Health Care Reform and the Primary Care Conundrum

Joshua Freeman, MD
Cynthia Teel, PhD, RN, FAAN
Lee Norman, MD, MHS, MBA
Diane Ebbert, PhD, APRN, FNP-C
Health Reform – ACA

• Supreme Court upholds ACA (with few exceptions)
• President Obama re-elected
• Democrats increase majority in Senate
• So...
• It’s not going away
Even if there were no ACA as such

- The healthcare system is changing
- Driven by cost
- Need to limit expensive, unnecessary, even harmful procedures
- Need a health system based in primary care
- All well-functioning health systems are 50-60% primary care
What’s so good about primary care?

• Well, a lot, but the real issue is the primary care – specialty balance.
• Areas with larger percentages of primary care have lower cost and higher quality those with lower %s
• Conversely, the reverse is true for higher percentages of specialists – lower quality as well as higher cost!

• Baicker and Chandra Health Affairs 2004
# Primary Care Physicians (2010)

<table>
<thead>
<tr>
<th>Specialty</th>
<th>2010 unadjusted</th>
<th>Overcount Adjusted</th>
<th>PC Multiplier</th>
<th>PC Adjusted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Docs</td>
<td>92,902</td>
<td>89,066</td>
<td>0.95</td>
<td>84,613</td>
</tr>
<tr>
<td>GPs</td>
<td>12,245</td>
<td>9,870</td>
<td>1.00</td>
<td>9,857</td>
</tr>
<tr>
<td>Internists</td>
<td>100,047</td>
<td>95,533</td>
<td>0.80</td>
<td>76,697</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>52,720</td>
<td>50,258</td>
<td>0.95</td>
<td>47,745</td>
</tr>
<tr>
<td>Geriatrics</td>
<td>3,685</td>
<td>3,575</td>
<td>0.95</td>
<td>3,396</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>261,599</strong></td>
<td><strong>248,302</strong></td>
<td></td>
<td><strong>222,308</strong></td>
</tr>
</tbody>
</table>

Adjusted for retirements, deaths (JAMA)

Adjusted for hospitalists, etc

Work supported by HRSA/ORHP and AHRQ
222,308 primary care physicians, 2010
One for every 1358 people in the US
Primary Care NPs and PAs

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Number in Primary Care</th>
<th>Percent Primary Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>PAs</td>
<td>70,383</td>
<td>30,402</td>
<td>43%</td>
</tr>
<tr>
<td>NPs</td>
<td>106,073</td>
<td>55,625</td>
<td>52%</td>
</tr>
</tbody>
</table>

AAPA puts this figure closer to 24,000 or 34%

If you co-locate NPs, PAs and apportion FTE by physician specialty ratio at site
~308,000 primary care clinicians, 2010
One for every 1000 people in the US
In a Tight Spot

<table>
<thead>
<tr>
<th>Primary Care Service Areas in shortage vs “surplus”</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Physicians</td>
</tr>
<tr>
<td>Areas with shortage</td>
<td>1:1500</td>
</tr>
<tr>
<td># Needed</td>
<td>4,838</td>
</tr>
<tr>
<td>Areas with “surpluses”</td>
<td>-34,479</td>
</tr>
<tr>
<td>#Excess Physicians/Providers</td>
<td>1,668</td>
</tr>
<tr>
<td></td>
<td>34,479</td>
</tr>
</tbody>
</table>

PCP: population range = 500:1 – 5000:1

Our current, glaring problem is distribution
30 million more insured: Massachusetts lessons for unleashing pent up demand for services without sufficient access to primary care
Can we meet rising demand?

Figure 2. Growing Need for Primary Care Physicians, 2010-2025

Contracted by AHRQ, negotiated with HRSA and ASPE—projections led by Dr. Winston Liaw and Dr. Steven Petterson
We Need a net gain of about **50,000** primary care physicians by 2025.

ACA insurance coverage increases this by about 8,300...If they go exactly where they are needed!

**Trickle-down workforce policy = many times more**
The Primary Care Conundrum(s)

1. We need 50% PC, we are at <30%, and we are producing at best 20%.
   
   *You can’t get there from here!*

2. We say we want more primary care doctors but our financing and reimbursement system says otherwise.
Progress of the Physician Payment Gap

- **Diagnostic Radiology**
- **Orthopedic Surgery**
- **Primary Care**
- **Family Medicine**

**Annual Income** vs **Year**

- **Year**:
  - 1979
  - 1981
  - 1983
  - 1985
  - 1987
  - 1989
  - 1991
  - 1993
  - 1995
  - 1997
  - 1999
  - 2001
  - 2003

- **Annual Income**:
  - $0
  - $50,000
  - $100,000
  - $150,000
  - $200,000
  - $250,000
  - $300,000
  - $350,000
  - $400,000
  - $450,000
Is there hope?

