California Academy of Preventive Medicine
Position Statement on Primary Care

The California Academy of Preventive Medicine (CAPM), representing the medical specialty of Preventive Medicine in California, considers Preventive Medicine to be a primary care-related specialty. The scope of Preventive Medicine particularly emphasizes the population-based, occupational, and public health aspects of primary care, and its preventive services. The practice of Preventive Medicine and its subspecialties includes, but is not restricted to, clinical Preventive Medicine, Occupational Medicine, population/epidemiology-based general practice. We thus complement general Internal Medicine, general Pediatrics, and general ambulatory Obstetrics and Gynecology.

Specific Recommendations for California:

1. Any California managed care legislation or regulations involving a “gatekeeper” function should be worded so as to permit Preventive Medicine specialists to perform this role.

2. Graduate training programs in Preventive Medicine should be formally recognized in the State of California (e.g., by the Statewide Council on Primary Care Training, and in any future reintroduced legislation) as being among the training programs related to primary care.

3. Graduate medical education reforms at the state level include efforts to increase Preventive Medicine training positions and funding.

4. The definition of a primary care physician in the California Welfare and Institutions Code, section 14255, should be expanded to include physicians who practice Preventive Medicine.

5. The CAPM Board of Directors is authorized to pursue these recommendations and objectives through appropriate and timely medical and political channels, negotiations with governmental and private agencies and other medical specialties, and mediation through the California Medical Association (CMA) of any interspecialty disagreements that cannot otherwise be resolved.

Justification and Background:

Preventive Medicine training includes a clinical year in primary care and a practicum year in which residents are trained on the application of preventive medical skills to individuals and populations. Preventive Medicine specialists utilize individual and community-based interventions to improve access to care and compliance with preventive services, and to address public health concerns. According to a nationwide survey of Preventive Medicine residency graduates done for HRSA in 1992, 63.5 percent of these graduates provide direct patient care (70 percent in a separate survey published in 1988 by Person et al. In Am J Prev Med), most of these in primary care settings. Preventive Medicine specialists and organizations (such as the American College of Preventive Medicine and the U.S. Preventive Services Task Force) have contributed greatly to U.S. standards for preventive services in primary care.

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Preventive medical services are crucial to the health of all Californians. Examples of areas of application of these services include preventing and controlling infectious diseases, reducing the prevalence of violence in our society, reducing the morbidity and mortality associated with chronic diseases, preventing and reducing occupational illness and injury, and providing public health services (especially to low income populations). The two major issues which will impact Preventive Medicine's ability to continue to address these health concerns are managed care and postgraduate training.

The managed care movement in the U.S. and particularly in California has identified primary care physicians as "gatekeepers" for access to medical services. CAPM strongly believes that Preventive Medicine physicians are well trained to provide the "gatekeeper" function. Moreover, it would be particularly deleterious to primary care and a barrier to preventive clinical services if, on the contrary, "gatekeeper" referral were necessary before patients could access the services of Preventive Medicine specialists.

The third Report (1993) of the Council on Graduate Medical Education (COGME) cited Preventive Medicine as a specialty with an inadequate number of physicians, and recommended increasing the percentage of physicians training and certified in Preventive Medicine as a national goal, noting that lack of funding has actually reduced available residency positions. The Fourth Report of COGME proposed a plan advocated a plan to increase Preventive Medicine residency positions and to assure that Preventive Medicine would be a "protected specialty" whose numbers would not be reduced as residency positions were reallocated from oversupplied specialties.

An increase in funded residency positions will be needed to achieve these objectives. Restrictions are being implemented, particularly by the University of California, on residency positions for specialties not classified as primary care. Failure to recognize Preventive Medicine as a primary care specialty for training purposes could result in further restriction of training positions.

Federal Precedents:

Preventive Medicine is included in the definition of primary care in the Public Health Service Act, Sec. 723(d)(5), along with family medicine, general internal medicine, general pediatrics, and osteopathic general practice. This definition is also used in the Consolidated Omnibus Budget Reconciliation Act (COBRA) of 1993, Sec. 13563 of Public Law 103-66, in connection with the reimbursement of hospitals for primary are residents. In the health Professions Education of 1992, Preventive Medicine is included in eligibility for a primary care loan program that is largely funded by federal contributions. In 1993, Preventive Medicine was included with other primary care specialties accepted by the National health Services Corps. Preventive Medicine is included as a primary care specialty in the Rockefeller-Waxman proposal (S 1315/HR 2804) to require 50 percent of entry positions in residencies nationwide to be in primary care beginning in 1998, and in the Cooper/Breax health care reform legislation (HR 3222). (In conrast, the California Welfare and Institutions Code, Div. 9, Article 2, Section 14254, defines a primary care physician as one who has limited his practice of medicine to general practice or who is a board-certified or eligible internist, pediatrician, obstretrician-gynecologist, or family practitioner, and this definition influenced the two Isenberg bills on primary care training that passed the legislature but were vetoed by the Governor.)