



# Medical Education Meets Health Reform: New Models Are Needed for Patient-Centered Care

Rebecca Voelker

JAMA. 2010;304(21):2349 (doi:10.1001/jama.304.21.2349)

<http://jama.ama-assn.org/cgi/content/full/304/21/2349>

Online article and related content current as of December 1, 2010.

Correction	<a href="#">Contact me if this article is corrected.</a>
Citations	<a href="#">Contact me when this article is cited.</a>
Topic collections	Medical Practice; Medical Education; Medical Practice, Other; Primary Care/ Family Medicine <a href="#">Contact me when new articles are published in these topic areas.</a>

Subscribe  
<http://jama.com/subscribe>

Permissions  
[permissions@ama-assn.org](mailto:permissions@ama-assn.org)  
<http://pubs.ama-assn.org/misc/permissions.dtl>

Email Alerts  
<http://jamaarchives.com/alerts>

Reprints/E-prints  
[reprints@ama-assn.org](mailto:reprints@ama-assn.org)

# Medical Education Meets Health Reform

## New Models Are Needed for Patient-Centered Care

Rebecca Voelker

WHEN ORIENTATION BEGINS AT the University of Wisconsin School of Medicine and Public Health in Madison, the initial welcome to first-year medical students is not from their dean, Robert Golden, MD. The first voices they hear as they begin their medical education are those of patients. The patients talk about their illnesses and the impact of these conditions not only on the population at large, but on themselves and their loved ones.

“We feel that it is more than symbolic,” said Golden. “It’s important to really drive home the patient [perspective] from the beginning, that what it’s all about is the patients.”

While other medical schools have implemented similar programs, training physicians to deliver patient-centered care takes on a new urgency as provisions of health reform legislation are phased in through 2014. The concept of the patient-centered medical home and the need for increases in primary care physicians are key reform components. But the nation’s medical education system may not be on the same page. During a recent health education summit sponsored by the American College of Physicians (ACP) and the Carter Center in Atlanta, Ga, experts warned that medical education, as it is currently structured, cannot properly train physicians to practice in a reformed health care delivery system.

“These are not idle concerns,” said John Bartlett, MD, MPH, a senior advisor in the Carter Center’s Primary Care Initiative, during a teleconference from the summit. “The medical home really is the vehicle for the reinvention of primary care in this country.”

With this kind of practice model in mind, the Carter Center launched its Primary Care Initiative 2 years ago in

an effort to better integrate mental and behavioral health services with primary care. Bartlett said that about half of primary care physicians offer some type of behavioral care component,

including counseling for overweight patients, smoking cessation, or depression treatment. But he pointed out that medical students are more likely to see patients hospitalized with severe psychiatric illnesses than the broader array of mental and behavioral health issues with which patients present in primary care settings.

As a result, students have little opportunity to practice in a reformed health care delivery system. “We need to make sure that our medical education is preparing students to practice in a patient-centered medical home,” said