



Rev PC SUMMIT

UC DAVIS
HEALTH

SCHOOL OF
MEDICINE

Department of Family
and Community Medicine

UC DAVIS
Center for Healthcare
Policy and Research

Thursday, October 17, 2024

A Summit on
Revitalizing Primary Care to
Recenter Relationships and
Enhance Health:

Welcome

Anthony Jerant, MD

Professor and Chair, Department of Family and Community
Medicine, UC Davis School of Medicine



WELCOME!

We are honored and grateful that you have joined us



Land acknowledgment

We should take a moment to acknowledge the land on which we are gathered.

For thousands of years, this land has been the home of Patwin people. Today, there are three federally recognized Patwin tribes: Cachil DeHe Band of Wintun Indians of the Colusa Indian Community, Kletsel Dehe Wintun Nation, and Yocha Dehe Wintun Nation.

The Patwin people have remained committed to the stewardship of this land over many centuries. It has been cherished and protected, as elders have instructed the young through generations.

We are honored and grateful to be here today on their traditional lands.

Funding and support

- UC Davis School of Medicine inaugural Impact Symposia Awards
 - Susan Murin, MD, MSc, MBA, Interim Dean
 - Kim Barrett, PhD, Vice Dean for Research

Thank you!

- Department of Family and Community Medicine
- Center for Healthcare Policy and Research

Rev PC Summit Planning Committee

UC Davis unless otherwise noted

- **Anthony Jerant, MD** – Professor and Chair, Family and Community Medicine
- **Richard Kravitz, MD, MSPH** – Distinguished Professor, Internal Medicine, Division of General Medicine
- **Courtney Lyles, PhD** – Professor, Public Health Sciences; Director, Center for Healthcare Policy and Research
- **Joshua Fenton, MD, MPH** – Professor and Vice Chair for Research, Family and Community Medicine
- **Kevin Grumbach, MD** – Professor, Family and Community Medicine, UC San Francisco
- **Mark Henderson, MD** – Professor, Internal Medicine, Div. of General Medicine; Associate Dean for Admissions
- **Dominique Ritley, MPH** - Senior Health Policy Researcher, Center for Healthcare Policy and Research
- **Eleanor McAuliffe** – Executive Assistant, Family and Community Medicine

Opening remarks



- David Lubarsky, MD, MBA
 - Vice Chancellor of Human Health Sciences and Chief Executive Officer, UCD Health
 - Professor, Anesthesiology



- Susan Murin, MD, MSc, MBA
 - Interim Dean, UCD School of Medicine
 - Professor, Pulmonary, Critical Care and Sleep Medicine

What is primary care?

The provision of whole-person,* integrated, accessible, and equitable health care...

...by interprofessional teams who are accountable for addressing the majority of an individual's health and wellness needs...

...across settings and through sustained relationships with patients, families, and communities.

* Whole-person health focuses on well-being rather than the absence of disease. It accounts for mental, physical, emotional, and spiritual health and social influences on health

Sources: National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press / Epperly T et al. The shared principles of primary care. Fam Med 2019;51:179-184.

What is primary care?

Table 1: The Seven Shared Principles of Primary Care

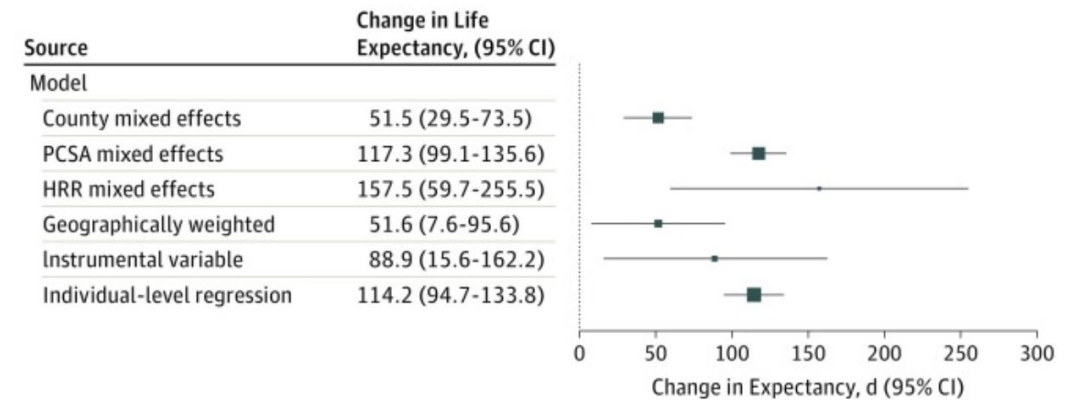
- Person and family centered
- Continuous
- Comprehensive and equitable
- Team based and collaborative
- Coordinated and integrated
- Accessible
- High value

Sources: National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press / Epperly T et al. The shared principles of primary care. Fam Med 2019;51:179-184.

