Making Primary Care Primary
Can We Build a Health Care System on a Crumbling Foundation?
A Call for Primary Care

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Making Primary Care Primary

• **Objectives:**
  • Describe health care in the US as compared to other industrialized nations
  • Define primary care’s role and function in a health system
  • List ways in which an organization or institution can support primary care
A quiz

What does one’s health, one’s relationships and one’s car have in common?

Answer
• All tend to be ignored until they are broken
US Health Care

Best in the world, or just the most expensive?
Gleaming Hospitals with Bells and Whistles—Can there be anything wrong?
Health Care Spending

Spending Far More on Health Care
Medical spending in the United States has continued to soar, reaching an estimated $2.25 trillion in 2007. The nation now spends 50 percent more on health care per capita than the next closest industrialized country, often with no better outcomes for patients. One reason is overuse of medical technology.

<table>
<thead>
<tr>
<th>Total spending on health care in the United States in billions of dollars</th>
<th>Per capita spending on health in 2006 in U.S. dollars, adjusted for purchasing power</th>
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*2007 data are available only as an estimate.
Sources: Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services; Organization for Economic Cooperation and Development

THE NEW YORK TIMES
Where did the Money go?

The Nation’s Health Care Dollar: 2006

- Hospital Care: 31%
- Physician Services: 21%
- Rx Drugs: 10%
- Nursing Homes: 8%
- Administrative and Net Costs: 7%
- Other: 23%
Cost vs life-expectancy

The Cost of a Long Life

Average Life Expectancy

Per Capita Spending

Life Expectancy
Per Capita Spending (International Dollars)
The US Health ‘Care’ System
Best or just the most expensive?

• 47 plus million people are uninsured
• 16 million underinsured
• 20% of population lacks a usual source of care
• Adults receive only 54% of recommended care
• 20 – 30% patients receive care that is contraindicated
• Of 13 countries ranked on 16 health indicators, US scored 12th
• 225,000 deaths per year from iatrogenic causes (3rd leading cause of death)

12,000 deaths from unnecessary surgeries; 7,000 deaths from medication errors; 20,000 deaths from other hospital errors; 80,000 deaths nosocomial infections; 106,000 deaths from non-error, adverse medication effects
Criteria for a Well-functioning Health Care System

1. Long, Healthy and Productive Lives – Measures include infant MR, life expectancy, preventable mortality
2. Quality – Provides necessary and appropriate care. Measures include low error rate, preventive services given, patient centered care and coordinated care
3. Access – Accessible to all members of population. Measures include health insurance access, see physician when needed, < 10% out of pocket pay
4. Efficiency – Measures include low rates of overuse, inappropriate use, waste and administrative costs and high use of information technology
5. Equity – Measures include minimal difference in care geographically, ethnically or by income
6. Capacity to Innovate and Improve

www.commonwealthfund.org
# Mirror, Mirror on the Wall
Commonwealth Fund 2007

## Figure ES-1. Overall Ranking

<table>
<thead>
<tr>
<th>Country Rankings</th>
<th>Australia</th>
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<th>United Kingdom</th>
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<th>Health Expenditures per Capita, 2004</th>
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<td>2,083</td>
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* 2003 data

Source: Calculated by The Commonwealth Fund based on the Commonwealth Fund 2004 International Health Policy Survey, the Commonwealth Fund 2005 International Health Policy Survey of Sicker Adults, the 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians, and the Commonwealth Fund Commission on a High Performance Health System National Scorecard.
Why don’t we get what we pay for?  
The answer is complex

Based on evidence from the study of other countries and the VA system in US

1. Primary care infra-structure is weak
   ▶ no national health policy for primary care vs specialists

2. Access is not universal

3. Technology use and over use
   ▶ supply side economics for technology and drugs
   ▶ no governing body to assure best evidence

4. Physician adoption of Electronic Health records low

US citizens **with** health insurance are over ‘medicated,’ over ‘tested’ and over ‘surgerized’
Only 28 Percent of U.S. Primary Care Physicians Have Electronic Medical Records; Only 19 Percent Have Advanced IT Capacity

Percent reporting EMRs

* Count of 14: EMR; EMR access other doctors, outside office, patients; routine use electronic ordering tests, prescriptions; access test results, hospital records; computer for reminders, Rx alerts; prompt tests results; and easy to list diagnosis, medications, patients due for care.

