

Family Medicine organization convening focus group: Association of Departments of Family Medicine

Participants (type and name): Patients and patient representatives

Date of focus group: October 14, 2020 (90 mins)

What questions did your focus group address and discuss?	What themes were developed in the discussion?	Any foundational or critical components in the themes?
<p>Family medicine was designed in the 1960s to take the place of the general practitioner, able to care for everyone from babies to your 100 year old grandparents. Thinking about that - who do you think the residency-trained family doctor is going to take care of 10 years from now? <i>(started as a Zoom poll that led into discussion)</i></p>	<p>Covering the medical needs of multi-generational families is important; people need someone they can trust</p> <p>Elderly adults with chronic conditions are most important population with aging generations; this is also the group (and non-elderly adults with chronic conditions) that care the most about trust and long-term relationships. Less interest in continuity from younger, healthy individuals; more interest in immediate access and convenience.</p> <p>Mixed opinions on care in the hospital for any age including OB; regionally specific of where FPs are practicing in hospitals and OB.</p> <p>In many places currently focused on outpatient care, but continuity of care needs will be greater in the future and we need to make sure to train for this.</p>	<p>Most important components highlighted:</p> <ul style="list-style-type: none"> *First contact (more on this below) *Trust *Continuity <p>Training for a broad skill set and continuity of care is important; patients may not expect their FP to do everything but want to be able to go to them and know they will know where to send them if they can't do something themselves</p>
<p>10 years from now - what do you see the role of telehealth being?</p>	<p>We can use telehealth to increase efficiency and expand range of services, but don't think it should replace initial role of PCP</p> <p>Telehealth for younger generation – 20 and 30 year</p>	<p>Telehealth has the potential to increase efficiency for patient and physician and is generally acceptable, in the right circumstances, though most individuals appreciate some in person interactions.</p>

	<p>olds so they can do visits from home or work computer</p> <p>Need to pay attention to equity – challenges with connectivity in rural areas; challenges with access for the poor</p> <p>Balancing emotional component of patient-doctor connection in a virtual world; sometimes connection is lost, sometimes it can be better with telehealth (“I have a better connection with my doctor by using telehealth because he is forced to look right at me and asks a lot more questions about how I’m doing in general because of that, he is learning a lot more about me via telehealth than in person”)</p>	<p>Family physicians need training to do telemedicine well</p>
<p>What are the gaps you see in family practice? (what do you need that you aren’t getting now?)</p>	<p>Transgender care</p> <p>Preventive care because it isn’t incentivized</p> <p>Mental health issues</p> <p>Healthcare access for homeless folks</p> <p>Access in rural areas</p> <p>Gaps in own care/access when physicians change, go on leave, etc.</p> <p>Amount of time allotted for visits</p> <p>Trust; it is hard to build a relationship with someone who might leave</p> <p>Physician burnout</p>	<p>Patients identify a wide range of gaps in current practice, including access gaps and gaps in care for underserved populations</p>

	<p>Teaching patient care where the patient as a whole person is the focus and not just a body; sensitivity to the patient in the teaching environment</p>	
<p>What is most important to you in your primary care? And how important is it that your doctor be “of” the community? (poll: importance of continuity of care, comprehensiveness, coordination, first contact of care)</p>	<p>Importance of first contact may depend on the context and the savviness of the healthcare consumer; do not want family doc as a gatekeeper but like to know can start there. Having a relationship with your physician where you feel like you can reach out to them is really important.</p> <p>Training family physicians within a community setting is important for giving the physician context; if something happens to someone in the community they need to know how to deal with community response, need to know what services are available, need to understand the realities of their patients’ lives (determinants of health)</p> <p>The most important thing is for patients to feel they are cared for</p>	<p>A trusting relationship with a provider is most sought after goal</p> <p>It is vitally important that doctors know about the community they are practicing in to understand patient needs</p> <p>Family physicians need to be part of the community to understand my cultures and beliefs because this influences how I respond to them</p>