Primary care: critically important to the health of America

- Foundational role in efficient, high-quality health care
- Greater primary care supply and exposure are associated with better population health

Figure 2.

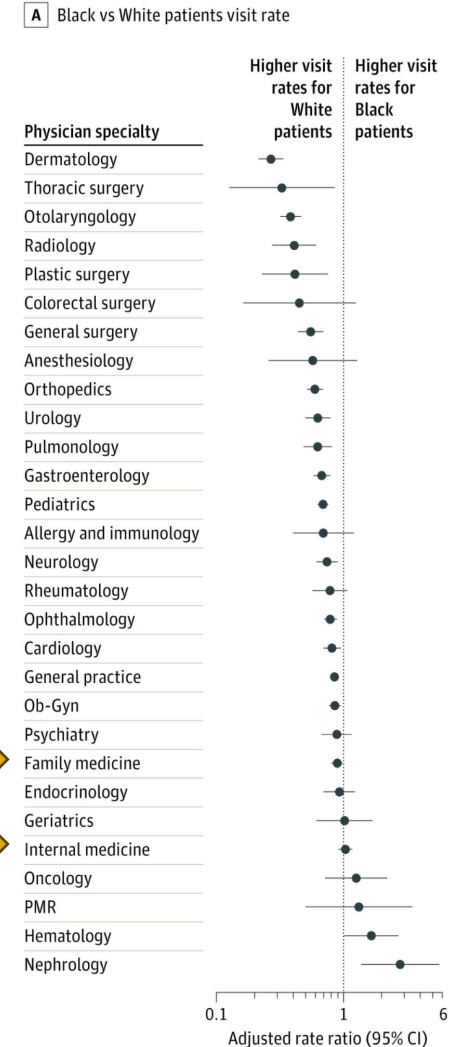


Changes in Life Expectancy Associated With an Increase in 10 Primary Care Physicians per 100 000 Population Using Alternative Model Specifications

Sources: Basu S et al. Association of primary care physician supply with population mortality in the United States, 2005-2015. JAMA Intern Med 2019;179:506-514 / Jerant A, Fenton JJ, Franks P. Primary care attributes and mortality: a national person-level study. Ann Fam Med 2012;10:34-41.

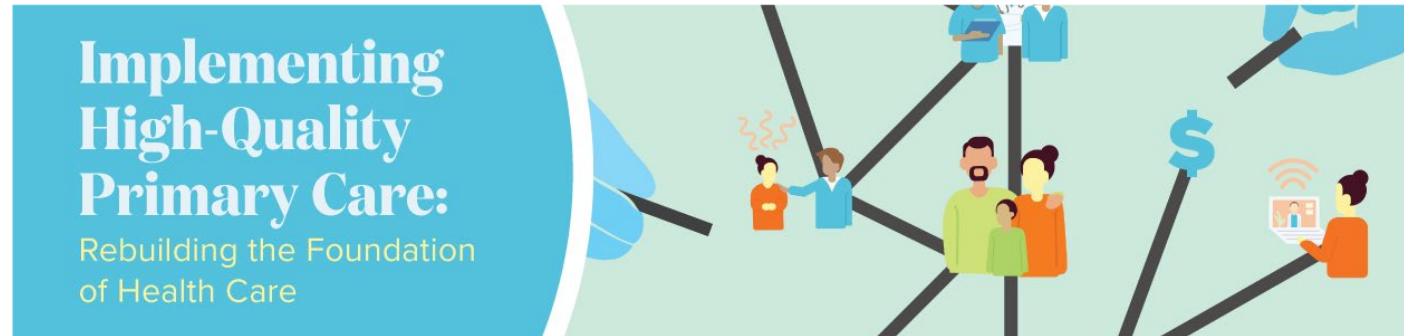
Primary care is a key health equity lever

- The most fair, efficient, and accessible way for all people to enter the health care system — regardless of race, ethnicity, or income
- A large body of research has shown that exposure to primary care is associated with more equitable care and outcomes



Sources: Cai C et al. Racial and ethnic disparities in outpatient visit rates across 29 specialties. JAMA Internal Medicine 2021;181:1525-1527. Shi L. The impact of primary care: a focused review. Scientifica. 2012;2012:432892.

