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Who Should Provide Primary Care?

“Subspecialists are qualified to provide primary care.”

Results: Agree - 52 / Disagree: - 35 / No Opinion: - 1 / Comments: - 34

While the Family Practice Board Exams make it clear that the practice of primary care requires a defined scope of expertise and ongoing training with periodic recertification, a majority of responders to this posit hold that almost any physician can be a qualified primary care specialist.

That assertion raises some questions: Is primary care a specialty?

And, can many non physician professionals who have access to online medical information and telemedicine consultation also be qualified providers of primary care? — J.L.

For another view, see the Voices of Medicine article on “Should the Subspecialist be a Primary Physician?” by Philip R. Alper, MD.

"Someone trained in-depth in a limited area is not very likely to know the latest care guidelines for other [medical problems]" - Hal Renollet, MD

"(Agreeing) Just as a pediatrician should be allowed to provide the types of service the subspecialist gives if he/she was trained to do so, e.g., give allergy shots, as I did." - Dennis Marks, MD

"A subspecialist can be a primary physician if they take care of the WHOLE patient, including health care maintenance. In my opinion there are few subspecialists who really want to do this, so few would qualify." - Darin Latimore, MD

"I disagree with the posit because of the feedback I have gotten from subspecialists working in the free clinics as a student. Often, subspecialists appear uncomfortable dealing with primary care scenarios as they are out of practice. If subspecialists continued their primary care provision after residency, then, of course, it seems appropriate that they provide primary care to their patients. However, currently, many subspecialists do not provide primary care, and as such they may not be up to date on the skills and knowledge appropriate." - Srihari K. Namperumal, MS II

"I think the older generation of subspecialist is still very good about providing care. On the other hand, most of the new generation of subspecialist cares only about their respective specialty." - Vong Lee, MD

"I think we are capable of providing primary care, but we are more effectively used as specialists — especially at Kaiser where there are more services available to the primary care doctors." - Barbara Livermore, MD

"Subspecialist training is too narrow for good primary care." - Norman Eade, MD

"The information explosion over the past 25 years makes it impossible to practice top quality general primary care. That is why I limit my practice exclusively to my specialty." - William Bargar, MD

"Is the endocrinologist up to date on primary care issues — preventive care, cancer screening, etc., and can he/she work well with the other subspecialists? If so, he/she may be able to do both, but it is hard to do them both well." - Thomas Curran, MD

"Not all subspecialists make good primary care physicians. An internist with primary care experience who wants to do both — that's fine. But a subspecialist that hasn't done anything but his or her subspecialty for quite some time, is not going to make a good primary care doctor. Many OB-Gyns try but are not terribly successful, at [providing] pri-mary care for their patients. Family Practice is a specialty for a reason — it is not something that anyone can just dabble with without the training." - Joanne Berkowitz, MD

"As volunteer medical director of Clinica Tepati, a student-run free clinic serving local indigent Latino population, I am fortunate to work with both primary care and specialty physicians who volunteer their time each Saturday. My ex-perience with specialists treating bread and butter problems like diabetes and hypertension in this population has been very positive. I think they gain an appreciation for the various ways to manage and finesse basic chronic dis-eases, and they often educate me on their area of expertise. As a Sutter physician, I am able to electronically com-municate with specialists using EMR to bounce ideas back and forth." - Nate Hitzeman, MD

"Most subspecialists I work with are not keeping up the clinical literature to take care of the wide breath of prob-lems seen by primary care physicians." - Dineen Greer, MD

"If a subspecialist began their training in internal medicine and specialized beyond that, they have the skills and knowledge to care for patients as a primary care giver, providing they have appropriately maintained their basic skills and medical education. Obviously, a surgical sub-specialist would not qualify for primary care because their foundation was not there. " - Donald Hause, MD

"...Cognitively subspecialists are qualified to provide general primary care. However, most subspecialists do not have the appropriate systems in place to be able to deliver primary care." - Rajan Marchant, MD

