

The Collapsing Primary Care Foundation: Why It Matters and What To Do About It

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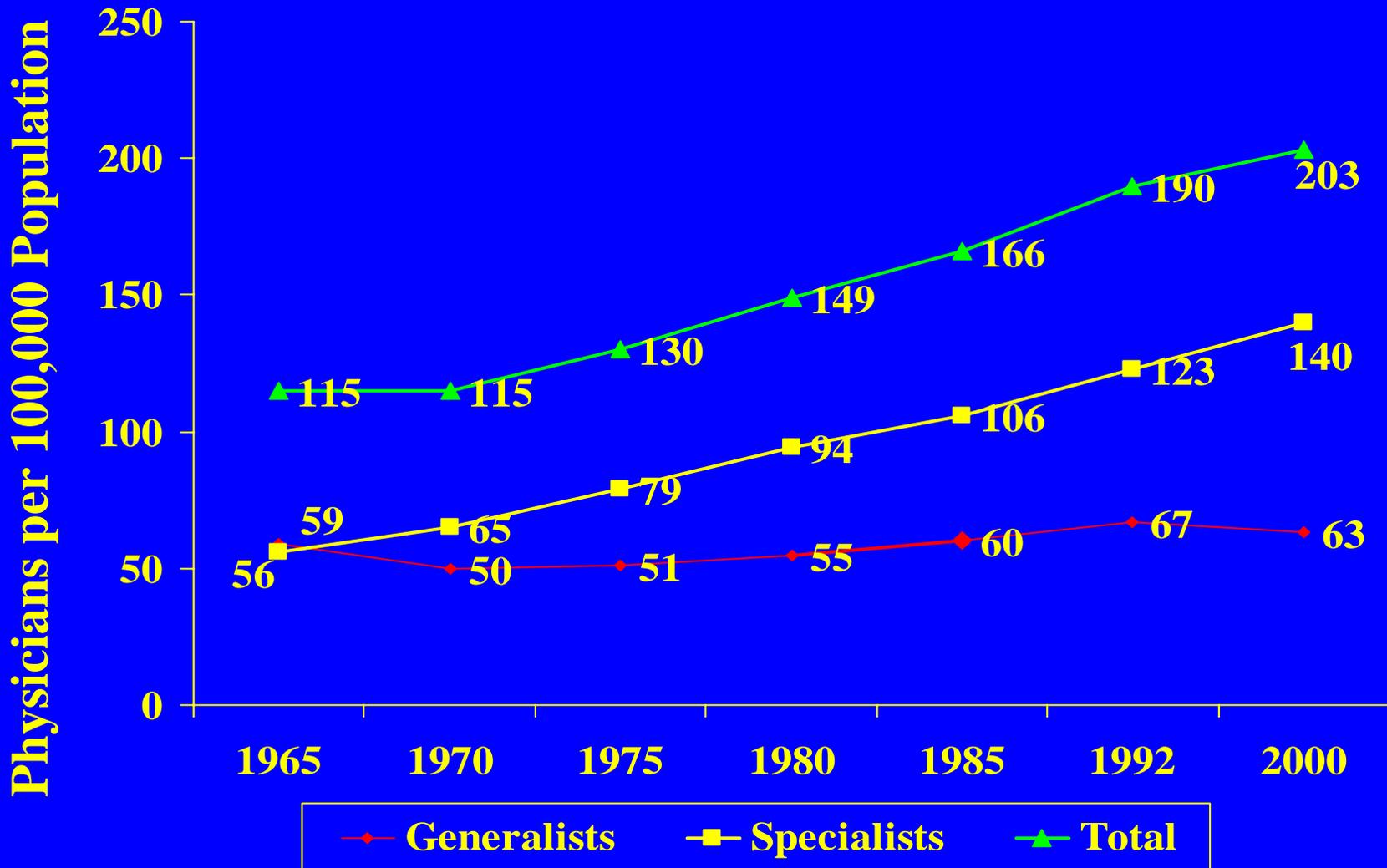
University of California, San Francisco





