


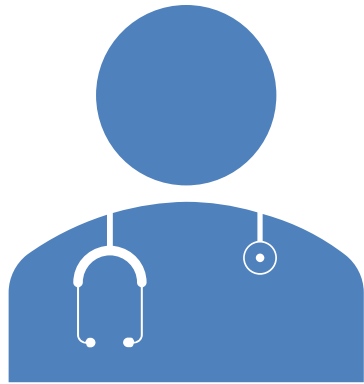
What Is Primary Care and Why It Matters More Than You Think

- Erin Kavanaugh, MD, FAAFP
Chair, Department of Family and Community
Medicine
 - Megan Werner, MD, MPH, FAAFP
Associate Medical Director of Population Health
and Quality, Westside Family Healthcare
- 



THE ACADEMY

An exploration of how family physicians care for people, families, and communities—and why the future needs more of them.



Disclosures

- Megan and Erin have no financial disclosures to report.
- However, they absolutely are biased towards primary care, family medicine and the future of the health of our community and country. So, there's that. 😊



Before we start...
tell us a little about you!

Meet Your Family Physicians

Megan Werner, MD, MPH



Meet Your Family Physicians

Erin Kavanaugh, MD, FAAFP



Why do we love
Family
Medicine?

(And why do we
think you might
like it too)?



Megan – A Patient Story



Erin –
A Patient
Story



What Is Primary Care?

First place people
turn for health
concerns

Whole-person
care

Prevention and
wellness

Long-term
relationships

Coordination
across the
healthcare system

Words matter.

Primary Care

Family
Medicine

Pediatrics

Internal
medicine

Obstetrics/
Gynecology

Family Medicine = Across the Lifespan

Pediatrics= Kids

Internal Medicine= Adults

OB/GYN= Adult Women

Words matter.

Geriatrics

Palliative

Sports
Medicine

Hospitalist

Emergency
Medicine

Procedures

What Makes Primary Care, specifically, Family Medicine, Unique?

Very broad scope of practice

- Newborns → Children → Teens → Adults →
Parents → Grandparents

We care for physical health, mental health, families, and communities.



A Day in the Life - Megan

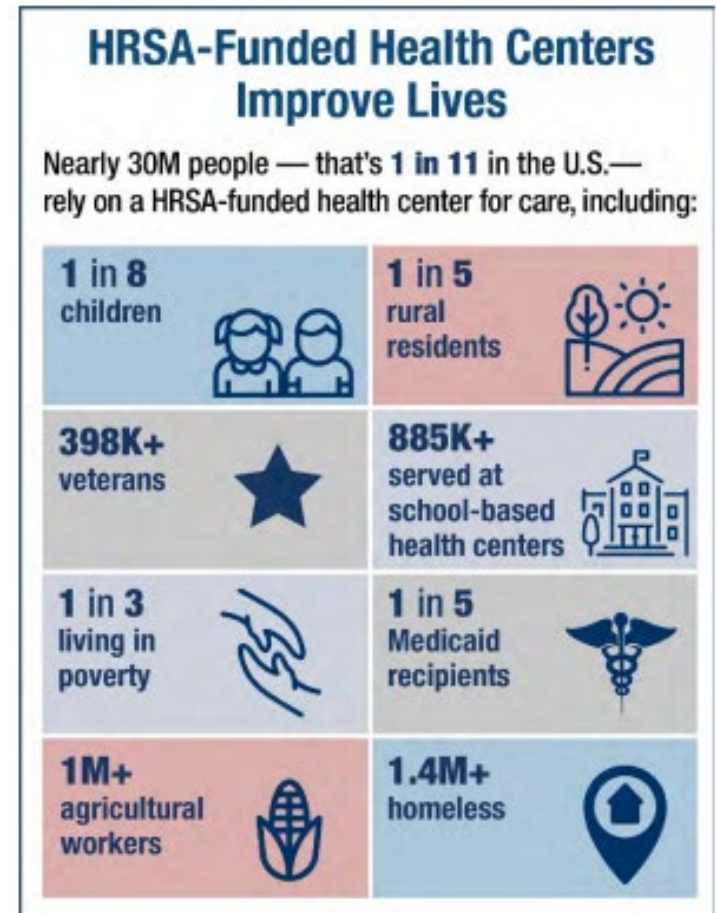
FQHCs and the Community Health Movement

- Started in the 1960's as 2 demonstration programs funded under the Office of Economic Opportunity
 - One urban: Boston, MA
 - One rural: Mound Bayou, MS
- Dr Jack Geiger was an early leader who modeled “neighborhood health centers” on community-based health care he studied in South Africa
- Addressed the underlying causes of poor health, including poverty, food insecurity, housing insecurity, and others
 - Used federal funds in novel ways, including “prescriptions for food”
- Over time, FQHCs have proven to reduce health care costs (24% lower spending for patients with Medicaid compared to those served outside of a health center*) and reduce health disparities