Source: 2006 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.
What is Primary Care and Why is it Important?

Primary care is not a discipline or a specialty but a function as the essential foundation of a successful, sustainable health care system.

Primary care is not well understood in the US.

1996 IOM Report Committee on Future of Primary Care
What is Primary Care?

• Primary care is that care provided by physicians and others specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom or health concern not limited by problem origin, organ system or diagnosis.
What is Primary Care?

• Primary care includes health promotion, disease prevention, health maintenance, counseling, diagnosis and treatment of acute and chronic illnesses in a variety of settings (office, hospital, long-term care facility and home)

• Four functions of Primary Care include access to PCP, person-focused care, comprehensive care and integration of all care. (Starfield, 2008)

Providers of primary care include family physicians, general internists, pediatricians, physician assistants and nurse practitioner
Health Benefits of Primary Care
What is the evidence?

Primary care supply associated with improved health outcomes in

• all-cause mortality, heart disease, cancer, stroke,
• infant mortality, low birth weight,
• life expectancy and self-rated health.

Increase in 1 PCP/10,000 population associated with an average mortality reduction of 5.3%, or 49/100,000.

The US Health Care System

What if there were no Primary Care Physicians?
Total Health Care Shortage without Family Practice (Primary Care)
If Primary Care is so important---
Why can’t I find one?

Answer

• Supply is dwindling as the demand is rising.
  • The baby boomers are coming

Interest in primary care (internal medicine, pediatrics and family medicine) is declining
  • Declined 52% in 5 years (14% to 8%)

• Perceived value by other specialists is low in tertiary care centers where most medical students train
If Primary Care (Family Medicine) is so important---Why can’t I find one?

Answer

– Medical school debt is between $120,000 and $160,000
– Specialty physicians make 2 – 3 times as much as primary care physicians
– CMS capped number of resident slots 1997 for family medicine (1996 IOM statement on primary care)
– 37 FM training programs have closed due to lack of dollars since 2000
– General internists - disappearing
The Current US Health Care System

- Specialists and specialty care
- Primary care

"And this is where it all came tumbling down"
Most US Citizens do not need Dr. House
All US Citizens Deserve and Need a Medical Home

- Industrialized countries that emphasize primary care have better health outcomes at a lower cost.
Faces of Family Medicine of Southwest Washington
Faces of Primary Care
US Health ‘Care’ System
Best or just the most expensive?

• US Health care is the most expensive
• Performance is poorer than many other countries
• Primary care base is weak and crumbling

The American people deserve better..... How do we get there?
Beating a Dead Horse

- Ancient wisdom says that when you discover you are riding a dead horse, the best strategy is to dismount. In health care organizations, however, we often try many other strategies, including the following:
  - Changing riders
  - Buying a stronger whip
  - Falling back on “This is the way we’ve always ridden”
  - Appointing a committee to revive the dead horse
  - Arranging a visit to other sites to see how they ride dead horses
  - Changing the requirements so that the horse no longer meets the standard of death
  - Buying a computer program to enhance dead horse performance
  - Forming a work group to find uses for dead horses
Reducing Health Care Costs
Ultimately a political reform

TO CUT COSTS
WE HAVE MOVED
THE CLINIC
TO CHINA.

PLEASE TAKE A
TICKET FOR YOUR
FLIGHT COUPON.
The need based on current evidence

– Primary care infra-structure
– National policy on health care
– Universal coverage for all US citizens
– Centralized authority to assess evidence
– IT infra-structure
Institutions -- Organizations
barriers and/or open doors

Workshop questions

– What do you perceive as the barriers to building a primary care infra-structure?

– What could, should or has your institution or organization do/done to promote primary care?
References


Schuster MA. How good is the quality of health care in US. Milbank Quarterly. 1998; 76:517.


References


Of all the forms of inequality, injustice in health care is the most shocking and inhumane. --- Martin Luther King, Jr