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Citation Details

Lipsky, Martin S., and Lisa K. Sharp. (2006) "Exploring the mission of primary care." Family medicine, 38(2), 121-125.

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Exploring the Mission of Primary Care

Martin S. Lipsky, MD; Lisa K. Sharp, PhD

Objective: *This paper's objective was to examine the mission statements of the sponsoring boards and professional organizations of the primary care specialties.* Methods: *Mission statements were obtained from the Web sites of the specialty boards and academies for each of the four primary care specialties of pediatrics, obstetrics-gynecology, general internal medicine, and family medicine. The mission statements were analyzed by two investigators, and the components of each mission statement were identified and categorized.* Results: *There were 29 distinct characteristics defined among all the mission statements. Three of the four primary care specialty organizations listed 10 components, while the American Academy of Pediatrics contained the fewest, with three components. The most commonly named characteristics were commitment to public health and education along with assuring high-quality standards. There was little overlap among the mission statements. Several qualities listed by the Institute of Medicine were not included in the mission statements and three—patient trust, integration of services, and personalized treatment—were missing from all sources.* Conclusions: *The mission statements of the primary care specialties vary widely in their values and goals. The findings here provide a perspective that may help focus collaboration and contribute to the discussion surrounding primary care.*

(Fam Med 2006;38(2):121-5.)

Lord Dawson, the chief of the British Army's medical services during World War I, first introduced the concept of primary care in 1920 in his report describing an English National Health Service.[1,2] However, despite this relatively early introduction of the concept, it was not until the 1960s that the notion of primary care became heavily promoted within the United States. During this time, three influential groups were commissioned to examine the role of generalist physicians. In 1966, the Folsom, Millis, and Willard commissions published their reports.[3-5] All strongly articulated the need for every individual to have a personal primary physician capable of providing broad-based care. Subsequently, the Institute of Medicine (IOM) expanded on this idea and defined primary care as "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."[6]

Today in the United States, the recognized primary care specialties are family medicine, general internal medicine, and general pediatrics.[7] Many federal agencies also consider obstetrics-gynecology as a primary care specialty. Currently, visits to primary care physicians account for more than 50% of the visits to physicians in the United States.[8] Despite these large percentages, factors such as poor reimbursement, physician stress, lack of prestige, substandard performance in managing chronic illness, and an inability to provide prompt access and reliable continuity seriously threaten the viability of primary care.[9]

To address concerns about the viability of primary care, seven major family medicine organizations collaborated to commission the Future of Family Medicine (FFM) project. This project sought to develop a strategy to help family medicine meet the needs of patients and society in a changing health care environment. Similarly, other primary care groups, such as the American College of Physicians (ACP), issued their own reports on the future of primary care.[10]

There are many reasons why the prospect for primary care in the United States seems uncertain. One factor

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contributing to the uncertain future of primary care in the United States is the absence of a single unified "home" specialty for primary care.[11] One way to assess if there is fragmentation and to more clearly define the similarities and differences among the four primary care specialties is to examine the mission statements of their sponsoring boards and professional organizations. Mission statements are used by organizations to define their goals and to maintain a focus on these expectations.[12,13] To the extent that a mission statement articulates an organization's purpose and defines the basic philosophy, principles, and ideals of an organization, studying the mission statements of the different specialties should provide insight into each specialty's similarities and differences. Understanding the differences may help structure a more-defined spectrum of the mission of primary care and provide insight into the focus that the different primary care specialties place in addressing the goals of primary care as defined by the IOM.

Methods

We conducted a structured Medline literature review from 1966 to March 2004, using the search terms "mission," "primary care," "goals," and "values." In addition, several non-Medline resources were identified through secondary searches, including the IOM's report from the Committee on the Future of Primary Care,[6] the FFM project,[14] and the Primary Care Assessment Survey.[15]

Both authors reviewed all materials separately to abstract and identify a list of core characteristics related to the mission of primary care. The resulting lists were combined into one agreed-upon list of core categories. We discussed the categories, as needed, to refine the operational definitions of each category.