UNIQUE ATTRIBUTES OF FQHCs

- Part of the largest primary care network in the nation
 - 1,400 community health center orgs
 - Over 13,000 service delivery sites
 - Located in all 50 states and Puerto Rico
 - Collectively serving 30 million people
- Requirements to be considered an FQHC
 - Located in underserved communities
 - Comprehensive services – culturally competent
 - Sliding fee scale for uninsured and underinsured patients
 - Minimum of 51% of Board members are patients
 - Continuous quality improvement and reporting



Westside's History

- Founded by volunteer nurses
- Doors opened in 1988
- Two-exam room health center
- 2.5 FTE employees



... and look how we have grown!

- 5 health centers
- 4 dental suites
- 1 SBHC
- 1 mobile health unit
- 1 Family Medicine residency continuity site
- LOTS of other learners



Who are our patients?

Westside Family Healthcare works diligently to improve access to care for vulnerable populations, steadily expanding the services provided, the clinicians trained, and the communities served.



PATIENTS CARED FOR

23K+



PATIENTS COVERED BY
MEDICAID/MEDICARE

47%



PATIENTS IDENTIFYING AS
LATINO OR HISPANIC

53%



PATIENTS
UNINSURED

30%



PATIENTS WITH INCOME AT
OR BELOW FEDERAL POVERTY LEVEL*

95%



FEMALE
PATIENTS

64%



PATIENT
VISITS

95K+



PATIENTS BEST SERVED
IN NON-ENGLISH

4 IN 10

*At or below 200% of the Federal Poverty Level

A Typical Day...

36y / Female

New Prenatal Exam - first office visit

48y / Male

DIABETES F/U - routine dm f/u/3 [REDACTED] /no t

24y / Female

Postpartum Visit - 6 week f/u; depo

49y / Female

DIABETES F/U - DM and HTN f/u, and a pimple on

23y / Female

Women Well Visit - pap

14y 5m / Male

Follow Up Visit - Chest press and ribs pain when s

11y 4m / Female

Follow Up Visit - Learning issues, school requeste

58y / Male

OR Clearance - Back surgery 7/1st / [REDACTED] /

37y / Female

Prenatal Follow - PNV

75y / Male

Follow Up Visit - bp

39y / Female

Prenatal Follow - pn fu/ [REDACTED]

9m / Female

Well Child Check - 9 motnhs WCC/VACC/ [REDACTED]

5w / Female

Well Child Check - 1 mo

23y / Female

Follow Up Visit - iud check

31y / Female

Prenatal Follow - 4 weeks

53y / Female

Hospital ED Discharge - motor vehicle accident...



ChristianaCare™

A Day in the Life - Erin

ChristianaCare

Nonprofit academic health system, serving Delaware, Maryland, Pennsylvania and New Jersey. Delaware's largest private employer and a Top 10 Philadelphia area employer.

➤ Acute Care

- Three hospitals and a freestanding emergency department.
- Level I trauma center.
- Level III neonatal intensive care unit.
- Comprehensive stroke center.
- Regional centers of excellence: heart & vascular care, cancer care and women's health.

➤ Research and Innovation

- Gene Editing Institute.
- Health & Technology Innovation Center.
- CareVio virtual care platform.
- Institute for Research on Equity and Community Health (I-REACH).

➤ Community Care

- Primary and specialty care.
- Home health care.
- Urgent care centers.
- Community health.
- Center for Virtual Health.

More than
13,000
Caregivers

More than
300
Residents & Fellows





Serving Delaware, Maryland, Pennsylvania and New Jersey

- Newark Campus
- Wilmington Campus
- Cecil County Campus
- Middletown Campus
- Concord Health Center
- Greenville Campus
- Smyrna Campus
- West Grove Campus (coming soon)

