# Finding the Best Primary Care Physician

## What should a Primary Care Physician do for you?

The official role of a primary care physician (PCP) is to serve as a patient's first point of contact and continuous partner within the healthcare system. Formally recognized by medical organizations like the American Academy of Family Physicians (AAFP), a PCP provides comprehensive, whole-person care. They are responsible for managing the vast majority of a patient’s physical, behavioral, and social health needs over time.

*The official core responsibilities of a PCP span four main areas:

### 1. Preventive Care and Health Education

PCPs act as health advocates to prevent illnesses before they start. This includes:

- Performing routine checkups and physical exams.
- Ordering proactive health screenings (e.g., blood pressure checks, mammograms, colonoscopies) to catch conditions early.
- Administering vaccines and immunizations.
- Counseling patients on lifestyle choices like nutrition, exercise, and stress management.

### 2. Diagnosis and Treatment of Acute Illnesses

When you experience a new, non-emergency health concern—such as an infection, unexplained pain, respiratory issue, or minor injury—the PCP is trained to diagnose and treat it. They serve as the central investigator for "undifferentiated" symptoms that have not yet been linked to a specific disease.

### 3. Management of Chronic Conditions

For long-term health issues, the PCP provides ongoing monitoring, continuous treatment, and medication adjustments. Common chronic conditions managed by PCPs include:

- Diabetes
- Hypertension (high blood pressure)
- Asthma and COPD
- Depression and anxiety
- High cholesterol

### 4. Care Coordination and Referrals

PCPs oversee your entire medical journey. If a medical issue requires specialized knowledge or a surgical procedure, the PCP evaluates the urgency and issues official referrals to subspecialists (e.g., cardiologists, oncologists). Under many insurance plans (especially HMOs), the PCP acts as a functional "gatekeeper" to ensure that specialized care is medically necessary and fully covered. They also maintain your centralized medical record, gathering reports from specialists and hospitals to prevent dangerous medication interactions.

***Let's look at each of the PCP roles (1-4) in more detail**

## PCP Duty #1: Preventive Care and Health Education

For most PCPs, preventive health is simply a checklist endeavor. When you are seen for an annual evaluation, your PCP will update their checklist. A preventive care checklist for your primary care provider (PCP) annual visit should include vital sign checks, routine blood work, essential cancer screenings, and vaccine updates.

### Vitals and Body Measurements

- **Blood Pressure:** Checked at every visit to screen for hypertension (high blood pressure).
- **Height, Weight, and BMI:** Tracks your body mass index to evaluate weight trends and related health risks.

### Routine Lab Tests and Screenings

- **Cholesterol Panel (Lipid Profile):** Measures good and bad cholesterol and triglycerides to check heart disease risk.
- **Blood Sugar / Glucose or A1C:** Screens for prediabetes and type 2 diabetes.
- **Colorectal Cancer Screening:** Discuss options like a colonoscopy or stool test, typically starting at age 45 or 50.
- **Breast Cancer Screening:** Routine mammograms for women, usually beginning at age 40 or 50 depending on risk.
- **Cervical Cancer Screening:** Pap smears and HPV tests for women at recommended intervals.

### Lifestyle and Behavioral Health

- **Mental Health Screening:** Quick checks for signs of depression or anxiety.
- **Substance Use Review:** Screening and counseling regarding tobacco, alcohol, and drug use.
- **Lifestyle Discussion:** Reviewing your diet, exercise habits, sleep, and stress management.

### Immunizations and History

- **Vaccine Updates:** Reviewing and receiving due shots such as the annual flu vaccine, Tdap booster, or shingles vaccine.
- **Medical and Family History Review:** Updating any changes in your personal health or close relatives' genetic risk factors.
- **Medication Review:** Bringing a complete list of your current prescriptions, over-the-counter drugs, and vitamins.

## Q: What is missing from a Preventive Care Checklist? A: Personalization.

The PCP's checklist was designed to meet the needs of the general population but not a specific individual. Your PCP will base any "special testing" you may need on your genetics as revealed by your family history.

## Q: Why is a family history a poor indicator of genetic risks?

1) Most chronic medical conditions affect persons over age 60. The children of people at age 60 are most commonly around the ages of 35-40. *Preventive care planning should ideally begin in a person's 20s; the earlier the better for yielding the best long-term outcomes.

2) Genetic risk genes typically show variable "penetrance." Penetrance reflects how often someone with a specific gene will actually show the effects that it can cause. The presence of most "bad" genes is not seen in every gene carrier and so your father or mother might have a "bad" gene, but the effect may seem to "skip a generation" and show up in a grandchild.

3) Many genetic problems occur only when 2 recessive "bad" genes are combined. In this scenario, neither of the parents would show any "bad" effects; however, the gene combination could severely affect the offspring.

