



# Rev PC SUMMIT

UC DAVIS  
HEALTH

SCHOOL OF  
MEDICINE

Department of Family  
and Community Medicine

UC DAVIS  
Center for Healthcare  
Policy and Research

Friday, October 18, 2024

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

***A Focus on California***

**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
- 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

# 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

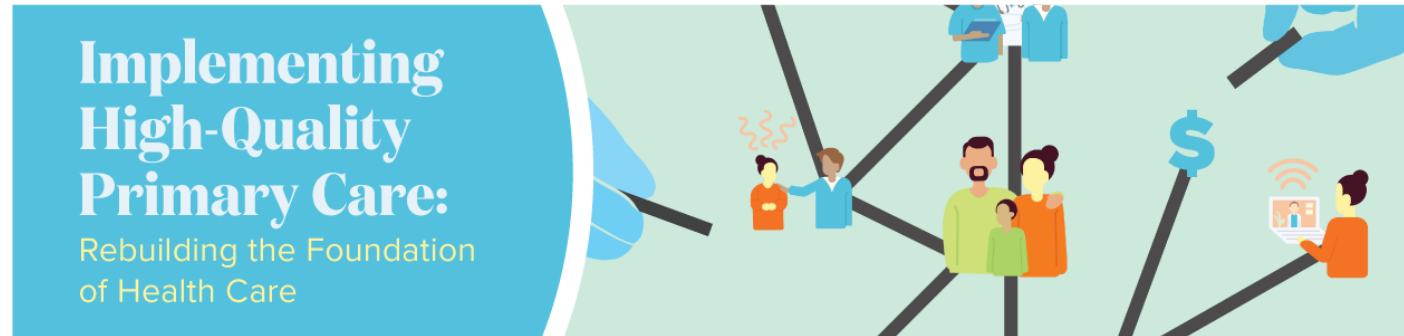
Sources: National Academies of Sciences, Engineering, and Medicine. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press / Epperly T et al. The Shared Principles of Primary Care. Fam Med 2019;51:179-184.

# Primary care is critically important to the health of all

- Plays a foundational role in efficient, high-quality health care
- Greater primary care supply and exposure are associated with better population health
- A large body of research also has shown that exposure to primary care is associated with more equitable care and outcomes

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.

# 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. **slowly dying**

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



# Drivers and manifestations of the primary care crisis

Projected shortfall of 20,000-40,000 primary care physicians in U.S. by 2036

- Young clinicians view primary care as too much work, too little reward
- Many PCPs are going “part time to work full time,” leaving clinical practice for other roles, retiring early

More and more patients have no primary care at all, let alone an ongoing relationship

- Vulnerable populations live in areas with fewer clinicians – a double dose of inequity

Clinicians who remain in practice:

- Have overly large panels, given inadequate funding to support multi-disciplinary care teams
- Are more likely to refer, creating delays in care, impacted subspecialty clinics
- Face spiraling administrative burden including EMR in box work

Half or more of primary care clinicians meet criteria for burnout

Patients are dissatisfied with short visits, harried clinicians, under-staffed offices

Sources: Bodenheimer T. Revitalizing Primary Care, Part 1: Root Causes of Primary Care’s Problems. Ann Fam Med 2022;20:464-468 / The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. AAMC, March 2024.

# A weak and deteriorating primary care base is bad for everyone

- U.S. health care underperforms severely relative to other industrialized nations
  - Much higher total health care spending
  - Significantly lower spending on primary care
  - Worse outcomes including shorter life expectancy
- Everyone is shortchanged, but some worse than others

**The Washington Post**  
*Democracy Dies in Darkness*

Health Health Care Medical Mysteries Science Well+Being

## Primary care saves lives. Here's why it's failing Americans.

🕒 10 min 📌 📄 371



Crystal Narcisse, a physician at Norton Healthcare in Louisville, evaluates patient Searra Lee, 32. Narcisse focuses on the root causes of patients' ailments. (Jahi Chikwendiu/The Washington Post)

Sources: Bodenheimer T. Revitalizing Primary Care, Part 1: Root Causes of Primary Care's Problems. *Ann Fam Med* 2022;20:464-468 / Sellers FS. Primary Care Saves Lives. Here's Why It's Failing Americans. *The Washington Post*, October 17, 2023.

What about California?