12
ChristianaCare | GoHealth
Urgent Care Centers

180+
Practices & Locations

Our Extraordinary People



13,784
Caregivers

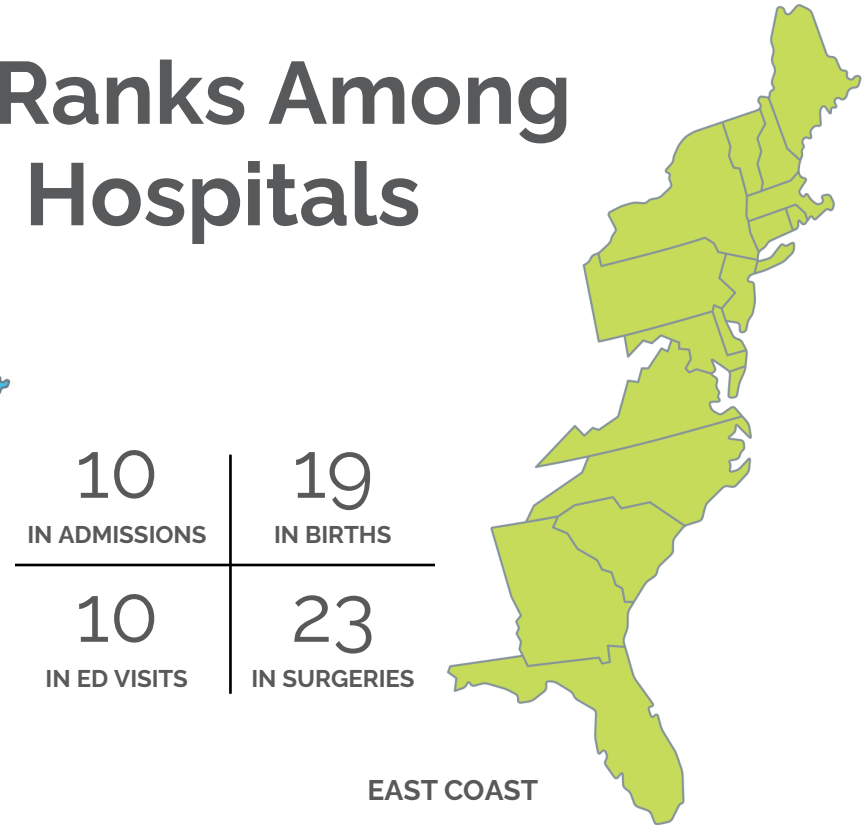
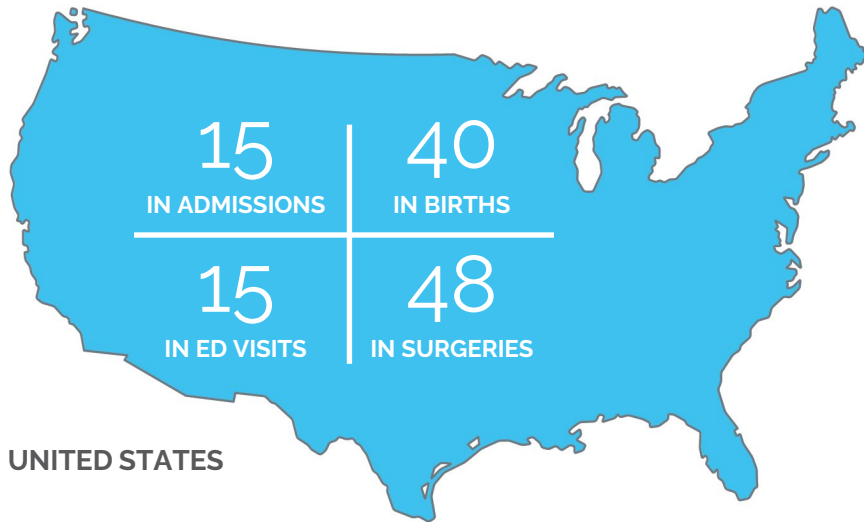


ChristianaCare Volunteers



308
Residents & Fellows

ChristianaCare Ranks Among the Leading Hospitals



Source: AHA Annual Survey Database for Fiscal Year 2021

Statistical Data

FY23



Admissions
61,103



Radiology
Procedures
549,391



Urgent Care
Center Visits
209,514



Home Health Visits
208,075



Lab Tests
4,535,338



Outpatient Visits
873,875



Births
6,709



Surgical
Procedures
39,425



Primary Care
Physician Office
Visits
294,844



Emergency Department
Visits 227,145

Christiana Hospital 97,676
Wilmington Hospital 61,795
Union Hospital 35,051
Middletown ED 32,623



Wilmington Campus

Wilmington Hospital (321 beds)

Center for Advanced Joint Replacement

Center for Rehabilitation

First State School

Health & Technology Innovation Center

Psychiatric Services

Rocco A. Abessinio Family

Wilmington Health Center

Swank Memory Care Center

William J. Holloway, M.D., Community Program

Wilmington Hospital Gateway Building





Delaware Branch Campus





Graduate Medical Education

Residencies

- Diagnostic Radiology
- Emergency Medicine
- Emergency Medicine/Family Medicine
- Emergency Medicine/Internal Medicine
- Family Medicine
- General Practice Dentistry
- General Surgery
- Internal Medicine
- Integrated VIR
- Independent VIR
- Medical Physics
- Medicine-Pediatrics
- Obstetrics & Gynecology
- Oral Maxillofacial Surgery
- Pharmacy
- Pharmacy Ambulatory Care
- Pharmacy Critical Care
- Podiatric Medicine & Surgery
- Psychiatry
- Transitional Year

Fellowships

- Advanced Heart Failure & Transplant
- Cardiovascular Disease
- Clinical Informatics
- Hematology/Oncology
- Hospice and Palliative Care
- Interventional Cardiology
- Minimally Invasive GYN Surgery
- Otolaryngology
- Quality & Safety
- Sports Medicine
- Surgical Breast Oncology
- Surgical Critical Care
- Vascular Interventional Radiology (VIR)

33 residency and fellowship programs (including non ACGME-accredited programs)

308 Total Residents and Fellows



Undergraduate and Allied Health Education

750+

Medical student rotations.

