

Increasing Primary Care

Presentation to the House Committee on Health Care

Madeleine Champagne, Legislative Intern

January 31, 2019

Key Terms

- **Primary Care** - the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community
- **Primary Care Physicians** - family and general practitioners, general internists, and general pediatricians
- **Return on Investment** - measures the gain or the loss generated on an investment relative to the amount of money invested

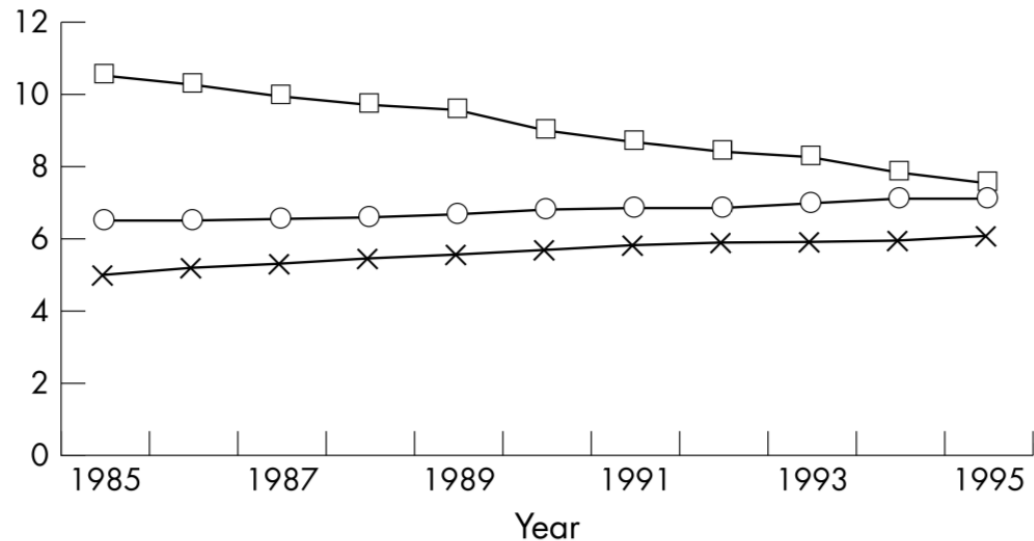
Research on Primary Care

- **Supply** of Primary Care Physicians
- Patients **Relationships** to Primary Care providers and Facilities
- **Quality** of Primary Care



Supply of Primary Care Physicians

- Shi et al. 2004
- Country-wide, Cross-sectional study
- Results:
 - The number of Primary care physicians were negatively correlated with infant mortality and low birth weight births.



—□— Infant mortality rate (per 1000 live births) Source: Census Bureau
—×— Primary care physicians (per 10 000 population) Source: American Medical Association
—○— Low birth weight (% of live births) Source: NCHS/Centers for Disease Control

Figure 1 Infant mortality rate, low birth weight, and primary care physician supply trends, 1985–1995.

Patient Relationship to Primary Care Facilities and Providers

- O'Malley et al. 2005
- Compared primary care visits from 1994 and 2001

EXHIBIT 1
Community Health Center (CHC) Visit Rates, 1994 And 2001

	1994	2001
Patients seen at eligible CHCs	5,130,474	6,115,097
Visits to eligible CHCs (weighted) ^a	13,050,911	15,681,407
Visits per CHC patient	2.54	2.56
CHC visits per 100 Americans per year	5.1	5.7
CHC visits per 100 uninsured Americans	8.2	8.9
CHC visits per 100 Americans by race/ethnicity group		
Hispanic	14.0	14.2
Black, non-Hispanic	11.1	11.0
Asian/Pacific Islander	6.4	1.5 ^b
White, non-Hispanic	2.0	2.6

SOURCES: 1994 and 2001 Community Health Center Visit Survey; Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA), 2001 Uniform Data Set (UDS) data; and 1994 and 2000 U.S. Bureau of the Census data for the noninstitutionalized, U.S. civilian population.

^a Counts of patients and of visits are weighted to reflect the multistage sampling design as well as nonresponse rates to obtain national estimates.

