



## Seeing the future

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It is great to be thinking about the future of family medicine—better than wondering whether family medicine has a future. I think we are well past that now, thanks to Barbara Starfield and others who have clearly demonstrated the benefits of primary care and family physicians.

I have just returned from a meeting of the Association of Departments of Family Medicine in Arizona. At the end of the meeting I headed for the Grand Canyon. With anticipation and excitement I entered the park—along with some snow. I think the future of family medicine in both Canada and the United States is a lot like the Grand Canyon in a snowstorm. You know it is going to be there. You know it is expansive, deep, complex, and important. But for the moment it is hidden. You have to trust that it is there. With growing evidence of the value of family medicine, growing College membership to more than 23000 family doctors in Canada, and growing numbers of medical students—now more than 32%—choosing family medicine,<sup>1</sup> I trust that our future is there.

Academic heads of family medicine across the country have tried to see through the “snowstorm” in our current environment to make predictions about the family medicine of the future: the commentary on **page 313**,<sup>2</sup> articulates what training programs have to comprise now to appropriately and deliberately train residents who will successfully meet the future primary care needs of Canadians. Some ideas are straightforward—interdisciplinary teams, shared care, better use of information technology, and more special interest and focused practices, especially for care of the elderly. Comprehensive care needs to be supported, but perhaps more by practices than by individual family doctors. Other aspects of the future of family medicine are perhaps less clear, but they are no less important. Can we be more responsive to community needs, be more available to underserved populations, and be more socially accountable as a discipline? Will we do better with public health issues and population health goals? The challenge is there, and we will have to ensure our residents are equipped to meet these needs. In Canada, the 4 principles of family medicine<sup>3</sup> will continue to serve as our foundation. The medical home will build on this foundation and give us the blueprint for organizing family practice in the future.

What will family practice look like in the future? When it is time for patients to visit their family doctors in the future, I envision electronic messages prompting their visits. Patients would be able to book same-day appointments

online or by text message. They could access aspects of their medical records, such as recent test results, securely online from anywhere before seeing their doctors. Once scanned in for their appointments, in the reception area of the office, patients could log on to patient education kiosks to get the latest updates on personal performance, personalized drug alerts, self-management tips, and tailored health questionnaires. Patients would then spend part of their visits with family practice nurses, review their medications with team pharmacists, and finally check in with their personal family doctors. During their appointments, they might participate in group visits for patients being taught self-management by the team kinesiologist.

Every practice would be a teaching practice. Medical students and learners from other disciplines would work and learn together regularly. Team skills would be taught and modeled effectively. Most patients would be involved in primary care research or quality improvement initiatives. Patients referred to specialists might see family physicians in the practice with areas of special interest, or perhaps outside specialists would visit them in their family doctors' offices. Most primary care would be provided through the family practice setting—a coordinated, efficient, and convenient service. Patients would receive updates, reminders, and advice electronically and be able to contact their physicians or other team members with questions via “e-visits.” Home visits would still occur, and family practice teams would be actively involved in all care transitions. Offices could provide electronic summaries for electronic records or to be kept on patients' smartphones. Statistics would also be collected on practice populations, with progress on targets easily tracked and monitored.

It might seem as though we have a long way to go to reach that future. The exciting thing is that, although we might not see it, we are confident of its existence, its strength, and its value—and we have a plan. Academic family physician leaders are already thinking ahead and working to enhance our training programs to better prepare future family physicians. For many of our learners, the future is already here. But like the rower of the boat, we have to face where we have come from in order to move forward. Let's not forget that whatever the future looks like, continuity and the doctor-patient relationship have to remain at the core of family medicine. ❁

### References

1. Canadian Resident Matching Service. *Discipline choice of Canadian applicants 2009 first iteration R-1 match*. Ottawa, ON: Canadian Resident Matching Service; 2009.
2. Ogle K, Boule R, Boyd J, Brown G, Cervin C, Dawes M, et al. Family medicine in 2018. *Can Fam Physician* 2010;56:313-5 (Eng), 316-9 (Fr).
3. College of Family Physicians of Canada. *Four principles of family medicine*. Mississauga, ON: CFPC; 2006. Available from: [www.cfpc.ca/English/cfpc/about%20us/principles/default.asp?s=1](http://www.cfpc.ca/English/cfpc/about%20us/principles/default.asp?s=1). Accessed 2010 Feb 25.

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