2,200+

Nursing student rotations.

225+

PA student rotations.

20+

Pharmacy student rotations.

150+

NP student rotations.

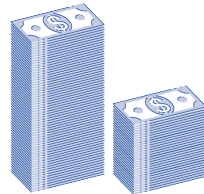
400+

Allied health students in 6 co-sponsored programs and 32 professions.



Economic Impact on Our Community

\$1.79b



*Caregivers Collectively
Return to the Economy*

\$130K



*Average Each Caregiver Returns
to Our Community Per Year*

13,784

*ChristianaCare
Caregivers*

27,462

*Jobs Supported in
the Community*

\$62.9m

*Revenue to State
of Delaware*

\$3m

*Revenue to City
of Wilmington*

\$6.5m

*Revenue to State
of Maryland*

Time	Duration	Notes
8:20 AM Kavanaugh MD, Erin	40 mins	Reason for Visit:Annual Chief Complaint:annual
9:00 AM Kavanaugh MD, Erin	20 mins	Reason for Visit:Other: Free Text Required Chief Complaint:reg visit. Routine f/u. Pt presents ...
9:20 AM Kavanaugh MD, Erin	20 mins	Reason for Visit:Routine Follow Up Chief Complaint:Routine checkup including gyneco..
9:40 AM Kavanaugh MD, Erin	20 mins	Reason for Visit:Routine Follow Up Chief Complaint:follow up
10:00 AM Kavanaugh MD, Erin	20 mins	Reason for Visit:Other: Free Text Required Chief Complaint:follow up right hip pain x started ...
10:20 AM Kavanaugh MD, Erin	40 mins	Reason for Visit:Medicare Annual Wellness Visit Chief Complaint:follow up routine visit.
11:00 AM Kavanaugh MD, Erin	40 mins	Reason for Visit:Follow Up Chief Complaint:follow up also just out of hospital ..

Clinical Case #1

- *Jacob is a patient I have had since he was born.
 - Struggled with obesity at all stages of life
 - My whole job is centered around prevention and early diagnosis
 - Obesity increasing risk for
 - Heart disease
 - Diabetes
 - Stroke

Clinical Case #2

- June*, a woman in her 60's, had difficulty controlling her diabetes. She was reluctant to use injections like insulin, but took her oral medications and came into the office regularly.
 - What might be affecting her blood sugar and causing her diabetes to be uncontrolled?
 - What role did relationships play in changing the outcome of her care?

