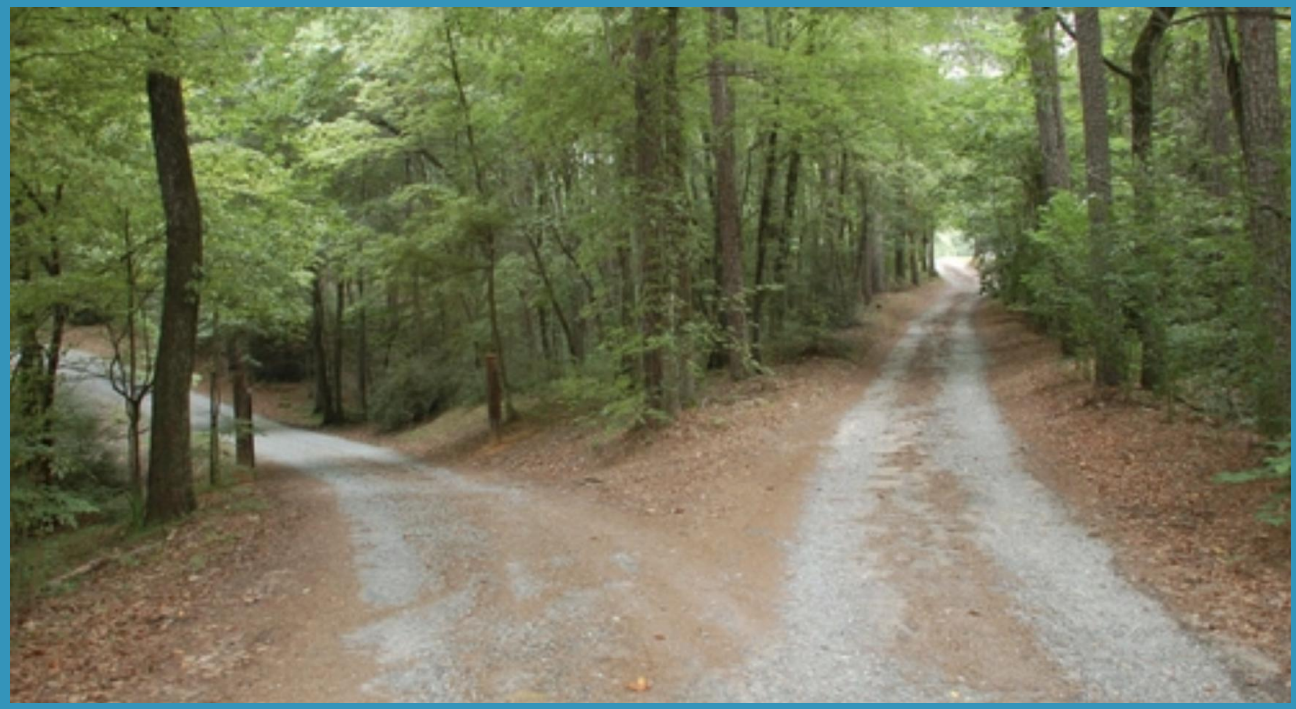
Primary Care Reform

How might we get there from here?



Elliott Fisher, MD, MPH
Professor of Health Policy, Medicine and Community and Family Medicine
The Dartmouth Institute

Imagine

You could get advice about a health concern anytime of day.

From someone that knows you and who knows what matters to you.

They could help you with most problems.

They could coordinate your care.

Starfield's four C's
Firsts Contact
Continuity: with someone who knows you
Comprehensiveness
Coordination

Starfield: Starfield B. *Primary Care: Balancing Health Needs, Services, and Technology.* Oxford University Press; 1998.