So, why is there a need for the Rev PC Summit?



The long-awaited 2021 National Academies of Sciences, Engineering and Medicine (NASEM) report on primary care:

Designated primary care to be a **common social good**, but...
...warned that primary care in the U.S. is **slowly dying**

Source: NASEM. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, D.C.: The National Academies Press.

Primary care as patient: the signs and symptoms

- Increasingly, young clinicians view primary care as too much work for too little reward
- Increasing numbers of patients without a usual source of care
- Projected worsening shortfall in primary care physicians nationally
- Vulnerable populations live in areas with even fewer primary care clinicians
 - "A double dose of inequity"

THE HEALTH OF US PRIMARY CARE: 2024 SCORECARD REPORT

No One Can See You Now:

Five Reasons Why Access to Primary Care Is Getting Worse (and What Needs to Change)



BY YALDA JABBARPOUR, ANURADHA JETTY, HOON BYUN, ANAM SIDDIQI, STEPHEN PETTERSON, AND JEONGYOUNG PARK, ROBERT GRAHAM CENTER



Sources: Bodenheimer T. Revitalizing Primary Care, Part 1: Root Causes of Primary Care's Problems. Ann Fam Med 2022;20:464-468 / Jabbarpour Y et al. The Health of U.S. Primary Care: 2024 Scorecard Report. Milbank Memorial Fund.

Is this truly the kind of primary care we want?

Table 1. The Impact of Large Panels

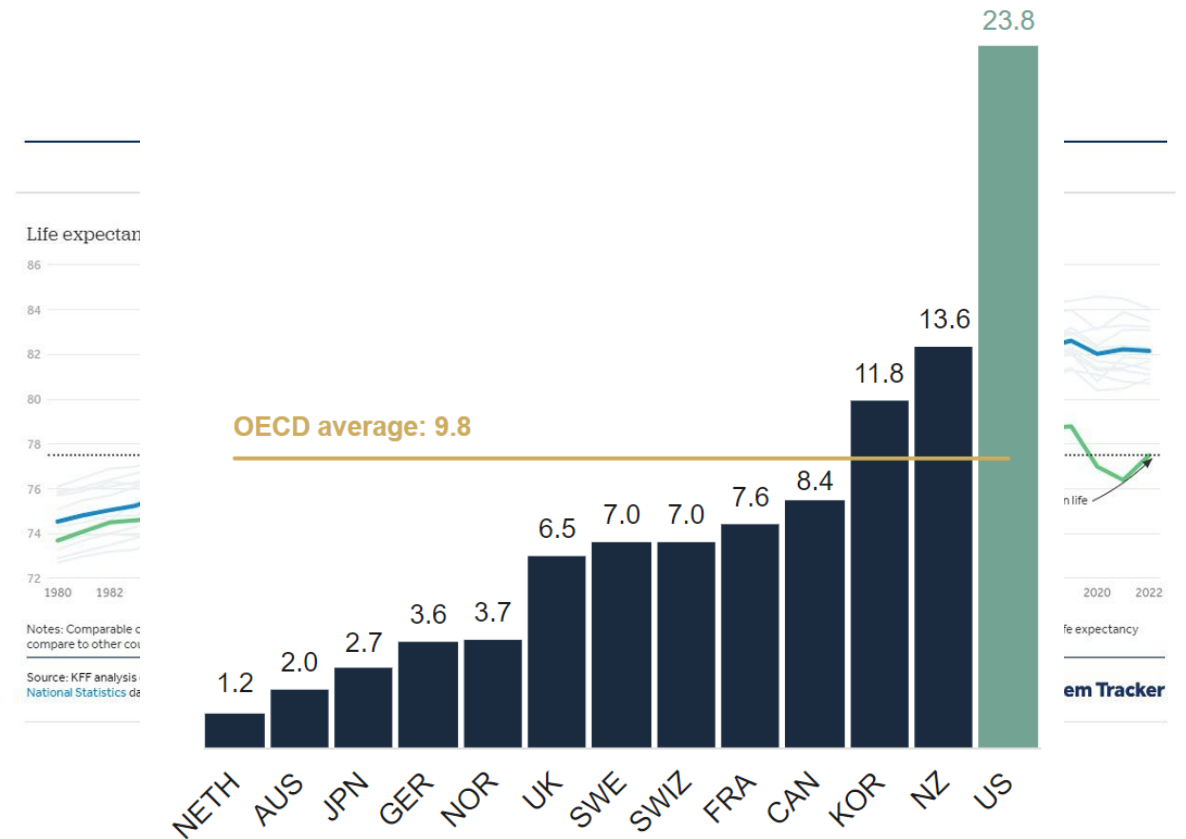
Stakeholders	Significance of Large Panels
Patients	I can't get an appointment when I want it and my visits are too short and too rushed
Clinicians	I am falling behind every day and there isn't enough time to take good care of my patients so I'm referring more. I feel burned out.
Medical assistants	It's busy; I'm rooming and running all day
Practice manager	Large panels bring in plenty of revenue for both fee-for-service and capitation. But my clinicians are really burned out.
Health system leaders	Large panels for our clinicians means that we have a strong market share. But clinicians leaving is a big problem.
Subspecialist physicians	My clinic is full of patients it seems the primary care clinician could have handled. I have no access for patients who really need me.