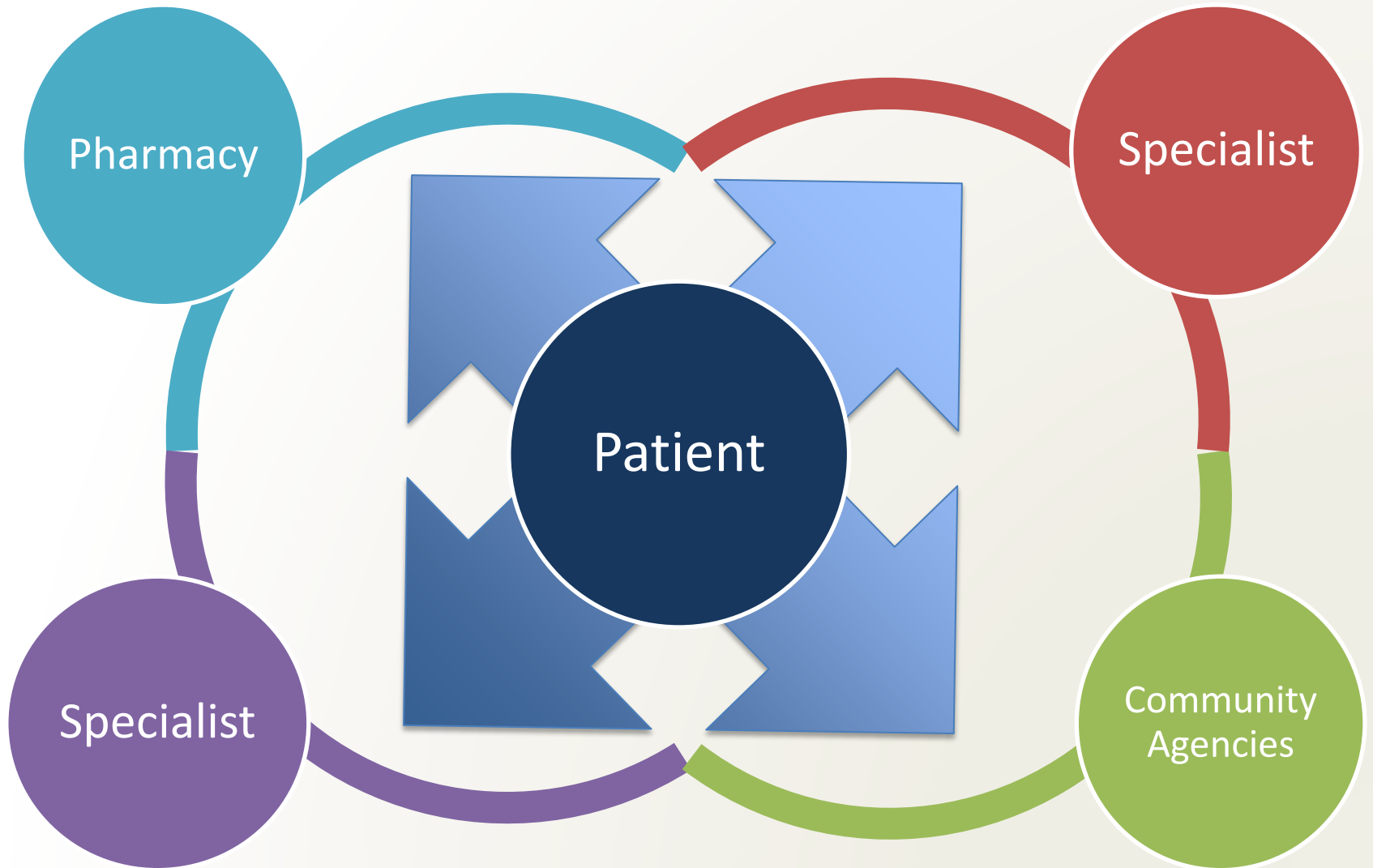
Clinical Case #3

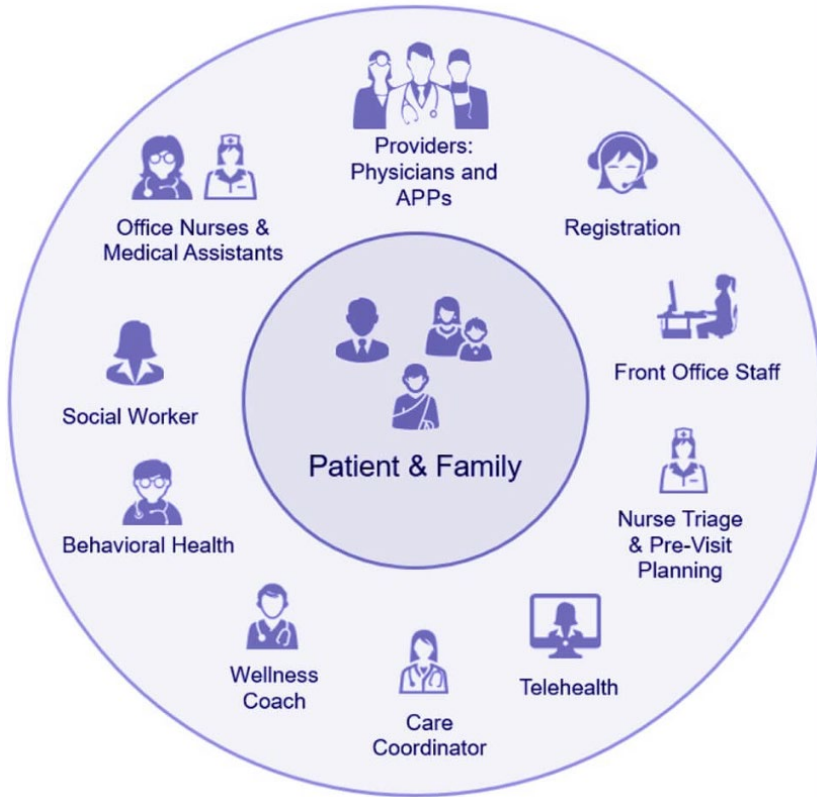
- *Mario, a man in his 50s, had long struggled with mental health concerns.
 - Safety in his home, neighborhood
 - Family dynamics
 - Education level, job, food security
 - Alcohol used as a treatment/crutch to mask feelings
- Drinking led to fights, traumatic brain injury, prolonged concussion
- Finally ready to engage with sobriety (his version)

Clinical Case #4

- Sam*, a male in his teens, started coming to our office shortly after he was adopted. Before birth, he was exposed to multiple substances including alcohol, opioids and other drugs. He received all of his early childhood vaccines, but as he grew older, his parents became more hesitant to use medications, preferring natural or non-medical approaches, including for concerns about his focus and behavior in school.
 - How would you approach a conversation about medication with a family who is hesitant?
 - How could continuity change the outcome?

