

Family Medicine's Role in the COVID 19 Pandemic

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“Jack of all trades, master of none.” “Care for all from the cradle to the grave.” “Womb to tomb care.” All phrases used in describing the specialty of Family Medicine. Family physicians are even disparagingly referred to “traffic cops who just direct patients to other specialists. In reality, they are a differentiated group of undifferentiated physicians. They are the stems cells of medicine, able to specialize to meet the need while retaining their ability to go back to the basics of holistic care for every family member in every family.

There has never been more need for family physicians as there is now in New York, the world epicenter for the COVID-19 pandemic. New York State has more case and more deaths than most other countries in the world.

There is a call going out to health care workers to help New York. In March, 2020, the Governor issued an executive order permitting licensed physicians in good standing anywhere in the US to come help New York, waiving the requirement that they be registered to practice in the State. On April 7th, he issued another executive order allowing any US medical school student who has graduated and accepted into an Accreditation Council for Graduate Medical Education to practice in any hospital under licensed physicians. On April 16th, the Governor followed it with another executive order allowing licensed health practitioners from Canada to practice in the State.

Calls for help are going out to retired health care workers and retired physicians. From all over the United States, many have answered this call. Some hesitate, fearing their age or underlying health conditions might put them at increased risk of infection. Some are uncomfortable because they have not worked in a hospital in years. Some are uncomfortable to practice outside their specialty, sensing the needs are outside their scope of care.

With due respect and gratitude to other specialties already on the front lines of COVID-19, and those coming out of retirement to join them, family physicians are at the center of this fight, whether the battle is in the hospital or in the office.

The undifferentiated family physicians at Mount Sinai South Nassau (MSSN), and especially its residents, can care for anyone in the hospital. They created two cohorts of patients, each managed by a separate

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Family Medicine team of attendings and residents. Patients range from moderately ill to critically ill, requiring transfer to the intensive care units. The intensive care units were so significantly understaffed due to staff illness, that Family Medicine residents began covering the units on nights and weekends under the supervision of the Critical Care specialists. The Family Medicine residents were also redeployed to work with the hospital nocturnist in covering all emergencies and assist with admissions. Further, it was the Family Medicine resident that would run all cardiac arrests and rapid response calls, averaging about 40 a day during the peak of the crisis.

The Family Medicine physicians at MSSN always felt prepared – or at least as prepared as any other person on the team. They were trained to care for the outpatient as well as the hospitalized patient. They know how to respond to emergencies, patients crashing, ventilation changes (including how to keep patients off the ventilators as much as possible). Inpatient work didn't scare them. As long as they had their personal protective equipment (PPE) and the expertise of the specialists, they were ready for anything. They residents were joined by 2 past graduates who had been working in the outpatient setting and return to the hospital to take on inpatient responsibilities.

Family medicine physicians at Mount Sinai South Nassau continue seeing their patients in the office as well. They spend half the day providing telehealth visits to those with chronic disease and those with acute, but non-COVID-19 related disease. They devote the other half day ill visits. These patients, who might have the Corona virus, felt ill enough to need a physician, but who would not go the emergency room out of fear, out of not wanting to be separated from family, or out of not wanting to join the apparent chaos there. All visits were prescreened, and patients were either invited to the office or cared for virtually. In treating these hundreds of patients each week, the strain on the emergency room was reduced. The practice was seeing newborns, pregnant women, the elderly and all in between in true family medicine fashion.

Family medicine strongly promotes preventive care and early intervention in the office. One alumnus [graduate of our program], Vladimir Zelenko, MD, has been a strong advocate for using a combination of the antimalarial hydroxychloroquine, the antibiotic azithromycin, and zinc sulfate early in the disease course. Proposing this at a national level, he is participating in clinical trials to test the effectiveness of his early outpatient treatment. Whatever the results, family doctors are at the forefront of this battle, especially if we can keep the battle in patients' homes and our offices, and away from the hospitals.

Every resident and every physician at MSSN, in every specialty, is giving their full out, 100% effort. The effort for the family medicine doctors, is unique and ubiquitous. They care for everyone: womb to tomb, office or hospital, the stable or the critically ill. Before the specialization of medicine and the American Board of Medical Subspecialties (ABMS) came about, less than 90 years ago, doctors were "doctors." No one referred to them by specialty. When young children say they want to be doctors when they grow up, they rarely name one of the subspecialties. Family Physicians might be a "jack of all trades", but in reality they are the masters of being the quintessential doctor.

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