General Internal Medicine in the Future: From Science to Collegiality

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Leading Internal Medicine, Improving Lives

Disclosures:

- No financial or other conflicts
- Some ideas expressed herein are my own and not necessarily reflective of ACP's official positions



Overview: Who are we?



- Internal Medicine: The cornerstone of adult medical care
- Committed to scientific rigor in diagnosis and treatment of patients
- Integrates scientific rigor with collegiality
- Research, scholarship and teaching are at foundational to Internal Medicine practice
- IM professional organizations including the SGIM, ISIM and ACP have long held up to these tenets

The American College of Physicians

Mission: To enhance the quality and effectiveness of health care by fostering excellence and professionalism in the practice of medicine.

Emphasizes **professional development, ethics,** and **advocacy for healthcare policies**

Historical foundations: Imhotep and ancient Egypt







Historical view: Foundation of Internal Medicine

- The physician has always been seen as a thinker and healer
- Calling and culture that evolved over centuries
- Demands a deep sense of professionalism and moral responsibility



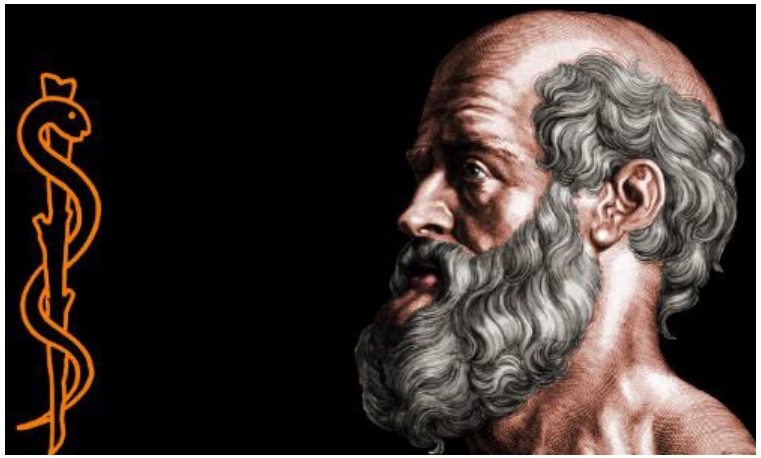


Ancient times:

- Egypt: Imhotep
  - "God of healing and medicine"
  - Pioneers in medical practice and in human embalming
  - Egyptian medical instruments still in use today



- Greece: Hippocrates
  - "Father of modern medicine"
  - 60 treatises on medicine: The Hippocratic corpus
  - Hippocratic oath



"Primum, Non Nocere" ("First, Do No Harm")

The Hippocratic oath reflects medicine's sense of professionalism, service and benevolence

No scientific basis for many practices, but some things were basic, e.g. Cleaning wounds or stop bleeding.

Presumption of beneficence and benevolence

- Beneficence: Doing good to others
- Benevolence: Kindness



Application of “scientific attitude” to medicine: 19th Century

- Beginning of scientific observations in the 19th Century:
  - Laboratory science
  - Pathology
  - Bedside diagnosis
  - Sharing of information through publications
  - Medical experimentation and study





- New focus on “Internal Diseases”
- Inventions, eg. Laennec: Stethoscope
- Rudolf Virchow: Father of cellular pathology: Examining disease from the cellular level

20th Century

- William Osler: Emphasized bedside teaching, clinical diagnosis, lifelong learning
- ACP: Founded in 1915:
  - Emphasized the role of the internist as a physician dedicated to excellence, professionalism and scholarly practice
  - Promoted advanced (postgraduate) education, peer accountability and clinical and academic excellence



20th-21st Century: Scientific Basis for Clinical Practice

- **Evidence-based medicine:**
  - Landmark studies, clinical trials, practice guidelines, meta-analyses
  - Published in journals with highest impact factor, e.g. NEJM, Annals, JGIM, JACC, JAMA
  - Professionalism and rigor in practice

- **Clinical research and innovation:**
  - IM “invented” the “Physician-scientist”
  - Clinical and translational research (”Bench-to-bedside”)
  - Quality improvement
  - High-value care, best practices

- **Specialization in Internal Medicine**
  - Added depth of scientific knowledge
  - Wider research base
  - Increased clinical rigor