The Current path

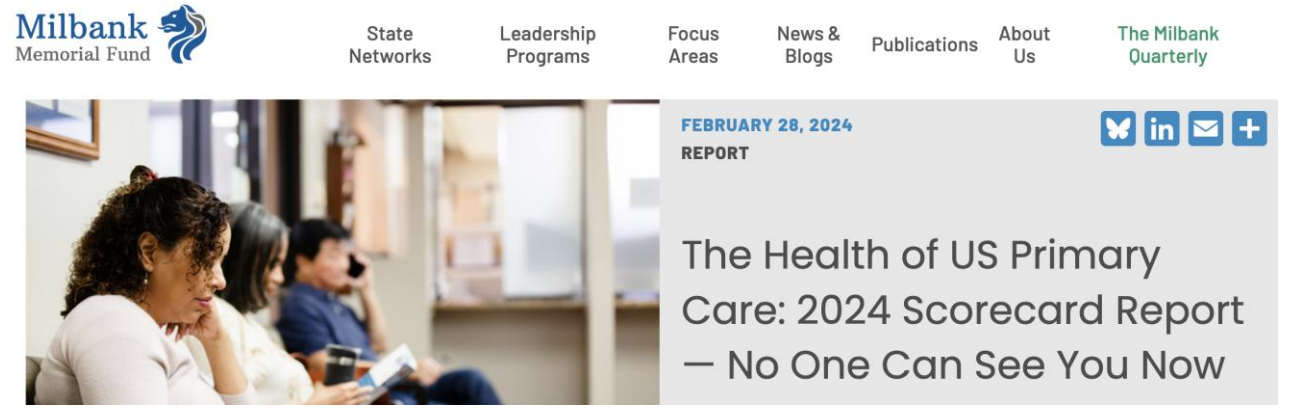
Access is getting worse, as are the capabilities of practices to coordinate care.

Burnout and moral injury are pervasive.

The primary care workforce is threatened.

Better models are emerging in the private sector: DPC and Concierge. These are great for clinicians and the patients with the means to sign up.

But… they undermine access and care for everyone else.



A BETTER PATH

WHAT THE NATIONAL ACADEMY RECOMMENDS:

Make primary care available to all.

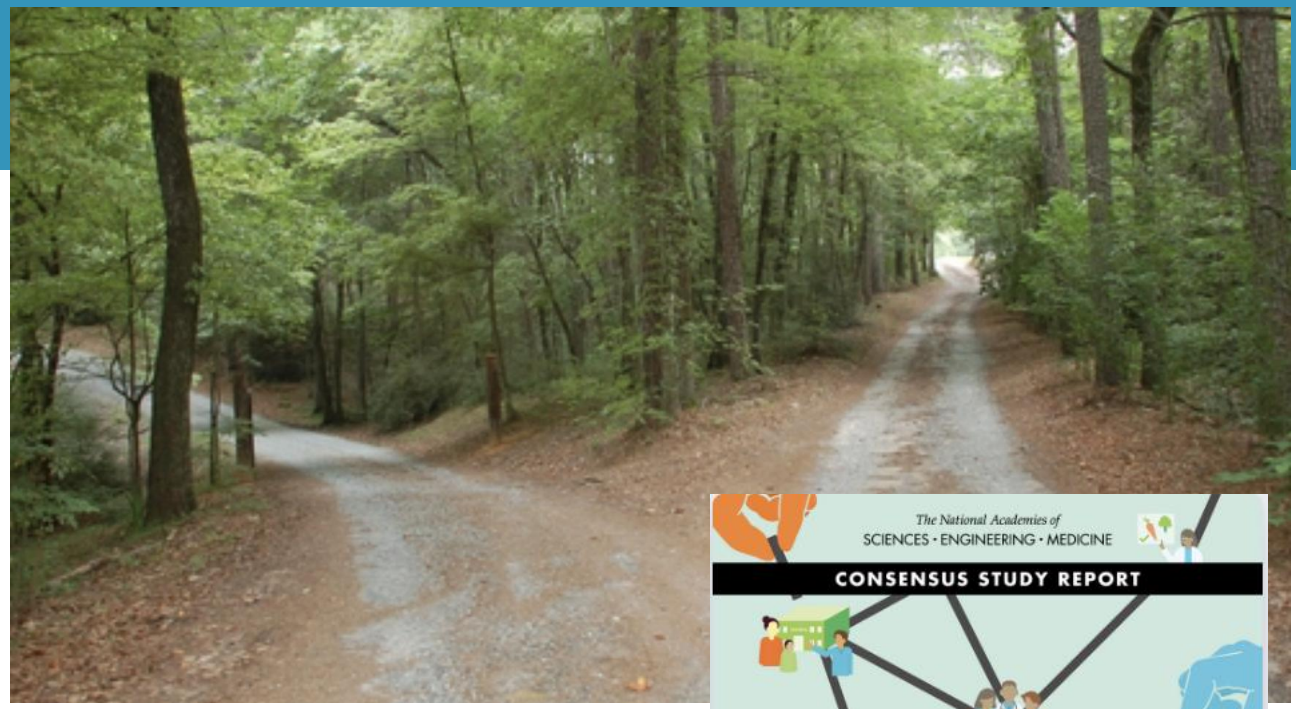
Pay more: Increase primary care investment
Pay differently Capitation

