



Kentuckiana
Health Collaborative

Building a Bridge to Better Health, Better Care and Better Value

Innovating Primary Care Models to Meet Community Needs

A KHC Community Health Forum

September 12, 2023

9:00am - 11:00am



Welcoming Remarks



Natalie Middaugh, MPH, CHES
Director, Programs and Health Strategies
Kentuckiana Health Collaborative



Objectives

- ▶ Learn the importance and evolution of primary care in the healthcare system
- ▶ Distinguish the factors that have and are defining the affordability, quality, and equity of primary care
- ▶ Highlight payment and delivery model innovations in primary care
- ▶ Explore the potential effects primary care innovation will have on the healthcare system

Strengthening Primary Care in a Changing Landscape



Karen S. Johnson, PhD
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Strengthening Primary Care in a Changing Landscape

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Community Health Forum
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Two Foundational Truths

1. There is strong evidence on the benefits of primary care
2. Ensuring the kind of primary care that produces these benefits requires everyone to take action



Implementing High-Quality Primary Care:

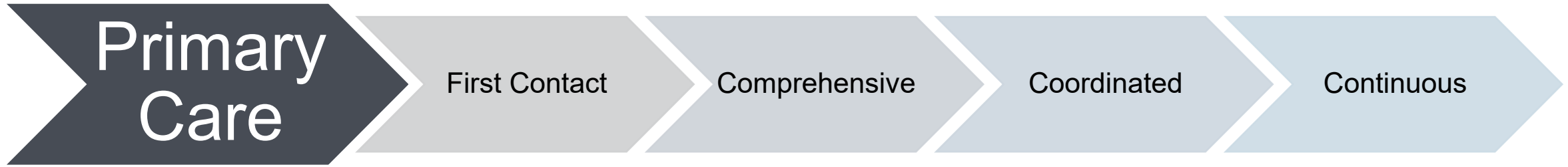
Rebuilding the Foundation of Health Care



Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes.

For this reason, primary care is a common good, making the strength and quality of the country's primary care services a public concern.

Implementing High Quality Primary Care Report, May 2021



Basic Services

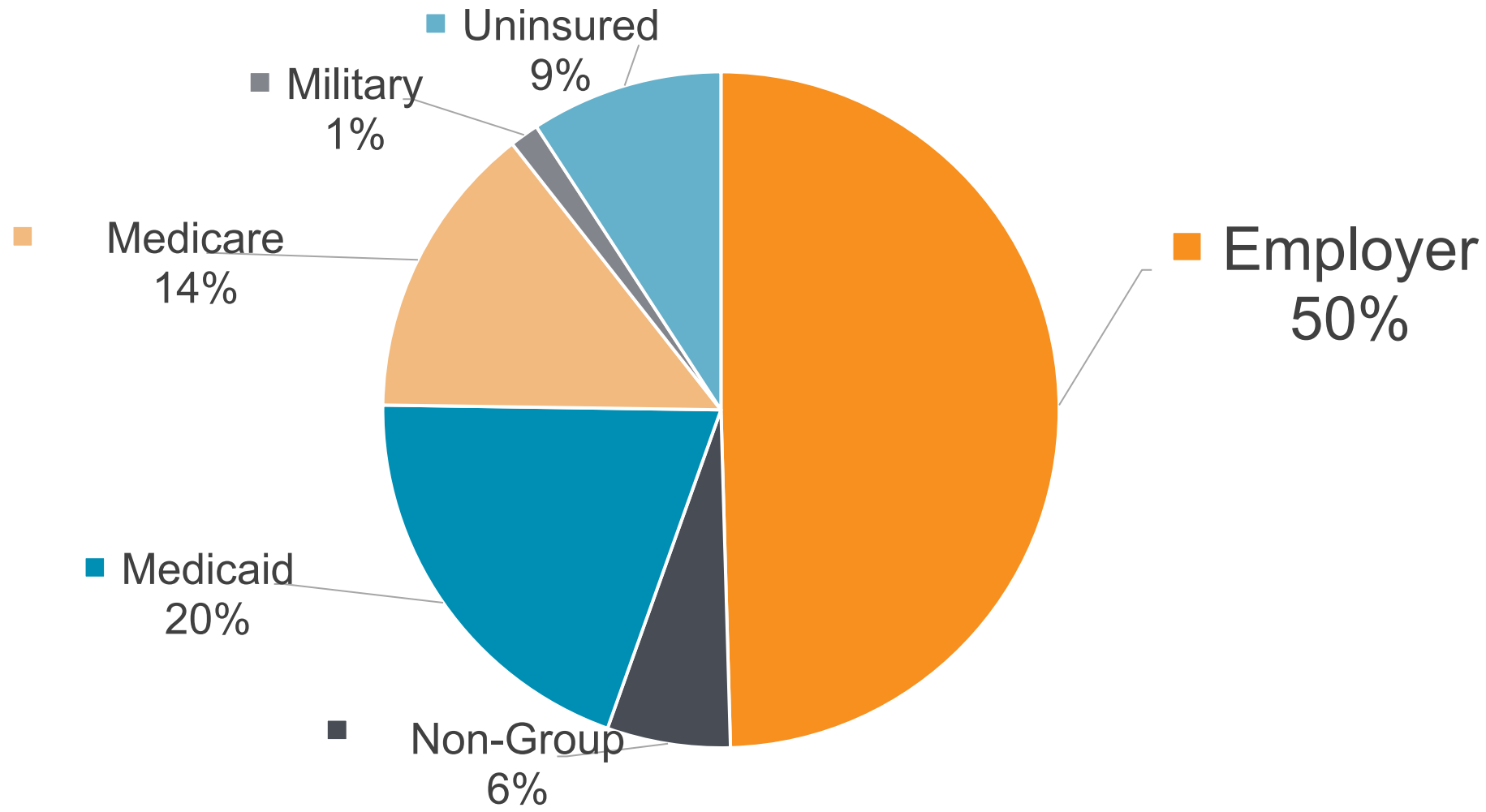
- Well visits and physicals
- Immunizations
- Screenings
- Treating acute illness and injury
- Managing chronic illness
- Coordinating complex care