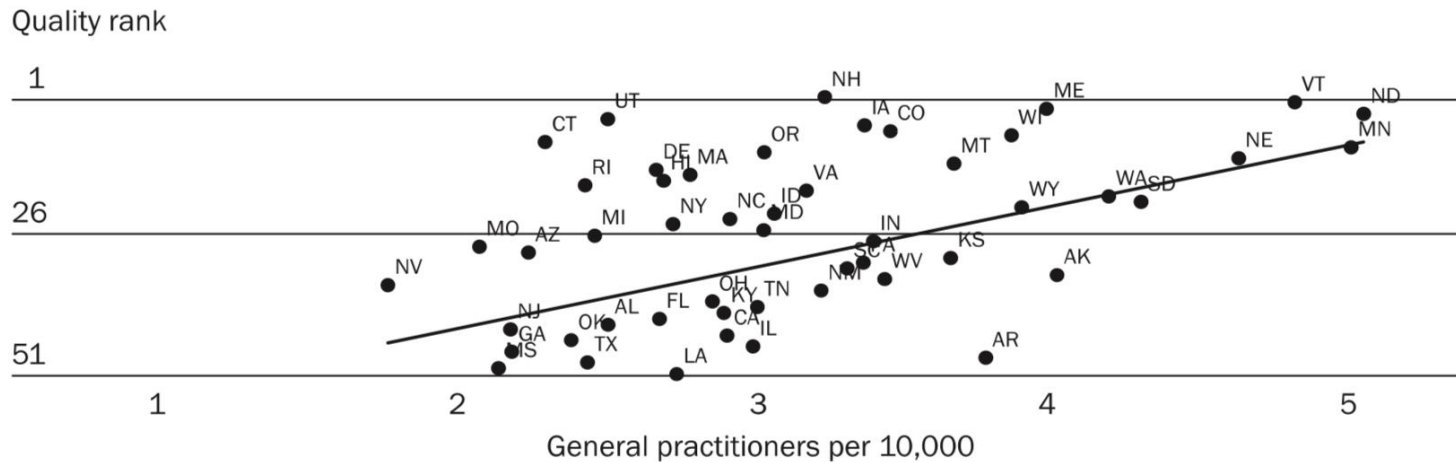
^b Rather than an actual shift in the Asian/Pacific Islander population served, the most likely reason for this change is the change in the response options for the Asian/Pacific Islander categories on the data abstraction forms from 1994 to 2001.

Quality of Primary Care

- Baicker and Chandra 2004
- Results:

EXHIBIT 8

Relationship Between Provider Workforce And Quality: General Practitioners Per 10,000 And Quality Rank In 2000



SOURCES: Medicare claims data; and Area Resource File, 2003.

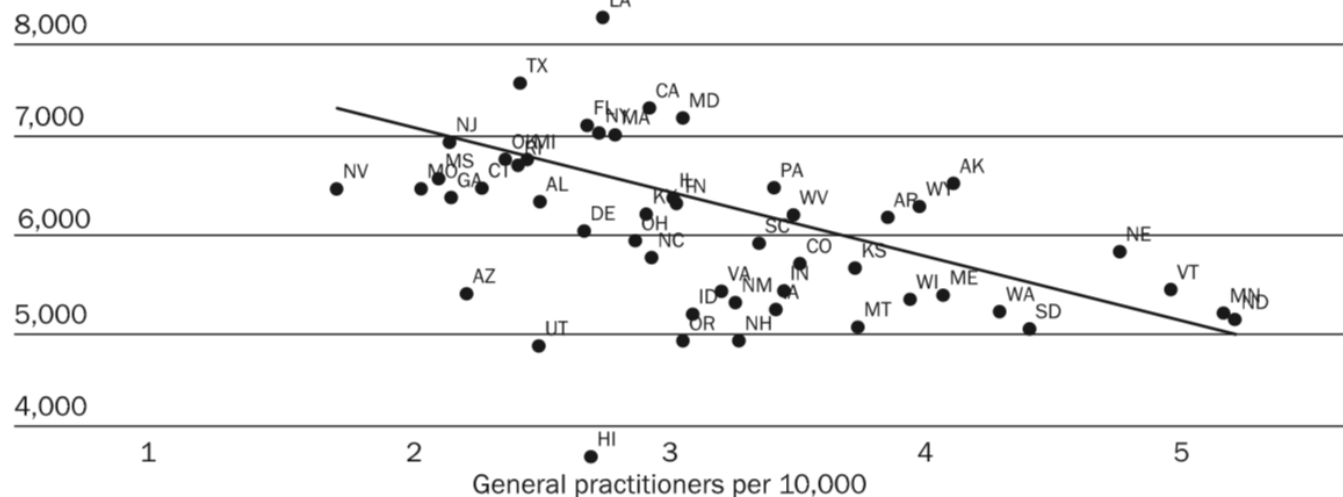
NOTES: For quality ranking, smaller values indicate higher quality. Total physicians held constant.

