

Revitalizing Primary Care

San Francisco Health Services System
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Center for Excellence in Primary Care

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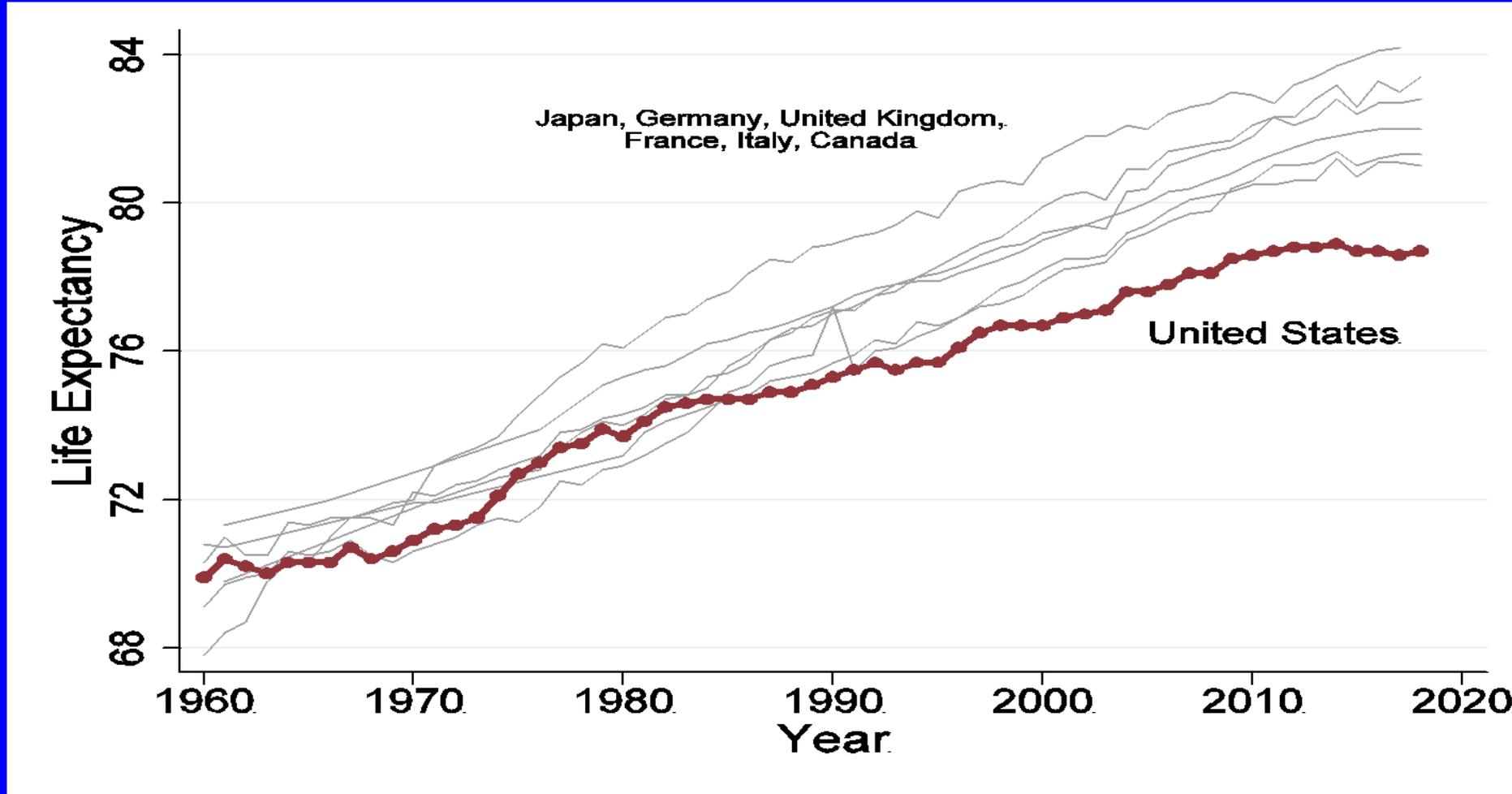
University of California, San Francisco



Overview

- Primary care is an essential foundation for effective, equitable, and affordable care
- The precarious foundation
 - The US health system inadequately supports and invests in its primary care infrastructure
- National and California initiatives to revitalize primary care
- Health equity: everyone's responsibility