• Sure.
  • “...family physician salaries are going up quickly in Northeast Ohio. At Cleveland Clinic we have raised salaries of all family physicians by an average of 24% in the past 4 years.”
  • “In my neck of the woods (CA), there is huge unmet demand specifically for family physicians and enlightened organizations like Kaiser are paying handsome salaries (stunningly so) for FP grads fresh out of residency, and also offering loan repayment.”
• Maybe some day in KS!
Integrated Systems

- Engaging Students
- Interprofessional education (IPE) – to support interprofessional practice (IPP)
- Removing barriers to IPE/IPP
- Creating new models
Patient-Centered Approaches

- Team-based care
- Maximizing contributions from each practitioner
- Full scope of practice
- Reducing intra/inter-disciplinary silos
- Enhancing patient outcomes
Diversity Driving Innovation

• Health care reform requires innovation in education
• Systems to foster creativity
• Examples
  • SoM, SoN, SoHP designing interprofessional rural learning opportunities
  • Sharing preceptor databases
A National Initiative

• IOM *Future of Nursing* report (2010)
• 3 pillars: Education, Practice, Leadership
• Advancing education/life-long learning
  • 80% BSN workforce by 2020
  • Double # of doctorally-prepared nurses by 2020
    • Practice, Education, Research
• Workforce data
• Interprofessional collaboration
• Kansas Action Coalition
  • Influencing future primary care practitioners
DR. NORMAN
A major trend to watch – value-based purchasing (VBP)

Starting in October, 2012, Medicare rewards hospitals that provide high quality care for their patients through the new Hospital Value-Based Purchasing Program. For the first time, hospitals across the country will be paid for inpatient acute care services based on care quality, not just the quantity of the services they provide.
Examples of some VBP measures: inpatient

- **AMI-7a** – *Fibrinolytic Therapy* Received Within 30 Minutes of Hospital Arrival
- **AMI-8** – Primary **PCI** Received within 90 Minutes of Hospital Arrival
- **HF-1** – *Discharge Instructions*
- **PN-3b** – **Blood Cultures** Performed in the Emergency Department (ED) Prior to Initial Antibiotic Received in Hospital
- **PN-6** – Initial **Antibiotic Selection** for Community-Acquired Pneumonia (CAP) in Immunocompetent Patients
- **SCIP-Inf-1** – **Prophylactic Antibiotic** Received within One Hour Prior to Surgical Incision
- **SCIP-Inf-2** – **Prophylactic antibiotic selection** for surgery patients
- **SCIP-Inf-3** – **Prophylactic Antibiotics** Discontinued within 24 Hours After Surgery
- **SCIP-Inf-4** – Cardiac Surgery Patients with Controlled 6:00 a.m. **Post-operative Serum Glucose**
- **SCIP-Card-2** – Surgery Patients on a **Beta Blocker** Prior to Arrival Who Received a Beta Blocker During the Perioperative Period
- **SCIP-VTE-1** – Surgery Patients with Recommended **Venous Thromboembolism Prophylaxis** Ordered
- **SCIP-VTE-2** – Surgery Patients Who Received Appropriate Venous **Thromboembolism Prophylaxis** within 24 Hours
This will increase in the ambulatory setting as well:

• The push towards “population medicine”
• Case-finding and early disease recognition (at the core of “meaningful use incentives”)
• Readmission-prevention
• Early intervention in the most at-risk patients
An exciting example (opportunity)?

• The economics of the “poly-chronic” patients (three or more chronic conditions)
• Their medical costs
• Early results of health system “experiments”
• The return on investment for better care
• An economically-sustainable model for primary care physicians to give better care
• The role of EDICT (Early Detection and Intervention using Cellular Technology)
Developing a highly functioning primary care clinic

• Dependent on highly functioning teams
  • Health care has not always been a team sport
  • Work force issues, funding and complexity of health care support the need for team provided care
Personal values that characterize effective teams

• Honesty
• Discipline
• Creativity
• Humility
• Curiosity
Core principles that embody teams

• Shared goals
• Clear roles
• Mutual trust
• Effective communication
• Measurable process & outcomes
The Clinica Family Health Services experience

- 3 fundamental building blocks
  - Continuity of care
  - Prompt access to care
  - Care provided by teams
Patient Centered Approach to Care

• Focus has changed
• Shared responsibility
• Team members work to top of their education
• Meeting population needs and provider needs
3 articles published in the Annals of Internal Medicine right before the election (Oct 2012)

- Wilensky, GR, “What will the 2012 presidential election mean for physicians?”
- Berenson, RA, “Will the 2012 presidential election change health care?”
- Blumenthal, D, “The 2012 presidential election: It’s health care, stupid!”
  - www.annfammed.org