Advanced Primary Care

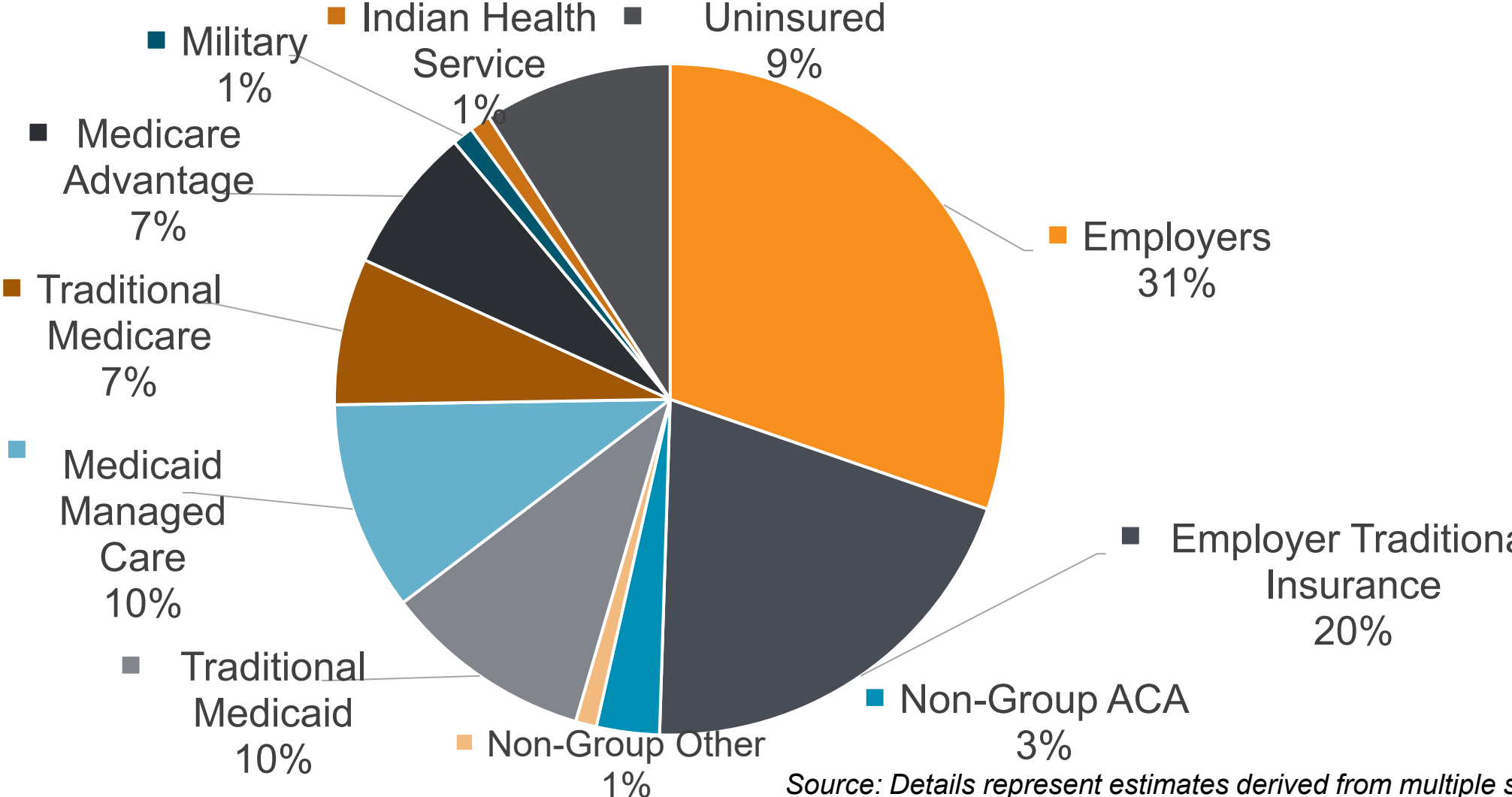
- Team-based care
- Adequate time for visit & non-visit care
- Behavioral health
- Health related social needs

Decision-making is broadly distributed



Source: Health Insurance Coverage of the Total Population, KFF, 2019

Even more complicated than it looks....



Source: Details represent estimates derived from multiple sources

Strengthening Primary Care

Policy / Market Solutions



Change how and how much we pay for primary care



Incentivize selection and remove financial barriers to primary care

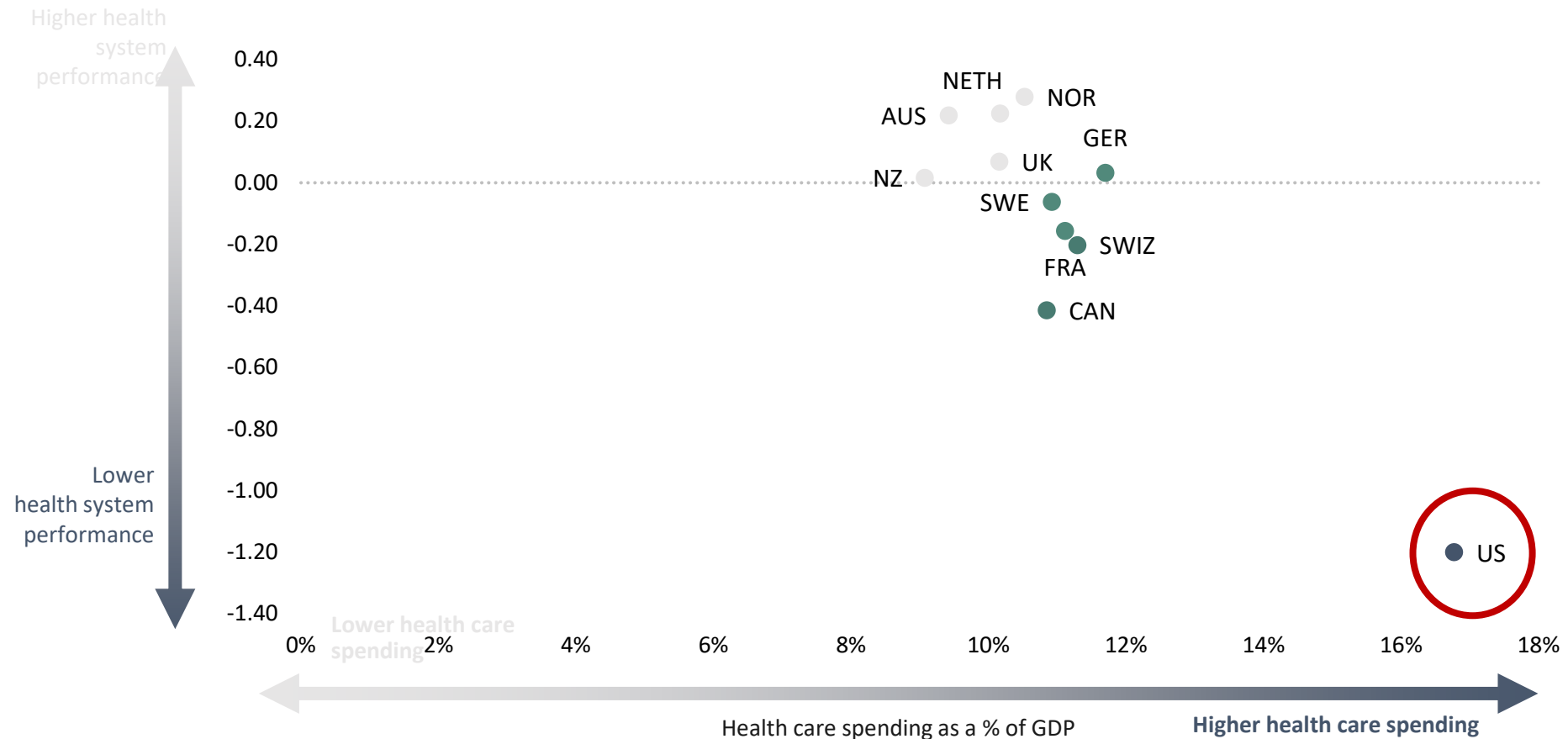


Attract, retain, and diversify the primary care workforce

**Change How &
How Much
We Pay for
Primary Care**



Evidence for Investing in Primary Care



https://www.commonwealthfund.org/sites/default/files/2021-08/Schneider_Mirror_Mirror_2021.pdf

What do high-performing nations do?

