

Primary Care of the Future

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Why do we need to transform Primary Care?

- 1) Older, sicker patients.
- 2) Current quality of primary care is **not good enough.**
- 3) Crisis of primary care physician shortage.

Why do we need to transform Primary Care?

- 23 seconds: Average time before patients were **interrupted** when making initial statement of their problem to their primary care physician.

Marvel et al. JAMA 1999;281:283

- 50% of patients leave the office visit **without understanding** what their physician said.

Schillinger et al. Arch Intern Med 2003;163:83

Why do we need to transform Primary Care?

- 73% of adults surveyed reported difficulty getting a prompt appointment, getting phone advice, or getting care nights/weekends without going to the ER.

Public views on of US health system organization, Commonwealth Fund, 2008

- 50% of people with hypertension, 62% of people with high cholesterol, 63% of people with diabetes are poorly controlled.

Egan et al. JAMA 2010; 303(20):2043-2050, Afonso et al. Am J Manag Care 2006;12:589, Saydah et al. JAMA 2004;291:335

The problem:

Panel sizes too large for primary care physicians to manage alone

- A primary care physician with an panel of 2500 average patients will spend 7.4 hours per day doing recommended preventive care.

Yarnall et al. Am J Public Health 2003;93:635

- A primary care physician with an panel of 2500 average patients will spend 10.6 hours per day doing recommended chronic care.

Ostbye et al. Annals of Fam Med 2005;3:209

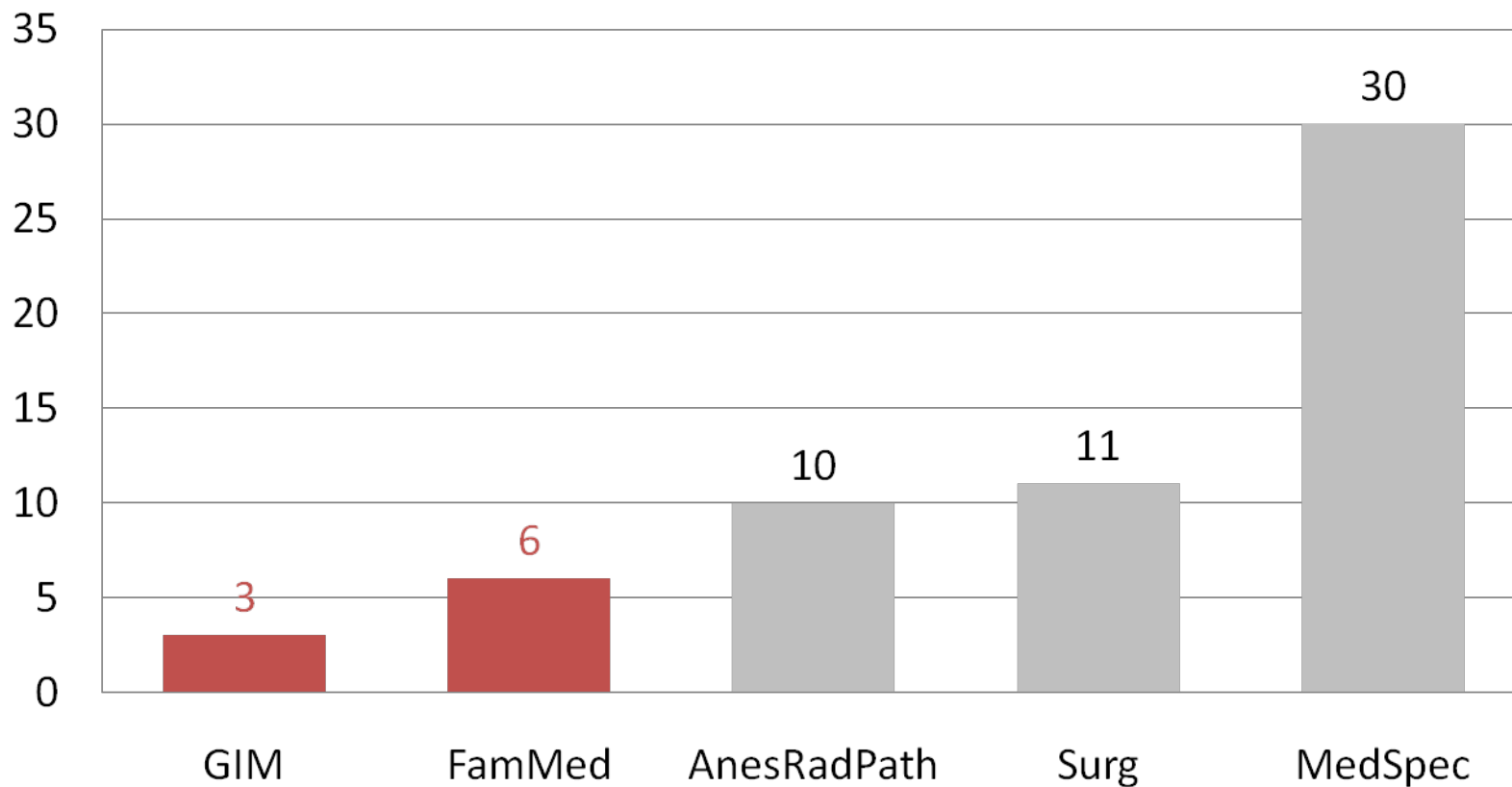
NB: Average panel size in the US is 2300 patients. Alexander et al. J Gen Intern Med. 2005; 20(12): 1079-83.