Source: Adapted from Bodenheimer T. Revitalizing Primary Care, Part 1: Root Causes of Primary Care's Problems. Ann Fam Med 2022;20:464-468.

A weak and deteriorating primary care base is bad for everyone

- The health of primary care is closely related to the health of the population
- Our health care system severely underperforms relative to other industrialized nations
- We spend much more in total for health care, but far less on primary care, getting less bang for buck
- Everyone is shortchanged, but some worse than others

Maternal mortality, deaths per 100,000 live births

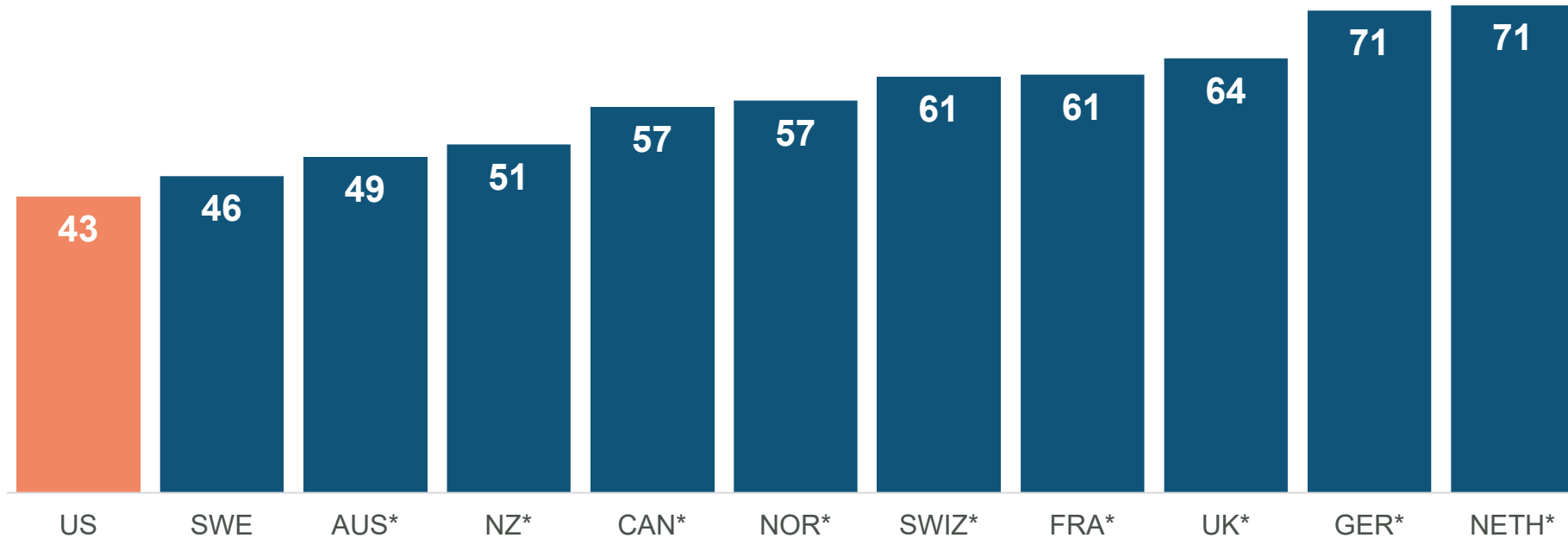


Sources: Bodenheimer T. Revitalizing Primary Care, Part 1: Root Causes of Primary Care's Problems. Ann Fam Med 2022;20:464-468 / Kaiser Family Foundation Health System Tracker / Munira et al. U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes. The Commonwealth Fund.