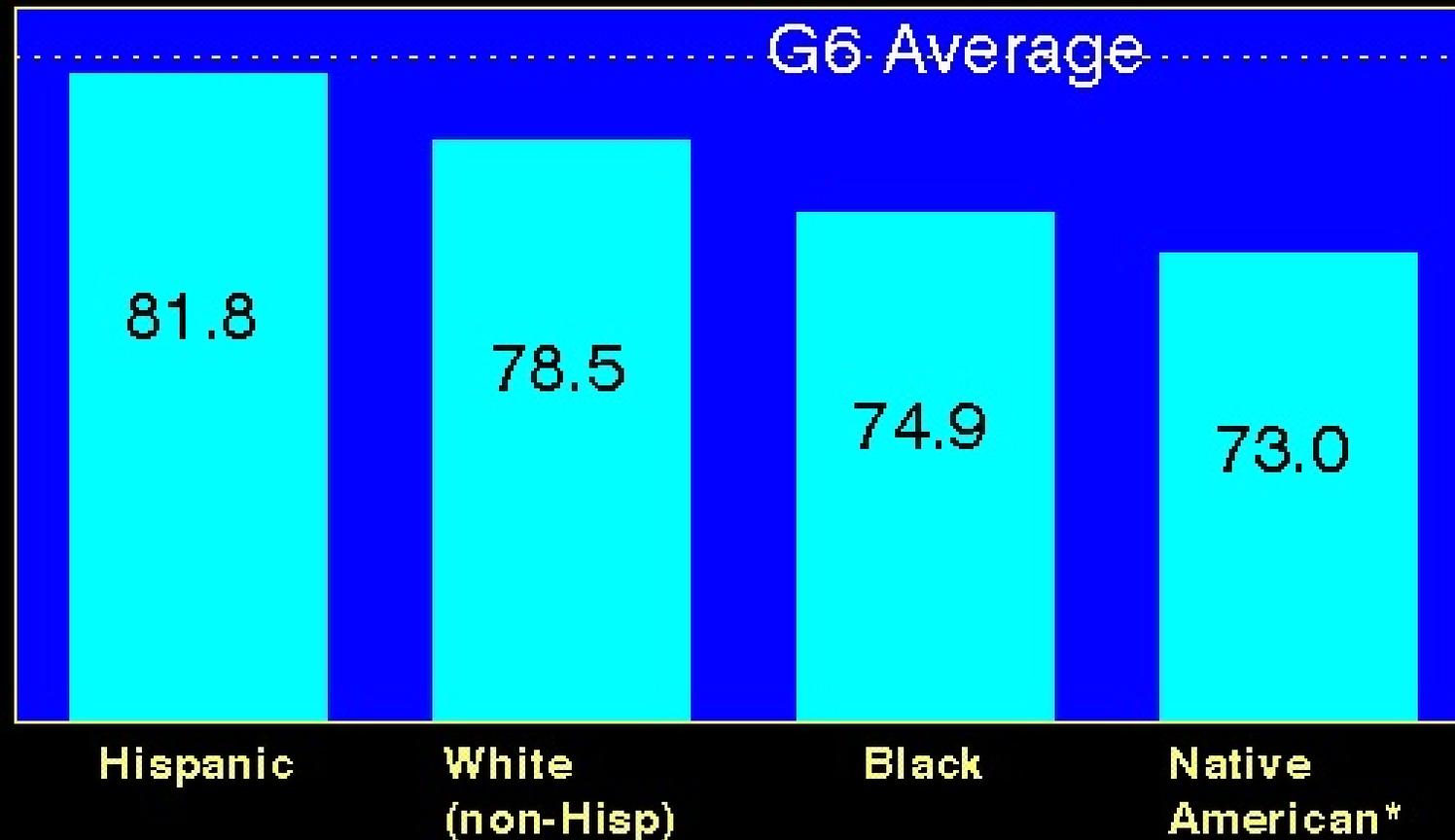
US Life Expectancy Lagged 3.4 Years Behind Rest of G7 Nations-Even *Before* Arrival of COVID-19