Return of Investment

- Baicker and Chandra 2004
- Results:

EXHIBIT 9
Relationship Between Provider Workforce And Medicare Spending: General Practitioners Per 10,000 And Spending Per Beneficiary In 2000

Spending per beneficiary (dollars)



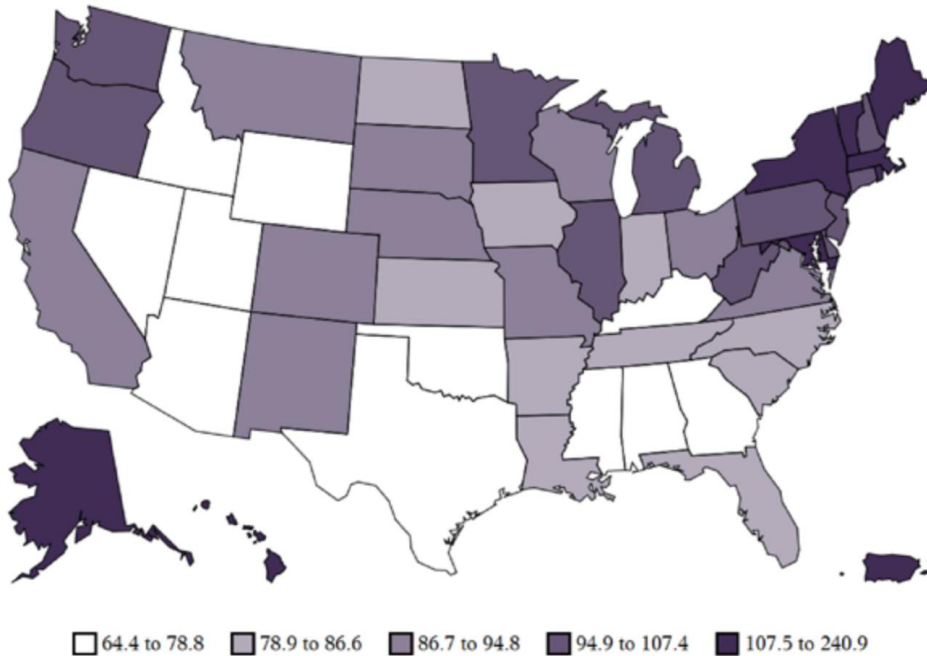
SOURCES: Medicare claims data; and Area Resource File, 2003.

NOTE: Total physicians held constant.

Physician Data Across the Country

3. Active Primary Care Physicians per 100,000 Population by Degree Type, 2016

Map 1.3. Active primary care physicians per 100,000 population, 2016.



Active Physicians in VT
(per 100,000):
355

Active Primary Care
Physicians (per
100,000): 120

Percentage of Active
Physicians who are age
60 or older in VT: 34%

Sources: July 1, 2016, population estimates are from the U.S. Census Bureau (released December 2016). Physician data include MDs and DOs and are from the 2017 AMA Physician Masterfile (December 31, 2016).

