HEALTH BENEFITS OF PRIMARY CARE

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SUMMARY

More and more evidence shows positive correlation between primary care and better health outcomes. Primary care also helps prevent illness and death. Increased access to primary care decreases health disparities related to social, economic and racial reasons therefore creating more equitable distribution of health in populations as seen in national and also cross-national studies. Yet job satisfaction is low and burnout rates are high. Thorough research through all the cited papers for the past few months, found numerous papers from almost 20 years ago which advocate how valuable primary care is. It was surprising that there is so much evidence and research done, and yet, why as PCPs we are still struggling to gain traction in the system.

INTRODUCTION

PURPOSE OF PAPER

The primary purpose of this paper is to not only highlight the Health Benefits of Primary Care, but also to bring to attention possible flaws in measurements of key performance indicators and offer solutions.

TARGET AUDIENCE

Through research for this paper, it emphasizes how much a primary care physician does apart from just seeing patients. There are less and less funds and resources available for primary care, and more pressure and volume-incentive-based pays causing increased burn out. The purpose of this paper is to get attention of Health Organization Leaders, Policymakers and Health System Leaders to consider more investments in Primary Care to provide more in terms of technology, support staff, community resources, and value outcomes.

> *55% of office visits are in "primary care" offices yet only 4-7% of healthcare dollars are offered to primary care. This is a major misalignment of reimbursement compared to other specialties and needs to be relooked at.*
>
> *Overall, the United States still has a serious imbalance between the production of primary care physicians and those in other specialties.*

THE BIG PROBLEM

Primary care Physicians

- Family Practitioner
- General Internist
- General Pediatrician

4 Main Primary Care Services

- First contact access
- Long term care
- Comprehensive care
- Coordinated care

Primary care physicians include Family Practitioners, General Internists and General Pediatricians. These three types of physicians constitute primary care physician workforce and provide highest level of primary care in their practices.

Primary Care became a "specialty" for post graduate training in 1970s. This recognition produced two reports from Institute of Medicine (IOM) which defined primary care as *"provision of integrated, accessible health care service by clinicians who are accountable for addressing large majority of personal health care needs and developing sustained partnership with patients, and practicing in context of family and community"*

This report was also used to measure 4 main features of primary care services:

1. First contact access
2. Long term (person) focused care
3. Comprehensive care for (most) health needs
4. Coordinated care if sought elsewhere

With above measures in mind, PCPs were designed to work hand in hand with the specialists and strive to work on prevention so as to keep people healthy, while keeping the social aspects in mind.

But today it feels like a tug of war. Although we must remind ourselves this is not a fight against the system. This is also not a battle of PCPs versus Specialists but a push for collaboration/integration.

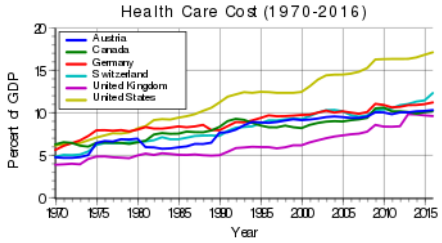
Most physicians feel extremely rewarded when they are able to help patients (intrinsic reward) which unfortunately feels stripped off due to more "admin or non-clinical work" and therefore burn out.

With some introspection, part of the problem could be dispiritedness where physicians do get disengaged and to some degree there is inertia and resistance to any change.