Next, mission statements and vision statements were obtained from the Web sites of the American Medical Association specialty academies for each of the four primary care specialties of pediatrics, obstetrics-gynecology, general internal medicine, and family medicine. In addition, the mission statements from the four medical specialty boards were obtained from their respective Web sites. This process of data collection yielded two samples of mission statements for each specialty or a total of eight statements.

Both authors independently reviewed the eight statements by breaking them into components and categorizing them based on the list of core categories resulting from the first phase. The results were compiled in two Excel files for review. Components of any statement that did not clearly fit into a category were noted. Once each author had reviewed and categorized the components of each statement separately, they shared results. There were three instances in which we initially disagreed on the categorization of the statement, but we arrived at a consensus after discussion. In addition, there were 12 components within the statements that did not clearly fit into a category as defined by the literature search, and these were added to the analysis.

Results

The final categories are shown in Table 1 and Table 2. There were 29 distinct characteristics defined among all the mission statements. The American Academy of Pediatrics (AAP) mission statement, with three components, had the fewest number, while the American College of Obstetricians and Gynecologists (ACOG), the ACP, and American Academy of Family Physicians (AAFP) contained the most components with 10 each. In general, the boards had fewer components to each respective statement. The American Board of Family Medicine (ABFM) had the most with seven components whereas the American Board of Pediatrics and Internal Medicine (ABPIM) had the fewest components with four. The American Board of Obstetrics and Gynecology (ABOG) had five components to their statement. Number of words was not associated with the number of components coded from the statement.

The specific components that were addressed by the mission statements of the boards and academies varied, with little overlap or consistencies even within the same specialty. For example, of the 10 components mentioned in the AAFP statement, only three were similarly addressed by the ABFM, and only four were addressed in statements from other specialties. The two most commonly used components included commitment to public health and education, included by all the specialty organizations and two boards, along with setting high-quality standards, which was part of all the board mission statements and two of the specialty boards. Several IOM qualities were not included in the mission statements and three—patient trust, integration of services, and personalized treatment—were missing from all the statements studied.

Discussion

Mission statements are broadly defined statements of purpose and of an organization's philosophy and values. Unlike other medical specialties, which arose from new technologies or an expanding knowledge base, the primary care specialties grew out of the belief that patients should have a personal physician capable of delivering personalized care. Although this collectively held rationale would suggest a degree of shared mission across the four primary care specialties, our study revealed substantial variability among the mission statements of these specialties.

An unexpected finding was that only two organizations, the AAFP and ACOG, included at least four distinct qualities in their mission statements that reflected qualities set forth in the IOM definition for primary

Table 1

Core Categories Mentioned in Mission Statements of Primary Care

	AAFP	*AAP*	*ACOG*	*ACP*
IOM Definition of Primary Care				
Financial	X			
Supply of doctors	X			
Continuity	X			
Comprehensive	X		X	
Prevention risk counsel			X	
Patient education			X	
Integration of care			X	
Patient safety		X		
Articles				
Community context			X	
Family context				
Procedural rights/professional role	X			
Commitment to public health and education	X	X	X	X
Leadership/lobbying/needs of members	X			X
Competency in clinical skills	X			
High-quality standards	X			X
Core Competency				
Professionalism				
Lifelong learning				X
Added Categories				
Advance the specialty	X			X
Equal opportunity				
Commitment to public				
Commitment to family medicine				
Gender-specific perspective			X	
Ethical				X
Research			X	X
Understanding factors that influence disease			X	
Assures appropriate training				
Discuss subspecialty as part of mission		X	X	X
Promote physician health advocacy subtopic				X
Recognize excellence in physicians				X

IOM— Institute of Medicine
AAFP—American Academy of Family Physicians
AAP—American Academy of Pediatrics
ACOG—American College of Obstetricians and Gynecologists
ACP—American College of Physicians

X signifies that an organization's mission statement addresses the corresponding topic in the left-hand column.