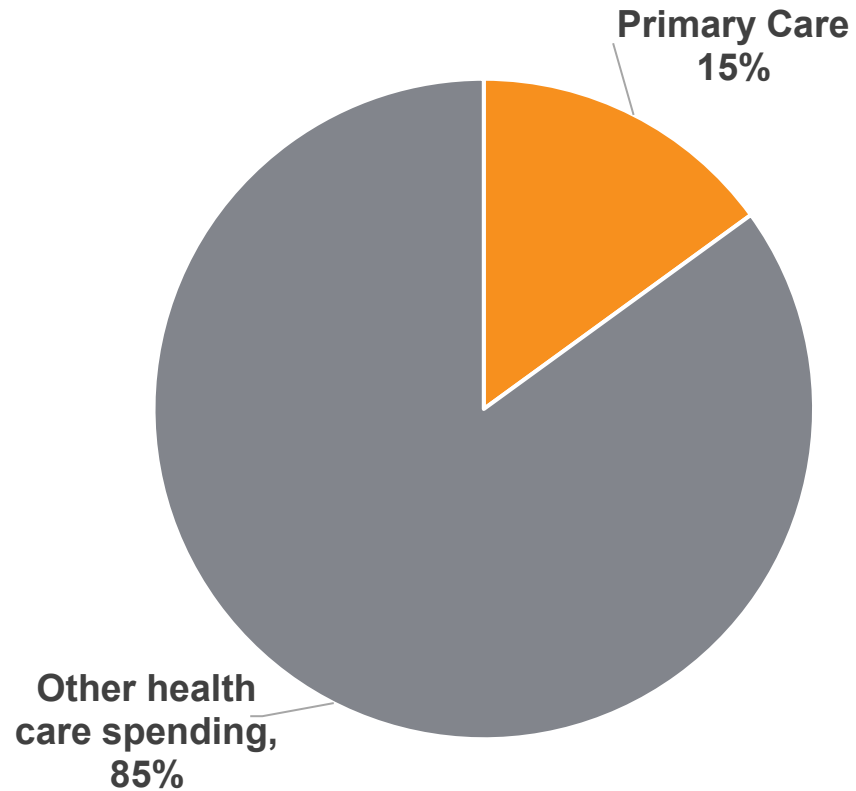
They provide for universal coverage and remove cost barriers

They reduce the administrative burdens on patients and clinicians

They invest in social services and worker benefits

They invest in primary care systems to ensure value and equitable access

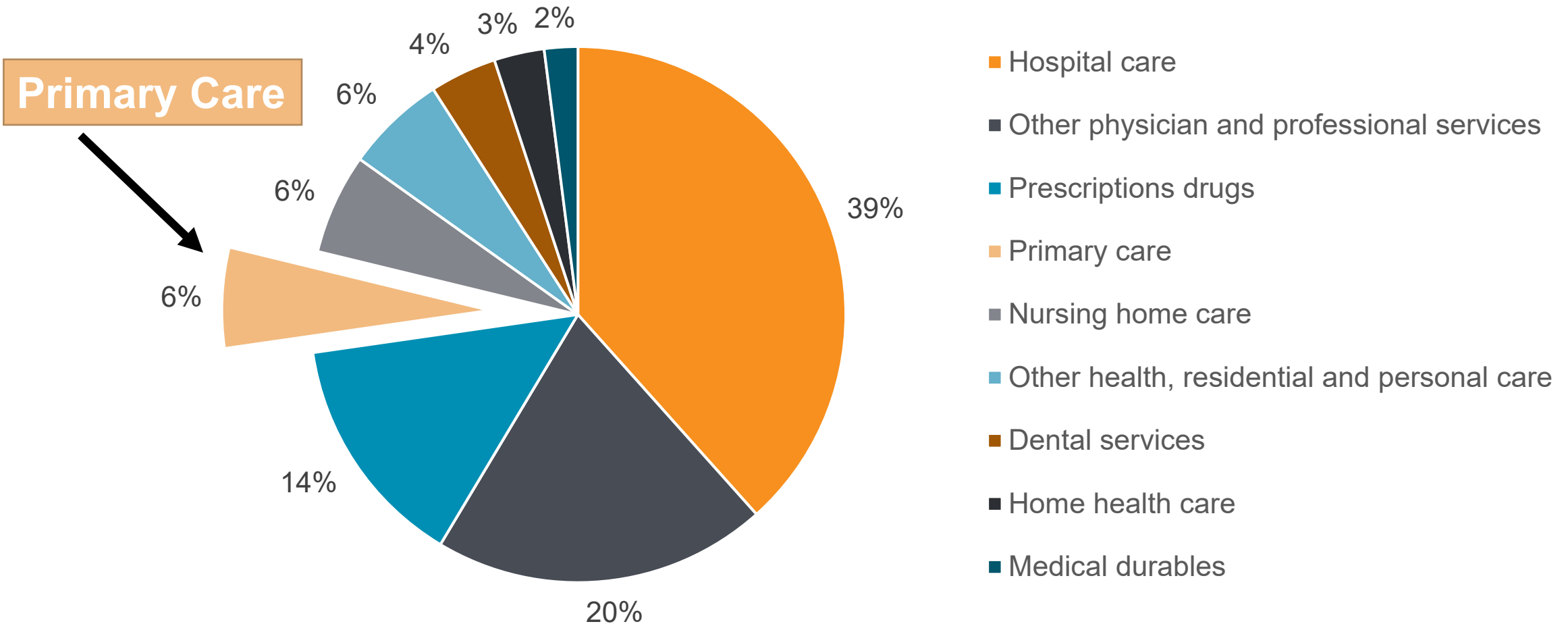
International Spending on Primary Care



International spending on primary care is estimated to represent **12-17%** of total spending.

Baillieu R, Kidd M, Phillips R, *et al.* The Primary Care Spend Model: a systems approach to measuring investment in primary care. *BMJ Global Health* 2019;4:e001601.

The Reality of US Spending on Primary Care



Source: Investing in Primary Care: A State-Level Analysis – Primary Care Collaborative’s 2019 evidence-based report

What does low spending mean?

Not well-resourced

Worker burnout

Workforce reductions

Limited patient access

Equity issues

...without addressing the root cause

We cannot fix these problems...



