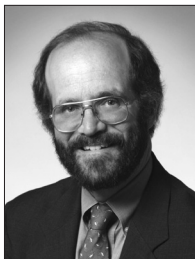




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Birthday Reflections for Family Medicine at the University of Wisconsin

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Family Medicine at the University of Wisconsin celebrates its 40th birthday this year. It is remarkable how the seed planted in 1970 as one of the first 15 family practice residencies in the United States—which subsequently has been nourished by support from the State of Wisconsin—has flourished. The UW Department of Family Medicine is consistently ranked among the top 5 in our nation, based on its outstanding achievements in the interwoven missions of patient care, education, and research. Our faculty and staff provide care in 26 statewide clinics, with nearly a half million patient visits each year. We have grown to include more than 200 faculty members, another 225 statewide volunteer faculty, and nearly 800 employees in the department. Over two-thirds of the family physicians in Wisconsin have connections to the department. Many are graduates of the School of Medicine and Public Health and/or the department's residency programs; others are volunteer faculty members or collaborators in our community practice-based research network,

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Wisconsin Research and Evaluation Network (WREN). Wisconsin's strength in family medicine is especially timely considering the unmet and growing needs for primary care physicians throughout the state.

The University of Wisconsin Family Practice Residency was created in Madison in 1970 as 1 of the original 15 programs in the United States. The visionary leadership of John Renner, MD, called for a department that reflected the Wisconsin Idea that "the boundaries of the campus are the boundaries of the state." Thus, the Department of Family Medicine soon established residency and teaching programs at Milwaukee (1974), Eau Claire (1975), Wausau (1978), and in the Fox Valley (1980). All residency sites are MD and DO dual accredited. Each year, 30 to 35 new family physicians graduate from our programs. The department also supports 5 fellowships in academic medicine, integrative medicine, primary care research, sports medicine, and faculty development.

The Department of Family Medicine has long recognized the vital interplay between research and both patient care and training. Its outstanding research programs provide remarkable benefits to patients, who have access to state-of-the-art, cutting-edge, evidence-based practice, and to trainees who train for the future. Our faculty and staff have gained national stature in research in

several vital areas, including alcohol addiction, native community health, and childhood obesity and nutrition. The department houses one of the country's leading programs in integrative medicine. Faculty serve in very prominent national leadership roles, including membership in the Institute of Medicine and the National Library of Medicine and as president of the World Organization of Colleges and Assemblies, and vice president at the AMA. Within the UW School of Medicine and Public Health, family medicine faculty serve in many top leadership positions, including associate dean for Rural and Community Health, director of the Wisconsin Academy for Rural Medicine program (WARM), associate dean for students, associate dean for Medical Education of the Milwaukee Academic Campus, and director of the Training in Urban Medicine and Public Health (TRIUMPH) program.

While we are proud of the outstanding achievements of the past 4 decades, we are now focused on the future challenges confronting the department, and indeed the nation. There is a growing shortage of family physicians, and their geographic distribution is not aligned well with the needs of Wisconsin. We especially need more primary care physicians in rural and underserved areas of the state, yet fewer medical school graduates are entering family medicine and primary care

fields, and only a fraction of them develop practices in rural settings. There are substantial and daunting factors that must be addressed, including relatively low compensation and growing administrative requirements. A recent study shows that primary care physicians have average lifetime earnings that are \$2.7 million less than those of other medical specialties. The vital functions of coordinating care and communicating with patients and their families are not compensated by most health care finance systems. Family physicians take care of people, not just diagnoses. Yet most current payment systems are based on pay for diagnoses or procedures rather than health promotion, disease prevention, and care for the person. Primary care physicians get paid more for removing a mole, for example, than trying to get hypertensive patients to take

their medications. The vital but uncompensated work of communicating, reviewing reports and coordinating care for patients not in the office takes 20% to 25% of the average work day. These important functions are key elements of any efficient and effective health care system, and are extremely important in the lives of our patients and their families. Health care funding must be redesigned to support these cost-effective functions.

“Life begins at 40,” and we are just beginning to recognize how much lies before us, including many unanswered questions about the practice of family medicine. Most published research focuses on the treatment of a single disease in specialized settings—what can work under controlled conditions—rather than what will work in the real world with real patients. Patients rarely walk into the office

with just hypertension, but rather present with hypertension, obesity, diabetes, depression, hyperlipidemia, and osteoarthritis. What are the best treatments for these patients, especially when their families have limited incomes?

As we pursue our mission—“Improving the health of the people of Wisconsin and the nation through leadership in patient care, education and research”—in our 5th decade, we embrace the challenge of leading through innovation. We will integrate the insights afforded by research and education in our care for patients. We feel very fortunate that our department and its programs are extremely well positioned to serve the people of Wisconsin, and by extension, serve as an example for the rest of the nation, as we demonstrate the powerful impact of academic family medicine on the health of our communities.

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