Thoughts on The Future of Primary Care

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Impact of Primary Care

- States that have more primary care have better health outcomes – lower mortality, better self-reported health
- “Adequate features of 1º care” produced fewer ER visits, better preventive care, report being healthier
- Areas with higher Medicare 1º care had 5% lower mortality, 9% fewer hospitalizations; costs similar

- 32% of U.S. physicians in primary care – family medicine, general internal medicine, pediatrics
- PC doctors more than 50% in most other countries

Demand and Supply

- Seniors utilize about 75% more primary care
- Accountable Care Act goal of providing health care for an additional 32 million
- Almost half of adults have at least one chronic disease
- Will need about 45,000 more PC doctors by 2020
- Med school enrollment increasing 30% 2002 – 2016
- More students going into primary care
- Physician assistants increased 200% last decade
- Nurse practitioners expected to increase 23% in 10 yrs
- Many other options for medical assistants
- Probably take 10 years to make dent in the shortage

Creating Better Health Care

The Triple Aim

Population Health
Reducing the generators of ill health by encouraging healthy behaviors and decreasing the likelihood of illness through focused prevention and the development of increased resilience.

Experience of Care
Providing a care experience that is patient and family centered, compassionate, convenient, equitable, safe and always of the highest quality. Also important is providing the right evidence-based care well without complications.

Per Capita Cost
Creating value by focusing on quality, eliminating waste, and reducing unwarranted variation; considering the total cost of care over time, not just the cost of an individual health care activity.

Consensus on Shared Responsibility
A national dialog for understanding and consensus on big issues.

A Patient-Centered Medical Home

Accountable team leader

Evidence-based continuity of care by collaborative team

Focus on prevention and healthy living too

Ongoing Monitoring & support

Electronic records with long-term data

New payment systems with incentives for outcomes

Entire health system of specialty care services (ACO)

Patient-centered care

Education, coaching, shared decision-making

Life-long continuity of comprehensive prevention & care

Easy access to care

Quality of Life
Able to do your Job

"Thrive"

Broad View of Population Health

Primary Prevention

Focused Secondary Prevention & Behavior Change

Medical Care & Self-Care

Determinants & Factors

Determinants & Factors

Genetic Endowment

Prevention & Health Promotion

Physical Environment

Behavioral Risk Factors

Physiological Risk Factors

Resilience

Behavioral Risk Factors

Physiological Risk Factors

Resilience

Disease & Injury Burden

Intermediate Outcomes

States of Health

Well-Being "Thrive"

Quality of Life
Able to do your Job

Redundancy
Self-healing

Disparities

Prevention & Health Promotion

Physical Environment

Behavioral Risk Factors

Physiological Risk Factors

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Slide by Dr. Rowley based on McGinnis JM, Williams-Russo P, Knickman JR. The Care For More Active Policy Attention To Health Promotion, Health Affairs 2002;21:78-93
Empowering Individual Self-Care

Noninvasive monitoring

Digital Health Assistant

Virtual Care

Wireless capture
Text prompts

Facilitated Disease Network

Personal health record

Auto-Care

Health System Monitoring
Prospective Medicine

- Predictive
- Preventive
- Personalized
- Participatory
- Focused on pre-disease

Biomonitoring: genes, proteins, cancer cells, metabolism, emotions...

Real-time tracking of my health status

Create the ideal conditions for my body to maximize health

Profound knowledge of effective prevention and intervention
Changing Delivery Systems

• Fewer individual & small group practices
• More large medical groups
• Progressively more integrated systems, ACOs
• Will governments’ role be bigger or smaller?
• Some high end concierge practices
• More Community Health Centers
• More innovations: retail clinics, cybercare…
• At lest some will rely on self-managed health
• All these options can incorporate patient-centered primary care principles
Changing Reimbursement Systems

- Declining Fee-For-Service
- Increasing global/capitated/bundled payment systems
- Incentives: pay for performance, outcomes, value
- Value-based insurance design
- Increasing consumer directed (high deductible ins./HSA)
- More out of pocket costs

Value = Quality/ Costs

How will these shift:
- Employer provided insurance?
- Individual insurance?
- Medicaid, Medicare?
- Uninsured and underinsured?
Challenges Ahead

• We will require a robust primary care capacity to achieve the Triple Aim in creating healthy citizens
• The cultural shift to advanced primary care will be tough for the health care industry and patients
• Training enough manpower will take time and effort
• Access to equitable care for all will be daunting
• Finding resources and controlling costs will be hard
• Learning how to achieve behavior change may be our biggest challenge