PAYMENT

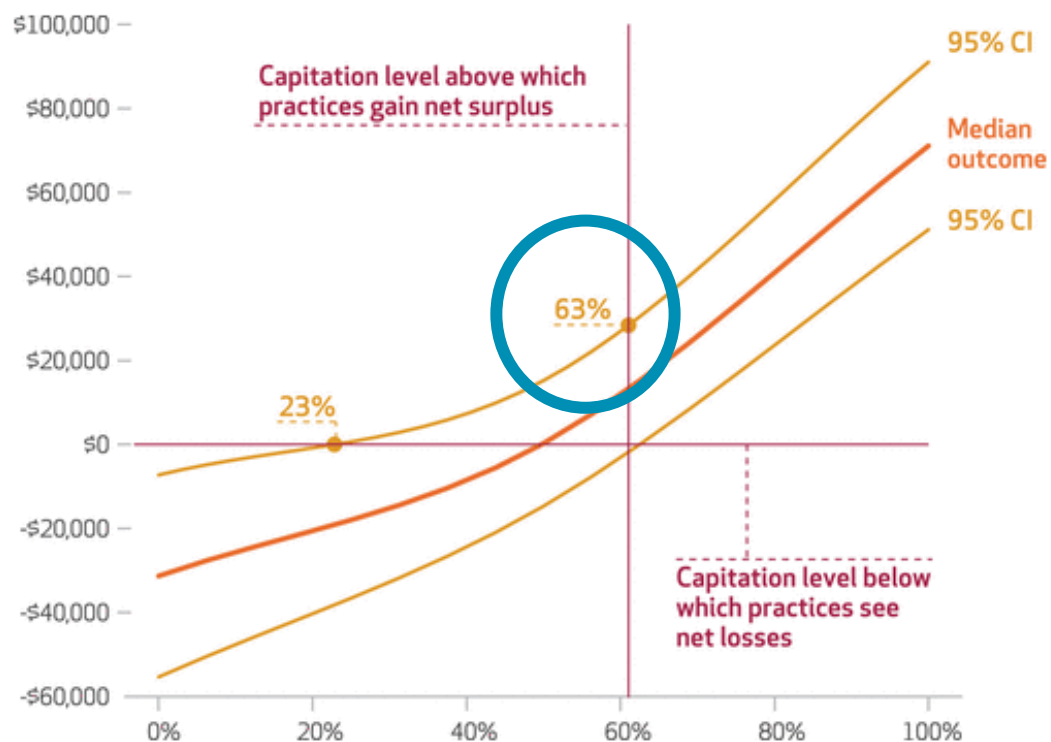
Pay for primary care teams to care for people, not doctors to deliver services.

Implementing High Quality Primary Care Recommendation

High Levels Of Capitation Payments Needed To Shift Primary Care Toward Proactive Team And Nonvisit Care

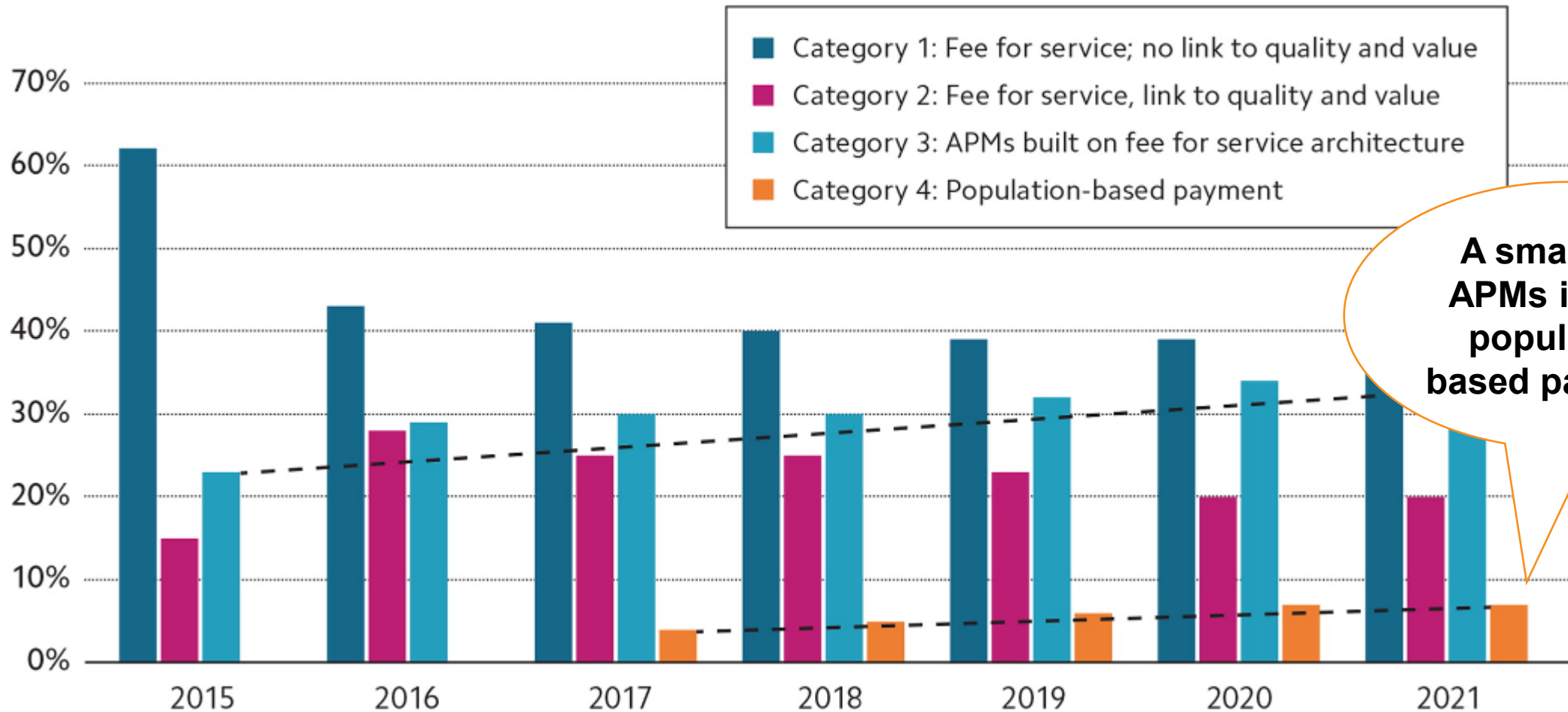
Basu S, Phillips RS, Song Z, Bitton A, Landon BE. High Levels Of Capitation Payments Needed To Shift Primary Care Toward Proactive Team And Nonvisit Care. Health Aff (Millwood). 2017 Sep 1;36(9):1599-1605. doi: 10.1377/hlthaff.2017.0367. PMID: 28874487.

Exhibit 3 Net surplus per FTE physician per year after shifting to team- and non-visit-based care, by percentage of patients with capitated payment



SOURCE Authors' calculations. NOTES Net surplus per full-time-equivalent (FTE) physician per year is defined in the Notes to [Exhibit 2](#). The minimum capitation level is the level above which 95 percent of practices would gain revenue by shifting to a team- and non-visit-based primary care delivery strategy. Appendix Exhibit 6 contains a conceptual illustration of the analysis used to determine this level (see Note [18](#) in text). CI is confidence interval.