2 solutions

- 1) Reduce panel sizes.
“Concierge” practices.
- 2) Doctors can not see every patient on their panels, instead:
 - Team-based care, alternative encounter-types, population-based care.

Residency Match, 2010

% of graduating US medical students
choosing specialties



2010 NRMP Main Residency Match data

Individual-care to population-based care

- Instead of: “what can I do to maximize the care of the 30 patients on my schedule today?”

Monday	Patients
8:00AM	Ms. Ngo
8:15AM	Mr. Barnes
8:30AM	Ms. Reilly
8:45AM	Mr. Padilla

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- The future: “what can we do today to maximize the care of the 1500 patients in our panel?”

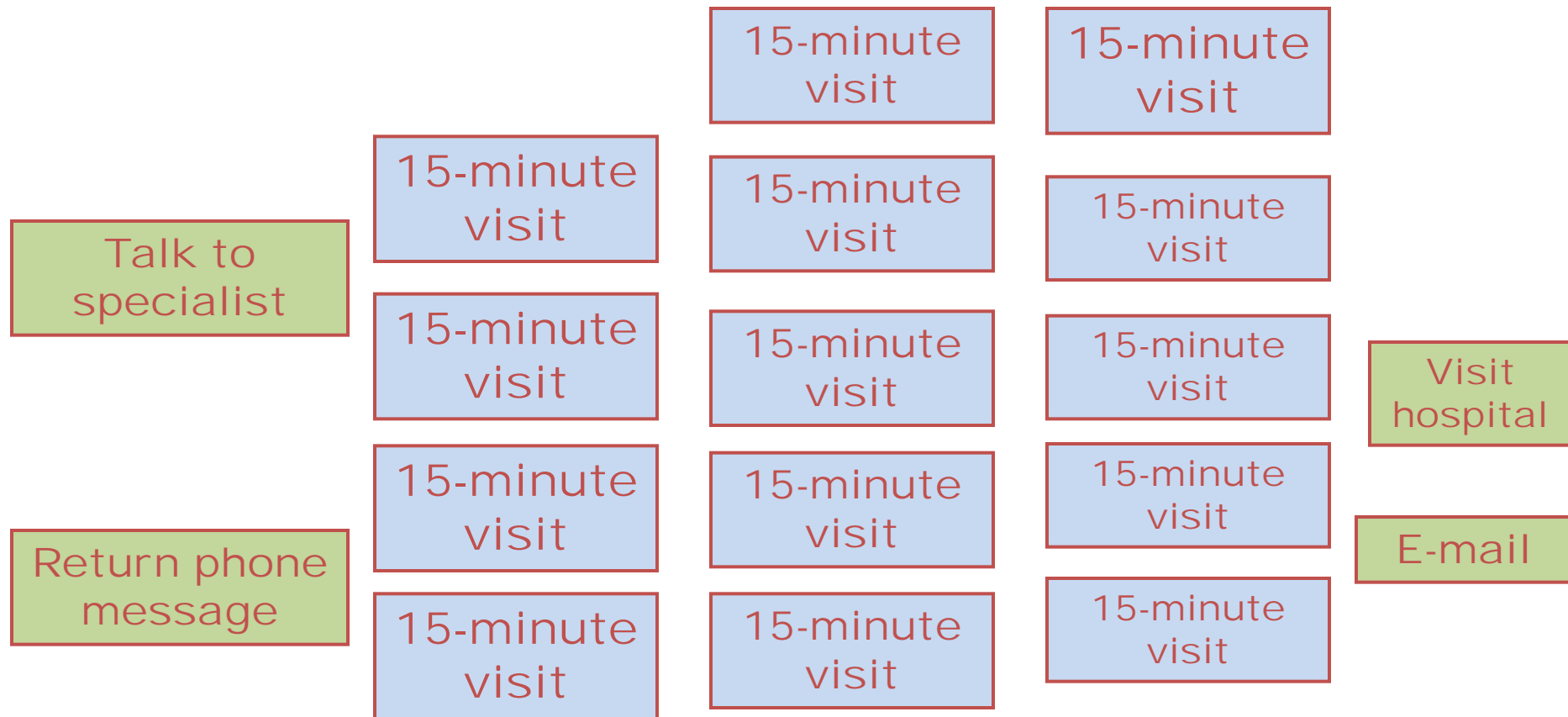


PCP-based to team-based primary care

- Allow the team to take responsibilities of the panel.
- Allow the team to celebrate the improved outcomes of the panel.



How we take care of our panel (PAST)



- 20% of work in primary care is done between visits.

Farber et al. Ann Intern Med. 2007; 147:693-698, Chen et al. J Gen Intern Med, 2010 Sep 2 [E-pub].

How we take care of our panel (FUTURE)

Panel management

“Panel manager” systematically reviews panels of patients to detect clinical quality performance gaps.

Phone visits

E-mails

Health coaches

Health coaches give patients the knowledge, skills, and confidence to self-manage their chronic conditions.

30-minute visits

Coordinate with team members

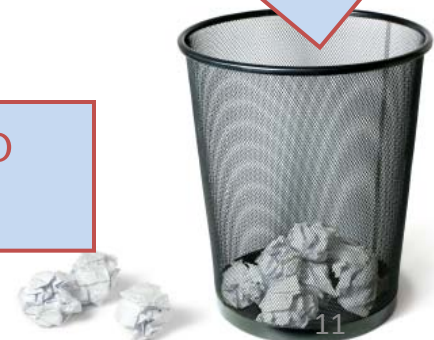
Coordinate with specialists

15-minute visit

Nurse care managers

Nurse care managers coordinate health care for certain high-needs groups.

Group visit



Template of the Present

Time	Primary care physician	Medical assistant 1	RN	Nurse Practitioner	Medical Assistant 2
