

# A Rich History of Family Medicine at Harvard

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## Part I- The Early Days of Family Medicine

In October 2010, Harvard Medical School (HMS) announced the launch of the Center for Primary Care, a powerful and transformative initiative, but not an entirely new idea. The first time Harvard concentrated on primary care had been nearly 60 years before.

Family medicine is not the specialty one thinks of at HMS, and only recently has primary care surged in the list of visible themes. However, Harvard was once a leader in primary care. In fact, it was home to one of the first family medicine residences in the United States and one of the most innovative primary care training programs.

In the 1950s, HMS developed a series of programs around primary care and prevention. It led the academic community, as primary care was just coming into existence.

The term "primary care" was not even widely used until the 1960s. A definition by J. Millis in 1966 said primary care physicians needed to focus "not upon individual organs and systems but upon the whole man... (and) serve as the primary medical resource and counselor to an individual or a family." This was a new and even controversial statement, as medical education had gone from preparing generalist physicians to specialists, since the 1780s when HMS was founded.

In 1953, Massachusetts General Hospital (MGH) designed a five-year experiment of the Family Health Program to evaluate if third and fourth year students could benefit from caring for an entire family. Because there were no family physicians at MGH, the families were cared for by a student who coordinated with pediatricians, internists, and obstetricians. The success of this program led to a second program, the Family Health Care Program (FHCP), in 1954.

FHCP was founded on the Longwood campus with support from Dean George P. Berry and Physician in Chief of the Children's Hospital, Charles Janeway. It was located in a three-story converted house on the corner of Francis and Binney streets. FHCP's first director was Robert J. Haggarty, who completed a two-year general practice internship and pediatric residency. The FHCP was a living experiment and a forum for primary care physicians to try out ideas on care delivery and research.

The center was a setting for pediatric house officers to learn outpatient practice and to work with multidisciplinary teams to provide medical services to local needy families. The teams would care for families, who mostly lived within 3 miles of the campus, in outpatient, inpatient, and in-home setting. Teams included pediatric residents, nurses and social

workers. Psychiatrists from Massachusetts Mental Health Center met weekly with the residents to mentor them on mental health in the primary care setting.

Many of FHCP's concepts were important in the development in the Patient Centered Medical Home, which went beyond the original ideas to add advanced technologies, such as patient registries and electronic medical records. The program for pediatric resident training was successful and shortly after its creation, residents assumed responsibilities for families over one or two years of their training.

The affiliated medical student program, which drew experience from the MGH experiment, was a consistently oversubscribed elective and an ideological precursor to the noteworthy Cambridge Integrated Clerkship.

The program then expanded from pediatrics to family medicine. While the children continued to receive inpatient care at Children's Hospital, adults were admitted to the Peter Bent Brigham Hospital, and peripartum care was at the Boston Lying In Hospitals. Massachusetts Mental Health Center met psychiatric needs for the program's patients.

In 1960, the program expanded with the creation of a U.S. Children's Bureau sponsored fellowship, for "training and investigation in family medical practice." Among these fellows were a number of experienced general practitioners who later became boarded in Family Medicine, such as John Jainchill, who became director of the Family Health and Primary Care Department at Boston City Hospital, and Evan Charney, who became the Director of Primary Care Education at the University of Rochester School of Medicine and Dentistry.

The final expansion was the creation of a family medicine and primary care residency-training program in 1965. The Theodore Schulz Foundation contributed \$1 million to promote the education of HMS students, pediatric residents, and fellows in primary care. Joel Alpert, a pediatrician, was the first program director. He was also a visionary in primary care published many articles on his findings at the center, and founded the Society of Teachers of Family medicine, which is still one of the most important groups promoting family medicine.

Family medicine at Harvard grew rapidly in the 1950s and 1960, but events of the 1970s suddenly and surprisingly ended many advances.

## **Part II – 40 Years in the Desert**

The Family Health Care Program (FHCP) at Harvard Medical School (HMS) was an intense and rapidly evolving experiment in primary care and education, which ended suddenly in the 1970s. The specific training for pediatric residents was phased out as in-hospital clinical demands increased and residents found it difficult to make it to outpatient sessions. The

time in the outpatient arena was no longer seen as a core educational component, despite assertions from participants.

In 1968, the newly established American Board of Family Medicine and the Department of Health, Education, and Welfare, which funded the residency, objected to FHCP training because of its lack of surgical training and only low risk OB training. The two government departments felt the FHCP provided insufficient training in inpatient medicine, surgery, and intrapartum care. The program was deemed inadequate and the funding withdrawn. In 1971, the residency was placed on probation for these concerns.

