



One of Dr. King's goals is to improve patient satisfaction by making sure patients receive the right services by the right physicians in the right place at the right time.

A DOCTOR'S COMMITMENT

How are you bringing the goals of patient-centric health and well-being to the fore?

KING: I'm a full-time practicing physician in a small town in western Tennessee. Selmer is a community of about 7,500, so to me family medicine is what it's all about. At every opportunity, I talk to my patients about maintaining and restoring their health. I discuss health management with them on an ongoing basis. Hopefully, I am able to help them navigate the healthcare system.

I try to get the medical students and residents who come into my practice to think about patient well-being; so often the focus is only on the treatment of disease.

The same holds true in my committee roles. I want to keep the concepts of disease prevention and the management of medical conditions front and center.

PATIENT-CENTERED REFORM

What key reforms will you seek to bring about as President of the AAFP?

KING: AAFP's goal is to move toward what we call a patient-centered medical home (PCMH). This is the relationship between the family physician or primary-care physician (PCP) and the patient and the team that works inside the physician group. The goal is to provide adequate care — whether it's the nurse who works in the office, the pharmacist who fills the prescription, or a specialist.

This concept has proven to be effective and cost efficient in other industrialized countries. In the United States, we focus on hospitals, insurance companies, payer companies, and even physicians, but the patient is left out of the mix. One of the major policy changes that we're advancing is to improve patient satisfaction by ensuring

The AAFP's **PRESIDENT DR. JAMES KING** Discusses a Patient-Centric Approach to Healthcare Delivery

James King, M.D., is President of the American Academy of Family Physicians, a 94,000-member organization, and a family physician in Selmer, Tenn. Dr. King brings to the role as head of AAFP a long history of patient advocacy, within his practice, through his service on the board of directors of the AAFP, and as a liaison to various commissions and committees.

A respected family doctor and patient advocate, Dr. King works with others in healthcare, the legislature, insurance companies, and the life-sciences industry to promote the goals of family medicine.

patients get the right services by the right physicians in the right place at the right time. An important element of this change is the payment system. PCPs are paid for every face-to-face encounter and that's all. To improve the quality of health, we need a blended payment system. Physicians will continue to be paid for face-to-face encounters, but there also should be a management fee provided to each PCP, per patient per month, which could be based on other services, such as providing preventive care, setting up tests, or making sure patients take their medicines. Then there would be a third payment for performance. This would be based on data showing improved patient outcomes rather than on the number of office visits.

EASING THE WAY

How are these initiatives progressing?

KING: It's a major job to get family physicians to begin the process of changing their practices into a PCMH, putting electronic healthcare records (EHR) into their offices so we can monitor improvements in healthcare, making sure they're focusing on prevention and wellness, and ensuring that the AAFP is providing quality monitoring.

Right now about 37% of family physicians have an EHR in their office and about 13% are putting one in this year; by the end of the year this number should be about 50%. But we want to be at 100%. About 25% of family physicians say they can't afford an EHR, either because of the cost of putting a system into their practice or the loss of productivity involved in the process. Another 25% say they don't plan to implement EHR.

One of my goals is to move the 25% who want to implement EHR by working with the government and other entities to make it financially feasible for those practices. I will also be talking to the other 25% who have no interest in an EHR to explain the importance of the process. As we begin to implement pay-

for-performance measures we need to monitor protocols and guidelines, which requires an EHR.

PROMOTING PARTNERSHIPS

How are you collaborating with other organizations to bring about change?

KING: We've formed the Patient Centered Primary Care Collaborative, which is composed of the major primary-care medical associations — family physicians, general internists, pediatricians, and osteopathic physicians. About 333,000 physicians across the United States have endorsed the principles that guide the PCMH concept. In addition other groups have signed on, including various insurance companies. Large employers are also interested; in fact one of the major pushes for this system came from IBM. We don't believe we can do it by ourselves; for the system to change all of the stakeholders involved in the healthcare system — patients, payers, the medical community, and the government — have to be willing to move forward.

TURNING THE SHIP

What do you regard as some of the biggest challenges facing the U.S. healthcare system?

KING: There are 47 million uninsured patients who don't have healthcare coverage. Another challenge is the sheer size of the healthcare system in the United States; this is such a huge ship and trying to turn it is very difficult. It's tough trying to get the payers of healthcare to realize the value of making changes, such as focusing more on preventive services. But there's a glimmer of hope. CMS has begun the process of putting together a demonstration project for Medicare patients on the PCMH that shows positive results. ♦

PharmaVOICE welcomes comments about this article. E-mail us at feedback@pharmavoices.com.

CAREER Highlights

James King, M.D., FAAFP, was named President-elect of the American Academy of Family Physicians (AAFP) in September 2006. Previously, he served three years as a director on the AAFP board. He also serves as volunteer faculty at the University of Tennessee Center for Health Sciences, is on the medical staff of the McNairy Regional Hospital in Selmer, and is Medical Director of Chester County Healthcare Services. He was an active member of the Tennessee Academy of Family Physicians (TAFP). Dr. King received the Outstanding Model Office Teaching Award from the University of Tennessee Family Medicine Residency in 1990 and the TAFP's Family Physician of the Year award in 1997.