8:00	Patient A	Assist with Patient A	Triage	Patient H	Assist with Patient H
8:10	Patient B	Assist with Patient B		Patient I	Assist with Patient I
8:30	Patient C	Assist with Patient C		Patient J	Assist with Patient J
9:00	Patient D	Assist with Patient D		Patient K	Assist with Patient K
9:30	Patient E	Assist with Patient E		Patient L	Assist with Patient L
10:00	Patient F	Assist with Patient F		Patient M	Assist with Patient M
10:30	Patient G	Assist with Patient G		Patient N	Assist with Patient N

Template of the Pasture

Time	Primary care physician	Medical assistant 1	RN	Nurse Practitioner	Medical Assistant 2
8:00	Huddle				
8:10	E-visits and phone visits	Panel management	RN Care management	Acute Patients	
8:30					
9:00	Complex patient				
9:30	Complex patient			E-visits and phone visits	Panel management
10:00	Coordinate with hospitalists and specialists	BP coaching clinic			
10:30	Huddle with RN, NP		Huddle with MD		

How can we transform Primary Care?

What needs to get paid for?

- E-mail visits
- Phone visits
- Health Coach visits
- Group visits
- Panel management
- Nurse care managers
- Behavioral Health consultants
- Communicating lab results
- Coordinating with specialists
- Coordinating with hospital
- Coordinating with team
- 24-7 access

How can congress and CMS help Primary Care?

Past/Current

Current "fee-for-15 minute visit"



15-minute visits to deliver primary care



- 1) Doctor burn-out
- 2) Fewer med students
- 3) Poorer quality

Future

Primary care payment reform



Pay for...

- Panel management
- Health coaching
- Visits to nurse
- Visits to pharmacists
- E-mail visits
- Phone visits
- Care Coordination



- 1) Excited, engaged team
- 2) More med students
- 3) Better quality for more people.