There was not academic or hospital department of family medicine in the HMS system. FHCP was still based primarily at Children's Hospital, the Peter Bent Brigham, and Boston Lying In hospitals. When the government funding was withdrawn, the chiefs of the hospitals declined to extend institutional support for the program.

The final decision to close the residency program came from, then Dean, Robert Ebert, and was met by resistance from the Student-Faculty Council. A petition was circulated, but the decision was not reversed.

In 1976, the FHCP and the residency program folded. Funding from the Schultz Foundation, originally given to the FHCP, was used to support an ongoing student educational experience, but later the funding was reallocated, ending that program as well. The medical student elective at Massachusetts General Hospital (MGH) did not end along with FHCP, but it was offered at a new clinical home by two FHCP physicians, Richard Feinbloom and Stanley Sagov, at the Cambridge Health Alliance (CHA). However, this was only a medical student program and did not include training for residents. At the time, CHA did not have a department of Family Medicine, but Chief of Medicine Robert Lawrence welcomed family doctors.

Eventually, Sagov moved to Mount Auburn Hospital and became Chief of Family Medicine. At one point consideration for a CHA family medicine residency was made, but in order to obtain grant funding, CHA would have to guarantee to financially support the program should government funding be lost. CHA was unable to offer such a guarantee and the plan was abandoned.

Alan Drabkin MD, another family physician, arrived at CHA in 1986 to provide inpatient and outpatient care (he did not provide care on the labor floor). He accepted charge of the Family Medicine elective for HMS and became director for Health Care for the Homeless. More recently, Mt. Auburn had plans to host a family medicine residency under the guidance of Jim McGuire, Chief of Medicine. However, he died suddenly in 1997 and so did the residency plans.

Within Harvard, Family Medicine remained small. Tom Inui, chair of the department of Ambulatory Care and Prevention, brought in family medicine physicians under his department. At the time, there was a division for Primary Care, but no academic department.

Without a department, promotion was difficult other than based on years of service, as is still the case. A formal role was created for family medicine advising at HMS and filled initially by Mark Mengel, and later Drabkin.

Later, the department of Ambulatory Care and Prevention was replaced by the Population Medicine and in 2009 the Division of Primary Care was defunded. After outcry, Dean Jeffrey Flier appointed a committee to evaluate the issue. The Primary Care Advisory Group originally had no family medicine representation, but Drabkin serendipitously learned of the group and was able to join. Russ Phillips and Andrew Bates also joined to support the Family Medicine cause. Many of the committee's findings came to life in the founding of the Center for Primary Care.

### **Part III- The present and future of primary care at HMS**

After four decades since the end of Harvard's family medicine and primary care programs, interest has surged again in family medicine, largely powered by Harvard Medical School (HMS) students. The last two years have graduated 15 students into Family Medicine residencies, and in the last five years, there has been a steady increase in students requesting a fourth-year family medicine elective.

Students have been working to build a community of physicians to promote family medicine education and act as mentors. Family medicine has a significantly greater presence at HMS due to the Center for Primary Care.

The formerly "title only" for a family medicine advisor is now a funded position.

The Tufts/CHA Family Medicine residency program, which joined CHA in (2002? Need to check date) is now sending residents to Beth Israel Deaconess for training in Labor and Delivery.

HMS currently has a wide but poorly united community of family physicians, none of which has a clinical site on the Longwood campus. Other affiliated practices include more than 60 family physicians working for Cambridge Health Alliance as well as the Family Medicine Residency. There are more than 200 family physicians employed in other Harvard affiliated practices.

Currently, students can gain exposure to family medicine through the first and second year if they are paired with Family Physician for the Patient Doctor 1 and 2 courses. Student organized events and workshops also promote family medicine, but none are required and therefore do not guarantee exposure to family medicine.

In the future, the Center for Primary Care will bring important change to the academic community at HMS. It has hired two family physicians to organize and promote primary care research, family medicine activities, mentorship, and develop more training sites.

Perhaps one of the most poignant reconnections can be found in the Sagov Center for Family Medicine, which was awarded a grant as part of the Academic Innovations Collaborative. This practice, founded by one of the originators of Family Medicine at HMS, now will join a Harvard based community of clinical experts and innovators to promote a community of primary care leaders.

If history is any proof, we will soon be in another explosion of primary care innovation. In contrast to FHCP, this new burst of activity will be sustainable, supported, and have wide influence in the innovation and education.

The rich history of family medicine those decades ago is a fascinating chapter, but the intervening years prevented HMS from staying on the cutting edge of Family Medicine. There is a lot of work to do, in order to HMS to regain a presence at a national level. However, with the current resources, not only financial but also in the dedication and enthusiasm of the primary care doctors working through the Center for Primary Care, HMS can once again become an important contributor to the field of academic family medicine.

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