care. It was particularly interesting that ACOG emerged as one of the organizations to incorporate values from the IOM definition in light of the controversy about whether obstetrics-gynecology should be considered a primary care specialty.[16] Unexpectedly, no mission statement included the qualities of patient trust, integration of services, and personalized treatment. Arguably, the failure of the primary care specialties to embrace these values as part of their mission might help explain why primary care has not fulfilled it projected role within the health care system.[1]

The omission of personalized treatment seems surprising, especially for the family medicine organizations. The FFM's proposed new model of care reconfirms the concept that offering a relationship-centered personal medical home for the individual is a core value of the discipline. That is, the report reaffirms that the fundamental commitment of the family physician is to the person. If family medicine seeks to reestablish itself in terms of relationships rather than diseases and technologies, then revisiting the mission of its major professional organizations to include this aspect of care seems logical.

Another interesting finding was that the mission statements did not include many "core competencies" promoted by the Accreditation Council for Graduate Medical Education. For example, only ACOG included professionalism among its mission values. Although these values are not unique to primary care, they are integral components of the values articulated in the FFM's vision for the discipline. In a time when the public is becoming disenchanted with the health care system, a greater emphasis on the core competencies by the primary care professional organizations might be helpful for addressing some of the public's concerns about the heath care system. On the positive side, the concepts of patient advocacy and promoting public welfare were embraced by all four specialties. These altruistic values may be reassuring to the public and to those physicians who consider service an integral part of being a physician.

Among the specialties, only family medicine's mission addressed access to care by including the need to ensure an optimal supply of family physicians. This attention to workforce may reflect that family medicine is both the newest of the primary care specialties and the one that can most closely trace its birth to the political

commissions of the late 1960s, which called for an increase of primary care physicians. The need for access in rural areas combined with family medicine's commitment to address access issues may explain in part why family medicine's strongest academic bases tend to be in state universities with significant rural populations.[17] Of all the specialties, family medicine is the most congruent with the distribution of the US population, with 25.7% of family physicians located in nonmetropolitan statistical areas, in contrast to about 12% of other office-based physicians.[11]

All the board statements include promoting high quality and assuring competency. The first boarded specialty, ophthalmology, was formally established in 1917[18] to protect the public from self-proclaimed specialists who were untrained or poorly trained. Given these historical roots, it makes sense that the primary care-related boards would be motivated by similar concerns for public safety

Limitations

Some may argue that a mission statement is an overly simplistic approach to determining a specialty's foundation and purpose. Nonetheless, mission statements can be effective in aligning individuals around a shared vision with common goals. As such, mission statements should reflect the very highest priorities for an organization and offer standards for comparison across specialties.

Table 2

Core Categories Mentioned in Mission Statements of Primary Care Specialties

	ABP	*ABOG*	*ABIM*	*ABFM*
IOM Definition of Primary Care				
Financial				
Supply of doctors				
Continuity				
Comprehensive				
Prevention risk counsel				
Patient education				
Integration of care				
Patient safety				
Articles				
Community context				
Family context				X
Procedural rights/professional role				
Commitment to public health and education			X	X
Leadership/lobbying/needs of members				
Competency in clinical skills		X	X	X
High-quality standards	X	X	X	X
Core Competency				
Professionalism	X	X		
Lifelong learning		X		X
Other Categories				
Advance the specialty				
Equal opportunity		X		
Commitment to public	X			
Commitment to family medicine				X
Gender-specific perspective				
Ethical				
Research				
Understanding factors that influence disease				
Assures appropriate training	X			X
Discuss subspecialty as part of mission			X	
Promote physician health advocacy subtopic				
Recognize excellence in physicians				

IOM—Institute of Medicine
ABP—American Board of Physicians
ABOG—American Board of Obstetricians and Gynecologists
ABIM—American Board of Internal Medicine
ABFM—American Board of Family Medicine

X signifies that an organization's mission statement addresses the corresponding topic in the left-hand column.

