DOCTOR, DOCTOR

Specialists Explain the Importance of Having a Primary Care Physician

Health care experts agree that patients should have an ongoing relationship with a primary care physician, usually an internist or family medicine doctor who can help manage and coordinate their medical care — from immunizations and preventive screenings such as mammograms, colonoscopies and blood pressure checks, to referrals to subspecialists for surgical procedures or other advanced care. This kind of partnership with a doctor who knows you as a person — not just a series of medical problems — is associated with higher-quality, more appropriate care, better health and lower health care costs.

"It is simply a good policy to have a patient advocate who is the coordinator of care, and that's the primary care physician's role." — Dr. Hackshaw (left)
"It is so important for the orthopedic surgeon and internist to work as a team in managing patients' musculoskeletal problems." — Dr. Weisstein (right)

Medical specialists, in fact, are among the strongest advocates for patients to have a primary care physician. Here, Cardiologist Barry Hackshaw, MD with Eisenhower Desert Cardiology Center and Orthopedic Surgeon Jason Weisstein, MD with Eisenhower Desert Orthopedic Center, share their perspectives on why having a primary care physician is so important.

Why should a person have a primary care physician?
Dr. Weisstein: In today's health care environment, patients need a 'general manager' of their health who can manage medical problems and decide when more complex problems should be referred to a specialist. The primary care physician thinks globally, and knows when a subspecialist intervention is necessary.

Dr. Hackshaw: First, it's important to understand that while a cardiologist goes through three years of internal medicine training, after that our total focus is on cardiac diseases. After training, we don't keep up with problems in internal medicine, gastroenterology, pulmonology, hematology, nephrology, infectious disease, endocrinology and dermatology. So a cardiologist really isn't equipped to fully recognize and differentiate problems in other organ systems.

An internist is trained to manage preventive care for patients — mammograms, flu and shingles vaccinations, colonoscopies, bone density testing — while a cardiologist is focused on providing care for cardiovascular problems. Other areas of the body can have health problems, and maintaining good health is probably the most important factor in living a long, productive life. It is simply a good policy to have a patient advocate who is the coordinator of care, and that's the primary care physician's role.

Why shouldn't patients go straight to a specialist if they suspect they have a problem?
Dr. Weisstein: It's really more cost and time effective for a primary care physician to determine if that skin rash needs a dermatologist, for example, or if that cough requires a pulmonologist's care. It's just not an effective use of resources to see a specialist right off the bat when the problem can be managed by the primary care physician.

Dr. Hackshaw: Many problems can be evaluated and diagnosed by a primary care evaluation, freeing the specialist to focus on those patients who have more serious or complex conditions.

Can a patient even see a specialist like you without a referral from his or her primary care physician?
Dr. Weisstein: Unless they're part of an HMO, the majority of patients can make an appointment directly with an orthopedic surgeon or other specialist. But in my opinion, there are many very good internists at Eisenhower, and they're good at determining who should see an orthopedic surgeon and who should not. Arthritis pain, for example, initially can be managed by the primary care physician with nonsteroidal anti-inflammatory drugs or other anti-inflammatory medications and physical therapy. That's appropriate management.

Dr. Hackshaw: In general, I limit self-referred patients to those who have a previously identified cardiac disease such as a rhythm problem, coronary artery disease or a valve problem. Often they're coming from somewhere else in the United States where they're already established with a cardiologist and know they'll need cardiac care here in the desert. But if it's someone with new symptoms, I suggest they have their primary care physician screen their concerns first; if there's a suggestion of a heart problem, then the patient can be referred back to me.

What kinds of tests does it make sense for a primary care physician to order before the patient sees you?
Dr. Hackshaw: The primary care physician can, and should, order basic tests such as cholesterol screening, echocardiograms to assess for problems with heart murmurs or shortness of breath, and treadmill tests for those with chest pain. If everything is normal, the patient doesn't necessarily need referral to a cardiologist.

Dr. Weisstein: When a patient has pain, often an X-ray, rather than an MRI, is sufficient to tell us what we need to know, especially if we're diagnosing arthritis of the knee, for example.

How does the specialist work with the primary care physician?
Dr. Weisstein: It's so important for the orthopedic surgeon and internist to work as a team in managing patients' musculoskeletal problems. Often there's a precise interrelationship between the musculoskeletal system and more internal medicine problems, such as managing calcium intake, kidney function, exercise to maintain the skeleton, diet, or the relationship between obesity and arthritis. It takes a team to tackle global musculoskeletal problems, like arthritis and osteoporosis that plague millions.

Dr. Hackshaw: It really does require a team approach — with the shared goal of doing what's best for the patient. We strive to keep the primary care physician completely informed about his or her patient's care. We generally complete a dictated note on the same day as a patient's visit, which is sent along with an interpretation of lab results within two days, and we're always available by phone to discuss any concerns.

HealthNotes is a publication of Eisenhower Medical Center · © Copyright 2013 All Rights Reserved · www.emc.org