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# Medical Education Meets Health Reform

## New Models Are Needed for Patient-Centered Care

Rebecca Voelker

**W**HEN ORIENTATION BEGINS AT the University of Wisconsin School of Medicine and Public Health in Madison, the initial welcome to first-year medical students is not from their dean, Robert Golden, MD. The first voices they hear as they begin their medical education are those of patients. The patients talk about their illnesses and the impact of these conditions not only on the population at large, but on themselves and their loved ones.

“We feel that it is more than symbolic,” said Golden. “It’s important to really drive home the patient [perspective] from the beginning, that what it’s all about is the patients.”

While other medical schools have implemented similar programs, training physicians to deliver patient-centered care takes on a new urgency as provisions of health reform legislation are phased in through 2014. The concept of the patient-centered medical home and the need for increases in primary care physicians are key reform components. But the nation’s medical education system may not be on the same page. During a recent health education summit sponsored by the American College of Physicians (ACP) and the Carter Center in Atlanta, Ga, experts warned that medical education, as it is currently structured, cannot properly train physicians to practice in a reformed health care delivery system.

“These are not idle concerns,” said John Bartlett, MD, MPH, a senior advisor in the Carter Center’s Primary Care Initiative, during a teleconference from the summit. “The medical home really is the vehicle for the reinvention of primary care in this country.”

With this kind of practice model in mind, the Carter Center launched its Primary Care Initiative 2 years ago in

an effort to better integrate mental and behavioral health services with primary care. Bartlett said that about half of primary care physicians offer some type of behavioral care component,



**Health reforms will require medical schools to revamp curricula to emphasize the patient-centered medical home, experts say.**

including counseling for overweight patients, smoking cessation, or depression treatment. But he pointed out that medical students are more likely to see patients hospitalized with severe psychiatric illnesses than the broader array of mental and behavioral health issues with which patients present in primary care settings.

As a result, students have little opportunity to learn how to treat or when to refer patients who need mental health services. Medical education curricula need a greater emphasis on the “ambulatory experience” of caring for patients with mental and behavioral health conditions, Bartlett said.

“The current education system doesn’t value the kind of training we’re talking about,” Michael Barr, MD, MBA, a senior vice president at the ACP, said during the teleconference. He advocated for

an approach to medical education that focuses more attention on teamwork among physicians and other health care professionals, a greater emphasis on wellness and prevention, and opportunities, such as that provided by the program at Wisconsin, to feature patients who tell their own stories about navigating the health care system.

Golden, of Wisconsin, said the admissions process can serve as a tool to select students well suited for primary care careers. “When we’re looking at applicants who . . . want to go into primary care and serve the underserved in rural Wisconsin, we should care a bit less whether they got an A or a B in organic chemistry but we should care a lot more as to what kind of track record of community engagement and community service they have,” he said.

Russell Robertson, MD, chair of family and community medicine at Northwestern University’s Feinberg School of Medicine in Chicago and chair of the Council on Graduate Medical Education, said the “hidden curriculum” of academic medical centers often deters students from choosing primary care careers. While it may be unintentional, Robertson said students nevertheless are told that they are smart enough to bypass primary care for a specialty or that the field is so broad they will never learn everything they need to know. Primary care also may be portrayed as a low-income, high-stress career, he added.

Robertson suggested that in the third year of medical school, when students often are in the midst of choosing their specialty, training should include talks by experts in health care policy and workforce supply about the state of the workforce and where it is headed. “This should come from individuals with no ‘skin in the game,’” he said, noting that accurate information on changes in practice environments and reimbursement could be a career changer for some students. □