Black and Native Americans Die Younger

But Life Expectancy for Every Group is Shorter Than Other G7 Nations

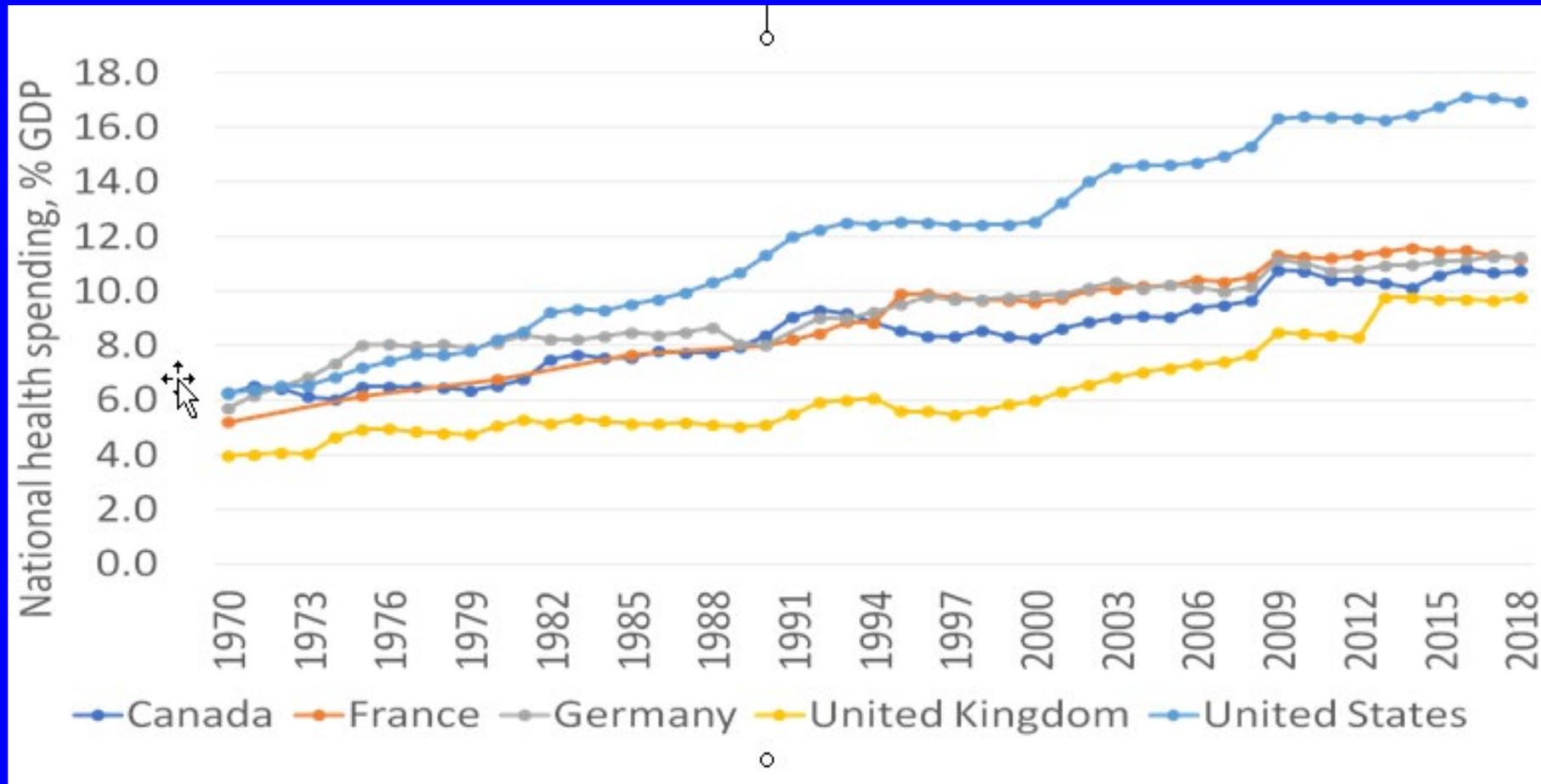
Life expectancy, years



Source: NCHS, IHS, OECD

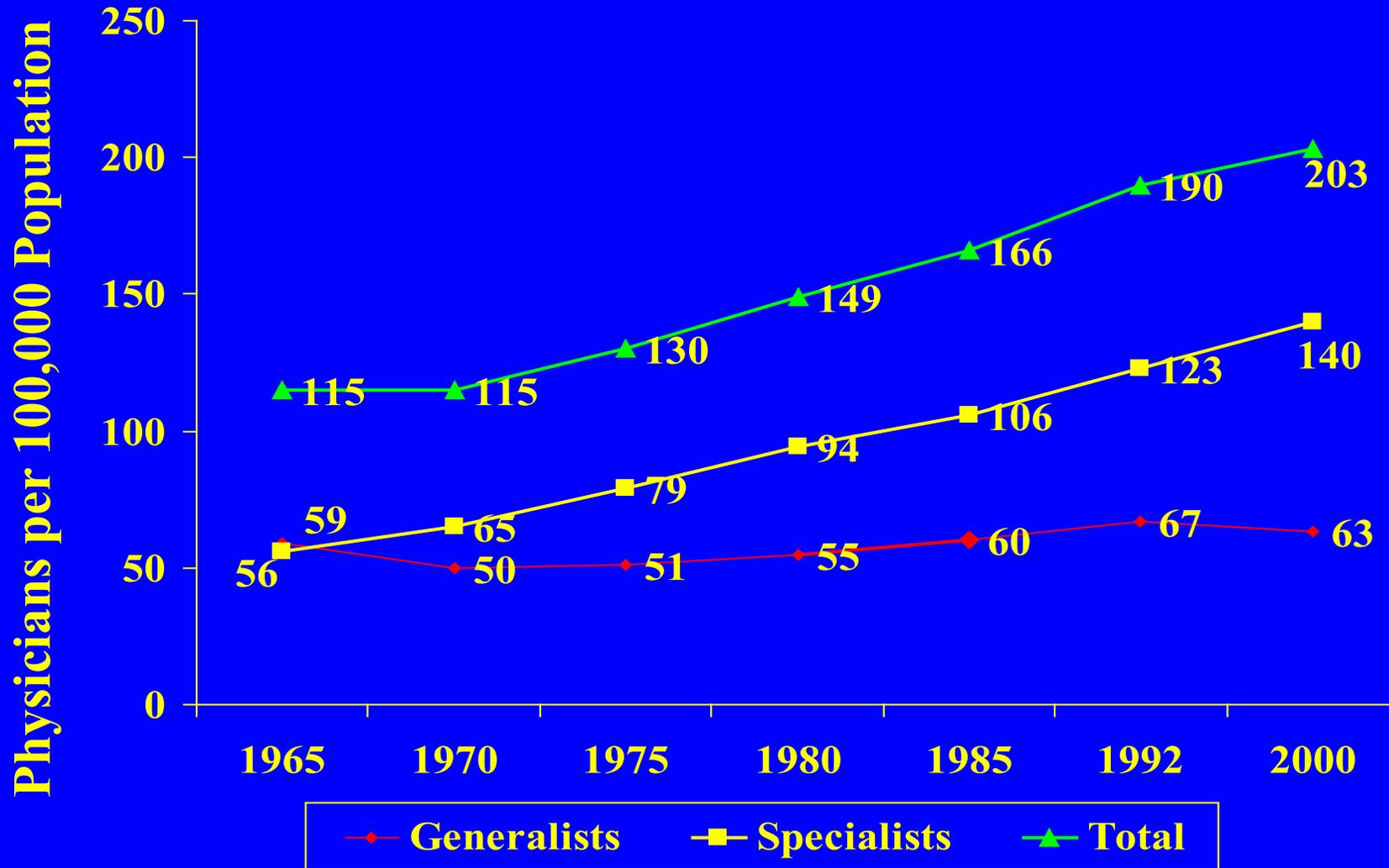
Other G7 nations = Canada, France, Germany, Italy, Japan, UK

US Health Expenditures Started Diverging from Other Nations' ~1980



Source: A. Gaffney for Lancet Commission on Public Policy and Health in the Trump Era

