Carolyn Ann Bellue Holly Annual Student Essay Contest

A Future in Primary Care

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I was always excited to see my pediatrician, even when I was sick. I appreciated that she really listened to me, and in my first language, Vietnamese, too! As a child, I had an idealistic view of being a physician. I wanted to listen to people and take care of them so they could feel better. However, as an adult, the reality of the challenges of providing healthcare became more and more evident as I continued through my medical training. My dream of serving minority and underserved populations has drawn me to pursue residency training to become a Family Physician. I was inspired by the way these physicians see their patients holistically, combining compassion with evidence-based medicine, even while working within the constraints of the medical system. By incorporating a balance between technological improvement and patient-centered care, the Southeast Texas Medical Associates model of healthcare delivery through the medical home provides a framework that allows me to become closer to my dream of an ideal practice for the future of primary care as a Family Physician. In envisioning the future of primary care, I am committed to establishing a patient-centered and culturally competent practice that integrates interdisciplinary collaboration, community engagement, and innovative technologies. Drawing inspiration from the Southeast Texas Medical Associates (SETMA), my vision draws upon holistic care, active patient participation, and continuous improvement, with the goal of addressing the diverse healthcare needs of underserved populations.

An individual's health is complex and multifactorial which requires a holistic approach to address. When considering the health of our patients we must look at their physical and mental well-being along with environmental and social determinants of health. In the future of primary care, I am compelled to best address as many of these factors as possible. I believe that doing this requires an interdisciplinary team of professionals, each with a role in tackling specific health factors. As a student, I saw the most interdisciplinary teamwork in the hospital setting, however, it was the primary care physician who seemed to carry the majority of the healthcare decision making burden in the outpatient setting. Primary care physicians would benefit from regularly meeting with team members such as social workers, pharmacists, and behavioral health professionals to discuss their complex patients' plans of care. At my Family Medicine clinical

rotation site, these professionals were available for quick discussions or to refer the patients for another visit. However, I think that this could be greatly improved by having dedicated meetings focused on patient care. An interdisciplinary team can more effectively develop healthcare solutions for patients and the clinic as a whole. Dr. James Holly, a founder of SETMA, wrote that lacking a team approach can cause “inefficiency, increased cost, potential for errors and it actually eviscerates the potential strength of the healthcare system” (2012). The SETMA framework inspires us to adopt team-based care to leverage diverse expertise to make informed decisions for our patients. This collaborative approach facilitates shared learning, promoting evidence-based medicine and holistic patient consideration. It will be important to foster a supportive environment where clinic staff can rely on each other to mitigate burnout through collaborative initiatives, such as support groups. My vision of practicing primary care involves an underserved, underrepresented, and underinsured patient population. I’m passionate about providing care for Asian Americans, Latinos, and other minority populations. With this in mind, our team should represent the diversity of the population that we serve, such as having Spanish-speaking staff for our Spanish-speaking patients whenever possible. This also allows clinic members to learn from each other's diverse backgrounds as well. Research indicates that better patient satisfaction and health outcomes occur when patients and healthcare professionals share similar racial, ethnic, and language backgrounds (Powe et al., 2004). I hope to cultivate a safe and respectful environment for my patients, teaching and embodying culturally competent care within the clinic that allows them to trust in our medical community.

In this future of primary care, patients will not come just only for medical care but have the opportunity to be active team members in their care and in their healthcare community. Strong social connectedness has been correlated with positive health outcomes. SETMA comments on the responsibilities of patients as the metaphorical “baton”, the care and treatment plan, is passed to them by the provider (Holly, 2012). While it is ultimately the patient's responsibility to carry the baton, I think that it would be easier if they had a crowd of people cheering them on along the way. This is why a multispecialty clinic would be crucial to primary care to facilitate the transition of care and teamwork within the clinic framework. This clinic modeled after a medical home would have a wide range of health services available for the patients including specialized care. It would also offer community-building educational opportunities such as a teaching kitchen, support groups for patients with chronic conditions, and

introductions to activities like exercise and arts. With my background in music, I have always been interested in how music and arts can be used in health. I had been involved in implementing a creative arts and prenatal care pilot program that had very positive feedback and results from its participants. We paired patient education with therapeutic arts activities such as writing lullabies, painting, and yoga. This inspires me to continue exploring non-traditional avenues for improving health. A community arts-based intervention program served in a community clubhouse was shown to promote feelings of well-being in its participants by providing socialization and an outlet for creativity (Lipe et al., 2012). Giving our patients the chance to form connections lets them find a community that they can lean on for support. The clinic would have the chance to study the effectiveness of the opportunities it provides and allow for adjustments to best suit the community that it serves. Ideally, the clinic would be in a location where there are a lot of healthcare needs, and it would maintain relationships with nearby healthcare systems to provide streamlined care when following up on hospital visits or when clinic patients get admitted to the hospital. As with the SETMA clinics, there would be a Coordination of Care Department to guide patients (2012). Social work is vital to assistance and resources to address the barriers that the patient may face when it comes to the healthcare system. This multidimensional approach to care strongly emphasizes the importance of prevention, involving patients to take charge of their health before becoming sick.