PROBLEM DISCUSSION

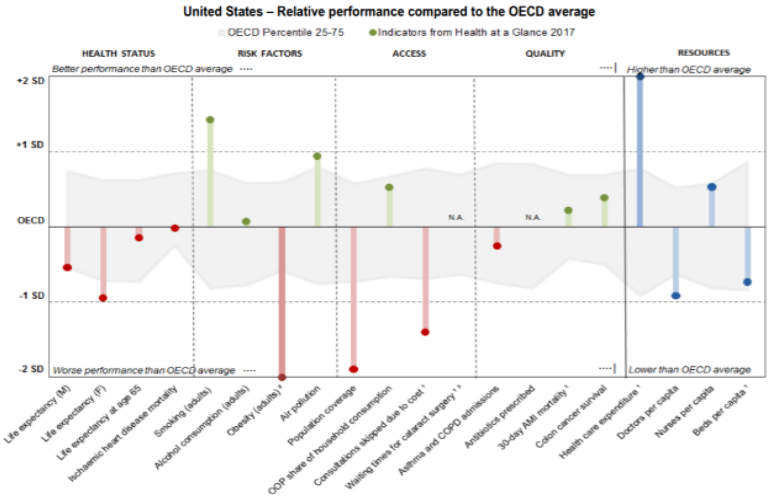
Primary care providers are first point of contact with healthcare system for patients, be it for simple or complex disease processes.

Even with attending to a full spectrum of issues, Primary Care physicians do not feel empowered due to various manacles, from health plans, insurances and administration due to conflicting goals. Less transparency from administration adds on to the frustrations, especially in organizations that have hierarchical systems rather than collaborative. Such organizational structure and system drive behavior, making Primary care providers more tactical focused and less strategic. Monetary compensation may also be part of the problem but other elements of the challenge could be poor recognition, and almost non-existent growth opportunities.



Let's talk a little about overall healthcare spend of the country and compare it with other OECD (Organization for Economic Cooperation and Development) Countries. USA spends about 17.9 % of its GDP on healthcare and it is higher compared to other developed countries.

If you look at the relative performance as shown in the following graph that compares US to OECD averages in various sections, Life expectancy in the United States is slightly lower than the OECD average, despite very high levels of health spending. As far as resources, health spending averages $9,892 per person (adjusted for local costs), much higher than in all other countries (the OECD average is $4,003). Conversely, the number of primary doctors per person are relatively low.



Nearly all countries are reporting that their healthcare expenditures are continuing to increase as a percentage of GDP. However, if you look at doctors per capita in US vs other countries, the percentage is low. In addition, US also has opportunity to improve access and risk factor management. Primary care does play a critical role when you consider improving access and managing risk factors by focusing on preventive care. This brings attention back to Primary care and its critical role in optimizing health care spend in US.

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It is utmost necessary to talk about the fact that primary care is still one of the lowest as far as compensation. To assure an adequate primary care physician workforce for the future, it is essential to get primary care income levels to be brought up to par in relation to those of other physician specialties; however, the current disparity in relative income levels is another cause of shortage in supply of PCPs. Overall, the United States still has a serious imbalance between the production of primary care physicians and those in other specialties.

DATA AND STATISTICS

20% 

Fewer hospitalizations

33% 

Lower Expenditures

$67 Billion

Estimated savings

During research of this topic, numerous studies and incredible amount of data from almost 25 years ago came to light. Few statistics and relevant data are outlined in this paper.

A study done in 1998 using data on a nationally representative sample of 13,270 adult respondents. National Medical Expenditure Survey reported their personal physician either a primary care or specialist, along with total annual health care expenditures and 5-year mortality experience was measured. Respondents with a primary care physician, rather than a specialist, as a personal physician reported fewer medical diagnoses and higher health perceptions and have lower annual healthcare expenditures (mean: $2029 vs $3100) and lower mortality (hazard ratio = 0.76, 95% confidence interval [CI], 0.64-0.90).

In the same study mentioned above, after adjustment for demographics, health insurance status, reported diagnoses, health perceptions, and smoking status, respondents who reported using a primary care physician compared with those using a specialist had 33% lower annual adjusted health care expenditures and lower adjusted mortality (hazard ratio = 0.81; 95% CI, 0.66-0.98).

American Journal of Public Health study estimated that more than a third of Americans on Medicare who were 65 and older and who had a regular physician had been seeing him or her for a decade or more — and those with the longest ties had lower medical costs and were less likely to be hospitalized than those with the shortest.