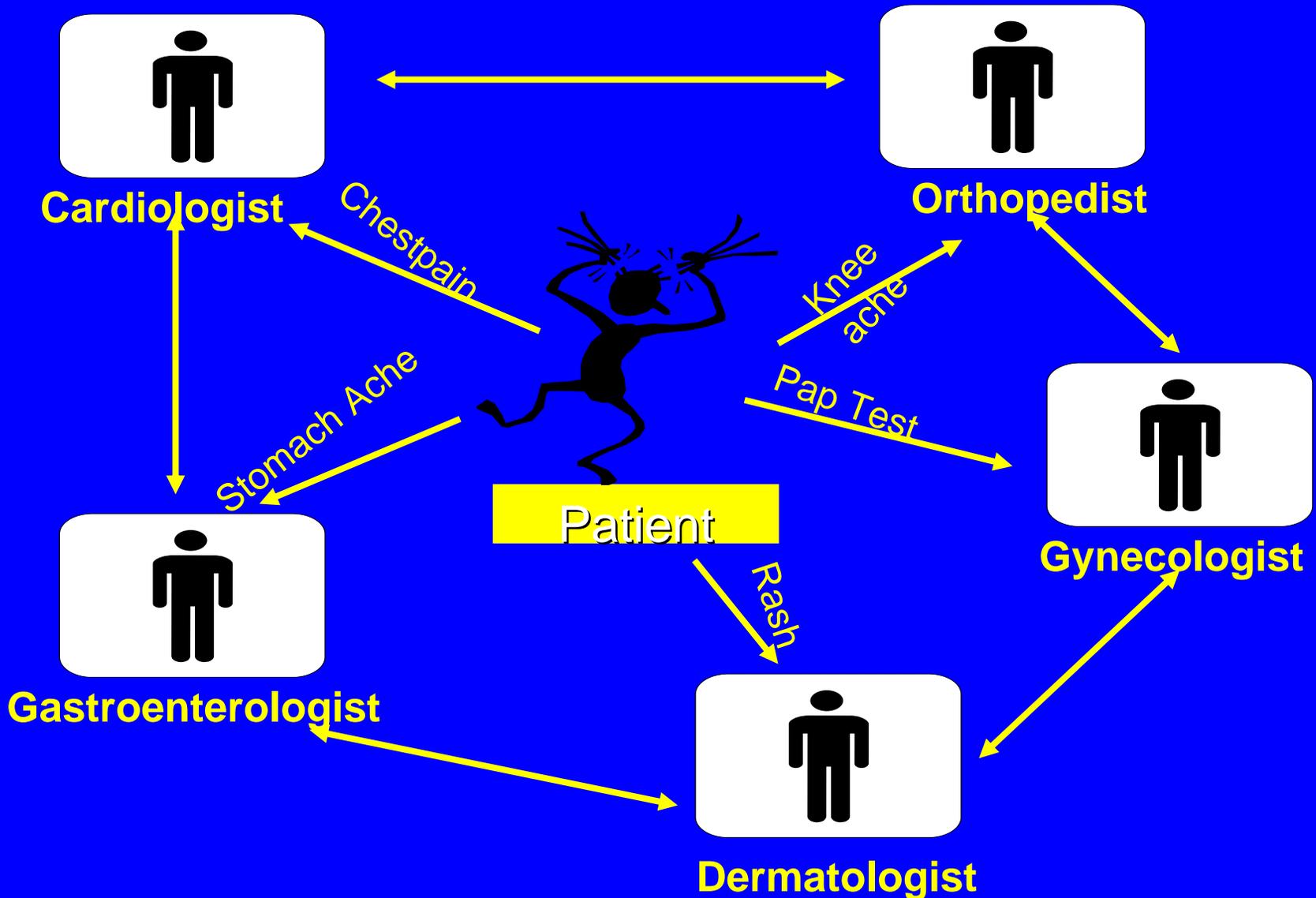


Supply of Practicing Physicians in the US



Source: COGME, 1996; includes active, patient care physicians not in training

Fragmented US System



Patients Want and Benefit From a Primary Care Medical Home

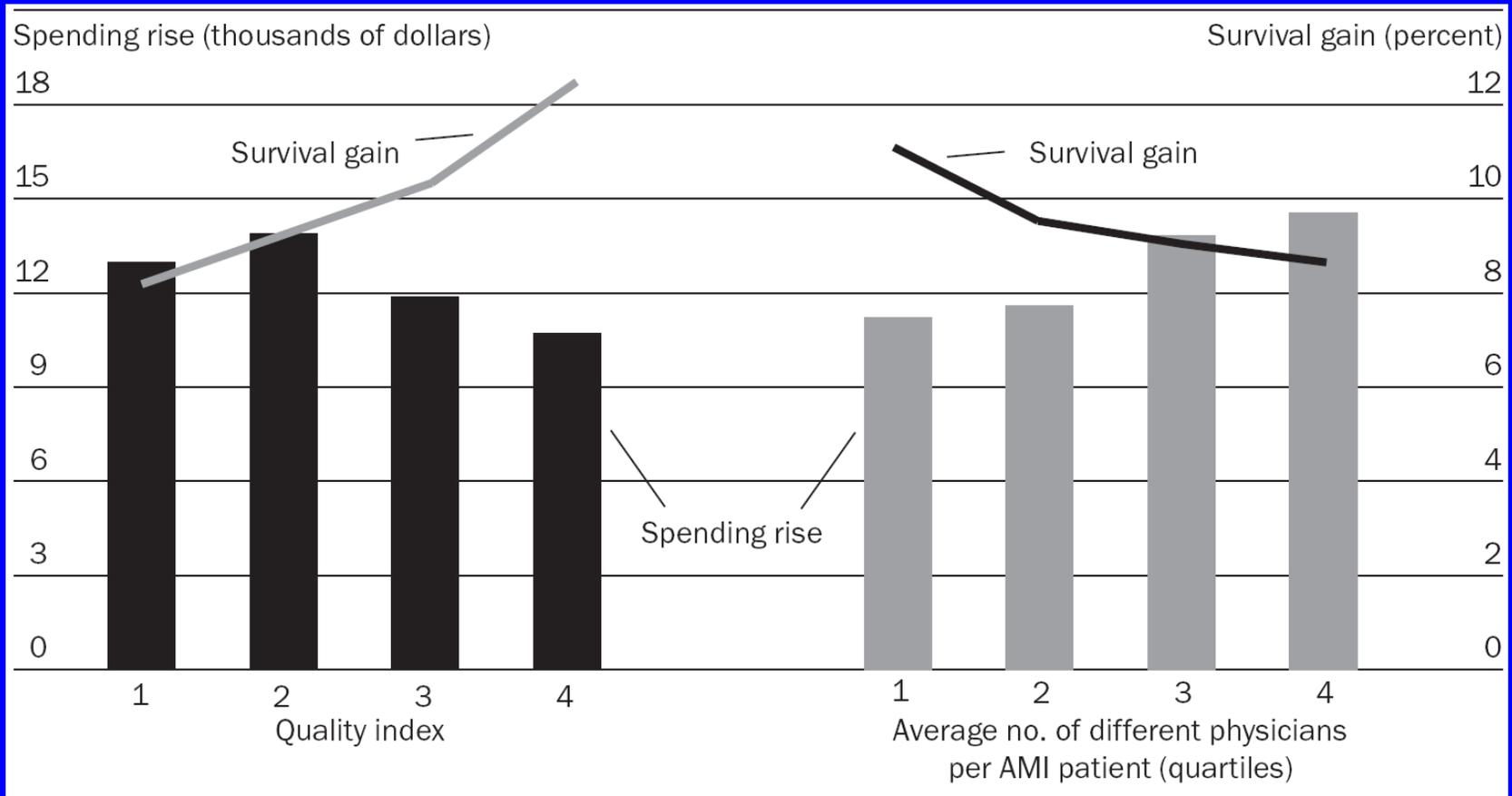


Patient Attitudes Towards Primary Care Physicians

	<u>% Agree</u>	<u>% Disagree</u>	<u>% Don't Know or Uncertain</u>
Value having one PCP	94	2	4
Helpful for PCP to participate in decision to see specialist	89	3	8

Source: Grumbach. JAMA, 1999;282:261

Association of Regional Quality of Care for Acute Myocardial Infarction (AMI) and Average Number of Physicians per AMI Patient (Quartiles) with Changes in Survival and Spending, 1968-2002



SOURCE: Authors' calculations using Medicare claims data.

