

Foreword

Americans do not consistently receive the quality of care they deserve. If a patient is under medical management for a chronic condition in America, that person has only about a fifty-fifty chance of receiving all the care they need. Every year, medical errors take the lives of tens of thousands of hospitalized patients in the United States. While we pride ourselves on the capacity of American medicine to deliver the most technologically sophisticated care available anywhere, we often fail to provide continuous, evidence-based, and patient-centered care. We can do better.

Two reports from the Institute of Medicine, *To Err Is Human* (2000) and *Crossing the Quality Chasm* (2001) set the stage for renewed efforts to enhance the safety and quality of health care in America. These reports call for a fundamental remaking of the systems of medical care so as to provide care that is safe, effective, patient-centered, timely, efficient, and equitable. The task requires action at many levels, from policy on payment that promotes quality to a modern health information infrastructure to professional education.

No one has a more central role in the transformation of medical care than the health professionals who care for patients. As individual practitioners and as a community committed to quality, health professionals can take the lead in improving health care in America. This initiative in the field of family medicine to promote higher quality care, "The Future of Family Medicine," serves as a model for all professionals who seek to transform medical care for the better."

Harvey V. Fineberg, MD, PHD
President
Institute of Medicine
National Academy of Sciences

In 1966, the American Medical Association published two seminal reports—from the Millis Commission (*The Graduate Education of Physicians: The Report of the Citizens Commission on Graduate Medical Education*. Chicago, Ill; American Medical Association; 1966) and the Willard Committee (*Meeting the Challenge of Family Practice: The Report of the Ad Hoc Committee on Education for Family Practice of the Council on Medical Education*. Chicago Ill; American Medical Association; 1966)—calling for a reinvention of the generalist function in medicine and for general practice to become family medicine. Multiple training programs in family practice were spawned and now, 38 years later, there are almost 500 accredited training programs and 67,000 board-certified family physicians.

But these are difficult times for primary care specialties. Managed care creates new demands while reimbursements

have dwindled. Medical students have a wide choice and other specialties are currently more popular. Yet these are times of great potential. Despite the US population's fascination with science and technology, patients value an individual relationship with a physician who knows them as a person and who understands the social context of their lives. Although burgeoning medical knowledge creates new challenges for comprehensive care, information technology is making critical clinical information more accessible to both patients and their doctors.

Facing these challenges and opportunities, the specialty's leadership initiated the Future of Family Medicine Project to chart the course of the specialty into the 21st century. What has emerged preserves the core values of the specialty while creating a blueprint for the future.

Herman I. Abrommowitz, MD
Secretary-Treasurer
American Medical Association

The World Organization of Family Doctors (Wonca) heartily congratulates the leadership of the 7 national organizations of family medicine in the United States for their wisdom and foresight in initiating the Future of Family Medicine (FFM) Project in 2002.

The issues that the project had set out to address are also issues that concern a good majority of the member organizations of Wonca globally. These issues constitute a significant part of all Wonca regional and international conferences and will undoubtedly continue to dominate the agenda in all future meetings. Particularly the issues of the relevance of family medicine as a discipline and specialty in the context of present-day health care delivery systems, the core attributes and values of family medicine, the issues of training and enhancing standards of practice, the need for research in the discipline, the importance of quality assurance and evidence-based medicine, and the need to provide leadership roles in the shaping of national health care policies, are issues in the final report of the FFM project to which Wonca will likely refer for resource and guidance.

The 10 final recommendations of the FFM report are all-encompassing in their prescription. They are also applicable, achievable, and patient-centered, with health care costs and quality of care very much in mind. The recommendation to establish a Leadership Center for Family Medicine and Primary Care to promote family physicians and other primary care physicians as leaders in health policy and research in government establishments and the community is a timely and proactive move that should be an example for family physician organizations in other parts of the world to study and adopt.

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