EXHIBIT 2

Among economically well-developed countries, U.S. adults are the least likely to have a longstanding relationship with a primary care provider.

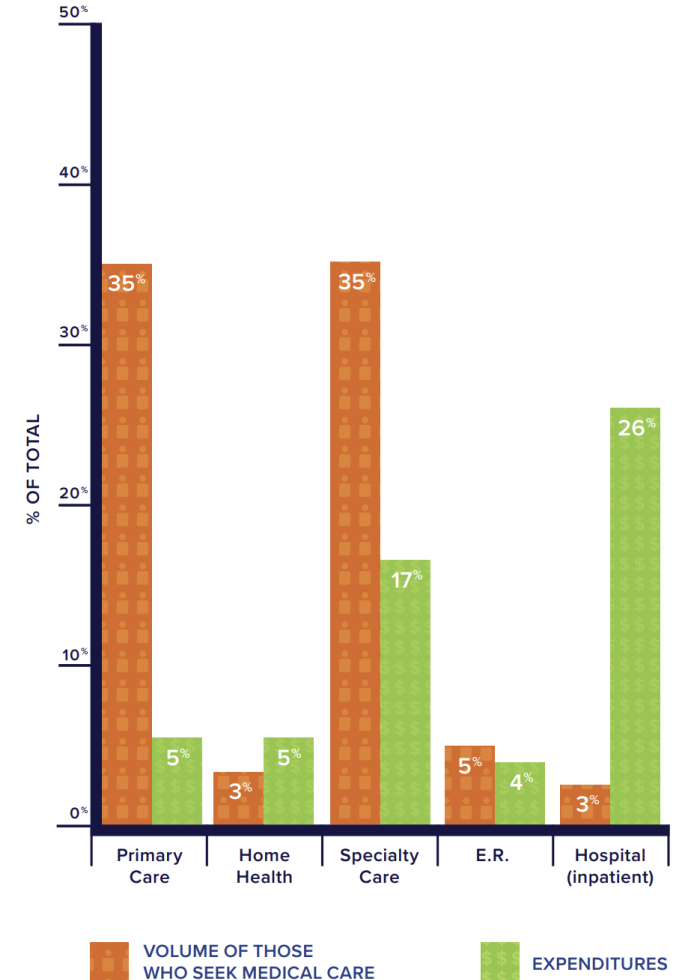
Percentage of adults who have a regular doctor or place of care and have been with them for five years or more



Note: * Statistically significant difference from US at p<.05 level.
Data: Commonwealth Fund 2020 International Health Policy Survey.

Primary care as patient: what is causing the signs and symptoms?

- Primary care:
 - Accounts for 35% of outpatient visits annually in the U.S.
 - Influences up to 90% of total health care costs through related referrals, testing, procedures, and hospitalizations
 - Receives only about 5% of all health care spending



Sources: Jabbarpour Y et al. The Health of US Primary Care: 2024 Scorecard Report. Milbank Memorial Fund / NASEM. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press

FIGURE 1-1 Visits versus expenditures in medical care.

Diagnosing the patient:

Chronic and severe under-investment is crippling primary care and worsening health in the U.S.



How ironic is it that we take one of the most complex tasks in medicine - integrating, personalizing, and prioritizing care for whole people - try to cram it into 20 minutes or less, and under-invest in the infrastructure?

Source: Stange KC. Time for Family Medicine to Stop Enabling a Dysfunctional Health Care System. Ann Fam Med. 2023;21:202-204.

A promising treatment: optimize the primary care spend

- Percentage of primary care spending 4.9%-11.4%
 - Average 7.5%
- Greater investment in primary care among health plans associated with **better quality care, fewer hospital visits**
- Greater investments among provider organizations associated with **better quality and patient experience, fewer hospital and ED visits, lower total cost of care**
- If provider organizations in the lower brackets of primary care spending matched those in the highest bracket:
 - 25,000 hospital stays, 89,000 ED visits avoided annually
 - \$2.4 billion in annual overall health care spending saved



Source: Yanagihara D and Hwang A. Investing in Primary Care: Why It Matters for Californians with Commercial Coverage. CHCF April 2022.

