
PRIMARY CARE REFORM

How might we get there from here?



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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 declining.

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.



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FEBRUARY 28, 2024
REPORT



The Health of US Primary
Care: 2024 Scorecard Report
— No One Can See You Now

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?

The current bill have many of these elements

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)

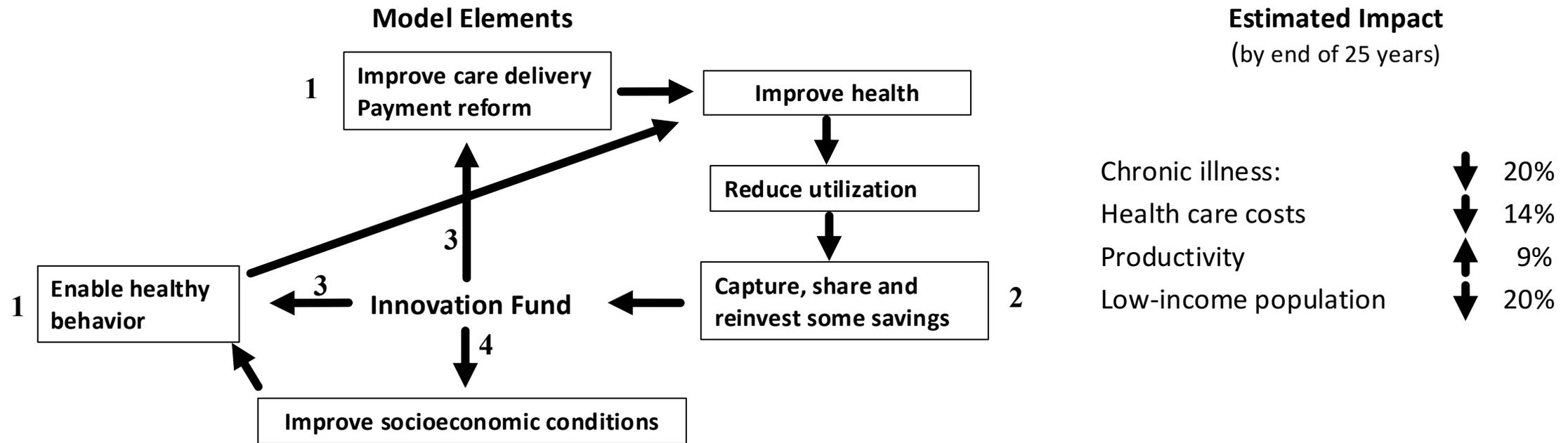
I sense an openness to meaningful change in places I did not foresee a year ago.

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

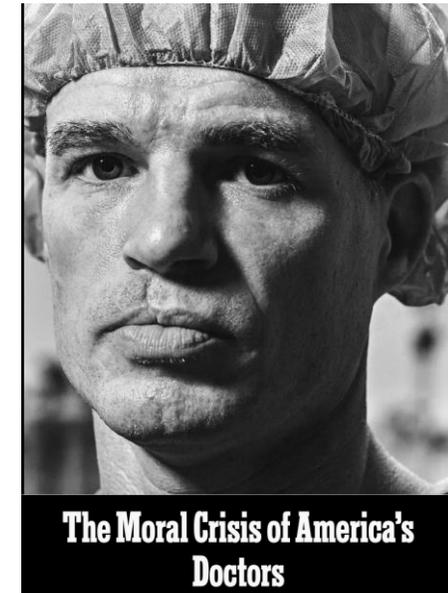
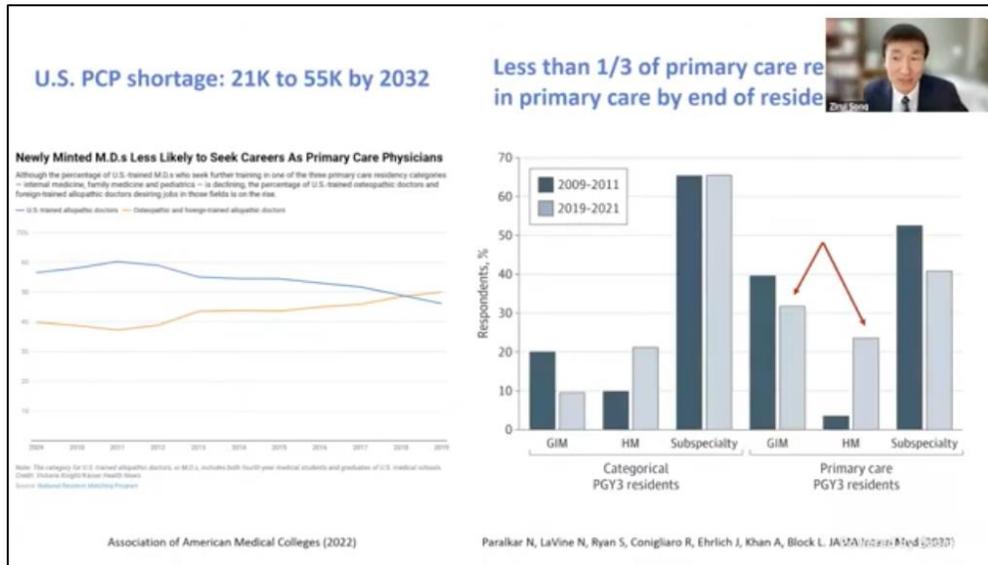


Note: The model assumed that the community established an innovation fund initially supported through a 5-year grant set at 1% of local health care spending and that payers agreed to reinvest 50% of their savings back in the innovation fund. Savings were initially used to fully implement care delivery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

WHAT ARE THE MAJOR CHOICES?