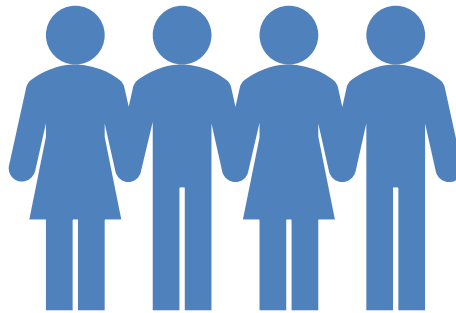
Family Medicine Connects It All Together





Why Primary Care Matters

- Communities with strong primary care have:
 - Better health outcomes
 - Lower healthcare costs
 - Better access to care
 - Greater health equity



We need
YOU!

- We don't have a shortage of people who want to help—we have a shortage of people choosing primary care careers.
- And, it's more than 'we' need you –
 - Your community needs you...
 - Your future patients need you...

Can you answer these questions?

Who will be your
doctor when you
are older?

Who will be your
parents' doctor?

Who will care for
your
community?

FUTURE

The Future Needs More Family Physicians

- Up to 48,000 primary care physicians may be needed by 2034
- Nearly one-third of physicians are age 60 or older
- 40% of physicians should work in primary care
- Only 12.2% of graduates entered family medicine in 2022

Delaware – YOUR Home


Delaware has just
over 1 million
people but only
about 800*
primary care
physicians

About 650 of
them truly
practice every
day, about 1/3 of
these are in
Family Medicine

* Primary Care Physicians in Delaware 2018,
Delaware Health and Human Services, Division of
Public Health




Delaware
– YOUR
Home

- 
- Over 2/3 of these doctors are located in New Castle County
 - Makes it harder for Kent and Sussex county residents to get what they need, when they need it




Delaware
– YOUR
Home

- Our state has a SEVERE shortage of primary care physicians today
- All of Kent and Sussex counties, and parts of New Castle County, are Health Professional Shortage Areas



Delaware
– YOUR
Home!

- 
- AND we are a rapidly growing state! Go figure! People like to live here.
 - We need about another 175 primary care doctors for the short term to stay on top of our growth needs

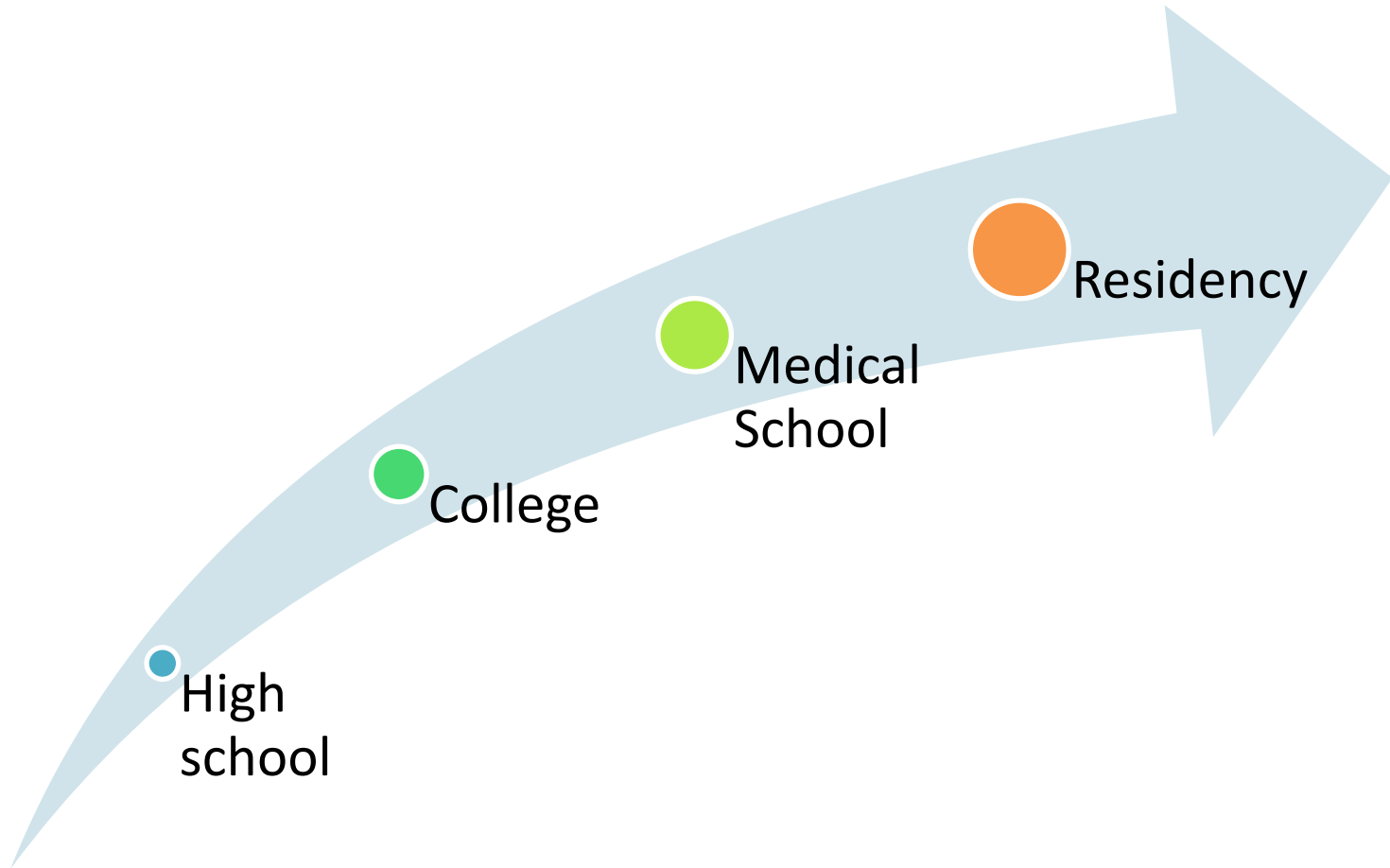
Delaware – Good News!

