



New England Healthcare Institute

# Remaking Primary Care

A Framework for the Future

## THE PROBLEM: HIGH DEMAND, LOW SUPPLY

**As the new health reform law moves toward implementation of new policies, primary care remains in a state of crisis that is driven by threats on two fronts:**

### Rising Demand

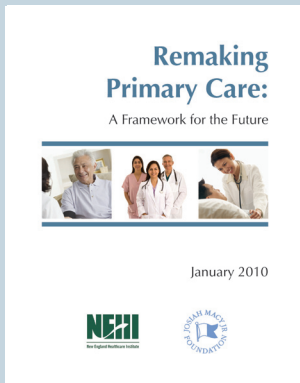
A dramatic shift in the demographic makeup of the U.S. is underway, with the number of adults aged 65 and older on the rise. This change is linked to the growing burden of chronic illnesses, which disproportionately affects older adults. Together, these factors are driving an overwhelming and spreading demand for primary care services.

### Decreasing Supply

An overworked, undersized and demoralized primary care workforce increasingly lacks the capabilities to address the surging health care needs of the population. In addition, an income gap between primary care and other specialties is a key driver of growing dissatisfaction among primary care physicians. As a result, patients struggle to access timely primary care services and chronic disease care is suboptimal. These shortcomings are likely to only worsen over time.

## Study in Brief:

The NEHI report titled *Remaking Primary Care: A Framework for the Future* highlights the driving factors behind the primary care crisis in the United States and offers comprehensive, innovative solutions.



To read the full report, visit [www.nehi.net](http://www.nehi.net).

## THE CONSEQUENCES: DECREASED ACCESS AND QUALITY OF CARE

**Patients directly feel the combined impact of increased demand for primary care services and decreased supply of professionals practicing in the field.**

### Decreased Patient Access

Recent data show that the mismatch between supply and demand has begun to impact patients' ability to access necessary primary care services. Over a three-year period, the percentage of primary care practices closed to new patients rose from 25 percent to 40 percent in family medicine, and from 36 percent to 56 percent in internal medicine. Likewise, the average wait time for a new patient to see a doctor rose from 33 days to 44 days in internal medicine.

### Decreased Quality of Care

Growing evidence suggests that the patient-provider relationship is being eroded as physicians are pushed to see ever-larger numbers of patients to generate sufficient revenue within the current reimbursement model. Research has found that for a panel of 2,500 patients, a physician would need to spend 7.4 hours per working day to provide all recommended preventive care, plus an additional 10.6 hours to manage all of the patients' chronic conditions—an all but impossible task. As a result, the quality of care traditionally provided in the primary care setting is slipping.

## SOLUTIONS THROUGH INNOVATION

### About NEHI

The New England Healthcare Institute (NEHI) is an independent, not-for-profit research and health policy organization dedicated to transforming health care for the benefit of patients and their families. Together with its membership of committed health care leaders, NEHI brings an objective, collaborative and fresh voice to health policy. Visit [www.nehi.net](http://www.nehi.net).



“ Innovative solutions built around teaching health care practitioners to operate as teams is key to helping the primary care system achieve its original promise: providing quality care as a foundation of all health care delivered in the United States. ”

-Wendy Everett, ScD  
President  
New England Healthcare Institute

**To address shortcomings in the primary care system, a number of changes to healthcare delivery, education and reimbursement are required:**

#### Service Delivery Improvements

The current political climate and the passage of health reform at the national level have created what many consider an ideal climate for innovation. The revival of previous approaches and the implementation of a new generation of innovations—including the patient-centered medical home, the chronic care model, shared medical appointments, open access scheduling and expanded use of health information technology— could dramatically improve U.S. primary care by advancing patient care coordination and access.

#### Site of Care Changes

Alternative sites of care beyond traditional office settings are necessary to make care more accessible for patients. These locations include retail clinics, worksite wellness centers and home visits, and should be accompanied by additional tools such as pre-visit preparation packets.

#### Reimbursement Changes

The primary care reimbursement system is widely considered flawed because it undervalues primary care and rewards physicians for providing services without regard to the benefits of those encounters. The key to developing new reimbursement strategies is to ensure that primary care services are paid for through the use of bundled payments, global service payments and pay-for-performance mechanisms that reward outcomes.

#### Workforce Changes

The limited supply of primary care providers and the shortages predicted in the years ahead are major issues, and they require rethinking how primary care is provided. Key to addressing the workforce challenge is redefining primary care as a team activity. Primary care coordinators can assist physicians with the huge demand for care coordination, and advanced practice nurses can provide comprehensive primary care, presenting a potential solution to the shortage of primary care providers. Finally, primary care teams can work together to deliver service seamlessly and efficiently.

## INNOVATION IN ACTION: COLLABORATIVE EDUCATION

**Reforms to health professions education would help alleviate the shortage of primary care providers while better preparing future practitioners for tomorrow's model of care.**

#### Health Profession Education Changes

One of the most important changes needed in health education is training future nurses and physicians together by using a curriculum that emphasizes team-based care. Through this method, students develop necessary expertise, such as communication and listening skills, along with respect and appreciation for the function and strengths of other health professionals. These changes also foster professional relationship management and leadership and conflict resolution skills.

Modifying primary care residency programs to incorporate team-based training and to encourage meaningful collaboration among health professionals is necessary to support an increased emphasis on working as a team. In addition, investment by the federal government is crucial to the development, demonstration and dissemination of collaborative education activities.