Most Payment is Fee-for-Service

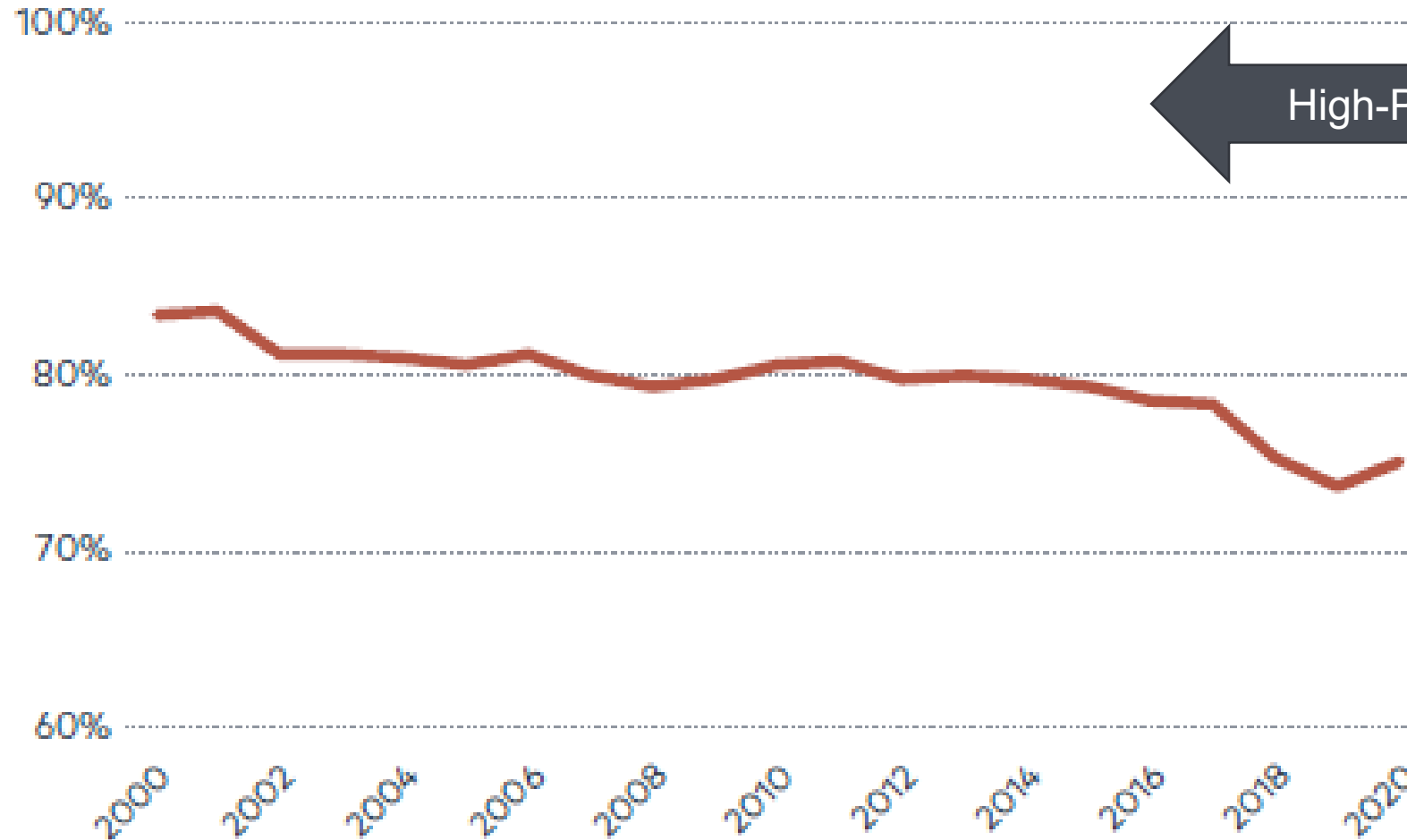


A small % of APMs include population-based payments

**Incentivize Selection
&
Remove Financial
Barriers to Primary Care**



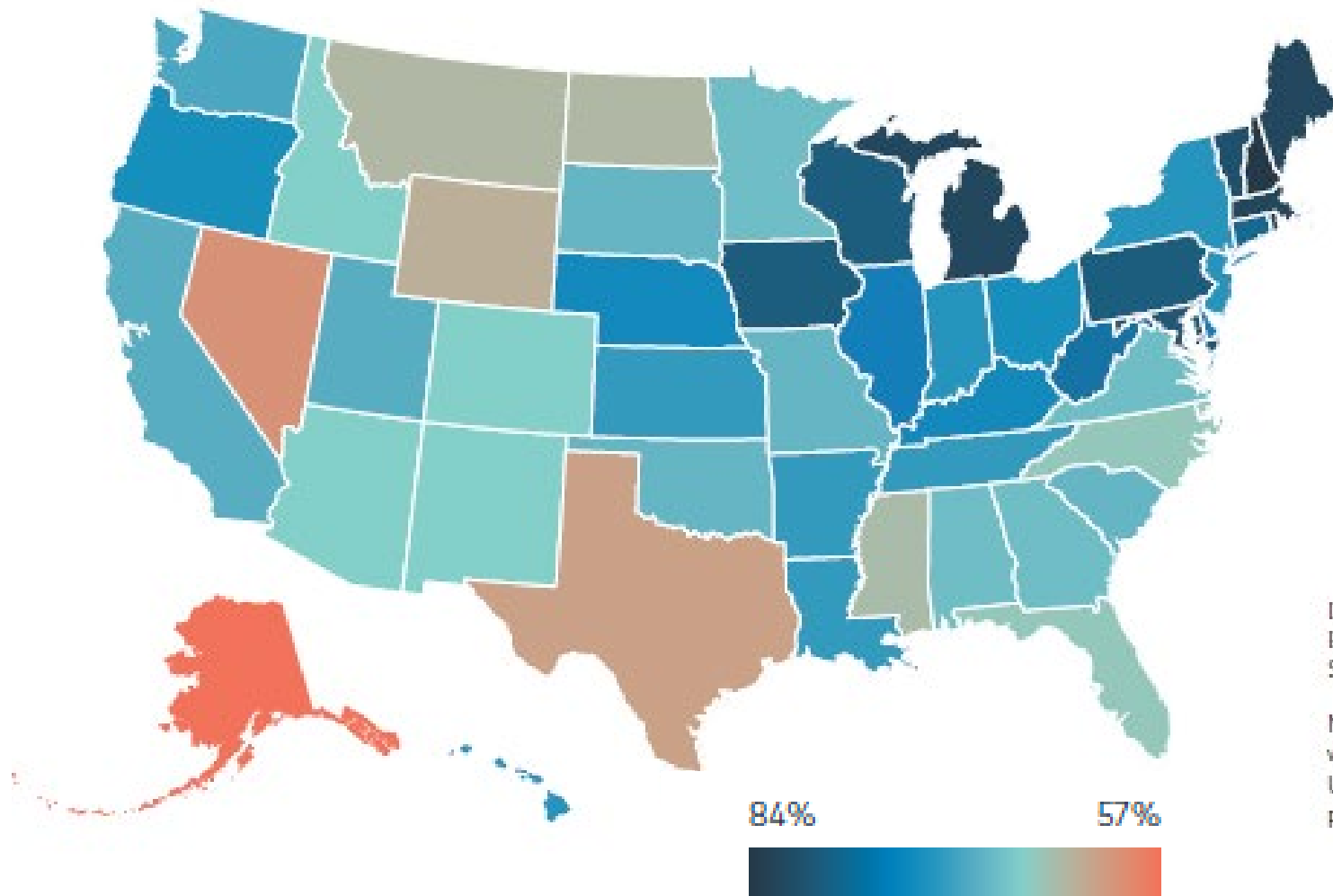
Usual Source of Care is Declining



Data Source: Analyses of Medical Expenditure Panel Survey, 2000-2020.