Support team-based care (advanced primary care)

Expand the workforce: train primary care teams in communities.

Take advantage of digital tools and technology

And put in place a plan for implementation.



National Academy of Medicine, 2023

Where is Vermont?

For me -- an optimist and policy nerd – we are in a great spot.

We are motivated to act by a broader crisis: affordability, an insurance and economic death spiral?

Government has set the table for us to reverse this and lead the country

- We have many of the tools we need: strong agencies and service models
- An operational infrastructure for care transformation – Blueprint, SASH, hospital regionalization.
- Regulatory authority as comprehensive as any other state (to my knowledge)
- New investments to enable advanced primary care – RHTP (but these are time limited, and Chittendon is left out)

I sense an openness to meaningful change in places I did not foresee a year ago.

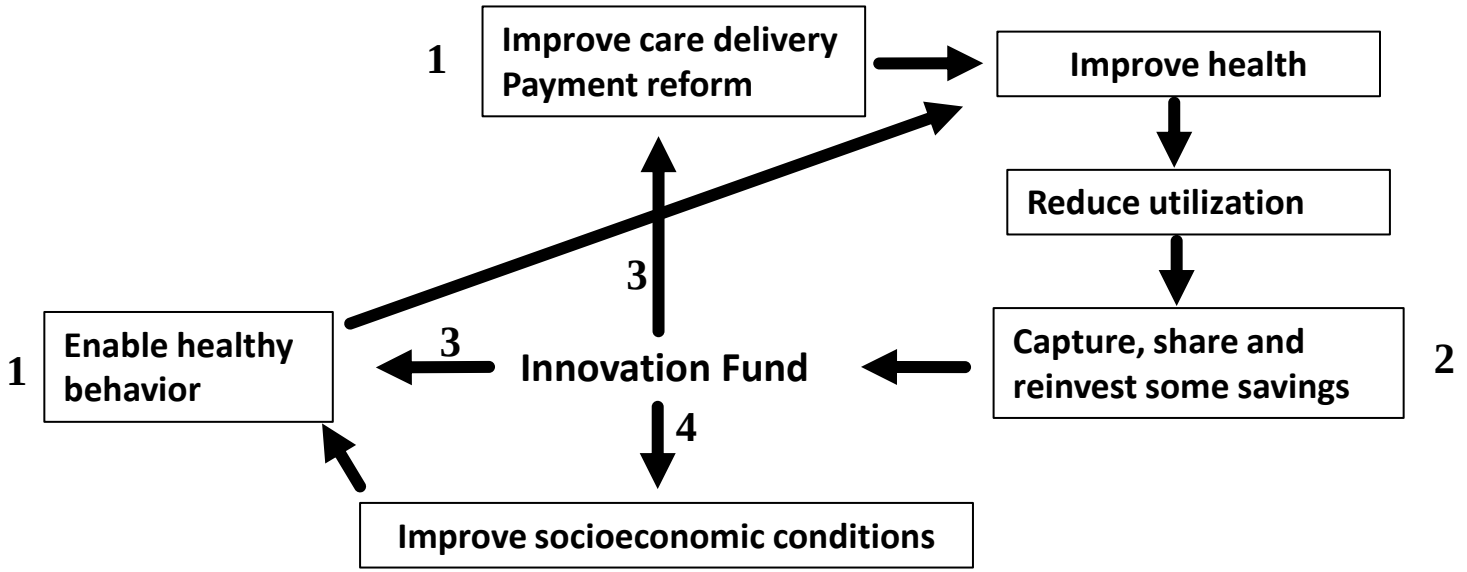
If we act wisely, we could reverse the primary care death spiral – and create a virtuous cycle.