NOTE: Bars denote spending rise (in thousands of dollars), and lines show percentage increase in number of AMI patients surviving to one year.

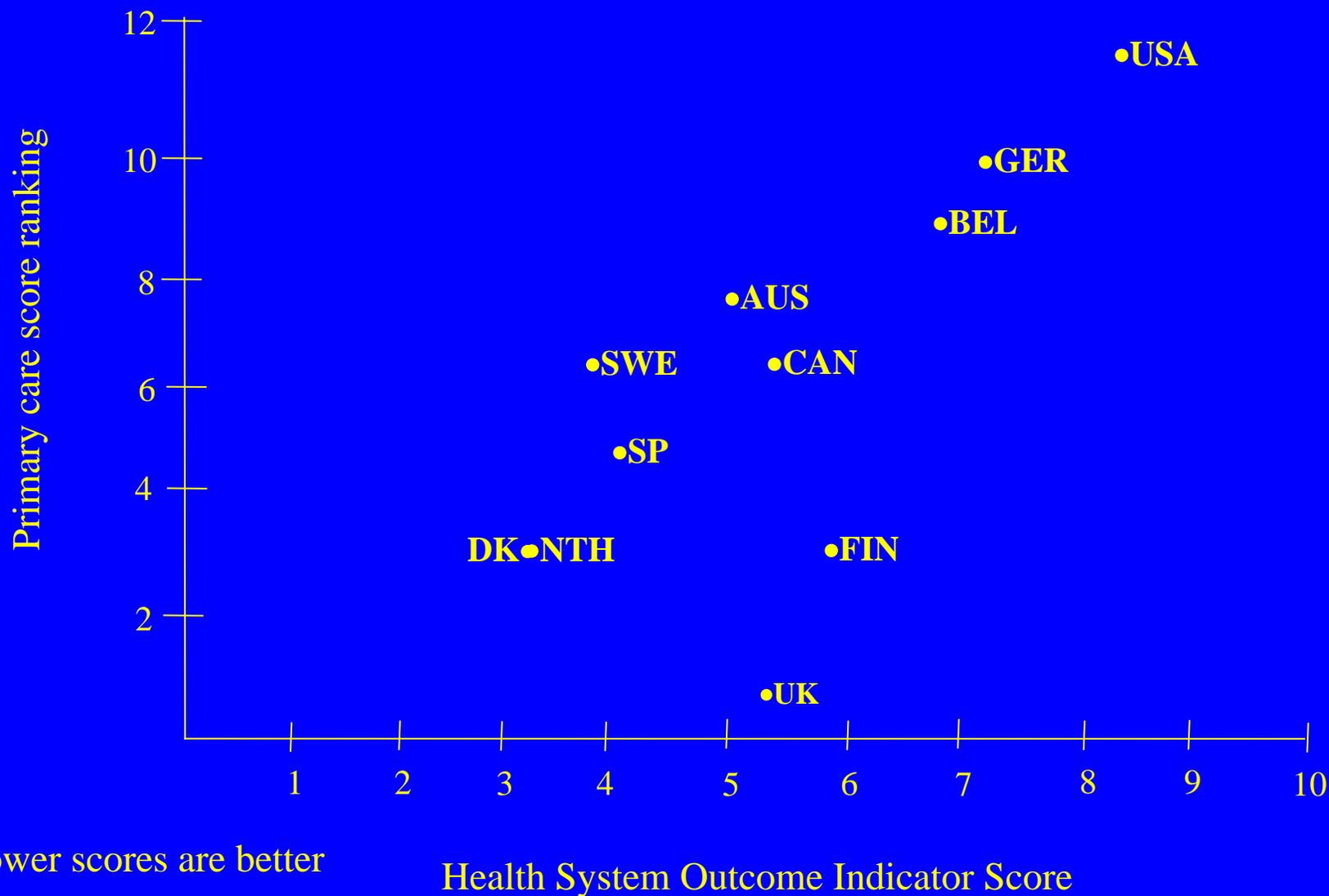
Considerable research evidence indicates that the supply of primary care physicians per capita is associated with:

- Better population health outcomes
- Better quality of care
- Lower costs

This research indicates that the supply of specialists is associated with:

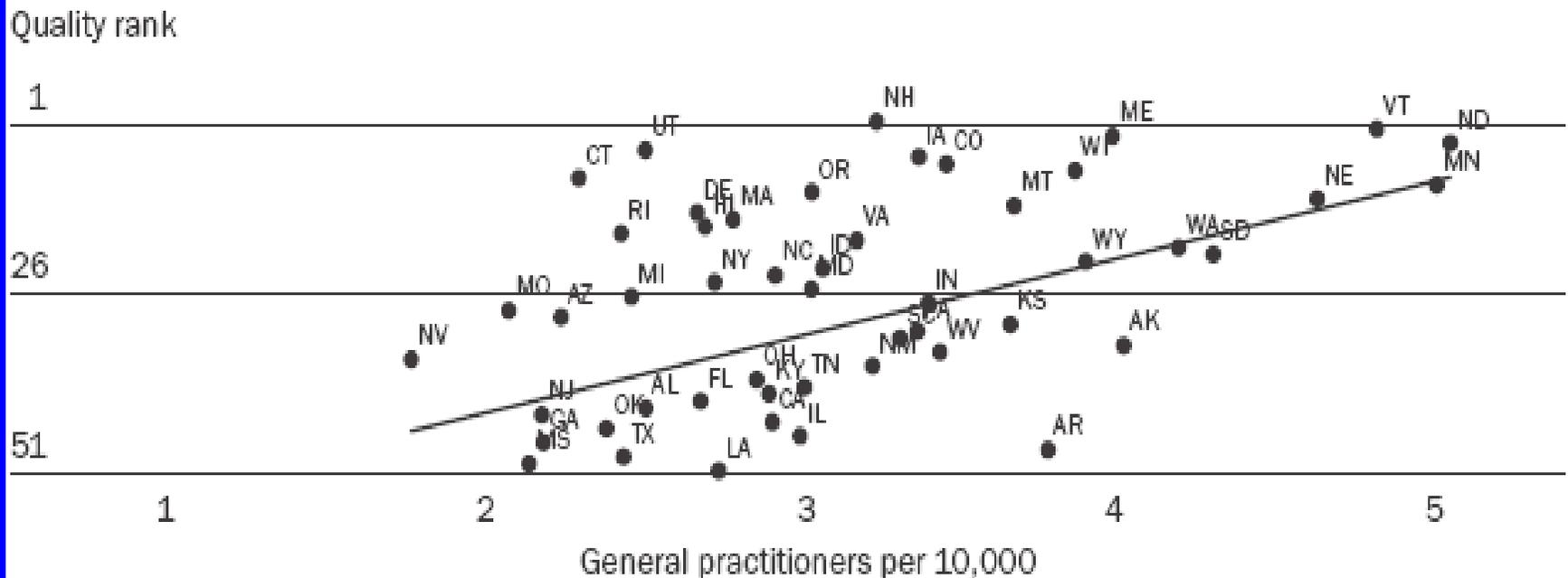
- Higher costs

Primary-Care Score vs “Outcome” Indicators*



*Lower scores are better

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



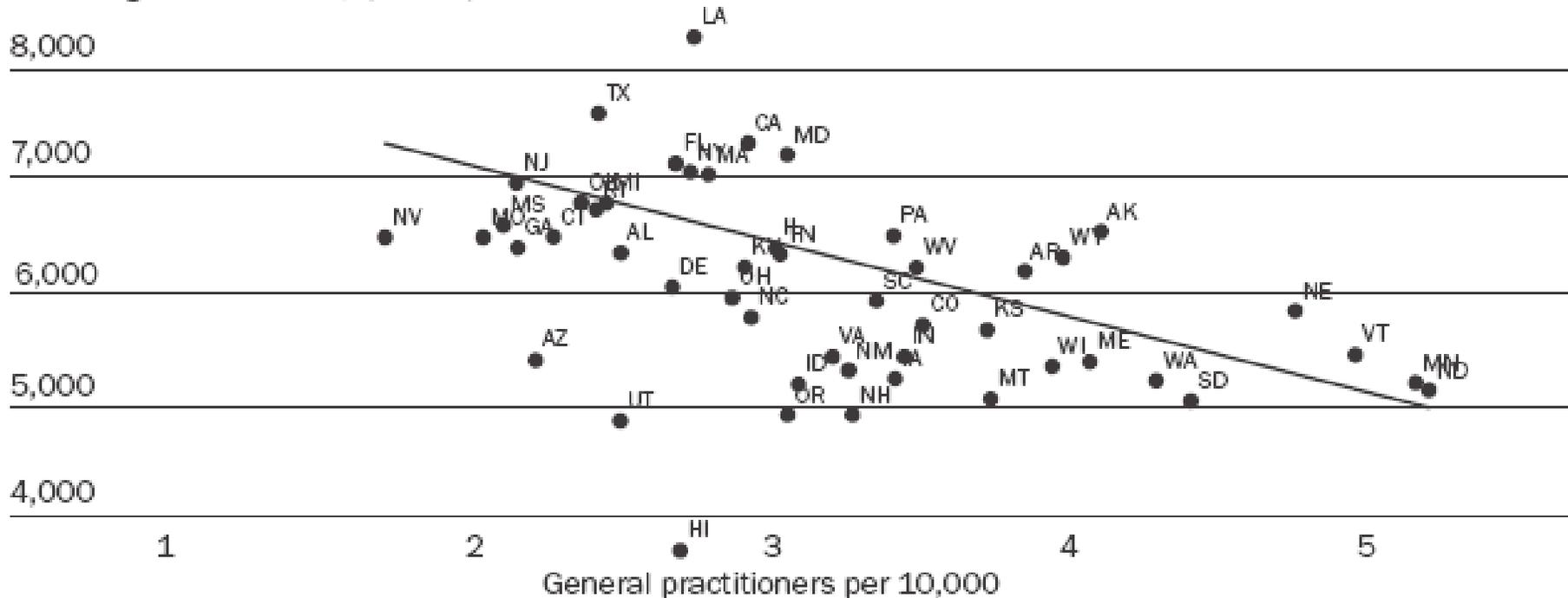
SOURCES: Medicare claims data; and Area Resource File, 2003.