Internal Medicine: A global community

- Passion for the patient, passion for science, passion for collegiality

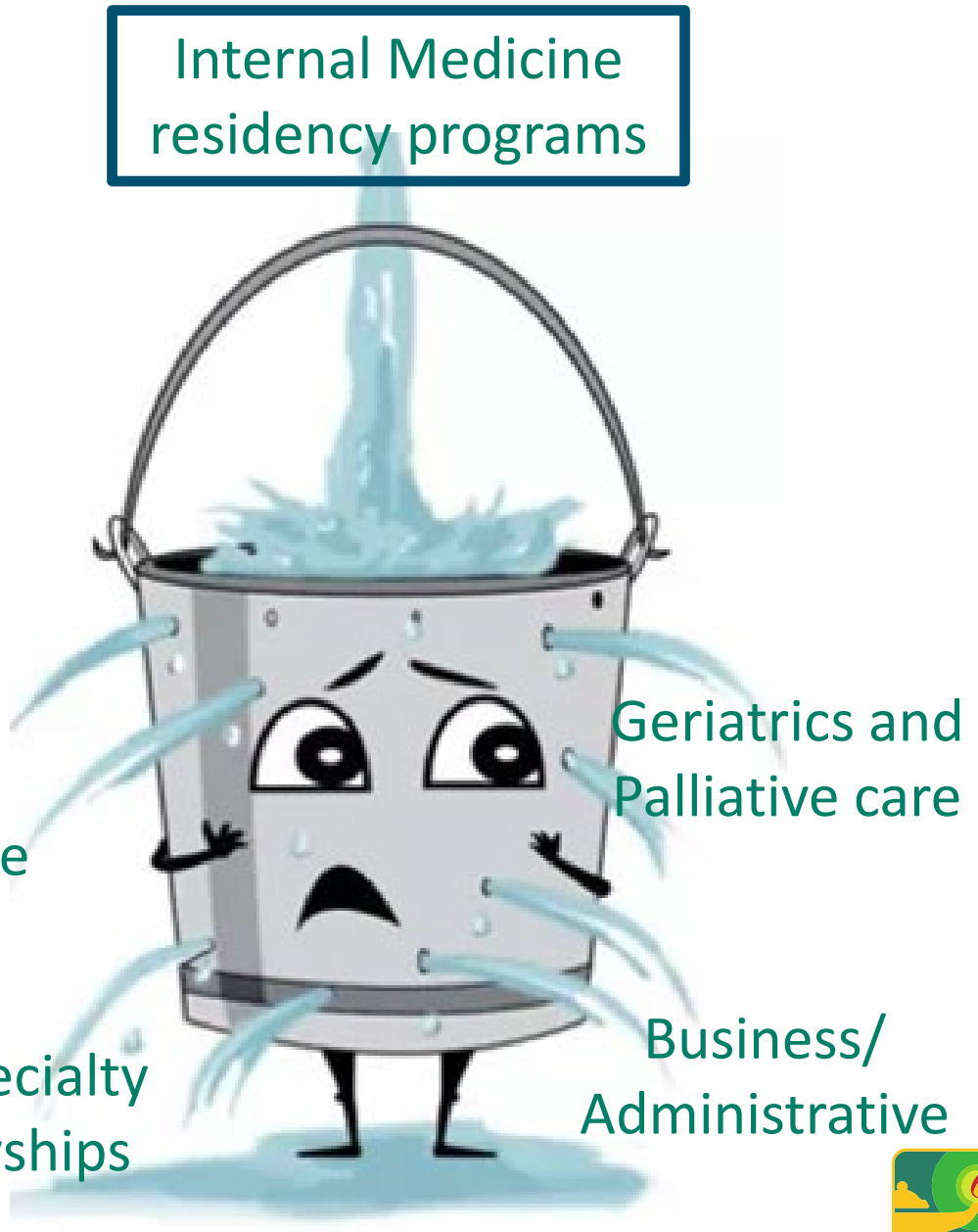




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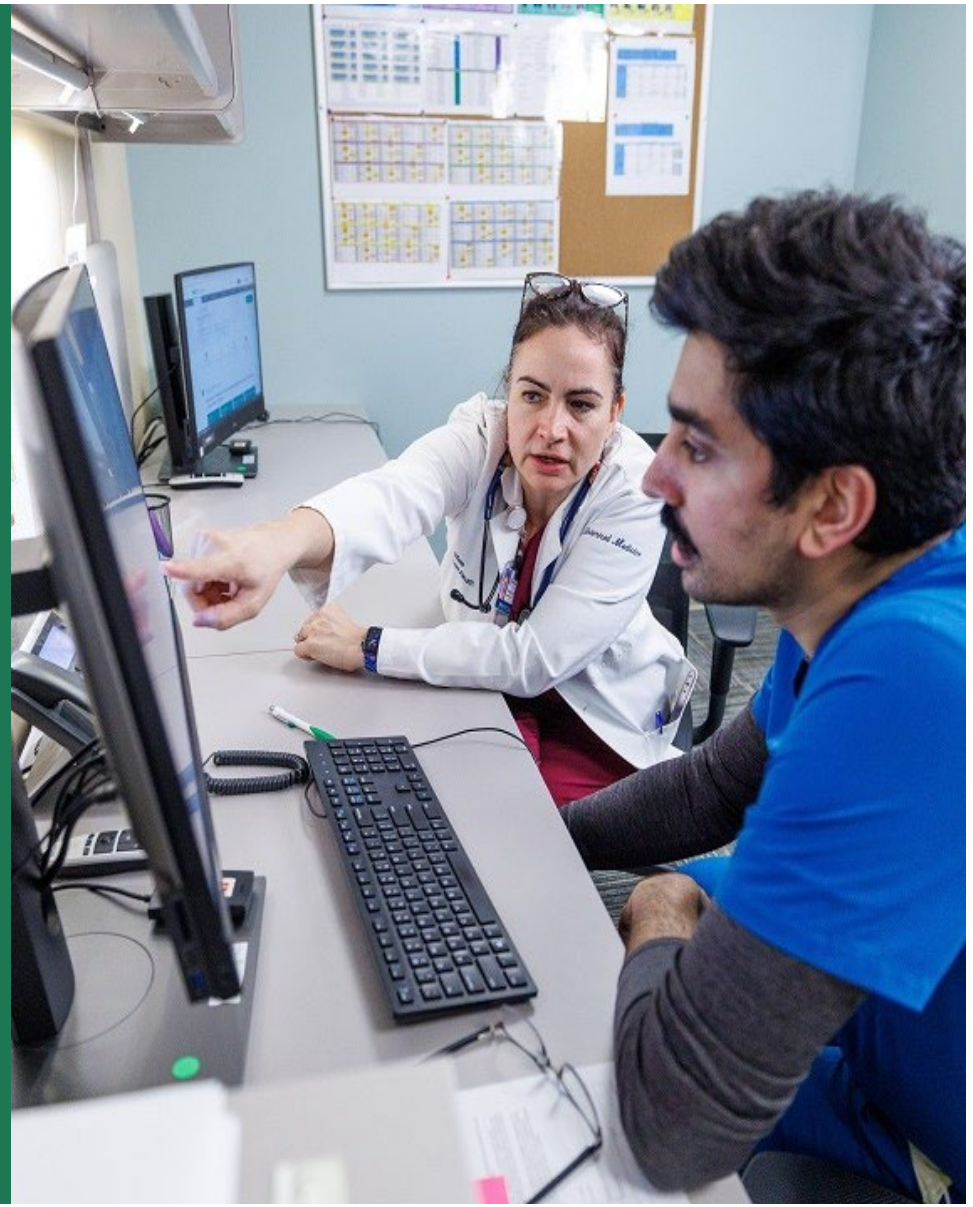
Attrition in General Internal Medicine practitioners

- General Internal Medicine is a "leaky bucket"
- Profusion of subspecialties, and splitting into "New" specialties:
  - Neurology now its own specialty
  - Cardiology considering specialty status



Challenges to excellence in a Changing Healthcare Landscape:

- Attrition in GIM physician workforce
- Physician fatigue, burnout and workforce challenges
- Rapidly changing technology & AI
- Worsening mis/disinformation
- Dysfunctional/misaligned reimbursement model
- Integration of Social drivers of health…



Our identity: Is General Internal Medicine the same as “Primary Care?"

- Primary care definition: WHO
  - Primary care is a model of health care that supports first-contact, accessible, continuous, comprehensive, and coordinated person-focused care.
  - It aims to optimize population health and reduce disparities across groups by ensuring equitable access to services for all.
- The term “primary care” refers to a system or global framework for delivering basic health care.
- Internal Medicine Physicians are specialists who care for adult patients *and* also attend to their primary care needs

- Internal Medicine: A medical discipline defined by its knowledge base, clinical reasoning and scope of expertise in adult medicine. It includes:
  - Acute care
  - Complex and diagnostic medicine
  - Longitudinal ambulatory care
  - Hospital medicine and transitions
  - Perioperative and consultative medicine
  - Geriatrics and complex care
  - Multispecialty care and co-management
  - Clinical leadership, education and research

Should we change the narrative?