The prognosis is still guarded, but looking better

The Kingdon Model

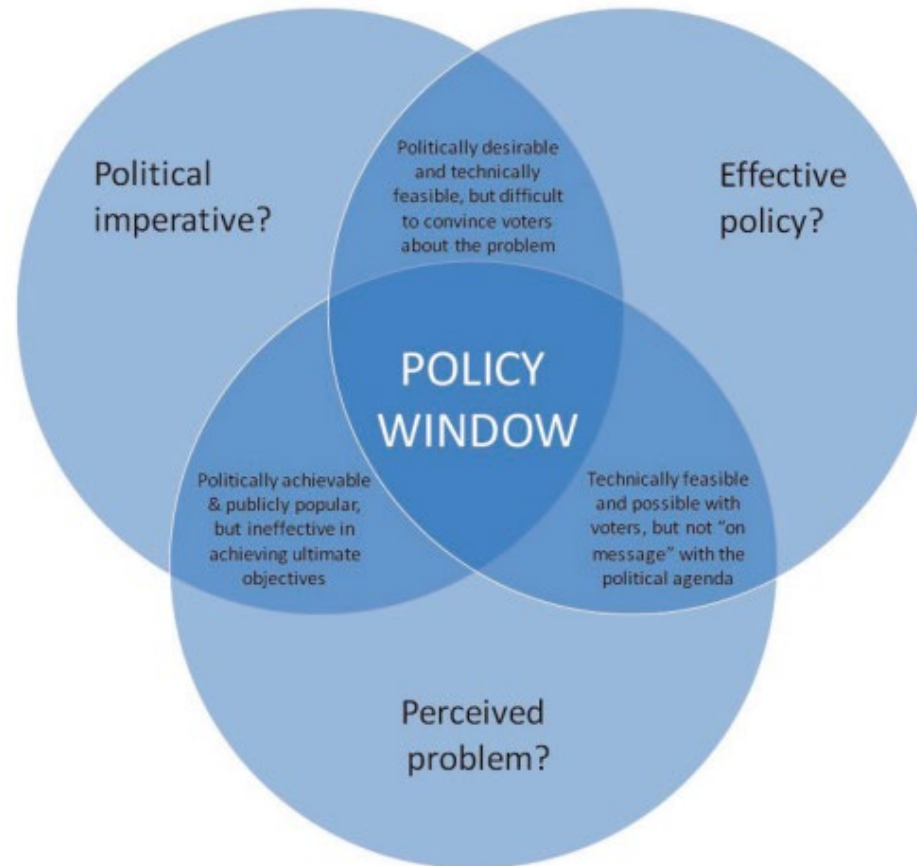
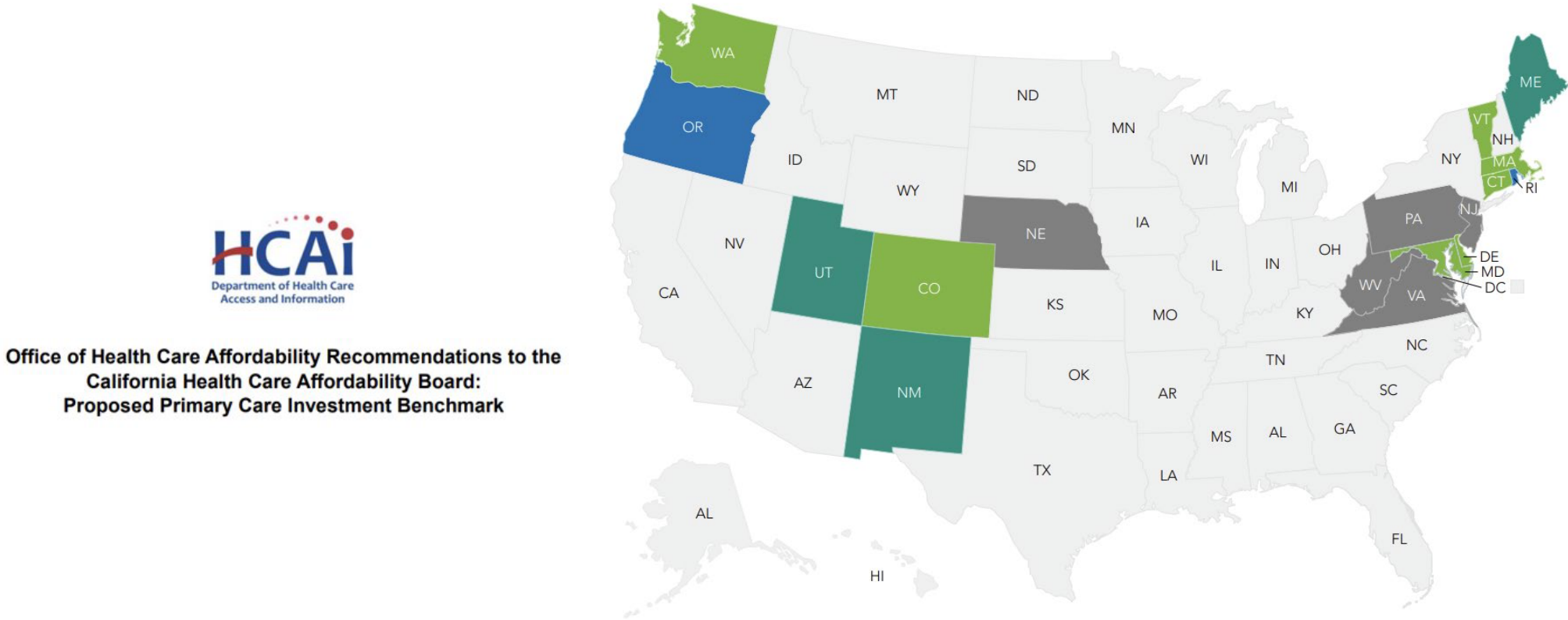