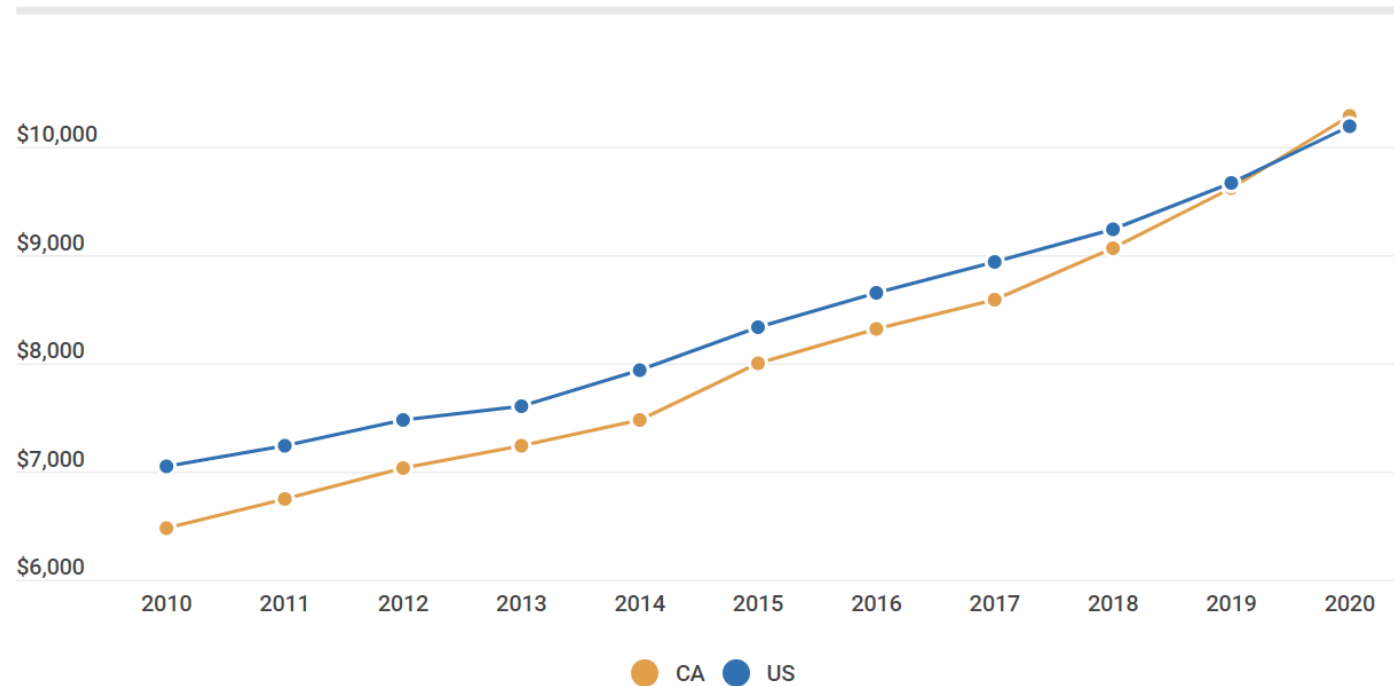
# Some defining characteristics of California

- The nation's most populous state – est. 39 million as of July 2023
  - One in eight residents of the U.S. lives here
- Third largest state by area - 163,696 square miles
- Fifth largest economy in the world
- Richly diverse
  - “Majority minority” – Diversity Index 69.7%
  - Over 200 languages spoken, 2.7 million adults with LEP
  - Over ¼ of all immigrants to the U.S. live here
- Gap between high and low incomes wider than in most states
- Large Medi-Cal enrollment, successful expansion, relatively few uninsured
- By far the largest number of Federally Qualified Health Centers of any state

Sources: Public Policy Institute of California, 2024; U.S. Bureau of Economic Analysis and International Monetary Fund; Hartman L. Language Barriers and Health Equity. CHCF, August 2024; Chen S. Axios news, September 2023; CHCF Health Care Almanac.

# Total health care spending in California

## Health Care Spending Per Capita California vs. United States, 2010 to 2020



\$405 billion in total health care spending

Note: *Health care spending* refers to personal health care spending, which excludes public health activities, net cost of health insurance, government administration, and investment.

Source: *State Health Expenditure Accounts by State of Residence, 1991-2020*, Centers for Medicare & Medicaid Services, accessed November 20, 2022.

Wilson K. 2023 Edition — California Health Care Spending. California Health Care Foundation, March 2023.

