What's in a Name?

Is it time to retire the term "Primary Care Physician"?

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The terms "primary care practitioner" and "primary care physician" (both abbreviated as "PCP") have been used for decades to describe the role of physicians or other health care professionals such as nurse practitioners who care for patients in the ambulatory setting. However, this term no longer adequately captures our current and emerging roles as general internists in primary care. It is time to retire the term primary care physician and find a more accurate descriptor. How we define ourselves and how we communicate our roles to our patients, to our colleagues and to the leaders of the health systems matters.

The *Journal of General Internal Medicine* published several papers in the April 2017 issue as part of a special symposium on reinventing primary care. In one of these papers, Ellner and Phillips point to four principles that they argue will shape the coming "primary care revolution."[1] They wrote that "*generalist physicians will increasingly focus on high-acuity and high-complexity presentations and primary care teams will increasingly collaborate to manage conditions that specialists managed in the past.*" When it is working well, primary care physicians are part of a high-functioning primary care team caring for patients who are older and sicker than was imaginable to be cared for outside of the hospital in the past. The primary care physician's role has been fundamentally altered in the emerging primary care revolution. As we "reinvent" primary care, it is time to invent a new term to replace primary care physician.

The first mention of the term "primary care physician" in Google Trends was in 1961 in Deering's California codes. "Primary care provider" is even older, dating back to 1944 when, for example, the general statutes of North Carolina stated that "*Within each health community every citizen shall be able to select the primary care provider of choice….*" Times have clearly changed, but the terms survived. A search of PubMed reveals that the use of the term "PCP" in scholarly articles followed later. In 1975, in one of the first of more than 5000 articles to use the term "primary care physician" or "primary care practitioner," Draper and Smits described the prevalent image of the primary care physician at the time as a "jack-of-all-trades"[2]:

> "The traditional image of the primary-care physician seems to be created mainly by secondary and tertiary specialists, who see him as something other than themselves. He is often thought and spoken of as a generalist in the worst sense, a 'jack-of-all-trades.' Implicitly he must be master of none. He is seen as performing at a lower level a variety of tasks that are better or best performed by a specialist. He is a little of a psychiatrist, a little of an internist, a little of a geriatrician and so on."

As the patient-centered medical home has become the dominant model in primary care, it has focused greater attention on the need to have a high-functioning, well-coordinated team of care providers, each with well-defined roles, and with each working at the top of their license. Physicians are no longer the "jack-of-all-trades," the ones expected to be solely responsible for providing patients with accessible, comprehensive and coordinated care; other members of the team are better suited for much of these core functions of a primary care practice. Increasingly, physicians who practice internal medicine in primary care settings are caring for an older, sicker and much more complex population of patients than could have been imagined in 1975, or even 10 years ago. Their time and attention must be focused on medical decision making and other aspects of care for this demanding population.

It is time that academic general internists and other primary care doctors working in similar settings rebrand themselves to better reflect what they do and the value that they bring to health systems. While we and other primary care providers still strive to provide first contact, comprehensive, continuous and coordinated care, we do much more than that. We care for patients with multiple, complex, chronic medical problems. Our patients often have high-acuity needs that were not common in the outpatient setting when Starfield first described what distinguishes primary from specialty care.[3] Many of our patients are elderly, with 5 or more active medical issues, and demand more time and attention from us and from the health care team.

We need a new term that describes who we are and what we do as clinicians. Just as the term "hospitalist" both described and helped to create an entirely new career path for generalists, we need a new term that can do the same for ambulatory-based generalists. One senior physician said that she thinks of herself as a "specialist in complexity." Other terms I have heard include

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"complexivist," "comprehensivist," "comprehensive care practitioner" and "primary care specialist." One of these may be the one, but I am not yet convinced. Send the word or short phrase that you think best encapsulates what we do to Mitchell.Feldman@UCSF.edu. It is time that we retire PCP and replace it with something more germane—and perhaps a bit catchier.

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