Option I. Do nothing, the current path.

Not wise or kind.



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Option 1. Do nothing, the current path.

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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

Considerations for Statewide Advanced Primary Care Programs

BY HOWARD HAFT AND CRAIG JONES



REPORT | March 2024

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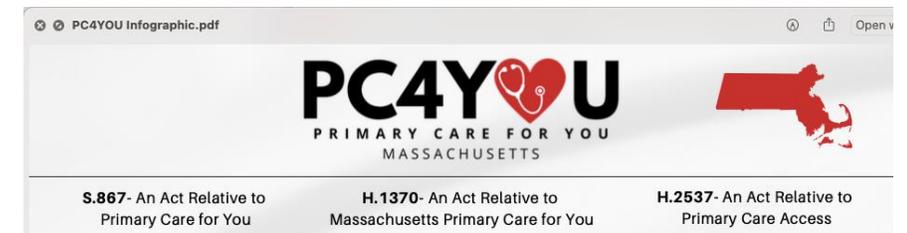
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Might be great.

Massachusetts has developed practical solutions to many of the challenges

Would address all of National Academy principles (well, almost);

Would make advanced primary care available to everyone



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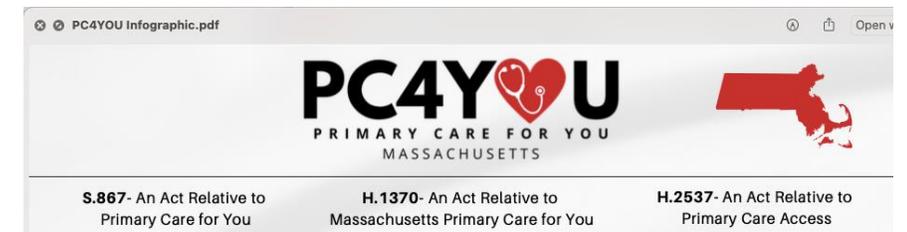
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But there are barriers:

Financial

Technical

Political



BUT THERE ARE BARRIERS....

AND THERE ARE WAYS WE MIGHT OVERCOME THEM

Barriers

- Lack of knowledge about how to actually improve care in ways that support providers and hold them accountable, while reducing the total cost of care.

A possible approach

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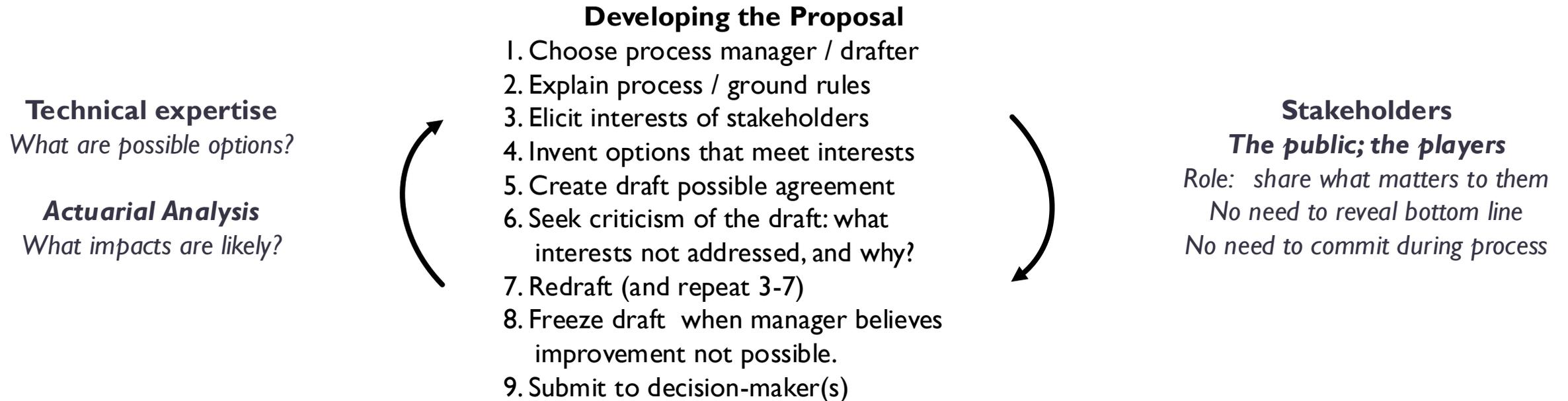
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- Uncertainty about the outcomes of alternative policy approaches, possible harms and whether there will actually be savings and benefits for all.
- A decision-making process that leads to less-than-optimal solutions due to lack of insight into stakeholder interests, lack of evidence on alternative approaches and poorly structured choices for decision-makers.

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- Invest in building an actuarial model that would allow us to evaluate the impact of alternative policy combinations and their timing.
- Establish a decision-making process that can create an actionable proposal that can achieve the goal of advanced primary care for all by structuring choices effectively.

The One-Text Process.

A BIT MORE DETAIL ON THE ONE-TEXT APPROACH



Without One-Text

During Process: parties push for their positions and withhold key interests – leading to solutions that fail.

Final choice: can I get something better later?

With One-Text

During Process: Willing to criticize text and share interests, hoping to make the final text better

Final choice: is this better than nothing?

For legislature: Consider: an up or down vote first. Each legislator's and stakeholders' decision: is this better than nothing? Can work: was used by Congress in Base Closing and Free Trade Agreements