With the continually evolving field of healthcare and the incorporation of technology, we must maintain sight of the core of primary care: patient-centered care. Patients are active collaborators in their medical treatment, which goes beyond the walls of the clinic. Empowering patients with knowledge can help them make well-informed decisions for themselves. We should value our patient's experiences and feelings and create inviting avenues for them to express feedback to their clinic team. I find that even as a physician in training, it can feel at times that I have grown further away from the patient experience as I begin to see the world through the lens of my medical education. Patient Advisory Committees (PACs) would be a valuable source of feedback, allowing patients to represent themselves in clinic leadership. This allows patients to have a voice in the clinic to provide their opinions, and ideas to enact positive change. Involving patients in the clinic has been encouraged in Federally Qualified Health Centers. PACs have been implemented at various clinics around the country, including UC San Francisco and Tufts Family Medicine programs, and have been reported to help generate timely and robust ideas to solve

problems that clinic staff may not know existed (Sharma et al., 2015). These positions can strengthen the relationship between patients and the clinic by enhancing communication and freedom of thought.

Primary care clinics must be continually improving by involving the consideration of metrics related to patient care and health. Resources will be allocated to having dedicated quality improvement leadership that leads projects, collecting and analyzing data and feedback. Regular evaluations, guided by measurable goals, will help identify areas for enhancement and align our practice with the evolving needs of our patient community. As a physician, feedback will be vital to my continuous growth and improvement. I hope to foster a culture where providers are enthusiastic about advancing and improving their care and knowledge. In this primary care model, providers will get routine performance data and analyses to track their progress. Dr. Holly speaks about the problem of "treatment inertia" in medicine, where providers don't change a treatment even when the patient is not treated to goal standards (2012). The SETMA model places information about provider data and metrics publicly to encourage improvement in providers as well as trust in the community. This would be a helpful way in my future practice to improve transparency in the medical system for patients. An instrumental part of quality improvement in the clinic will be through the use of the electronic medical record.

Electronic medical records (EMR) are a powerful tool, and SETMA recognizes its usefulness in the future of primary care. It also can easily catch preventable mistakes, remind providers of important screenings, and provide easily accessible medical resources. In the SETMA framework, the EMR is used to collect vital health information and provide metrics to track the effectiveness of providers. These metrics would be useful for both discrete data at any moment in time but also monitor changes longitudinally within our patients and the clinic as a whole. The EMR data gives providers valuable insights into their patient population to better understand and more efficiently address their healthcare problems. We must always adapt and be open to incorporating the ever-evolving EMR technology to most efficiently improve our patient care, though we must remember that the core of primary care is ultimately patient-centered. For example, artificial intelligence has the potential to transform the field of healthcare in endless ways, such as by creating documentation, analyzing risks and interventions, and assisting with diagnostics (Lin, 2022). I'm looking forward to seeing how it will play a role in my future practice. Even with such great possibilities, we must be careful of how this affects our patients.

Artificial intelligence can be coded with bias and false information. We should consider it to enhance patient care while not letting it strip away the humanism in medicine. With evolving technology, clinic staff must be adequately trained to efficiently use the EMR and other new technology to take full advantage of their capabilities which can reduce the strain on their jobs. The accessibility of patient portals allows patients to be connected to their care team and health information more than ever, however, we should keep in mind our diverse demographic and be mindful that our technology bridges gaps rather than exacerbates disparities. As Dr. Holly concludes when describing the SETMA model of care, "All of these aspects of healthcare quality can be addressed by technology but only when that technology is balanced by humanitarianism" (2012).

As I progress in my training and learn from those who have come before me, particularly through the SETMA model of care that creates an effective patient-centered medical home, I become increasingly confident in navigating the complexities of primary care. I aspire to create a future where primary care is not limited to just a yearly check-up, but instead becomes a place of healing and community. As I aspire to be a Family Physician, my goal is to understand and address the unique healthcare barriers within the community I serve, staying true to the Southeast Texas Medical Associates's holistic and patient-centered mission. Given the continual innovation and the dynamic nature of primary care, I am optimistic that I can fulfill my dreams of simply helping others through medicine in the best way possible.

References

Holly, J. L. (2012). *The Future of Healthcare Innovation and Change: SETMA's Model of Care Patient-Centered Medical Home*. James L. Holly, MD. Retrieved 12 31, 2023, from http://jameslhollymd.com/the-setma-way/setma-model-of-care-pc-mh-healthcare-innovation-the-future-of-healthcare

Lin, S. (2022, 1). A Clinician's Guide to Artificial Intelligence (AI): Why and How Primary Care Should Lead the Health Care AI Revolution. *The Journal of the American Board of Family Medicine*, *35*(1), 175-184. https://www.jabfm.org/content/35/1/175

Lipe, A. W., Ward, K. C., Watson, A. T., Manley, K., Keen, R., Kelly, J., & Clemmer, J. (2012, February). The effects of an arts intervention program in a community mental health setting: A collaborative approach. *The Arts in Psychotherapy*, *39*(1), 25-30. https://doi.org/10.1016/j.aip.2011.11.002

Powe, N. R., Cooper, L. A., & Johns Hopkins University. (2004, July 1). *Disparities in Patient Experiences, Health Care Processes, and Outcomes: The Role of Patient-Provider Racial, Ethnic, and Language Concordance*. Commonwealth Fund. Retrieved December 31, 2023, from https://www.commonwealthfund.org/publications/fund-reports/2004/jul/disparities-patient-experiences-health-care-processes-and

Sharma, A. E., Angel, L., & Bui, Q. (2015). Patient Advisory Councils: Giving Patients a Seat at the Table. *Family Practice Management*, *22*(4), 22-27. https://www.aafp.org/pubs/fpm/issues/2015/0700/p22.html