“Primary Care” or “Primary Health Care” is a model of delivering essential health care services as defined by organizations such as the WHO and National Academy.

Internal Medicine is a professional Medical Discipline. It should not be conflated with the process of delivering basic care

The term “Primary Care Physician” has diminished the role of Internal Medicine specialists by suggesting that their role is “basic” or simple.



Rebirth of the Internal Medicine specialist/consultant

- The reduction of General Internal Medicine practice to “Primary Care” has obscured and minimized its role in complex diagnosis and care, specialty integration, academic medicine and clinical leadership.
- The integrated practice of the future must be based on Internal Medicine as its clinical and intellectual foundation. Primary care must remain an essential but not singular component of General Internal Medicine practice



What's in a name?

What's in a name?
That which we call a rose
By any other name
Would Smell as Sweat

- William Shakespeare, in *Romeo and Juliet*

- What's in a name? "Medical Consultant" or "Personal physician" vs. "Primary Care Physician"
- Words matter, phraseology matters, symbolism matters.
- Is it time to retire the term "Primary Care Physician" from the Internal Medicine lexicon?

Team-Based Care and Collegiality: From solo practitioner to Team Leader

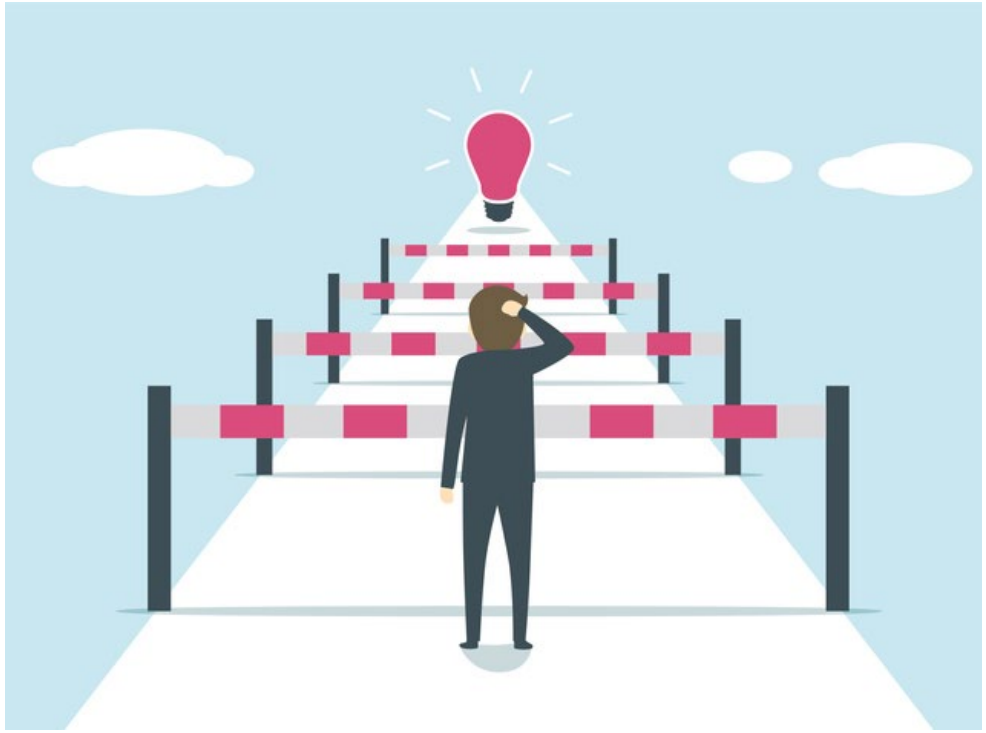
- **Collegiality:** Collaborative practice with mutual support
- IM physician: The “complete doctor” for adults
- The “Medical Consultant” who independently manage a variety of conditions and coordinates care
- The future Internal Medicine specialist is a team leader and coordinator of care: “No single physician can do it all alone”.
- Leading and coordinating teams is an essential skillset for the future: Are we teaching it?

