

Family Physicians: Who We Are, What We Do, and Where We Practice

WHO WE ARE: Family physicians perform a wide range of services including general practice, labor and delivery, emergency medicine, surgery and procedures, pediatrics, hospital medicine, pain management, behavioral health and geriatrics.

- Collectively, **family physicians are responsible for approximately one in five of all medical office visits** in the United States per year—more than any other specialty.
- More Americans depend on family physicians than on any other medical specialty.
- **Serving the under-served:** Family physicians are the foundation of our primary care clinics to the underserved, the FQHCs. Our members train there, work there, and teach there. Their dedication leads to changes and innovations to improve the health of our most vulnerable.

WHAT WE DO: Primary care is the essential foundation of a successful, sustainable health care system and is provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern. Primary care includes:

- health promotion
- disease prevention
- health maintenance
- counseling
- patient education
- diagnose and treat acute and chronic illnesses in a variety of health care settings
- advocate for patients in the health care system to accomplish cost-effective care by coordination of health care services
- treat the patient as a partner in health care decision-making.

Research continues to show that primary care is critical to the health of individuals and improves health outcomes. Primary care helps prevent illness and death and is associated with a more equitable distribution of health in populations. A study found that patients who identified a primary care physician as their usual source of care had lower five-year mortality rates than patients identifying a specialist physician as their usual source of care.

What are the benefits of Primary Care? There is strong evidence of the benefits of primary care for both populations and personal health. Access to primary care can lower overall health care utilization, increase the use of preventive services, and lower disease and death rates. **Primary care may reduce the negative health effects of income inequality on health and mortality, especially in areas where income inequality is greatest.** Urban and rural communities that have an adequate supply of primary care physicians experience lower infant mortality, higher birth weights, and immunization rates at or above national standards despite social disparities.

Office Visits to Physicians by Specialty: The largest number of office-based primary care physician visits (nearly 200 million) were to family medicine. Visits to general internists and general pediatricians represent the second and third most-visited specialties, with more than 224 million combined visits.

Despite being just one-third of the health care workforce, **primary care providers provide the majority of visits and patient care for people with chronic conditions.**

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Workforce Planning: Despite renewed interest in strengthening primary care in recent years, many challenges remain. Foremost among them is assuring an adequate number and distribution of primary care providers. For example, more than 25% of the current primary care physician workforce is age 60 or older, and likely to retire during the next five to ten years. Many of these older physicians practice in rural areas.

To maintain current rates of utilization, Illinois will need an **additional 1,063 primary care physicians (PCP) by 2030**, a 12% increase compared to the state's current PCP workforce.

<https://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Illinois.pdf>

During the past decade, we experienced a slight, but encouraging, increase in interest among United States and Illinois medical school graduates choosing family medicine. Population growth, population aging, and health insurance expansion under the Affordable Care Act will likely create additional demand for primary care providers. Since family physicians currently make up about 38% of the primary care workforce, a conservative estimate is that an additional 21,000 family physicians are necessary to meet their share of the increased need nationwide.

Match Day is a term used widely in the graduate medical education community to represent the day when the National Resident Matching Program or NRMP releases results to applicants seeking residency and fellowship training positions in the United States. By participating in a national matching plan, applicants contractually agree to attend the residency, internship or fellowship programs to which they match. The national organizations representing family medicine have set a goal called “**25 by 2030**” which aspires that 25 percent of U.S. medical school graduates will match into family medicine residency programs by the year 2030. In 2020, 12.6% of all U.S. students or graduates matched into family medicine, *halfway toward the goal of at least 25% by 2030*. In Illinois, 10.5 % of medical school graduates matched into family medicine.

WHERE WE PRACTICE: Family physicians mirror the demographics of the state: if you were to remove family physicians from Illinois, EVERY COUNTY would be a health professional shortage area.

[Distribution of Family Physicians in Illinois by County](#)

Sources:

Illinois Academy of Family Physicians – www.iafp.com

American Academy of Family Physicians – www.aafp.org

The Robert Graham Center (Policy studies in family medicine and primary care) – www.graham-center.org

Kaiser State Health Facts: www.statehealthfacts.org

Patient-Centered Primary Care Collaborative – www.pcpc.net

Patient Education www.familydoctor.org

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