As a small state, we are fortunate that many of our health care leaders and legislators all know each other and work together

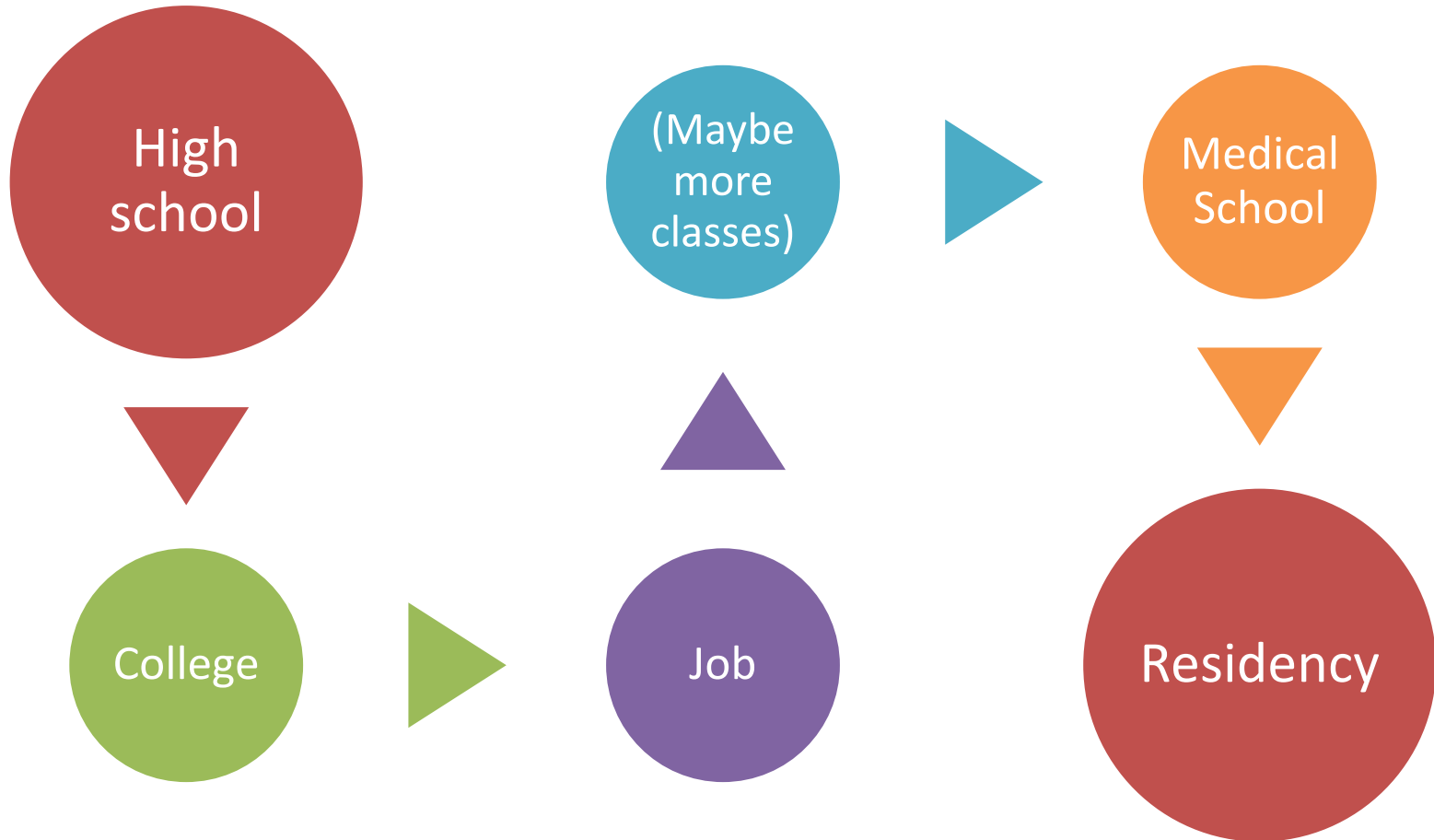
Solutions in our state

- DIMER
- PCOM Collaborative
- SKMC Branch Campus
- Coming Soon! A Medical School
- Lots of support and mentorship