"This certainly depends on physician comfort level. While some physicians enjoy and excel at mastery and treatment of a broad spectrum of issues including primary care, there are those who have chosen a subspecialty specifi-cally because they prefer to narrow their scope and excel in a limited area. Therefore, some subspecialists ARE and some ARE NOT qualified to provide primary care." - Holly J. Haight, MD

"(Disagreeing), Especially when subspecialties are [not general] medicine, pediatrics, obgyn etc." - Frank A. Brown, MD

"The problem is that not all specialists want to or are capable of doing this. Plus, if you are already extremely busy, who has the time?" - Paul A. Bilunos, MD

"(Agreeing)...[Provided] they finished an Internal Medicine residency before fellowship." - John Wiesenfarth, MD

"[I disagree] with a few exceptions." - Allan Galbreath, MD

"I think a subspecialist can provide primary care if he or she has been keeping up that part of their profession. How much time [is required]... in primary care versus subspecialty is hard to say to keep up with both. There are Med-Peds residency programs that emphasize both internal medicine and pediatrics so you have to be good in both in private practice." - Henry Kano, MD

"(Agreeing) If...their main training is in a field qualifying as "Primary Care"... The new Health Care Bills will sort this all out!" - James Farley, MD

"An Internal Medicine trained subspecialist should be able to provide high quality primary care so long as the sub-specialist has kept up with medicine outside the subspecialty area. Given the shortage of primary care physicians, encouraging such a practice would be beneficial." - Mark Blum, MD

"I agree, but after doing it for twenty years I am happy to be out of that business." -James Brode, MD

"Many subspecialists have continued to practice primary care as part of their practice and should continue to do so. Many subspecialists do not continue in primary care and have lost that skill.

Often, patients with significant subspecialty problems, such as cancer or heart failure, do not need to see a primary care physician as their specialty problem is overwhelming, and the limited primary care they need can be provided by the specialist. As with most of medicine, there is no one size fits all. " - William Lewis, MD

"As a child psychiatrist, I have always felt that I needed to be sure that there were no medical problems causing or worsening my patients' psychiatric symptoms and to make sure they are medically clear.

I also have felt comfortable in providing primary care for relatively simple medical problems that my patients have, in most cases contacting the pcp about my findings and interventions or referring them for an urgent visit with them. " - James Margolis, MD

"Occasionally taking care of muscle aches or flu symptoms is OK, but for a subspecialist to offer the full scope of primary care would just make it more difficult for others to get in to [see] that subspecialist and...over the long haul, decrease the quality of care." - Jose Cueto, MD

"This depends on the training and experience of the subspecialist. A good internist, who has taken a fellowship in endocrinology, may have the necessary skills and experience to do a good job, but that would limit the number of consults he would be able to do. So, this would likely only work professionally if he lived in a relatively rural area where he did primary care for some, and did all the endocrinology for the area." - Richard Gray, Jr., MD

"Internal medicine subspecialists have all been trained in general internal medicine. Most should be able to be successful primary care doctors." - George Meyer, MD

"With a brush-up course specialists could do general medicine. After all, we all started there. However, you might feel a little concerned as you watched an ophthalmologist getting scrubbed up to do an appendectomy on you!" - Byron Demorest, MD

"As an internist with a subspecialty, you should be able to practice primary care." - Richard Murray, MD

"Subspecialists are qualified to provide primary care." - Del Meyer, MD

"Not all subspecialists like or choose to provide primary care." - Maria Caparas, MD

"(Agreeing) Only the medicine subspecialists though." - Mark B. Chang, MD

"Depends on what the definition of subspecialist is. I subspecialize in Geriatrics and Hospice and still give primary care but do not feel comfortable with children, young adults, or pregnant women. - where do we draw lines in primary care - Primary care is very broad - this is a good debate to have. " - Sherellen Gerhart, MD