National Academies of Sciences, Engineering, and Medicine’s Committee on Implementing High-Quality Primary Care

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Value of Primary Care

• Only between 6% and 8% of health care dollars are spent on primary care, but access to primary care results in higher quality of care, lower mortality rates, higher patient satisfaction, and lower total system costs

• Increasing primary care physician workforce by 1 physician per 10,000 people would reduce inpatient admissions by 5.5%, outpatient visits by 5%, and emergency department visits by 10.9%

• Despite this added value, primary care is undervalued in the existing fee-for-service system
Current State of Primary Care

- Overall percentage of physicians practicing primary care has decreased from 50% in 1961 to 33% in 2015

- In 2018, only 11% of third-year internal medicine residents intended to pursue careers in general internal medicine, down from 54% in 1998

- American system is the most administratively complex, disproportionately impacting primary care.
  - Estimated processing time and costs for billing related activities amount to 13 minutes and $20.49 for a primary care visit.

- Fee-for-service system has long undervalued primary care compared to surgical procedures
  - Primary care physicians enter workforce with $174,000 in debt, and make $1-3 million less over a lifetime than other specialties
What is the American College of Physicians’ (ACP) Vision for a Better US Health Care System for All?

Comprehensive Reform of U.S. Health Care

Ensure coverage and affordability

Effective and efficient payment and delivery systems

Reduce barriers to care and address social factors impacting patients’ health


http://annals.org/aim/article/10.7326/M19-2441

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Barriers to High-Value, High-Quality Care

• American health system is one of the most administratively burdensome in the world and unnecessary, inefficient, and ineffective requirements should be eliminated

• For each hour of patient time, physicians spend an additional 2 hours on EHR and desk work

• Billing and insurance activities equal roughly 14.5% of professional revenue for an average primary care visit

• Unnecessary administrative burden results in less time spent with patients, added costs, and increased burnout
Role of Health IT in Improving Care

• Health IT should engage patients and caregivers and facilitate shared decision making and help navigate the complexities of the health care system.

• EHRs should be designed to prioritize the needs of patients and frontline physicians and their clinical care teams, strive to remove non-value-added interactions, and support value-based payment reform initiatives.
Delivery and Payment Reform

• The patient must be central to the defining of value and include their clinical outcomes, goals, safety, experience, and engagement

• Payment models should support a team-based care delivery model with clinicians from various disciplines to best serve patient needs

• There is no one-size-fits-all approach to delivery and payment system reform

• Any reform should increase payments for primary care to better reflect the value of complex cognitive care and preventive services
  • Inappropriate disparities in payment levels between complex cognitive care and preventive services, relative to procedurally-oriented services should be eliminated
Meaningful Measurement of Quality

- Quality lacks a universal understanding in the medical community, often used interchangeably with performance.

- Measurement of quality must account for the unique characteristics and preferences of the target patient population.

- Rather than “check the box” approaches, reporting programs must use evidence-based, patient-centered, actionable, and appropriately attributed measures.
  - Existing reporting requirements contribute to physician burnout.
Social Determinants of Health and Community Care

• Patient health must be viewed in totality and extend beyond the walls of the doctor’s office, rather than be limited to discrete visits

• Investment in public health infrastructure is needed to address social determinants of health like income, education, environment, and other factors

• Underlying individual, community, and systemic issues related to health inequities should be integrated into medical education
  • All health care professionals need to be knowledgeable about screening, and identifying, and approaches to treating patients whose health is affected by social determinants
Envisioning a Better U.S. Health Care System for All:

1. A Call to Action by the American College of Physicians
2. Coverage and Cost of Care
3. Health Care Delivery and Payment Systems
4. Reducing Barriers to Care and Addressing Social Determinants of Health