Notes: HAVEUS42 and LOCATN42 were combined to construct a two-category USC measure. No USC includes respondents not having a USC and those who reported emergency department as the USC. Adjusted for gender, female, education, race-ethnicity, region, insurance coverage, and income.

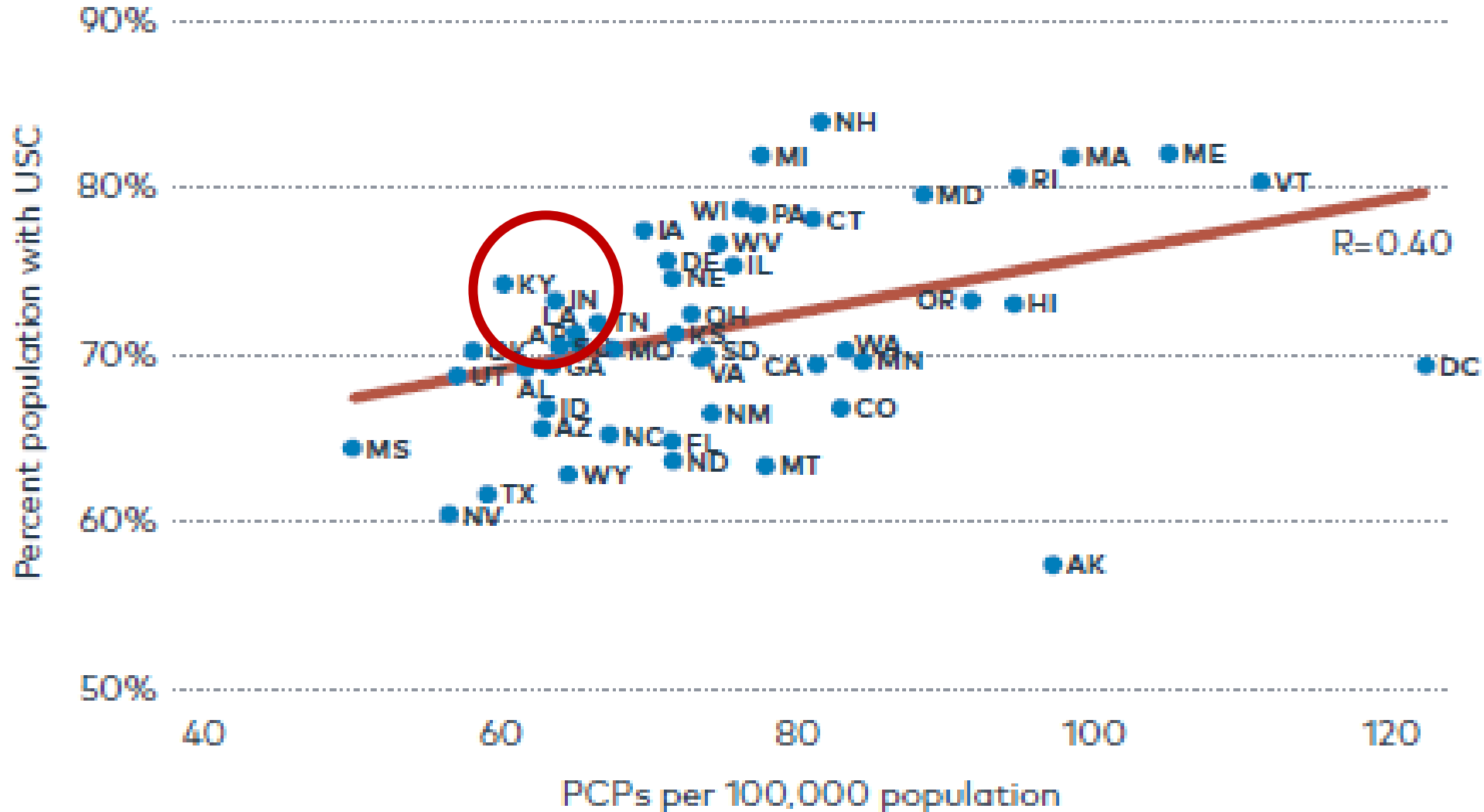
State Variation in Usual Source of Care



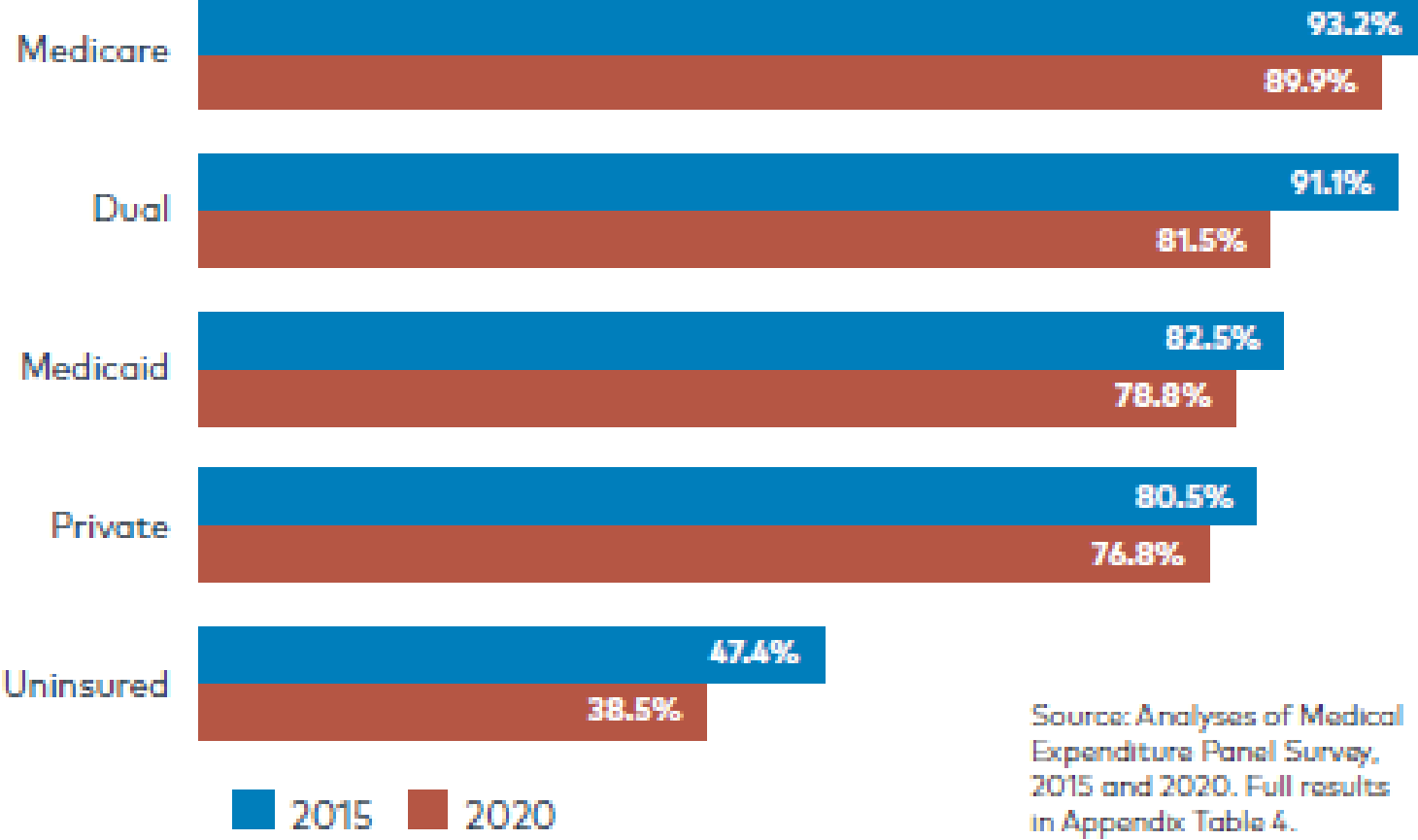
Data Source: Analyses of Behavioral Health Risk Factor Surveillance System, 2019.