David Meltzer, MD, PhD, is an economist and a primary-care physician at the University of Chicago. In his study, Meltzer insists that doctors spending more time with their patients actually saves money. After a year in his clinic, he noted that patients had 20 percent fewer hospitalizations than their control-group counterparts. Medicare costs average $50,000 to $75,000 each for hospitalization. If there are approximately 4 Primary Care Physicians working in an office, the access and care they can provide to avoid even 1 hospitalization per physician per month equals 48 avoided hospitalizations and approximately saves $2.4M (48 x $50,000) to $3.6M (48 x $75,000) at the end of the year. But by comparison, the average family physician annual salary per year (2020 -- Salary.com) is $207,905 and for 4 physicians adds up to less than $1 million.

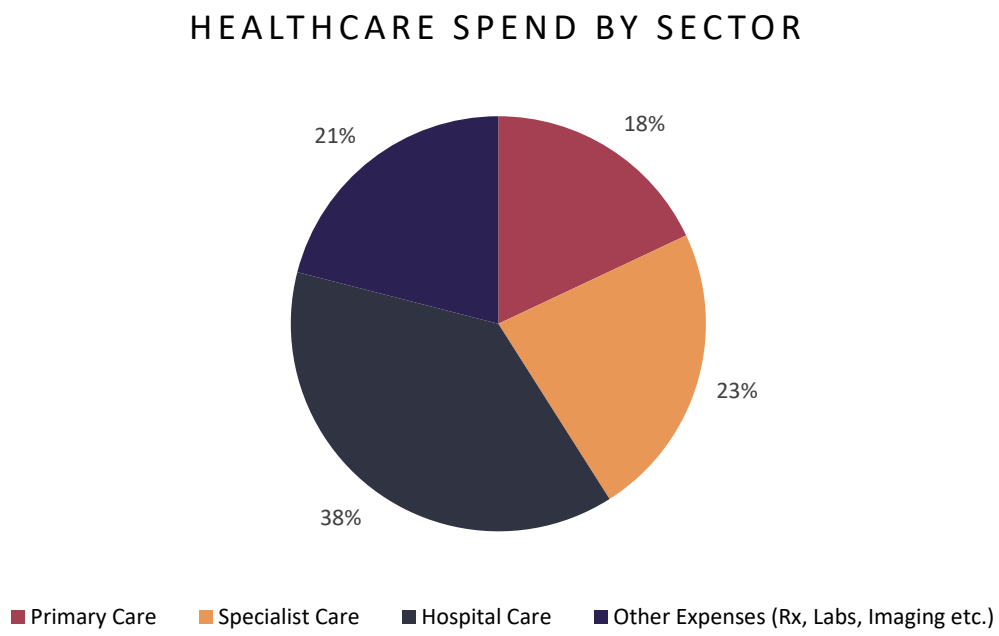
Long term focused care helps catching and treating problems early on, reduces specialist visits. U.S. adults who have a primary care physician have 33 percent lower health care costs and 19 percent lower odds of dying than those who see only a specialist. A study published in PubMed shows if everyone saw a primary care provider first US could save up to $67 billion just by avoiding urgent care, emergent care and specialist visits. This estimate also assumes an increase in primary care physician revenue of about 13.7% as the population shifts to primary care physicians. This study also reflects an estimated reduction in specialty care services of about 15.2% and a reduction in hospital spending of about 9.2%.

DATA AND STATISTICS

Coordinated care just appropriates specialist visits and helps order only necessary tests while utilizing health plan funds for medications, food stamps, transportation to ensure patients can visit their primary care provider. This will bring more value to the healthcare system as we enter a healthcare situation with aging population with increased healthcare needs (high demand) and physician burnout (less supply) state.

Some of the OECD (Organization of Economic Cooperation and Development) nations mandate that patients are seen by primary care before any other provider would be able to see them, such countries are spending far less and have much better health outcomes.