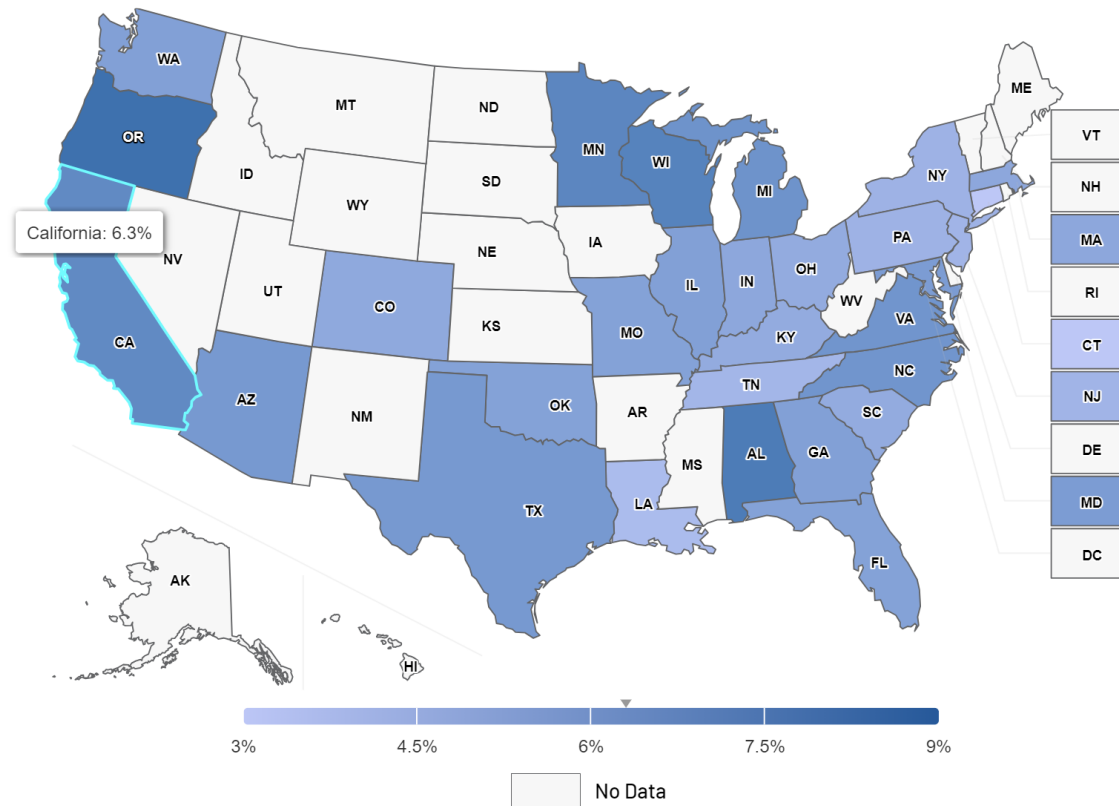
# Primary care spending in California

## Primary care spending as a share of total health care spending by all payers

Narrow Definition

U.S. 2021

4.7%



The Health of US Primary Care: 2024 Scorecard Data Dashboard. Milbank Memorial Fund

# What do we get? Far from optimal performance

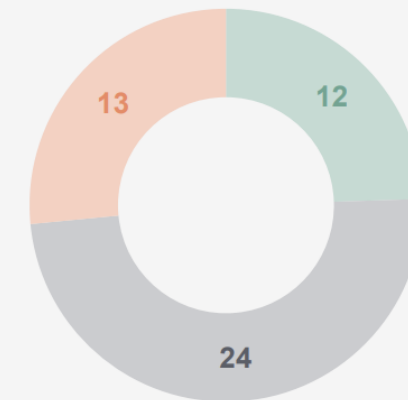
## California

### Ranking Highlights<sup>a</sup>

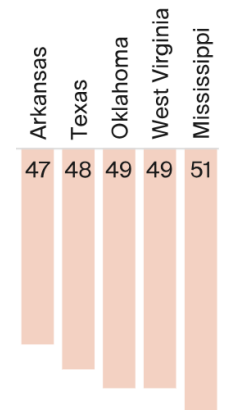
	National Rank	Rank Among Western States*
<b>Overall</b>	<b>14</b> of 51	<b>4</b> of 6
Reproductive & Women's Health	12	1
Access & Affordability	21	4
Prevention & Treatment	45	4
Avoidable Hospital Use & Cost	16	5
Healthy Lives	10	3
Income Disparity	13	4
Racial & Ethnic Health Equity	6	2

\* Western states include AK, CA, HI, NV, OR, WA

### How Health Care Performance Changed in California<sup>b</sup>



- Indicators That Improved
- Indicators That Worsened
- Indicators with Little or No Change