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

Source: Baicker & Chandra, Health Affairs, April 7, 2004

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

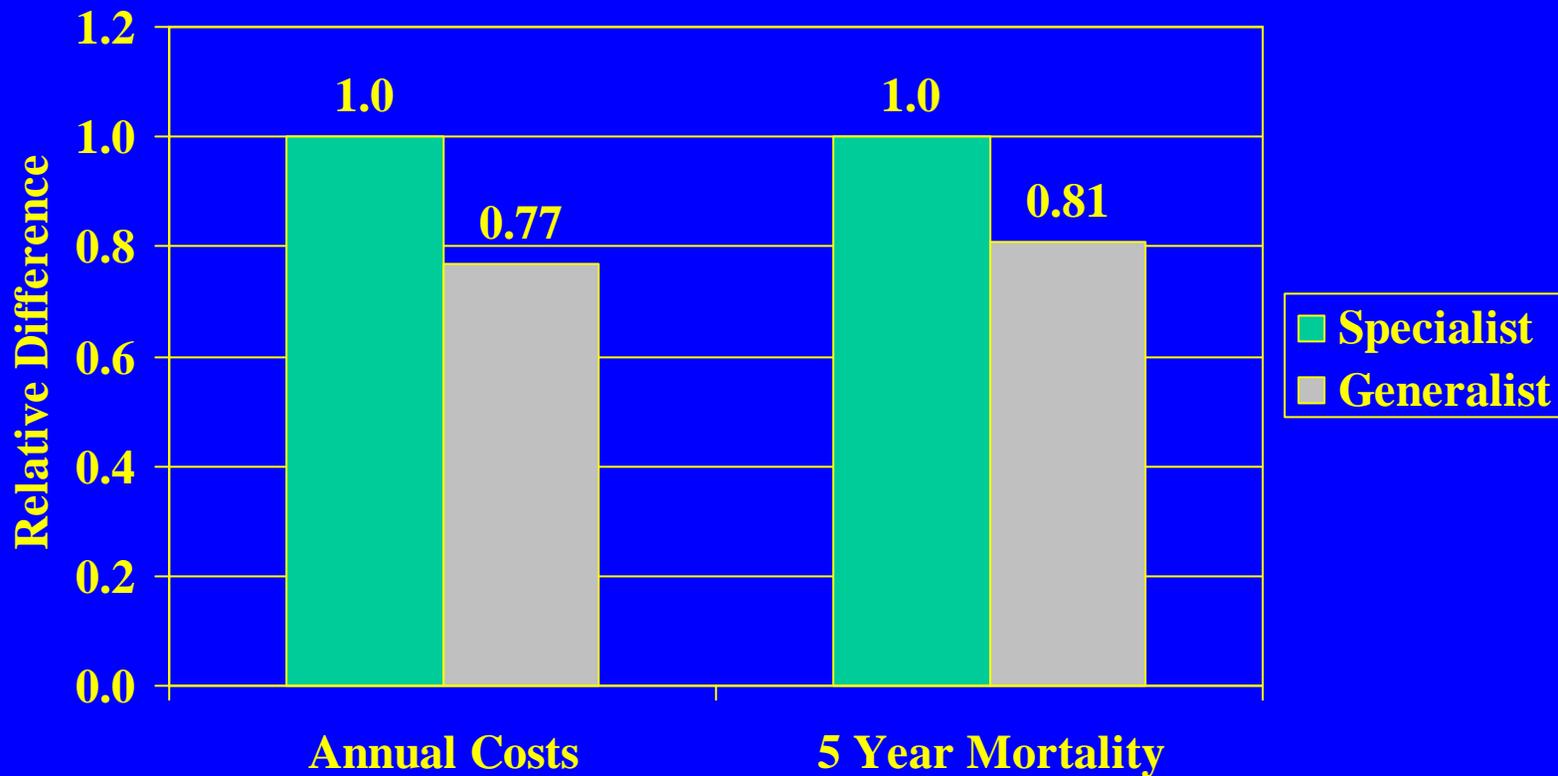
Spending per beneficiary (dollars)



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

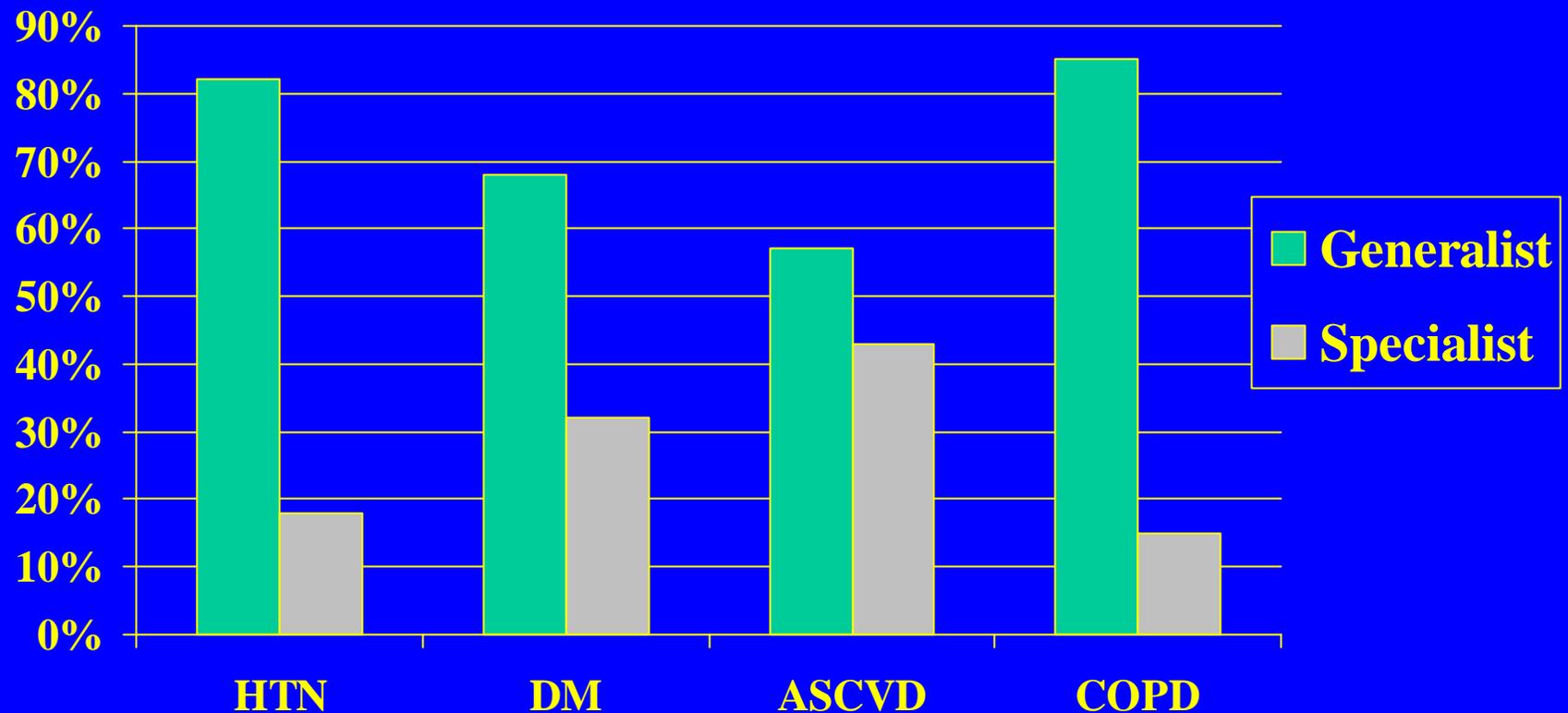
NOTE: Total physicians held constant.