Family physicians can also add value to the larger economic system by finding ways to keep workers healthy and on the job, thereby helping to reduce the costs of health-related work absenteeism.



CONCLUSION

Primary care Ratio

- Improving ratio improve health outcome
- 250% - 450% ROI on investment
- Lower all-cause mortality

Key Benefits

- Healthy Outcomes
- Lower health care cost
- Job Satisfaction

Improvement in health of populations is likely to require a multipronged approach that addresses socioeconomic and behavioral determinants of health and strengthens certain aspects of health services.

The fact that primary care, particularly family medicine, was found to be associated with better health outcome suggests that improving the ratio of primary care (especially family medicine physicians) to population could improve health outcomes, even in states with serious health inequalities.

One study estimates that it requires a 59% increase in staffing, to 4.25 (vs current 2.6) FTE staff per physician for creating a “team-based approach”. A study with such a model earned $4.50 when $1 was invested in the team.

Another study done by NCQA, of a team-based model called a patient-centered medical home, the return was estimated at between $2.5 and $4.5 to every $1.

International comparisons suggest that industrialized nations that promote primary care over specialty care achieve better health status and lower overall costs than those who do not. Eleven years of state-level data found the supply of primary care physicians to be significantly related to lower all-cause mortality.

In addition to its relationship to better health outcomes, the supply of primary care physicians was associated with lower total costs of health services.

Beneficial impact of primary care on population health have been studied to be achieved with six mechanisms -

1. Greater access to needed services
2. Better quality of care
3. A greater focus on prevention
4. Early management of health problems
5. Cumulative effect of the main primary care delivery characteristics
6. The role of primary care in reducing unnecessary and potentially harmful specialist care

Overall benefits of Primary Care are not just for patients, and healthy outcomes, but overall increase in health care provider job satisfaction, incredible savings for patients and health plans.

SOLUTION

Value

 Treatment

 Referrals

 Trust

 Community

Value created by Primary Care considering following attributes:

- ➔ Patients present with hope of being treated, in most cases by their primary care provider without referral.
- ➔ PCPs help navigate patients through the healthcare system for referrals if needed.
- ➔ They help build trust for overall decision-making process.
- ➔ Due to long lasting relationships, Primary Care also provides opportunities for disease prevention and health promotion.
- ➔ Eventually Primary care helps bridge gaps not just at personal but at community level helping patient at a time.

This clearly proves that Primary Care has an impact on entire health care ecosystem as compared to the microcosm we are evaluated in. As per New Model of Family Medicine, reported in 2004 and financing discussed in detail with following components in mind:

- Open-access scheduling
- Online appointments
- EHRs
- Group visits
- E-visits
- Chronic disease management
- Web-based information
- Team approach, where clinical staff are more involved in providing care
- Use of clinical practice guideline software
- Outcomes analyses

Four Pillars

Physician Led

Integration of healthcare

Technology

Valuing Outcome

We have been focusing on these since 2004, however Dr. Robert Pearl, Executive director and CEO Permanente Medical Group, in his book – Mistreated highlights 4 pillars of transformation. He discusses these 4 pillars as Healthcare being Physician led, Integration of Healthcare, Incorporating Technology and Valuing Outcome rather than volume.

With all above factors in mind, Physicians should focus on some key issues –

- Attribution: Are the patients I'm being measured on "my" patients?
- Scope: Are the scope of services in the measurement program within my influence?
- Comparators: With whom or what am I being compared?
- Reliability/Validity: Does the measurement program include reliable, valid measures?
- Statistical Testing: Does the program include appropriate statistical testing to ensure that measured differences are likely to be real and not random variation?
- Risk adjustment: Does the program adjust appropriately for risk?

With all these factors in mind, the solution is we have to focus on these key issues and consider the intangible value created by Primary Care Providers which is often overlooked.

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