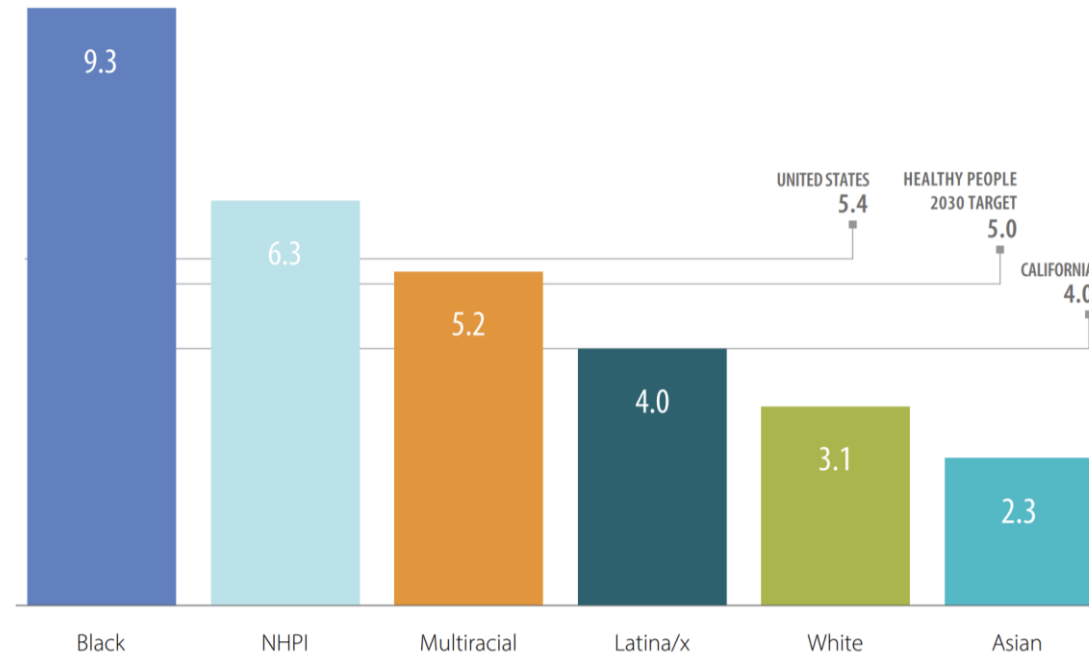


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# “Overall” data hides deeply troubling disparities

## Infant Mortality, by Mother / Birthing Person's Race/Ethnicity California, 2020

RATE PER 100,000 LIVE BIRTHS



Ethnicity  
birth was  
s than all  
8

Notes: *Infant mortality* is deaths among infants under one year of age. *Latina/x* includes all people of Latina/x origin of any race, including "Other" and "Unknown." *NHPI* is Native Hawaiian and Pacific Islander. Source uses *Hispanic, Pacific Islander, and Multi-Race*. Rate for *American Indian and Alaska Native* is not available. The US government's Healthy People 2030 initiative sets data-driven national objectives to improve health and well-being over the next decade. Data are from the California Dept. of Public Health, Birth Cohort File, 2007-2020. Source: "Infant Mortality," California Dept. of Public Health, accessed July 24, 2023.

