) community-wide, collaborative care delivery models to meet the increasing burden of caring for the uninsured and underserved; and (6) the use of electronic communication with patients via e-mail and other uses of the Internet. There is no doubt that each of these developments reflects the changing nature of available technology and the contemporary pressures on primary care practice organizations. They also signal new directions in how primary care practitioners relate to their patients as well as the potential for significant improvement in the effectiveness and quality of some aspects of care.

Other information contained in this issue of the Journal describes the supply and distribution of primary care practitioners in our state and the important trends in this regard.

As always, we hope that the discussion of these issues will elicit comments and observations from our more than 25,000 readers.

Gordon H. DeFriese, PhD
Editor-in-Chief and Publisher

Kristie Weisner Thompson, MA
Managing Editor

* Dr. Huntley was a faculty member at the University of North Carolina at Chapel Hill in the 1950s and then served as Professor and Chair of the Department of Family Medicine at Georgetown University for 19 years before retiring to Chapel Hill.