Collegiality: The integrated Internal Medicine practice



- Longitudinal clinical relationship
- Comprehensive adult medicine
- Integrated specialty expertise
- Continuity across settings
- Multidisciplinary capacity
- Population health
- Organizational leadership

Obstacles to true Integrated and collaborative practice



- Perverse economic incentives
- Generalist-specialist divide
- Health system organization
- Administrative burdens and burnout
- Training deficiencies
- Information /technology mismatch
- Unequal access and social determinants

Reimbursement reform: Paying for the work that matters

- **Advocate for a reimbursement architecture that appropriately compensates the breadth of clinical work done rather than reward "widgets"**
  - Communication
  - Integration of consultant recommendations and co-management
  - Post-discharge follow up and medication reconciliation
  - Advance care planning, palliation
  - Integrated team-based services

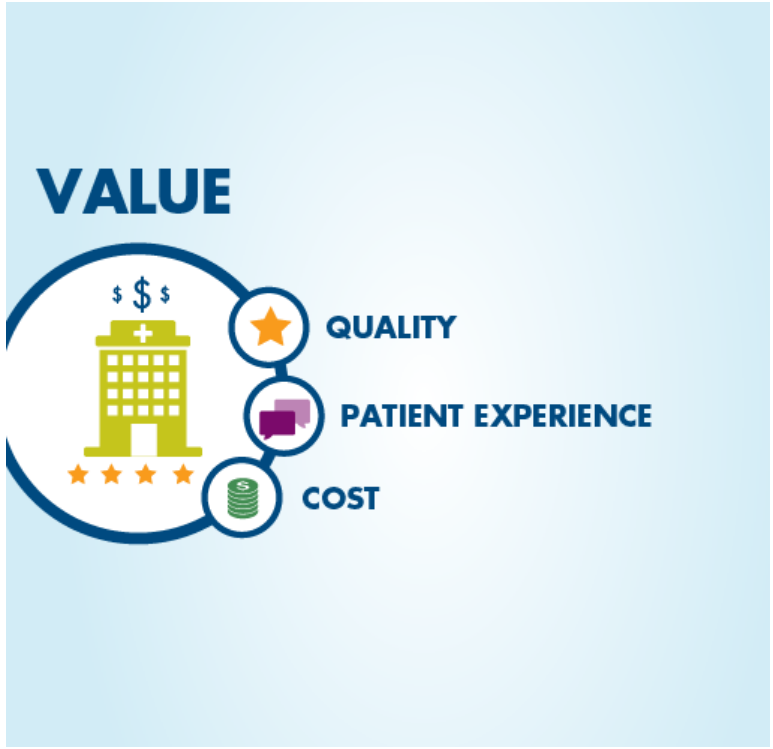


Payment reform: Models in evolution

- Comprehensive Primary Care Plus (CPC+): 2017-2021
- Primary Care first (PCF)
  - Advanced care tracks
  - Parcial capitation
  - Flat-visit fee-and-outcome models
- ACO Primary Care Flex Model (ACO PC Flex)
  - Practice site transformation
  - Value-based payments through ACO networks
  - Spending flexibility: Decoupling revenue from face-to-face visits



Payment reform: A hybrid payment model best suited for the future



- Risk-adjusted prospective payments
- Fee for service where appropriate
- Quality and outcome incentives
- Shared savings with safeguards
- Shared clinical infrastructure

Incentivize the capacity to deliver comprehensive care, while retaining safeguards that ensure patients receive the services they need.

Redesigning Internal Medicine training for the future



- A strong clinical core based on foundational concepts
- Immersive longitudinal ambulatory experience
- Incorporate education in economics, leadership and management of medicine
- Emphasize competency in integration, communication and interprofessional teamwork
- Incorporation of technology and AI to improve systems and workflows

Artificial Intelligence: The new scientific frontier in medicine?



- New field with lots of opportunity but also lots of uncertainty
- AI agents can augment clinical decision-making and streamline workflows
- Will they replace doctors?
  - Image interpretation
  - Symptom-checker chatbots
  - Screening and testing recommendations
  - AI-assisted diagnosis: “Dr. AI”?

Artificial Intelligence in patient care



ACP: AI cannot (and should not) replace the physician: It is a tool to augment their capabilities (Augmented intelligence")



AI can crunch the numbers and come up with probabilities, but not the patient-centered bedside skills.



Patient preferences, social support, life goals



Communication, empathy, ethical judgement



Collaborative patient-centered decision-making

What about digital ecosystems?