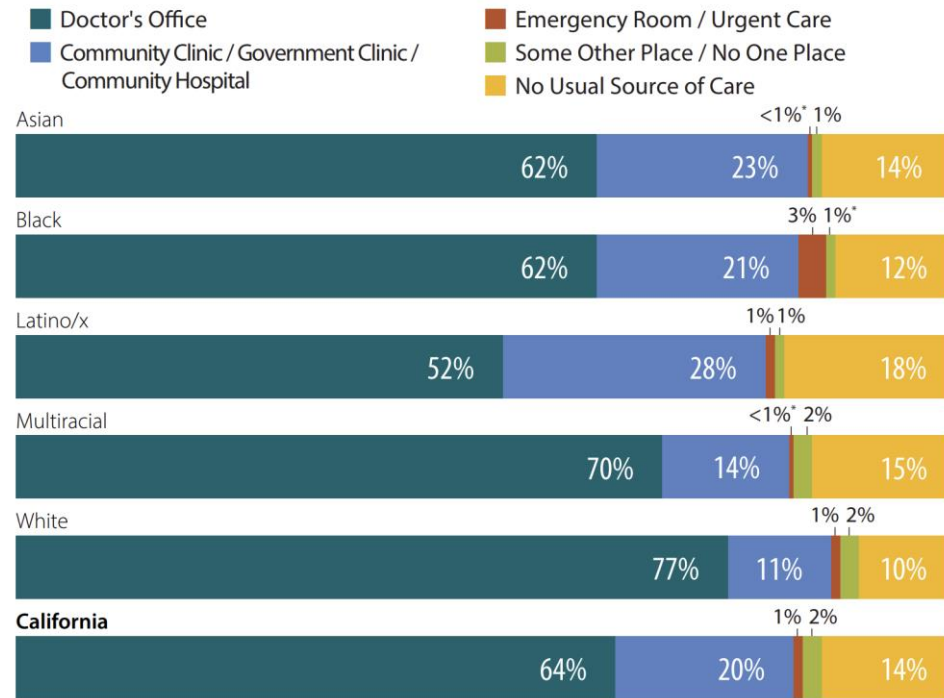
Source: CHCF Health Care Almanac



# California workforce issues mirror U.S.-wide issues

**Figure 19. Supply**

**Usual Source of Care, by Race/Ethnicity**  
California, 2021



**Source: Spetz, Co Pipeline of Trainee**

\* Statistically unstable.  
Notes: Usual source of care is a usual place to go when sick or in need of health advice. Doctor's office is doctor's office/HMO/Kaiser in the source. Source uses Black or African American, Latino, and Two or more races. American Indian and Alaska Native and Native Hawaiian and Pacific Islander are not shown because the results were statistically unstable or unavailable due to small sample size. Figures may not sum due to rounding.  
Source: "AskCHS," UCLA Center for Health Policy Research, accessed May 9, 2023.

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Sources: Coffman J and Fix M. The State of California's Physician Workforce. Healthforce Center at UCSF, 2021; CHCF Health Care Almanac 2024.

# A promising treatment: optimize the primary care spend

- Percentage of primary care spending 4.9%-11.4%
  - Average around 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.

# 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.

# The prognosis is still guarded, but looking better

The Kingdon Model

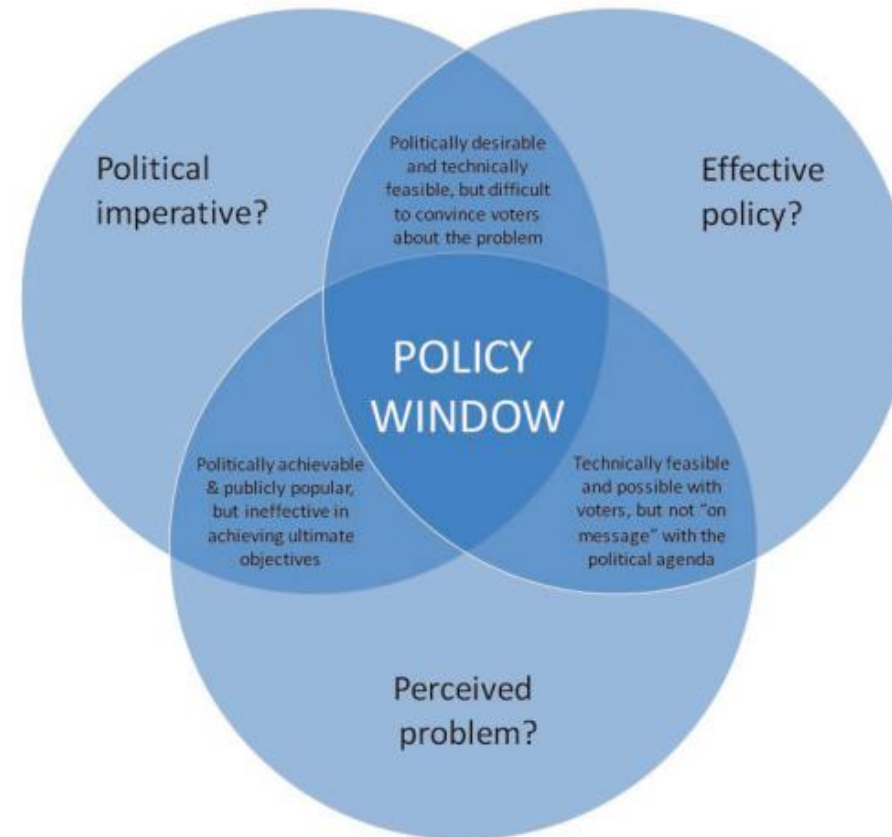


FIGURE 11-2 Windows of opportunity.  
SOURCES: NZIER, 2018, based on Kingdon, 1995.