Outcomes of Patients with Specialists or Generalists as a Regular Physician



Source: Franks & Fiscella, J Fam Pract 1998;47:105. Data from 1987 NMES, adjusted for health status, insurance, and other covariates

Percentage of Office Visits According to Physician Specialty, By Primary Dx

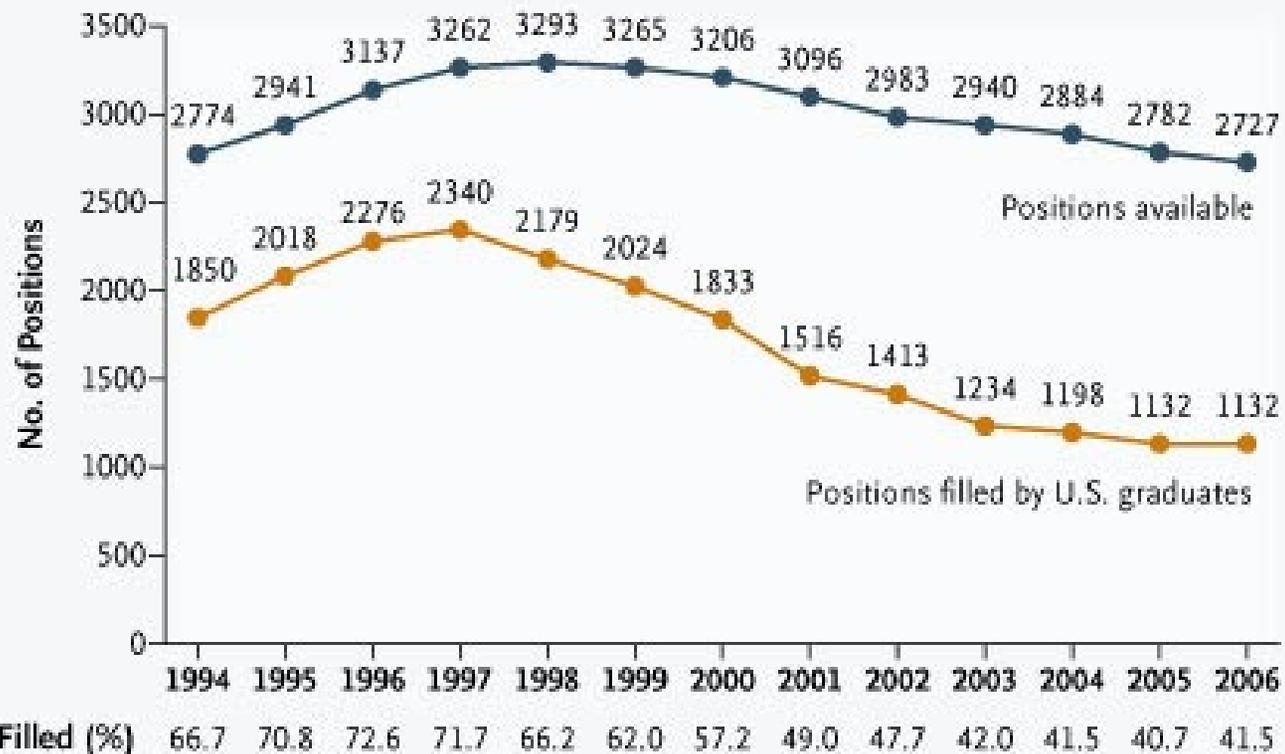


Source: L Green, Analysis of 1996 Natl Amb Med Care Survey