THEORY: KEEPING PEOPLE HEALTHY AND OUT OF THE HOSPITAL

BEGIN WITH CARE DELIVERY (RAPID SAVINGS) AND PAYMENT REFORM (CAPTURE SOME), THEN SCALE.

MIT Systems dynamic model tested implementation of evidence-based interventions in average US community

Model Elements



Estimated Impact
(by end of 25 years)

Chronic illness:	↓	20%
Health care costs	↓	14%
Productivity	↑	9%
Low-income population	↓	20%

Note: The model assumed that the community established an innovation fund initially supported through a 5-year grant set at 1% of local health care spending and that payers agreed to reinvest 50% of their savings back in the innovation fund. Savings were initially used to fully implement care delivery and healthy behavior initiatives. Then to improve socioeconomic conditions.


POPULATION HEALTH

By Jack Homer, Bobby Milstein, Gary B. Hirsch, and Elliott S. Fisher

Combined Regional Investments Could Substantially Enhance Health System Performance And Be Financially Affordable

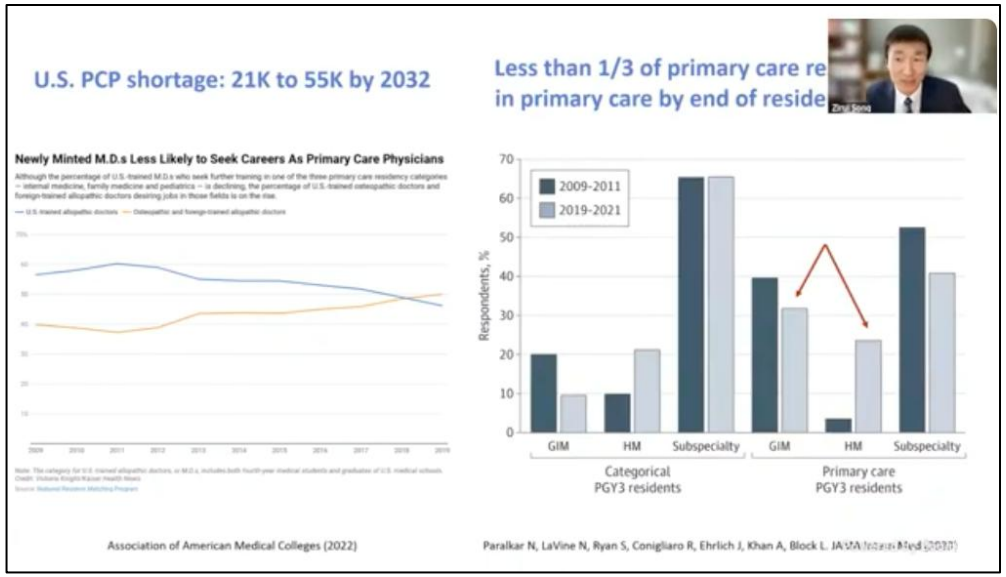
DOI: 10.1377/hlthaff.2015.1043
HEALTH AFFAIRS 35,
NO. 8 (2016): 1435–1443

