Giving Thought to Primary Care

When I was asked to serve as guest editor for two issues of Medicine and Health Rhode Island on Primary Care, I did not give much thought to the term “primary care.” But as the manuscripts started coming in, it occurred to me that the articles have little to do with what I think of as “primary care.” They are relevant to my daily work, but that is because as an internist I treat patients with heart disease, gastrointestinal disorders, renal failure, and a variety of other conditions. So where does the “primary care” come in?

First, let’s be clear that there is no such specialty as “primary care.” The term describes a set of functions that may be performed by a variety of specialists. The Institute of Medicine defines 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.”1 Typically, internists, family physicians, osteopathic physicians, and pediatricians play this role, but so can subspecialists such as nephrologists, endocrinologists, and HIV specialists (the term “principal care” is often used).

So, why dwell on the nomenclature? Physicians who provide primary care face the loss of their identities as specialists, and with that, risk being viewed with less respect by patients, colleagues, and most importantly, future doctors. I am not a “PCP.” I am an internist who provides primary care to all of his patients. While I coordinate care and address patient needs that are outside of traditional internal medicine (such as basic orthopedic and mental health care), the majority of what I do is internal medicine.

With the above in mind, these two issues of MHRI were originally developed with the goal of updating readers on common problems that internists, family physicians, and osteopathic physicians treat every day. But they also illustrate the comprehensiveness and complexity of the care that these so-called “primary care physicians” provide.

For these issues, I asked each author to focus on three specific questions on a topic in their area of expertise instead of providing a general topic review or update. This format is borrowed from a successful one used at regional and national American College of Physician meetings called “Multiple Small Feedings of the Mind.” I hope that you find this way of presenting information an effective one and encourage you to write down questions for future editions of this journal (assuming that the Editor judges this effort successful).

REFERENCES

Yul Ejnes, MD, FACP, is Clinical Associate Professor of Medicine at the Alpert Medical School of Brown University, is Chair-elect of the Board of Regents, American College of Physicians, and a member of Coastal Medical.

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Correspondence
Yul D. Ejnes, MD, FACP
Coastal Medical, Inc.
75 Sockanosset Crossroad
Cranston, RI 02920
Phone: (401) 275-1991
e-mail: Yul_Ejnes@brown.edu