The foundation of primary care is collapsing in the US

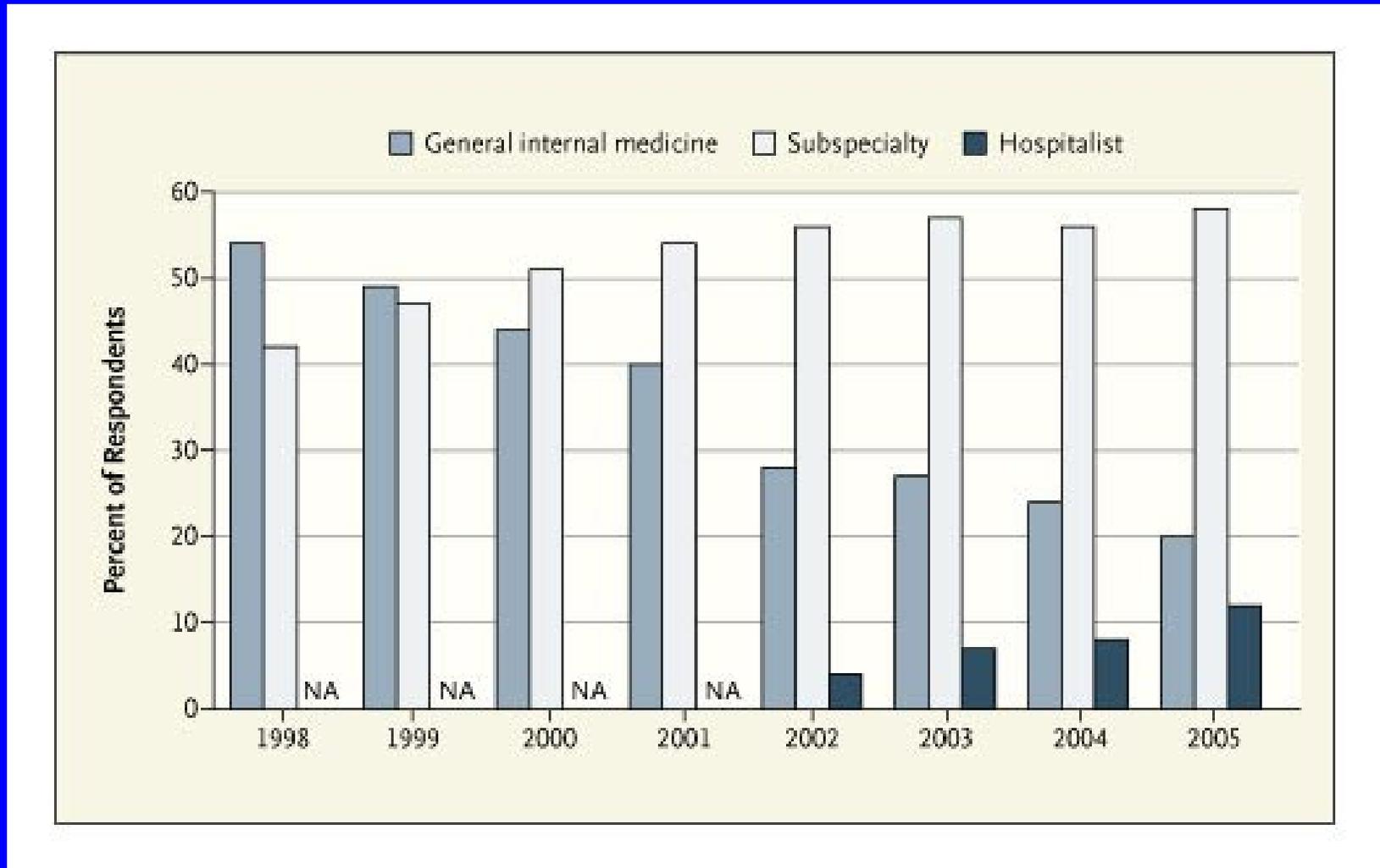


Family Medicine Residency Positions and Number Filled by U.S. Medical School Graduates

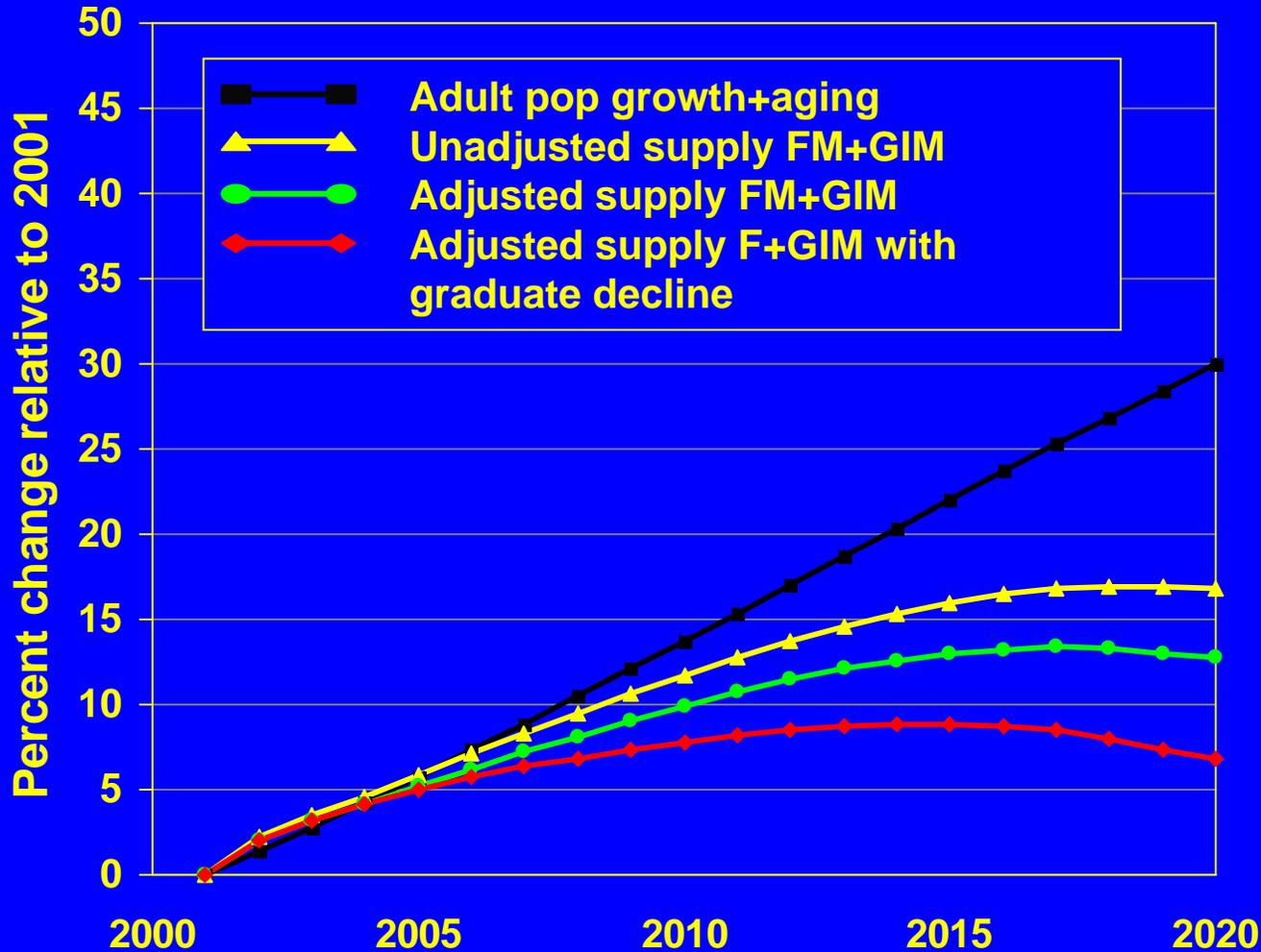


Bodenheimer T. N Engl J Med 2006;355:861-864

Proportions of Third-Year Internal Medical Residents Choosing Careers as Generalists, Subspecialists, and Hospitalists



