Giving Thought to Primary Care
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This is the second of two Medicine and Health Rhode Island issues on Primary Care, in which each expert addresses three questions, selected by the guest editor, that arise frequently in everyday practice.

No journal issue on the topic of primary care would be complete without mention of the current crisis in primary care. In 2006, the American College of Physicians warned of the imminent “collapse” of primary care.1 Along with many other stakeholders, medical schools have contributed to this collapse of primary care and have a major role in its rebuilding.2 This summer, Mullen et al published a study of medical schools’ commitment to the “social mission” of medical education—defined as “graduating physicians who practice primary care and work in underserved areas and recruiting and graduating young physicians who are underrepresented minorities.”3 The article generated the expected responses: medical schools that were rated highly celebrated their standing, and the Association of American Medical Colleges (AAMC) and schools that did not fare as well criticized the study.

As an alumnus of Brown (twice) and current faculty member, I was curious to see where we ranked. Brown ranked 97th out of 141 in primary care physician output, 66th out of 141 in HPSA (health professional shortage area) physician output, and on a “social mission score” that comprised the previous categories plus a measure of underrepresented minorities, Brown also ranked 66th.

Brown’s scores in these areas, given the signals from College Hill over the past several years, did not surprise me. The decreased standing within the Medical School of the Program in Liberal Medical Education, the spotlight on research, grants, technology, and buildings in the Medical School’s regular publications, and the pursuit of a top ranking in the US News and World Report list seem, at least to me, to matter more than training primary care physicians. Brown was once recognized as a primary care center of excellence and the Medical School took pride in that reputation. Now, I am not so sure of either.

With its renowned family medicine and primary care internal medicine residencies, its dedicated clinical faculty, and innovative programs such as the Doctoring course, the Medical School has an opportunity to lead by contributing to the revitalization of primary care. That would be more valuable than a top ranking on the US News or any other list.

References

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