Also, while some might discount mission statements as empty rhetoric or "window dressing" for a professional organization, the variability of the mission statements in this study suggests that they are unique and do reflect differences in ideals and goals. Although many other factors undoubtedly contribute to this, the AAFP's mission to improve access via workforce may be an important contributor to its prominent role in rural health care and illustrates that a specialty's mission may impact the role of the discipline.

Finally, all but family medicine include subspecialties as part of their mission, and this may account for some of the differences between family medicine and the other three specialties studied. However, the mission statements from the other organizations varied so much in other aspects that embracing subspecialties does not appear to be an all encompassing part of the specialties studied.

Conclusions

The mission statements of the primary care specialties vary widely in their values and goals. As primary care risks becoming an "endangered species," fragmentation of the primary care specialties may undermine their hoped-for goals. The findings of our study provide a perspective that may help focus collaboration and contribute to the discussion surrounding primary care.

Although it seems logical that the primary care disciplines ought to share many values, at the same time each discipline should balance the need for collaboration versus its need to establish its own identity. As the specialties exist today, many patients have trouble differentiating family medicine from the other primary care physician specialties. Incorporating family medicine's unique focus on community and its family-oriented approach to the health of an individual into its mission might help to differentiate family medicine among the primary care specialties and to preserve its unique role. The findings reported here also suggest that there is an opportunity for family medicine to stake a claim as the primary care specialty whose mission is most congruent with the IOM's definition of primary care.

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References

1. White KL. Historical preface. In: Lamberts H, Wood M, eds. International classification of primary care. Oxford, UK: Oxford University Press, 1987.
2. McWhinney IR. Core values in a changing world. BMJ 1998;316:1807-9.
3. Folsom MB, chair. Health is a community affair: report of the National Commission on Community Health Service. Cambridge, Mass: Harvard University Press, 1966.
4. Millis JR, chair. The graduate education of physicians: report of the Citizen's Commission of Graduate Medical Education. Chicago: American Medical Association, 1966.
5. Willard WR, chair. Meeting the challenge of family practice: Ad hoc Committee on Education for Family Practice. Chicago: American Medical Association, 1966.
6. Institute of Medicine, Division of Health Care Services. Defining primary care: an interim report. Washington, DC: Institute of Medicine, 1994.
7. Cooper RA. Seeking a balanced physician workforce for the 21st century. JAMA 1994;272(9):680-7.
8. Woodwell DA, Cherry DK. National Ambulatory Medical Care Survey: 2002 summary. Advance data from vital and health statistics; no. 346. Hyattsville, Md: National Center for Health Statistics, 2004.
9. Grumbach K, Bodenheimer D. A primary care home for Americans: putting the house in order. JAMA 2002;288(8):889-93.
10. Donaldson MS, Yordy KD, Lohr KN, Varislow NA, eds. Committee on the Future of Primary Care. Institute of Medicine. Primary care. America's health in a new era. Washington, DC: National Academy Press, 1996.
11. Green LA, Fryer GE, Jr. Family practice in the United States: position and prospects. Acad Med 2002;77:781-9.
12. Clasen A. Defining a mission statement and setting goals. California Dental Association 1994;22:29-32.
13. Moore EE. Strategic planning for survival of surgical societies and the new millenium. Am J Surg 1999;178:437-42.
14. Family Practice Working Party and the Academic Family Medicine Organizations. Future of Family Medicine project summary. www.futurefamilymed.org/x13525.html. Accessed November 23, 2004.
15. Safran DG. Defining the future of primary care: what can we learn from patients? Ann Intern Med 2003;138(3):248-55.
16. Hurd WW, Barhan SM, Rogers RE. Obstetrician-gynecologist as primary care provider. Am J Manag Care 2001;7 Spec No:SP19-24.
17. Stevens RA. The Americanization of family medicine: contradictions, challenges, and change, 1969–2000. Fam Med 2001;33(4):232-43.
18. www.abms.org/history.asp. Accessed November 23, 2004.