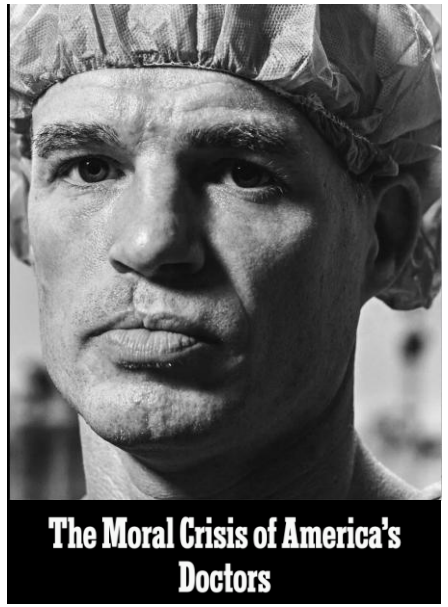
Primary care is Essential and in Crisis

What are our options?

Option 1. Do nothing, the current path.

Not wise or kind.





Primary care is Essential and in Crisis

What are our options?

Option 1. Do nothing, the current path. *Not wise or kind.*

Option 2. Increase investment in primary care under current payment models. *We must do this.*

We designed the model: for rural advanced primary care (The Blueprint; Craig Jones)

Committing now would make many think again: private equity, shift to DPC, leaving practice

Primary care is Essential and in Crisis

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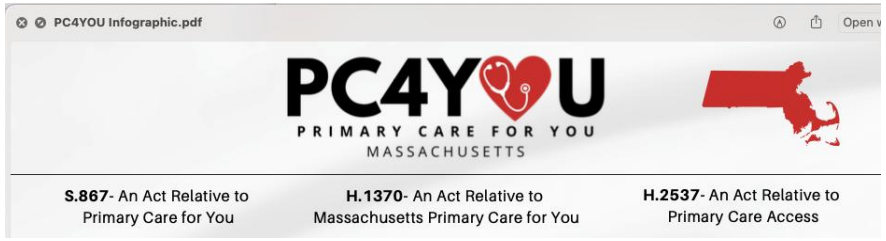
Option 3. Innovate: Cover everyone – universal primary care. *Might be great.*

Massachusetts has developed practical solutions to many of the challenges

Efficient: insuring against expected costs is wasteful; simplification of billing, multiple plans, complex negotiations etc.

A wise investment: primary care is small share of total spending; potential to save if done well.



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But there are barriers:

We lack essential information to do either Option 2 or 3.

- What are current costs? Compared to what?
- How much to increase? Most states set targets based on % of total cost; isn't working and is flawed.
- How to pay? Capitation or mixed? Risk-adjustment?, Quality measurement, Incentives
- Who should pay? Everyone, but how to get them to….

Political

- How much will this increase costs? Who will pay more? Might it actually save money? If so, How?
- Many worry there is already too much on the plates of providers.

THOUGHTS ON S-197 -- as passed

LAYS THE NECESSARY FOUNDATION FOR TRANSFORMATION OF PRIMARY CARE

Reflections

- Crisis: Fear on part of public and primary care clinicians that current state is intolerable, growth of concierge practices a threat.
- Insurer payment: support data collection, payment parity, PMPM supplement. Concern: NCQA accreditation vs demonstrated improvement.
- Payment reform report. *Essential:* lays foundation for needed transition to advanced primary care for all. Concern: Blueprint led: capability, conflict, trust.
- Regional Universal Primary Care Report. The right long-term answer to strengthening primary care.
- Missing pieces: Stakeholder concerns about cost, whether savings can be achieved; and if so, how.

Recommendations

- A stronger commitment: intent to achieve universal access to advanced primary care; prohibit participation by concierge practices.
- I would not require PCMH certification as condition of receiving payments: focus on quality measurement and rewarding improvement.
- Have GMCB lead writing the report, in consultation with Blueprint and others. Ensures transparency, strengthens public confidence, has authority.
- How else might you move this? Fall conference of key legislators from all 3 states?
- Build an actuarial model that would allow us to evaluate the impact of alternative design options; add section to Payment Reform report on how GMCB could ensure savings over time.