FIGURE 11-2 Windows of opportunity.
SOURCES: NZIER, 2018, based on Kingdon, 1995.

Burgeoning state-level efforts

Figure 1. States with Interest in Increasing Primary Care Investment



Office of Health Care Affordability Recommendations to the California Health Care Affordability Board: Proposed Primary Care Investment Benchmark

Source: Walker L. Defining the State Role in Primary Care Reform. Milbank Memorial Fund, Issue Brief, May 2024.

Increased action at the Federal level

Pay PCPs Act (S. 4338) would:

- Task Centers for Medicare & Medicaid Services (CMS) with establishing hybrid payments to reward high quality, high value primary care
- Create a technical advisory committee to help CMS more accurately determine Fee Schedule rates
- Encourage CMS to accelerate efforts to support value-based primary care and improve adequacy of pay for primary care clinicians in Medicare

PROVIDERS

Senators Whitehouse, Cassidy propose bipartisan primary care payment reform, seek industry feedback

By Heather Landi · May 15, 2024 5:00pm

Sheldon Whitehouse

Bill Cassidy

Primary Care

Reimbursement



Sources: U.S. Senator for Rhode Island, Sheldon Whitehouse, press release, May 15, 2024 / Landi H. Fierce Healthcare, May 15, 2024.

Optimizing the primary care spend will require more than \$

Spectrum of Physician Payment Models

ACTIVITY-BASED VS FIXED PAYMENT MODELS

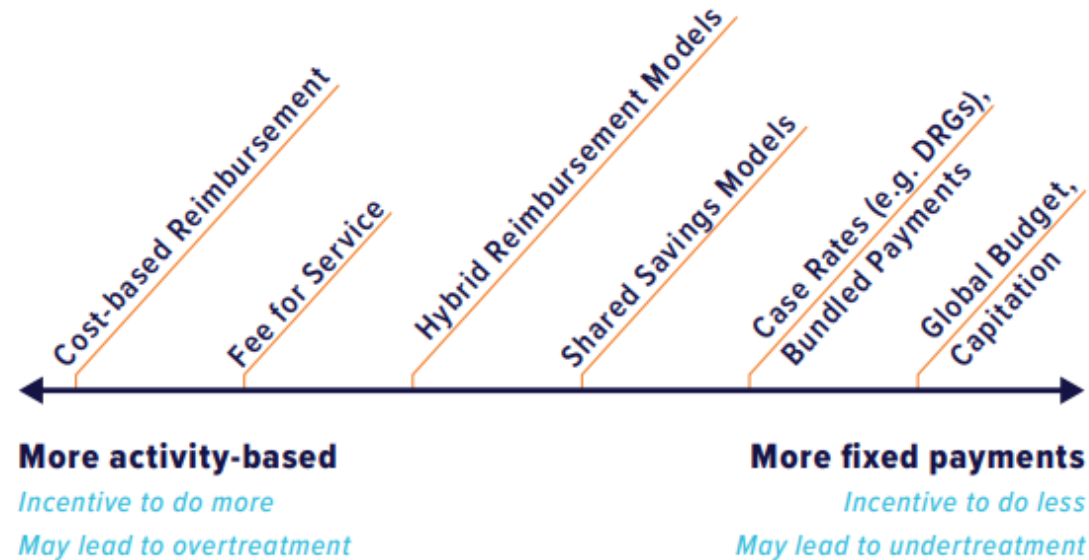
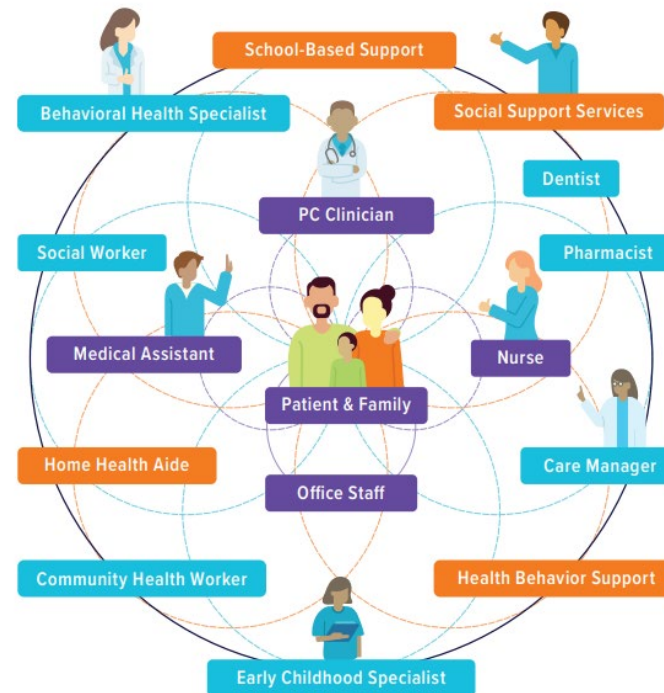


FIGURE 9-1 Payment models fall along a spectrum according to the unit of payment.
NOTE: DRG = diagnosis-related group.

Source: NASEM. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press.

Payment models must support **relationship-centered** primary care teams



- Core Team
- Extended Health Care Team
- Extended Community Care Team

Relationships are the “secret sauce” of primary care