Adult Care: Projected Generalist Supply vs Pop Growth+Aging



SOURCE: J Colwill, unpublished data, 2007

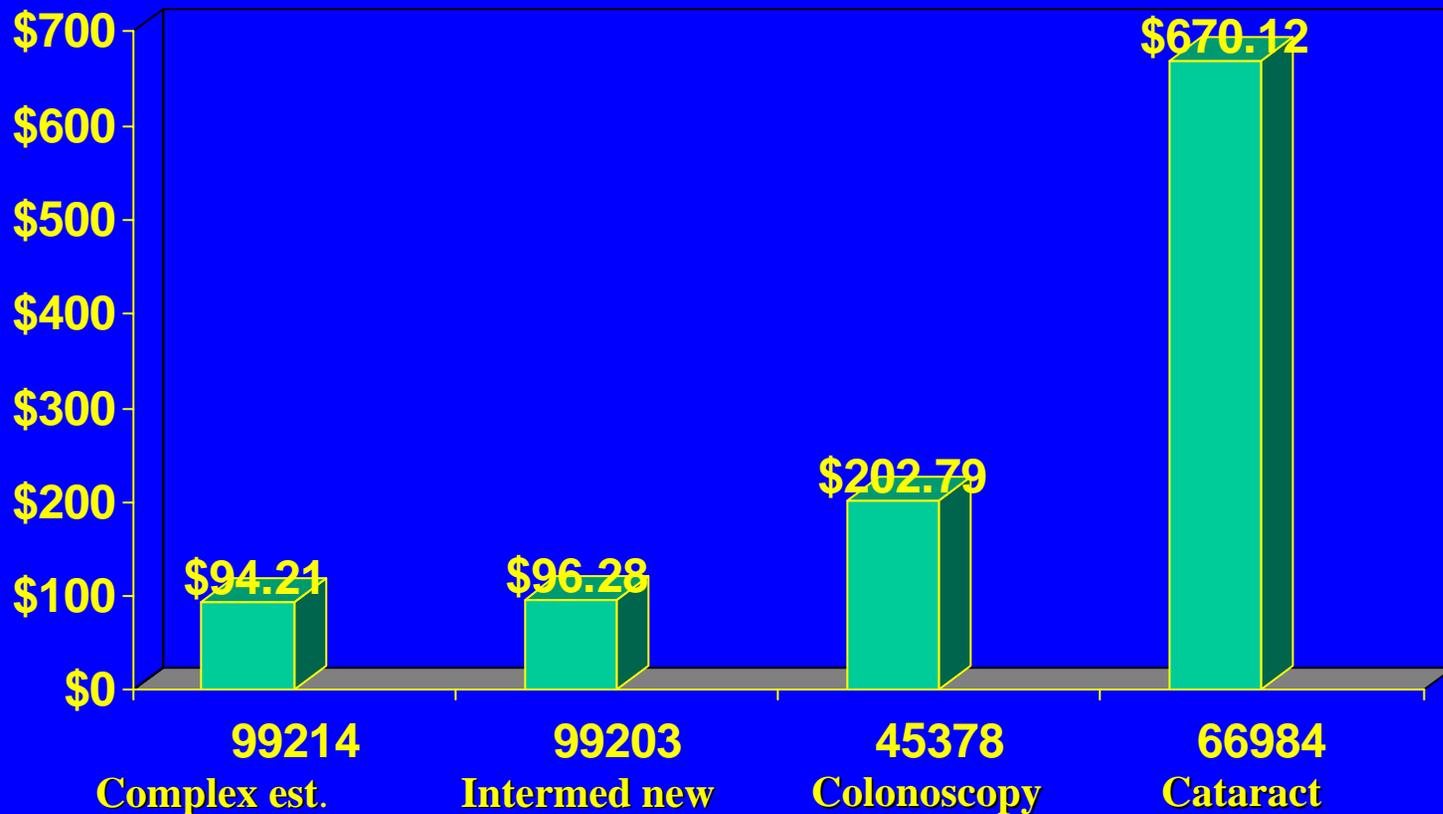
NOTES: "aging of pop" based on visits per age group; "Adjusted supply" - adjusted for age and gender. Graduate decline"- extends the 2001-2004 rate of decline of graduates through 2007.

Median compensation, 1995-2004, MGMA data

In thousands of dollars

	<u>1995</u>	<u>2004</u>	<u>10-yr increase</u>
All primary care	133	162	21%
Family medicine	129	156	21%
Internal medicine	139	169	21%
All specialists	216	297	38%
Invasive cardiology	337	428	27%
Noninvasive cardiology	239	352	47%
Dermatology	177	309	75%
Gastroenterology	210	369	76%
Heme/Oncology	189	350	86%
Orthopedics	302	397	31%
Radiology	248	407	64%
Surgery, general	217	283	30%

2007 Medicare payment for 30 minutes physician time



Assumes GPCI approximately 1.0

What Needs To Be Done

- Reform of physician payment policies to invest in the primary care home and reduce the physician income gap
 - Medical home care coordination payments that support EHR, expanded team personnel, etc
 - Patient registration with medical home and accountability-based payment
 - Alternatives to fee-for-service

IBM TO BACK NEW ORGANIZATION'S GOAL TO REVOLUTIONIZE HEALTHCARE IN UNITED STATES



Pledges support, resources in support of the Patient-Centered Primary Care Collaborative and its Patient-Centered Medical Home Model

ARMONK, NY, May 10, 2007 – IBM pledged today that it will dedicate its influence, technologies, services and knowledge base to help a new, emerging consortium of employers, physicians and consumer groups win its fight to revolutionize America's ailing healthcare system. The consortium, called the Patient-Centered Primary Care Collaborative (PCPCC), is a coalition originally proposed by IBM in early 2006 dedicated to advancing a new primary-care model called the Patient-Centered Medical Home.

What Needs To Be Done

- Establish a rational, medical education financing policy
 - Change \$8B+ in Medicare GME from a hospital subsidy program to a physician workforce program
 - All-payor GME models aligned with regional workforce planning assessments