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The community-focused family medicine clinic: A “new model” in Oregon

Six months ago I embarked on a quest to develop a health care model that would truly serve our community. I had an epiphany that involving the community in the creation of the clinic would be integral to the success of the venture.

In neighborhoods and community centers throughout the region, I facilitated public forum discussions on the “Ideal Medical Clinic.” All participants were encouraged to express their wildest dreams and most creative visions in roundtable discussions that were remarkably lively, providing fertile material for the birth of our true community-based medical practice. Just 1 month later, 90% of the community input was incorporated into a fully functioning solo “Family and Community Medicine Clinic.”

Concurrent with my venture to create the ideal medical practice locally, the Future of Family Medicine (FFM) project has spearheaded a national campaign, a call to action for family physicians to create a new model of family medicine. After substantial research, the FFM project determined the characteristics of the “New Model” of family medicine:

- a personal medical home
- patient-centered care
- whole person orientation
- team approach
- elimination of barriers to access
- advanced information systems

- redesigned offices
- care provided within a community context
- emphasis on quality/safety
- enhanced practice finance
- provide family medicine’s basket of services.

It appeared we had inadvertently stumbled on this “new model” in our co-creation of the Family and Community Medicine Clinic, which successfully embodied all 11 characteristics.

■ A facility designed to reassure

The clinic is housed in a wellness center tucked into a wooded residential area within walking distance of my home. The center offers yoga, massage therapy, and counseling, and features a full size, solar-heated, wheelchair-accessible indoor pool/hot tub. A covered walkway connects the pool to the cozy medical office space, which feels more like a living room with its overstuffed chairs, pillows, and muted colors.

A partial wall separates the consultation area from the exam room. The exam area has a relaxing Caribbean decor with local commissioned artwork, fun flannel gowns, and an attached bathroom. A regional hospital with a full range of specialists is located just 2 miles from the clinic, and paramedics are next door in the fire station.

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■ Gratifying physician-patient encounters

Patients enjoy 24/7 access to their family doctor, and hospital care if needed. After-hours calls are rare because appointments run 30 to 60 minutes and are comprehensive. Appointments are scheduled for weekday afternoons and evenings so patients never have to miss work. Same day and weekend visits are available for urgent needs.

I enjoy a leisurely bicycle ride to the office on scheduled afternoons, and I reward patients who walk, bicycle, or ride public transit to their visit with a selection of gifts (local handmade soaps, lotions). Other gifts such as massage or body work honor major behavior or lifestyle changes. Generic antibiotics are dispensed on site, free of charge, so ill patients do not have to wait at a pharmacy.

■ Patients active in care of selves and others

Novel voluntary programs were developed by the community and include healing circles and a quality improvement team composed of patients. Disease registries have made it possible to form chronic disease support groups.

For those in support groups, group medical visits are available and allow exchange of complex information in an informal nurturing environment. There are also a variety of volunteer opportunities for skilled patients to serve other patients with special needs.

■ Running the center with a little creativity

Our community medical practice operates without grants or outside financing aside from the small amount I contributed to buy furniture and supplies. Rented office space is \$280/month, and with no staff I have extremely low overhead. My home business office is where I handle phone calls, billing, and charting on my Apple laptop computer. Malpractice insurance is

inexpensive (\$1200/first year); discounted 50%, as I work part-time. Insurance is accepted, and uninsured patients are given large discounts with barter options available. Oddly enough, I will likely exceed my prior full-time salary.

■ The rewards of embracing this new model

My colleagues were concerned I would serve the worried well in a wellness-centered “spa” setting. On the contrary, my first patient was an uninsured, whimsical, and thin 25-year-old man with a blood pressure of 220/120 mm Hg. I diagnosed renal artery stenosis due to fibromuscular dysplasia, and accompanied him to angioplasty.

Two weeks after his initial visit, I had his blood pressure down to 118/80 mm Hg without medication. The night after his angioplasty I brought the family and patient into the radiology department to recreate the amazing scene showing the catheters, wires, and film images, which they kept as souvenirs. We all stood there silently, in awe.

In this new practice model, I now have the luxury to stand in awe with my patients marveling at life itself. I also have the luxury of accompanying my patients through all facets of their treatment, including visits with specialists. It is an honor and a privilege to attend to patients with the curiosity and freedom (lack of time constraints) of a new medical student and with the wisdom of a seasoned family physician.

I am amazed at how simple and enjoyable it is to create a solo community medical practice that conforms to the national “New Model” of family medicine as supported by the FFM project. I look forward enthusiastically to exploring the new models that other family physicians develop in their communities, each with its own regional flavor, infused with the personalities of the creative physicians involved. May we all energize and inspire each other in our collective journey to renew our beloved profession. ■

FAST TRACK

Involving the community was integral to the clinic's success