

PRESIDENT'S COLUMN

Generalist Collaboration: The Three Bills' Breakfast

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Shortly after I arrived at MUSC as the new general internal medicine (GIM) division chief, I received an e-mail from Bill Houeston, chair of the department of family medicine. He copied Bill Basco, the chief of general pediatrics, and asked if we wanted to get together for breakfast. All of us had been Robert Wood Johnson Faculty Scholars but only saw each other on occasion. We worked out a 7 am meeting, and we talked about primary care, hospital medicine, and a range of topics at MUSC. We agreed to have breakfast monthly, and each discussion was part clinical, faculty management, academics, and a little psychotherapy as the three of our units struggled to thrive in a traditional academic health center (AHC).

At about that time in 2007, the four generalist disciplines issued the joint principles of the patient-centered medical home (PCMH),¹ a major accomplishment that helped set the stage for the emergence of PCMH as a delivery system innovation within the Affordable Care Act (ACA) of 2010. The year ACA was enacted into law the four disciplines again published this time a less-well-known joint principles statement on medical education of physicians for practice in PCMH.² Since then, significant effort and study have been devoted to transforming the primary care practice environment to meet the principles of PCMH for both clinical care delivery and medical education.³

Driven by the ACA and consumer demand, the primary health

care delivery environment is also diversifying in response to ACA, with the rapid expansion of retail clinics, direct patient care arrangements, and the prospects of care delivered by telemedicine. We do not know how much these alternatives will alter the delivery and financing of primary care, but many are concerned that they will adversely impact the ongoing relationship of patients and primary care professionals. The American Academy of Family Physicians (AAFP) is now launching a major communications initiative called "Health is Primary," emphasizing the importance of a longitudinal relationship with a primary care provider in maintaining health.

Over the past few years, SGIM has been building closer relationships with other primary care organizations including AAFP. I recently represented SGIM at the meeting of the Chairs of Departments of Family Medicine (CDFM), a relatively new collaboration for SGIM. I was not surprised to learn that the challenges facing academic family medicine are common to all the academic generalist disciplines. A large proportion of students enter medical school with a desire to practice family medicine, but many fewer graduate to do so. GIM has a different challenge: Early medical students are not sure what a general internist career offers. Targeting a much narrower audience than the AAFP campaign, SGIM has been developing a communication initiative to help early medical students

understand the role of general internists as primary care and hospital medicine physicians. The products of that initiative will be unveiled at the SGIM annual meeting in Toronto.

We have other common concerns with our generalist colleagues. Stress and burnout are a common threat to our faculty and clinicians. As AHCs struggle to transform, the generalist disciplines have been tasked with leading the transformation of primary care and population health efforts. I am not sure if collaboration across generalist specialties has become the norm in AHCs, but I was pleasantly surprised at the number of chairs of family medicine who have close collaborative relationships with GIM and general pediatrics at their AHCs. Primary care service lines seem to be a common response to the transformation challenge, and those service lines bring together the generalist disciplines in a way that has rarely been seen in AHCs. It seems that the generalist divisions and departments will be working hand in hand in solving some thorny clinical and educational challenges facing AHCs for the foreseeable future.

As for the three Bills' breakfast, early on we agreed to join forces and expand a generalist health services research fellowship under a Health Resources and Services Administration grant. We talked about PCMH transformation, and eventually all were certified. The three Bills' breakfast became a legend in

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our divisions/department—faculty asked us to work through issues with the other chiefs at the breakfast. When Bill Houston left MUSC to become a dean, the interim chair and then new chair attended breakfast. We had already been working together for months on a PCMH steering committee when MUSC formed a primary care service line. We have been productive in a mutually supportive way. So if you don't know your family medicine and pediatric neighbors, take them to breakfast. After all, we have a lot in common, and it's not what you do, it's how you think.

References

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