Sources: AAMC 2017 State Physician Workforce Data Report and the Kaiser Family Foundation- Professionally Active Primary Care Physicians by Field (October 2018)

Primary Care Physicians in VT

Primary care physicians

Ratio of population to primary care physicians. [Learn more about this measure.](#)

[Map](#) | [Data](#) | [Description](#) | [Data Source](#) | [Policies](#)

Place	# Primary Care Physicians	PCP Ratio	Z-Score
Addison	40	930:1	-0.54
Bennington	35	1,040:1	-0.22
Caledonia	26	1,180:1	0.11
Chittenden	290	560:1	-2.52
Essex	2	3,080:1	1.54
Franklin	24	2,030:1	1.08
Grand Isle	3	2,290:1	1.23
Lamoille	22	1,150:1	0.03
Orange	20	1,440:1	0.53
Orleans	21	1,290:1	0.30
Rutland	52	1,150:1	0.04
Washington	60	980:1	-0.38
Windham	49	890:1	-0.68
Windsor	60	930:1	-0.53

Medical School Statistics

UVM Larner Medical School

In-State Cost of

Attendance:

\$62,510

Out of State Cost of

Attendance:

\$90,158

Average Graduate

Indebtedness:

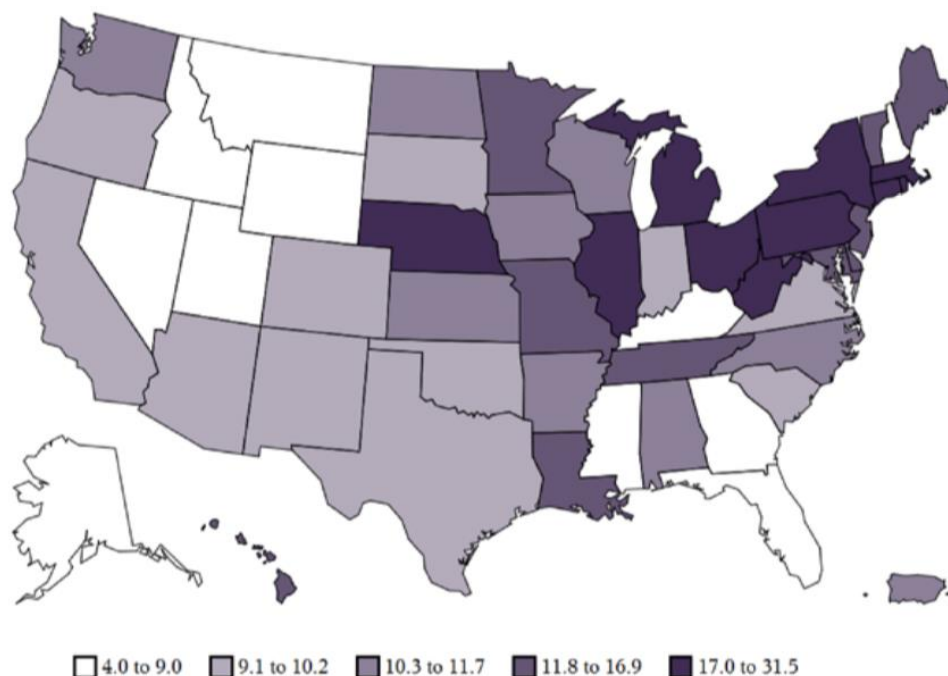
\$199,117

Percent Receiving Aid:

84%

2. Residents and Fellows on Duty as of December 31, 2016, in ACGME-Accredited Primary Care Programs per 100,000 Population by Degree Type

Map 3.2. Residents and fellows on duty as of December 31, 2016, in ACGME-accredited primary care per 100,000 population.



Sources: July 1, 2016, population estimates are from the U.S. Census Bureau (released December 31, 2016). Resident physician data are from the National GME Census in GME Track® as of August 2017.

Current Policies Underway

- **State**

- **Alaska**- Supporting Health Care Access through Loan Repayment Program (SHARP) (2010)
- **California**- Student/Resident Experiences and Rotations in Community Health (SEARCH) program
- **North Carolina**- Area Health Education Centers (AHECs) focused on providing more community-based training opportunities through expanded primary care residency programs.
- **Vermont**- Blueprint for Health- One of the goals is to improve access to primary care

- **Federal**

- Scholarships and loan repayment programs for providers who practice in underserved areas
- In 2010, the U.S. Department of Health and Human Services (HHS) announced the availability of \$320 million in grants aimed at improving and expanding the primary care workforce.