Typical Path to Becoming a Family Physician

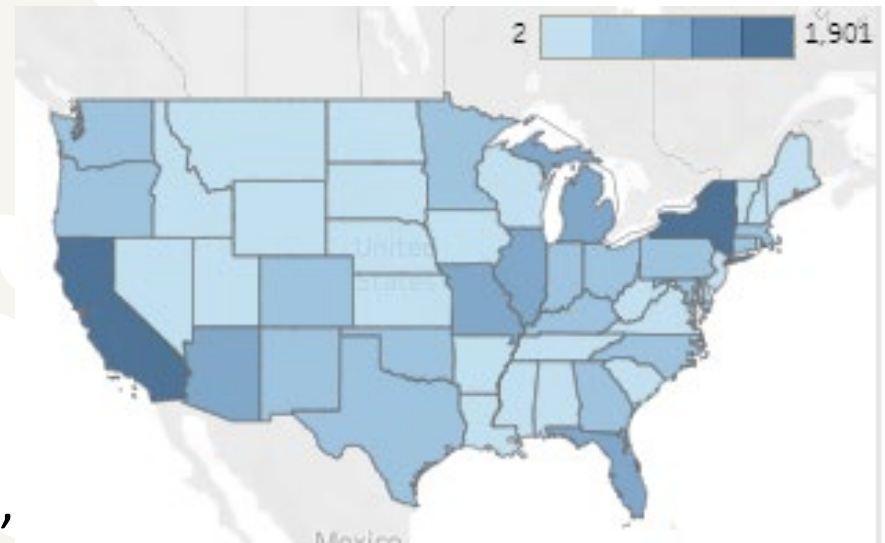


Other paths work well too...



Resources to Help: National Health Service Corp and State Loan Repayment Programs

- Designed to encourage primary care clinicians to work in underserved areas (HPSAs)
- NHSC:
 - Federally funded, managed by HRSA
 - Two tracks- Scholarship and loan repayment
- State: Loan repayment
- Multiple disciplines
 - Physician, PA, CNM, NP and other nursing roles, pharmacist, behavioral health providers, dentists



When do people choose family medicine?

20% of folks going into Family Medicine make this decision *before* medical school

55% of them decide *during* their rotations

Why People Choose Family Medicine

- Meaningful relationships

- Variety

- Community impact

- Advocacy

- Teaching

- Leadership

- Flexibility

Who Makes a Good Family Doctor?

Curiosity

Empathy

Communication

Teamwork

Resilience

Advice for Students

Explore:

- Volunteer opportunities
- Shadowing experiences
- Community service
- Science and communication courses
- Mentorship

Stay curious.

For Fun...Check this out!

- [Doctor Mike - Official Website](#)



The Glaucomflecken • Humanity & Humor in Healthcare

Entertainment, Education, Advocacy

What started as a few funny posts about medical life turned into a entertainment and educational media business with a mission to center the humanity in healthcare.

Now, powered by Will's satirical videos and Kristin's impactful writing, we've built a real educational media business. We host a weekly podcast, speak at keynotes across the globe, and create resources for med students and faculty that have been adopted by accredited institutions worldwide. And that's just the beginning.

Our goal? A more empathetic and compassionate healthcare system for **everyone**.

Social Media ⊖

As Dr. Glaucomflecken, Will creates comedic videos about medical life, important issues in the US healthcare system, and perhaps most importantly, eyeballs.

As Lady Glaucomflecken, Kristin shares impactful writing and educational content about the patient & family experience, especially from the perspective of co-survivors.

Podcast ⊕

Speaking & Live Events ⊕


Educational Resources & Guides ⊕



Family Medicine Needs Boundaries



Main Points



Family medicine is a rewarding and challenging career that has brought us tremendous joy and satisfaction over the years.

A large red circular graphic on the left side of the slide, partially cut off by the edge.

Main Points

Having a primary care provider leads to healthier people and healthier communities.

Every person deserves a trusted relationship with a primary care clinician.

A decorative purple dashed line in the bottom right corner of the slide.



Main Points

The future of
healthcare depends
on family physicians.




Main Points

Maybe one of them is
in this audience
tonight.

Hopefully one of them
is YOU!





Q&A

Ask us anything!