***Summary: The only accurate way to assess genetic risk is by actually looking at a person's genetics. Whole Genome Sequencing of every gene in your body is available to any patient *self-requested and self-paid, for about $400. (www.sequencing.com)***

***Q: Would your PCP have the time to incorporate your genetic risks into a personalized preventive healthcare plan?***

***Q: Would they use your drug-metabolism gene profile to select the best medications for you?***

## PCP Duty #2: Diagnosis and Treatment of Acute Illnesses (Urgent Care)

**Q: How many patients does your PCP care for? 2000, 3000, 5000?** The more patients they have in their practice panel, the fewer time slots they will have in their schedules for "urgent care" visits. Do the math: if a physician sees every patient yearly for a routine follow-up visit in a 30-minute appointment, the physician has 16 appointment slots in an 8-hour day. Working 5 days a week for 48 weeks per year, they can see only 3,840 patients. This calculation means that if a physician has 4000 patients, they have no capacity to see anyone for an urgent care condition. Since almost every patient needs to see their physician for an acute care problem at least once a year, with 4000 patients seen once a year in a 10-minute appointment, this is the same as 1200 30-minute appointment slots. *3840-1200 = 2640. If each of the 4000 patients has 1 urgent care visit per year, only 2640 of them could be seen annually. If a PCP cares for patients with commonly unstable conditions such as heart disease, kidney disease, diabetes, etc., they may need to see their PCP routinely every 6 months (or more). *A PCP would have no capacity to handle this if they had more than 2500 patients. The logistical pressure on physicians to meet their patients' needs and to see enough patients to pay their office bills is a leading cause of stress. "Burnout" before retirement age is why so many physicians have decided to offer only "Concierge" medical services, where they typically care for 400-800 patients.

## PCP Duty #3: The Management of Chronic Conditions

Almost everyone over the age of 50 has a chronic medical condition such as high cholesterol, hypertension, obesity, etc. For just a single condition such as hypertension, there are over 130 medications that have been FDA-approved to treat adults. Because blood pressure can be managed through a wide variety of biological pathways, these medications utilize at least 17 different mechanisms of action to lower blood pressure. Your PCP probably routinely prescribes fewer than 15 blood pressure medications. Physicians gain familiarity with a small number of medications they use for various diseases and over time, they develop experience with both the drug's efficacy and the common side effects expected. This comfortable familiarity with a limited number of drugs is why physicians rarely change their prescribing habits. Despite the multitude of available medication choices your PCP has (130 for hypertension alone), most drugs will never be considered by your PCP, and unfortunately, you will never really be sure you're receiving the best medication for you. With the recent development of AI platforms, a physician can now submit specific information about your medical conditions and ask for a drug recommendation that is personalized. OpenEvidence is a "medical" AI service that is free for physicians to use. An evolving "up-to-date" physician can now ask AI questions like "I have a 67-year-old Hispanic female patient with kidney disease (Cr= 1.4) and a persistently elevated blood pressure of 160/95. She takes 500 mg of Metformin for type-2 diabetes and Lipitor 20 mg for high cholesterol. She has an allergy to ACE inhibitors; what medication would be the least expensive, most effective choice that also limits the risk for side effects?"

## What the "Best" PCPs are starting to do

Instead of typical trial-and-error medication prescribing, some PCPs are beginning to use a person's genetics to choose the best medications. This strategy, called "pharmacogenomics," has been used for years by psychiatrists and oncologists to help them select the most effective medications and to reduce the chances for side effects. With the recent availability of affordable Whole Genome Sequencing, the gene variants that metabolize drugs can be identified. These genes are commonly referred to as the P-450 system and each gene has genetic variants that affect how drugs are metabolized (either activated or eliminated). When compared to the "normal" gene, some gene variants are rapid metabolizers that can reduce the maximal effect or duration of action of a medication. Some gene variants are slow metabolizers that place patients at risk for drug level build-up and side effects. With the availability of genetic information that can optimize medication selections, the practice of "trial-and-error" medicine by PCPs is destined to evolve; genetics-based drug selections will soon be demanded by medically savvy patients. The question (above) that was posed to the OpenEvidence AI should also include the information "and she has ultra-rapid phenotypes for both P-450 genes: CYP2D6 and CYP2C19."

## PCP Duty #4: Care Coordination and Referrals

If a PCP refers a patient to a cardiologist with concerns of chest pains, after an evaluation, the cardiologist will offer their medical opinion to the PCP. The cardiologist may say: “I believe that the origin of the patient's chest pain is esophageal irritation. The patient may benefit from an EGD evaluation.” In this situation, the PCP would look for an in-network gastroenterology specialist and submit a referral requesting an EGD. Preparing referrals takes time and effort from both a physician and their staff and since they typically receive no payment for this service, it is a “low priority” task. A frequent patient experience is that they will have to call a PCP’s office several times to remind them before the referral is made. Unfortunately, superior medical service comes at a price. Referral processing done by a “Concierge” physician can be expected to be done as a “high priority” request. A “concierge fee” is paid by the patient with a justifiable expectation of responsive service. The “Concierge” physician knows that if superior services are not provided, the patient will take their business elsewhere. As a general rule, “Concierge” PCPs retain contracts with insurers and can make referrals. In contrast, if a practice charges a monthly fee and does not contract with or bill insurance companies for any services, it is typically classified as Direct Primary Care (DPC). DPC practices completely cut ties with the insurance industry, whereas true concierge practices typically maintain their insurance contracts while layering the membership retainer on top. There is no rule that a person cannot have a “traditional” PCP for referral coordination and a DPC-PCP for premium access to urgent care and other advanced services that are unavailable from a traditional PCP.

Enlightened Primary Care is a DPC practice that is unconstrained by insurance limitations and can offer “executive-level” annual physical exams that include PFT and EKG testing. In addition, the monthly fee covers all urgent care visits. EPC creates “state-of-the-art” preventive healthcare plans based on a person’s genetics and chooses medications for patients based on an individual's pharmacogenomics. The choice of chronic medical management is routinely reviewed by AI (OpenEvidence). The practice size is capped at 300 participants to allow for superior “enhanced” access to medical care.