Gizmodo

RFK Jr. Wants Every American to Be Sporting a Wearable Within Four Years



16 hours ago • By Ed Cara

The future of digital ecosystems

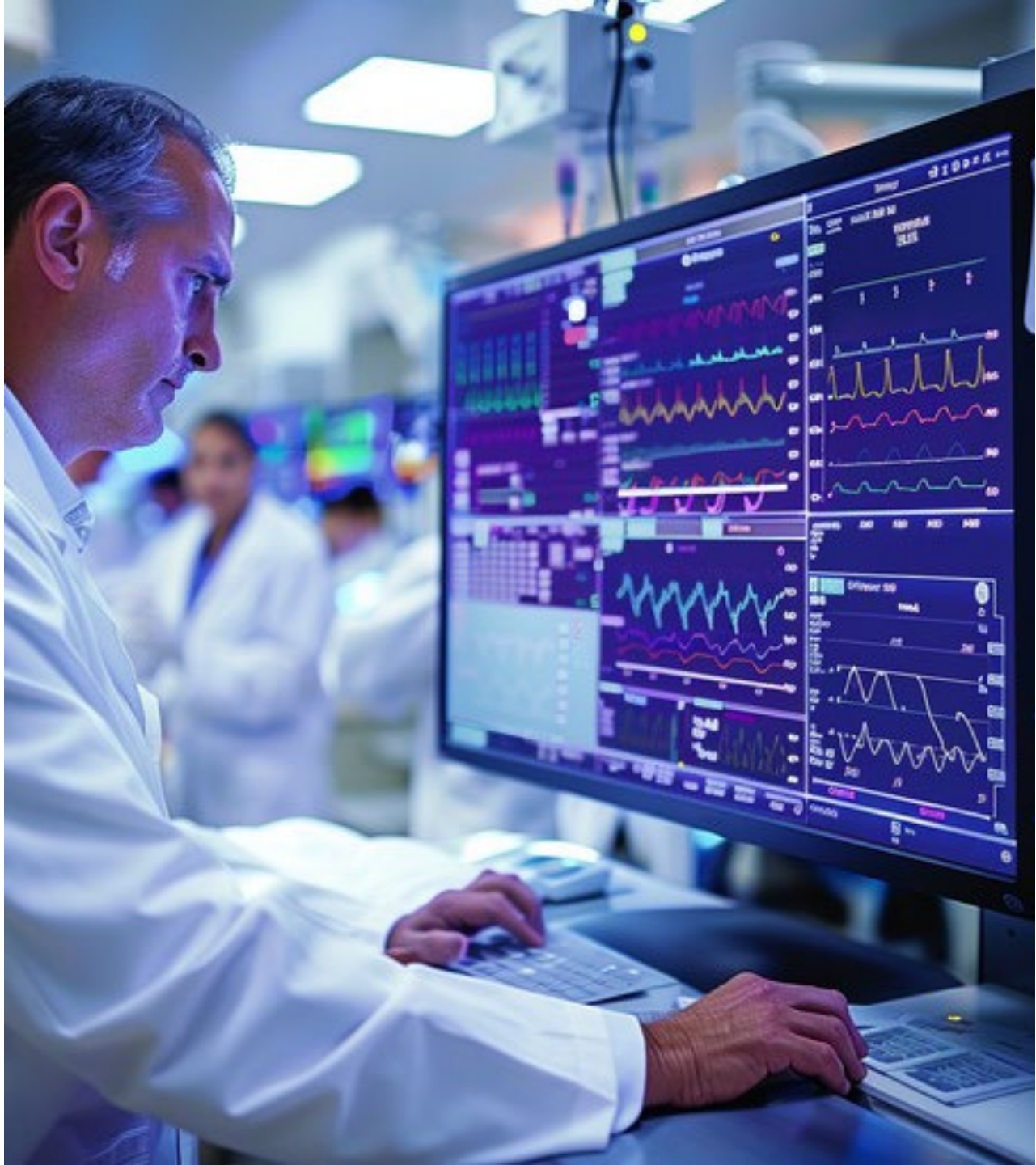
Innovations in blood pressure monitoring/control/ diabetes care, cardiac rhythm monitoring

May present challenges for Internal Medicine physicians:

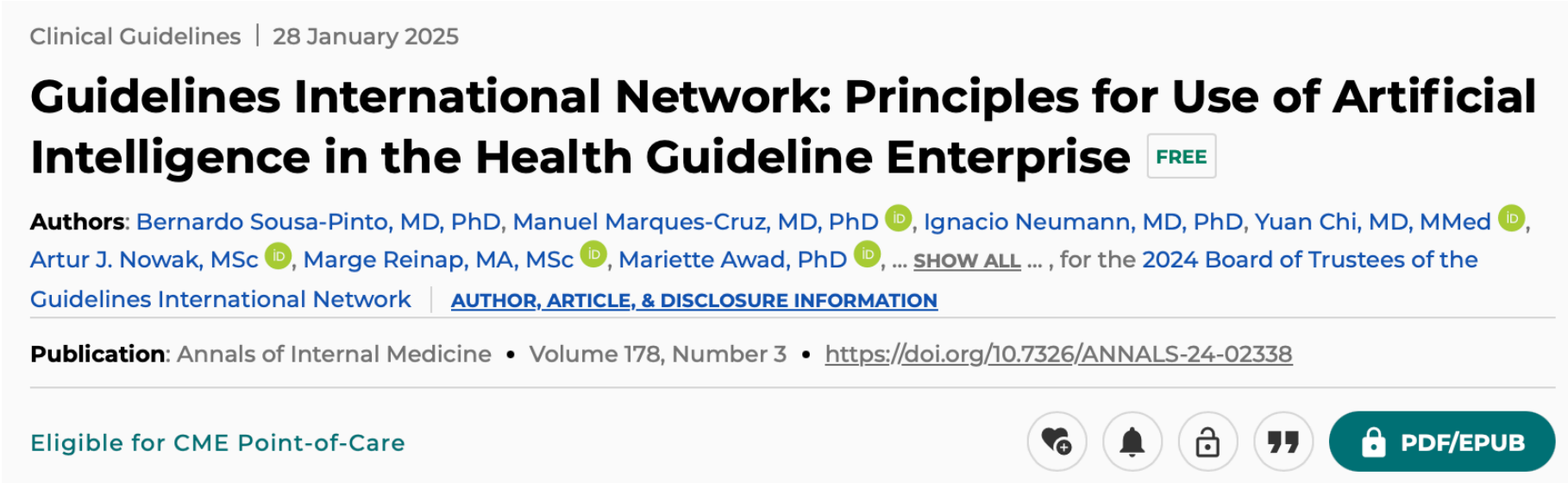
- EHR burden
- Data overload
- Data management
- Privacy
- Equity

They may also present opportunities for better care

- Telemetry data/remote monitoring
- Useful if they augment practice, e.g. integrated AI tools
- Improved care coordination and collegiality



ACP position papers on AI



Clinical Guidelines | 28 January 2025

Guidelines International Network: Principles for Use of Artificial Intelligence in the Health Guideline Enterprise FREE

Authors: Bernardo Sousa-Pinto, MD, PhD, Manuel Marques-Cruz, MD, PhD, Ignacio Neumann, MD, PhD, Yuan Chi, MD, MMed, Artur J. Nowak, MSc, Marge Reinap, MA, MSc, Mariette Awad, PhD, ... SHOW ALL ... , for the 2024 Board of Trustees of the Guidelines International Network | AUTHOR, ARTICLE, & DISCLOSURE INFORMATION

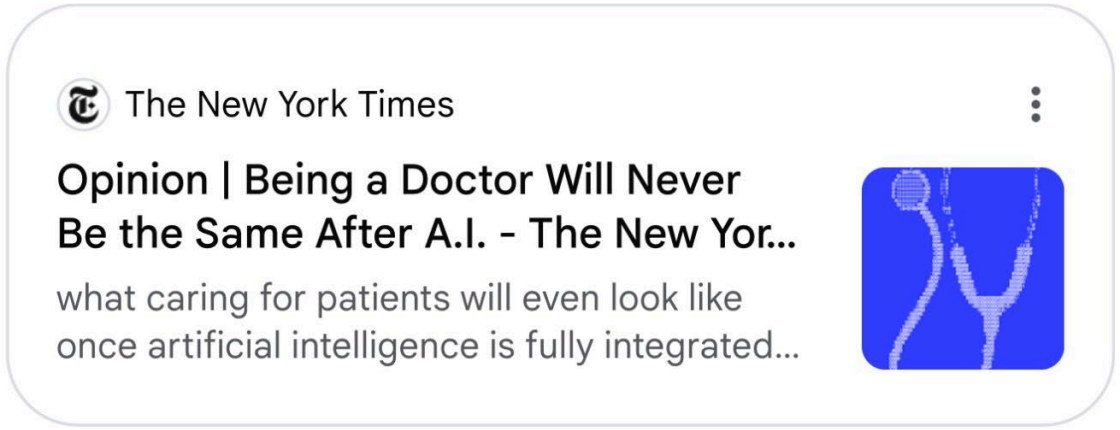
Publication: Annals of Internal Medicine • Volume 178, Number 3 • https://doi.org/10.7326/ANNALS-24-02338