Sources: NASEM 2021. Implementing high-quality primary care: rebuilding the foundation of health care. Washington, DC: The National Academies Press / Epperly T et al. The shared principles of primary care. Fam Med 2019;51:179-184 / Sinsky CA, et al. Radical reorientation of the US health care system around relationships. Mayo Clin Proc. 2022;97:2194-2205.

What we seek to accomplish with the Rev PC Summit

- Convey the tenuous and worsening state of primary care in the U.S. – truly a burning platform issue for *all* of us
- Convene an esteemed and accomplished multidisciplinary Expert Committee with national representation to:
 - Leverage the growing momentum around revitalizing primary care
 - Share ideas around how best to resolve the primary care crisis
 - ❖ What **is** known – e.g., sharing “best practices”
 - ❖ What is **not** known but needs to be, to revitalize primary care – unanswered questions, research gaps

Rev PC Summit Expert Committee

Wayne Altman, M.D.

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Diane Rittenhouse, M.D., M.P.H.

Dylan Roby, Ph.D.

Monica Soni, M.D.

Raymond Tsai, M.D., M.S.

Ilana Yurkiewicz, M.D.

Thank you!

What we seek to accomplish with the Rev PC Summit

- Produce a summary document with recommendations for revitalizing primary care, developed with an equity lens, including:
 - Practice and policy recommendations
 - A research agenda
- Additional outputs are highly likely
- Help to build new multi-stakeholder coalitions and expand existing coalitions working to revitalize primary care and improve health for all

Public session this morning

Plenary 1

Primary Care is Deteriorating One “Fragment” at a Time:
Reorienting from Transactions to Relationships

Plenary 2

The Elephant(s) in the Room: Lessons from Over A Decade of State
Policy to Create a More Primary Care Oriented Delivery System

Poster session with refreshments

Showcasing UCD Research Relevant to Recentering Relationships
and Enhancing Value in Primary Care