Notes: The variable PERSDOC2 was used to create a two-category USC measure to examine percent population with and without USC.

PCP Supply and Usual Source of Care



Payer Variation in Usual Source of Care



Source: Analyses of Medical Expenditure Panel Survey, 2015 and 2020. Full results in Appendix Table 4.

One employer's approach...

What they did...

- Voluntary selection of PCP
- \$10 copay for using selected PCP (\$35 otherwise)
- Deductible credit for annual wellness visit and flu shot

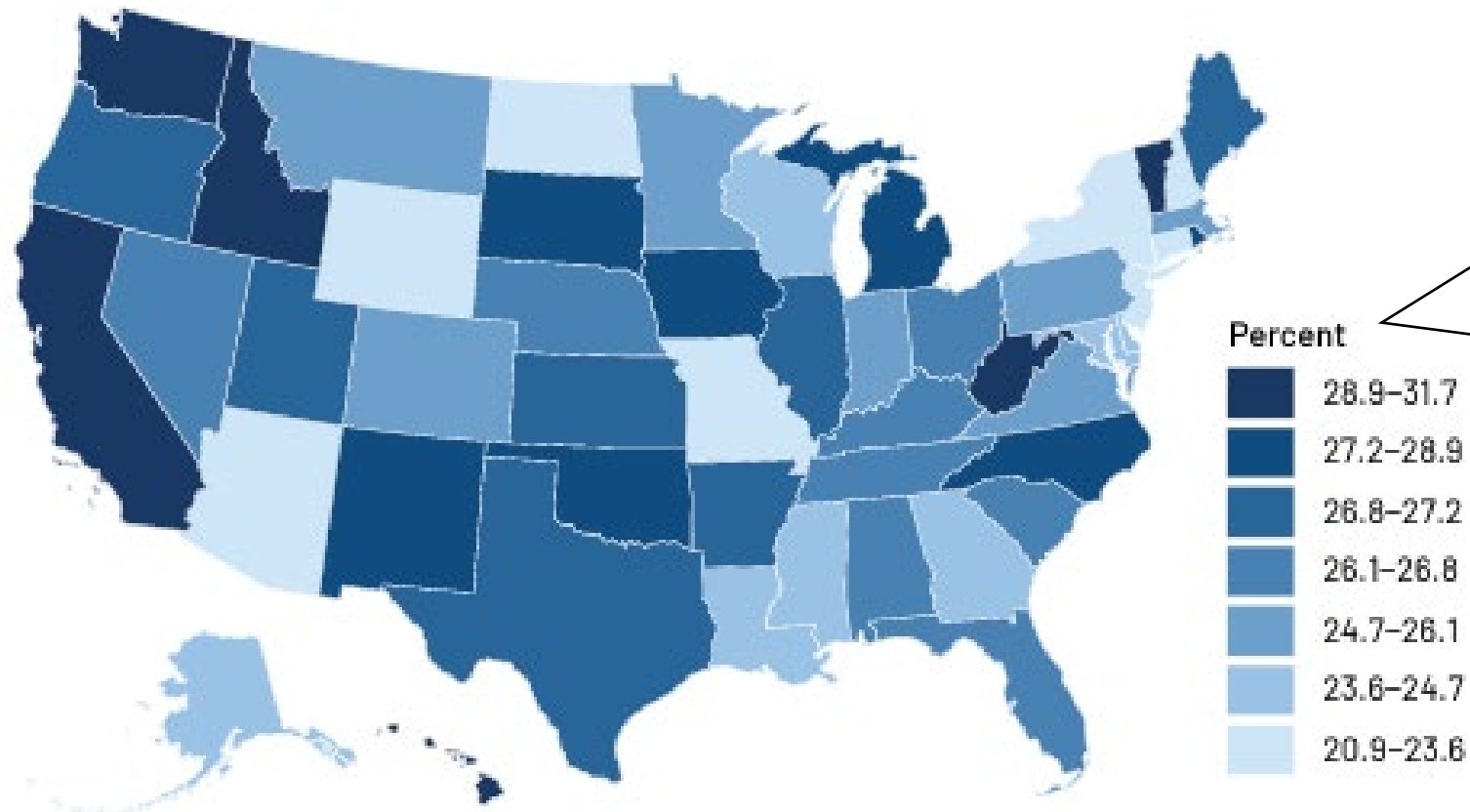
The outcomes...

- Higher primary care utilization
- Lower out of pocket cost
- Better immunization rates
- Lower probability of inpatient surgery
- Lower rate of hospital admissions
- Higher primary care spending and flat costs overall