Eligible for CME Point-of-Care

PDF/EPUB

- "Eight principles were identified to adhere to when using AI in the guideline context: Transparency, preplanning, additionality, credibility, ethics, accountability, compliance, and evaluation.
- These complementary principles are described in a comprehensive way, but they do not provide detailed instructions on how to use specific AI tools.

Will AI change us?



- Dr. Rachel Bedard: AI enhances the clinical performance of experienced physicians but threatens the cognitive development of medical trainees.
- “Never-skilling: AI takes away the difficult process of developing clinical judgement through independent problem-solving

ACP Ethics position paper on AI (October 2026)

Annals of Internal Medicine

POSITION PAPER

Ethics and Professionalism in Artificial Intelligence and Medical Practice: A Position Paper From the American College of Physicians

Matthew DeCamp, MD, PhD; Lois Snyder Sulmasy, JD; and Kyle E. Karches, MD, PhD; for the Ethics, Professionalism and Human Rights Committee of the American College of Physicians*

Artificial intelligence (AI) in health care is being rapidly adopted in perhaps one of the most rapid implementations of technology in medicine to date. Better thought of as augmented intelligence, as a tool that provides assistance to physicians and patients, many guidelines for its use have been issued, but consensus has not yet been achieved on issues such as privacy, disclosure, and fairness. Patients and physicians need ethical guidance at the point of care. Three guideposts described in this American College of Physicians position paper and rooted in the patient–physician relationship—principles of medical ethics, clinical integrity, and physician-independent practical reasoning—can inform the ethical use of AI: relationality, self-governance, and competence. This paper examines the implications of AI for patients, physicians, and health care and provides guidance for its ethical use.

Ann Intern Med. 2026;179:1453-1459. doi:10.7326/ANNALS-26-01792
For author, article, and disclosure information, see end of text.
This article was published at Annals.org on 1 September 2026.

ACP Ethics position paper on AI (October 2026)

Position 1. The patient–physician relationship is the core of health care. *AI must be implemented clinically to support, not weaken, this relationship*

Position 2. AI is affecting medical practice, research, and learning. *Physicians and trainees must recommit to the competencies of caring and develop new competencies on the appropriate use of AI*

Position 3. When physicians use AI to support medical decision making, *that use should respect and promote—not replace—physician-independent clinical judgment and recommendations based on the patient's individual needs and values*

Position 4. Physicians, in coordination with clinics, hospitals, and health systems, *must seek to identify and mitigate the effects of algorithmic bias in the use of AI, including by addressing root social and structural causes.*



The future of Internal Medicine: Innovation, Adaptation and collaboration



- Training transformation: Embrace competencies in teamwork, economics and management in medicine
- Technology integration: Develop and guide the ethical use of AI, digital diagnostics, predictive analytics, and other novel tools.
- Workforce support and enhancement: Address burnout, redesign reimbursement, acknowledge and reward the value of cognitive and collaborative care.
- Collegiality and collaboration: Build professional partnerships across resources and settings
- Lead in building integrated public health systems

The future of Internal Medicine: A new generation of Internal Medicine Physicians

Who are they?

- Digital and AI natives
- Diverse in background
- Committed to justice, transparency and purpose
- Ready and want to make a difference
- Morally and intellectually motivated

We must support them by creating a dynamic and rewarding professional environment



The future of Internal Medicine: Science and collegiality



- Building vital skills in a new era: climate Change, Pandemic resilience, Chronic disease and mental health management
- Transition to managing integrated systems vs. running a solo practice/fee for service
- We must continue to adhere to and grow the scientific foundation of our discipline
- We bring a strong history and legacy to an uncertain future-We will not only adapt, we will lead and thrive with science and collegiality.

Thanks again for inviting me. . .



Questions?

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