Attract, Retain, and Diversify the Primary Care Workforce

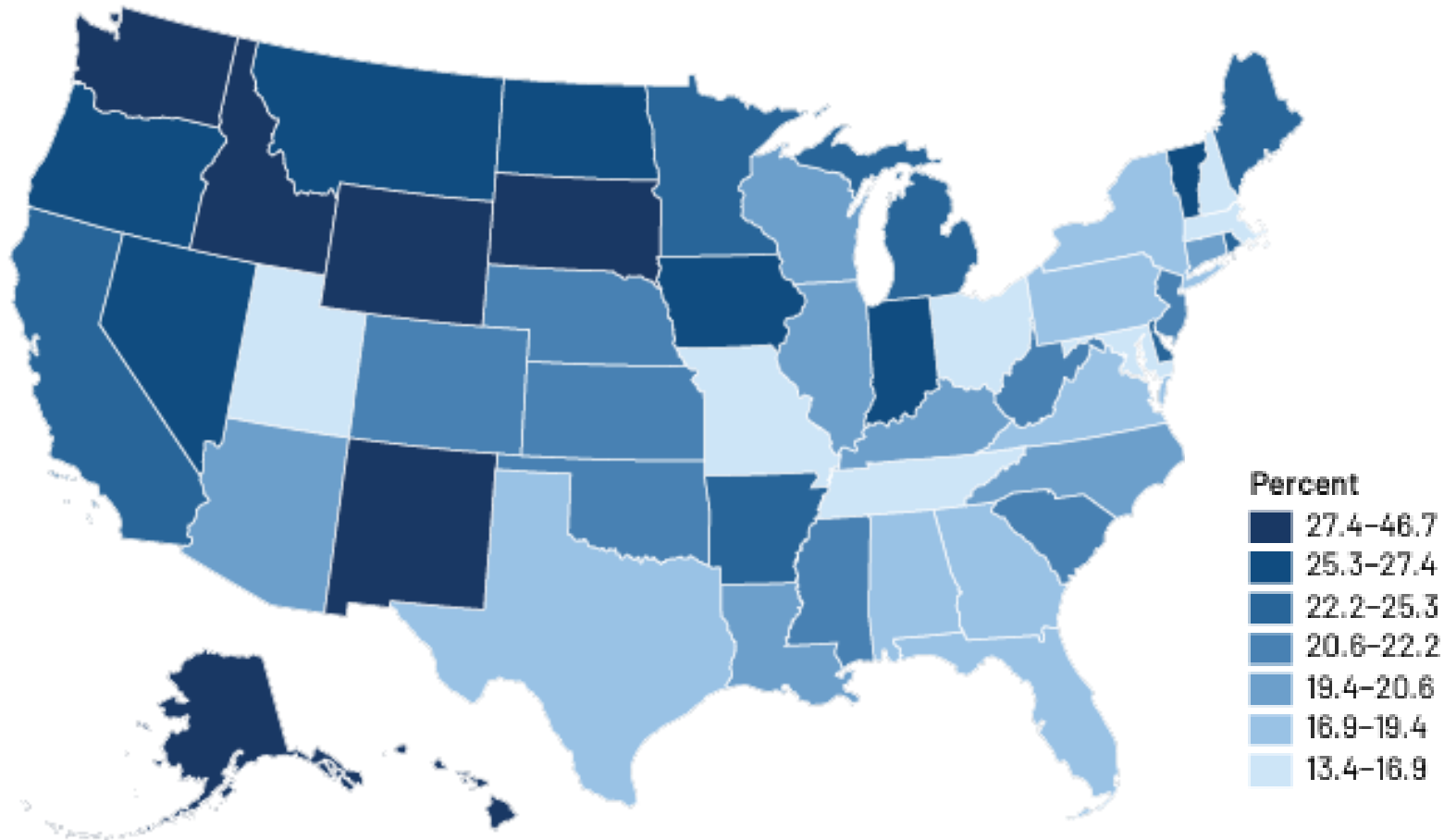


Primary Care Physician Shortage



Council on Graduate Medical Education (COGME) recommended that **40% of the physician workforce be comprised of PCPs to achieve optimal outcomes**

PCP Shortage Expected to Grow



Percent of new physicians entering primary care is not sufficient to make up for the current shortage and growing demand.

Primary Care Physicians Undervalued

The average US physician earns \$350,000 per year

The Top Five Specialties

SPECIALTIES	TOTAL INCOME (INCLUDING BUSINESS AND OTHER)	WORKWEEK (HOURS)
Neurosurgery	\$920,500	63
Orthopedic surgery	\$788,600	58
Radiation oncology	\$709,300	51
Interventional pain management	\$702,600	50
Interventional cardiology	\$682,200	61

The Bottom Five Specialties

Genetics	\$236,300	52
Psychiatry	\$235,500	45
Family practice	\$230,100	49
General practice	\$224,900	45
Preventive medicine	\$223,900	45

Note: Adjusted for inflation, in 2017 dollars

Source: Analysis of IRS and Census Bureau data by Joshua Gottlieb, Maria Polyakova, Kevin Rinz, Hugh Shiplett and Victoria Udalova

Strengthening Primary Care

Policy / Market Solutions



Change how and how much we pay for primary care



Incentivize selection and remove financial barriers to primary care



Attract, retain, and diversify the primary care workforce

Strengthening Primary Care

Tailwinds



Strong federal support for primary care



Growing body of evidence



Market interest in primary care

Strengthening Primary Care

Headwinds



Undervalued, poorly designed
primary care payment



Benefit and coverage designs that
fail to incentivize primary care



New entrants blur the lines of
“primary care”



Decentralized health care decision-
making

Two Foundational Truths

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**Thank you Kentuckiana
Health Collaborative**

Questions and Comments



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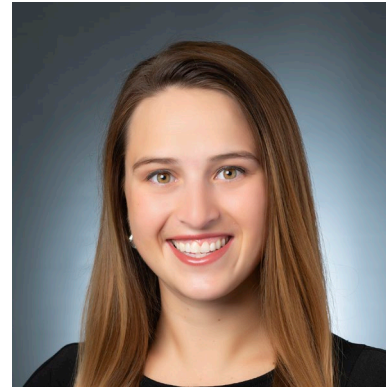
AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

Panel Discussion - Innovations in Primary Care Delivery



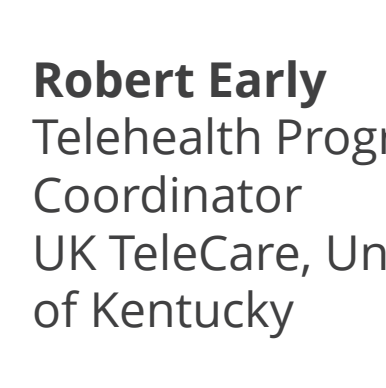
Moderator
Molly Lewis
Chief Executive Officer
Kentucky Primary Care
Association



Taryn Eldridge, MBA
Health Compliance
Coordinator
PPL Corporation, LG&E
and KU Energy



Misha Rhodes, MD
Chief Medical Officer,
KY and IN
CenterWell Senior
Primary Care



Robert Early
Telehealth Program
Coordinator
UK TeleCare, University
of Kentucky

Fireside Chat - The Status of Value-Based Payment Models



Greta Crutcher-Collins, MHA
Provider Collaboration
Director, KY
Anthem



Jenny Goins, SPHR, MA
President and CEO
Kentuckiana Health
Collaborative



Katie Sabitus, MS
Value Based Programs Manager
Kentucky Regional Extension
Center, UKHC

Closing



Natalie Middaugh, MPH, CHES
Director, Programs and Health Strategies
Kentuckiana Health Collaborative



Upcoming Events

Networking Event

November 9 | 5pm-6:30pm

Location TBD

KHC Members Only

Community Health Forum

December 5 | 9am-11am

Location TBD

Register at khcollaborative.org/events.





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*Thank you for attending!
Slides and an event evaluation
will be emailed to you.*