Supply of Practicing Physicians in the US



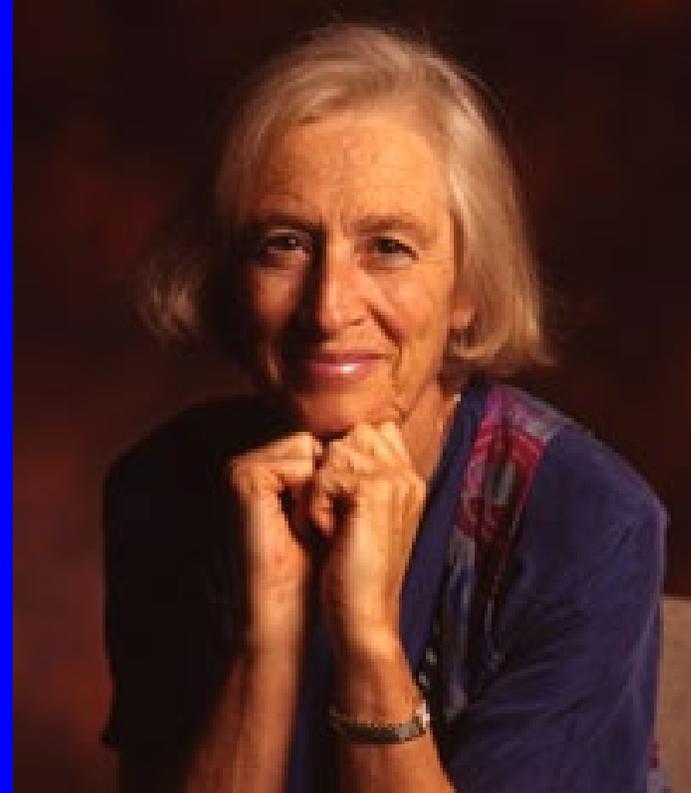
Source: COGME, 1996

Primary Care

“4C” Functional Definition

Dr. Barbara Starfield

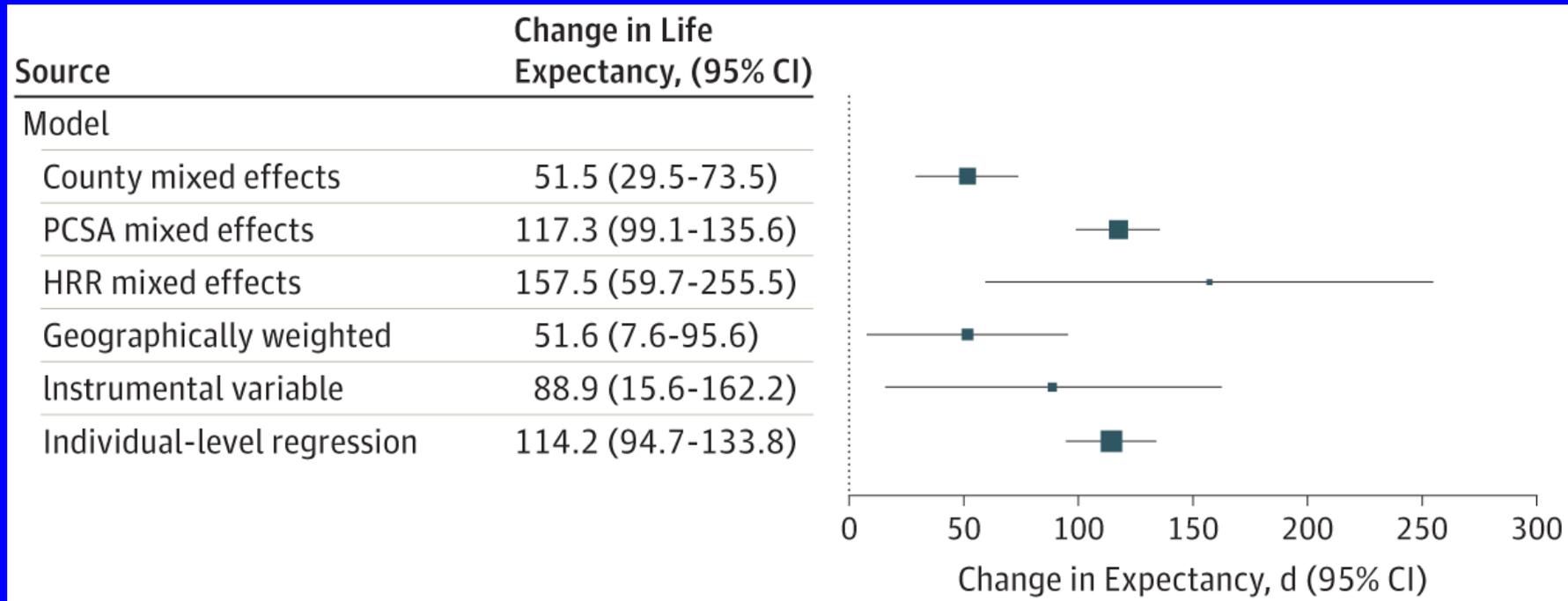
- first Contact
- Comprehensiveness
- Continuity
- Coordination



Accumulating Research Evidence on Primary Care and the Triple Aim



Increase in Life Expectancy (in days) Associated With an Increase of 10 PCPs/100K Pop in US Counties, 2005-15



Source: Basu S et al, JAMA Int Med Published online
February 18, 2019. doi:10.1001/jamainternmed.2018.7624



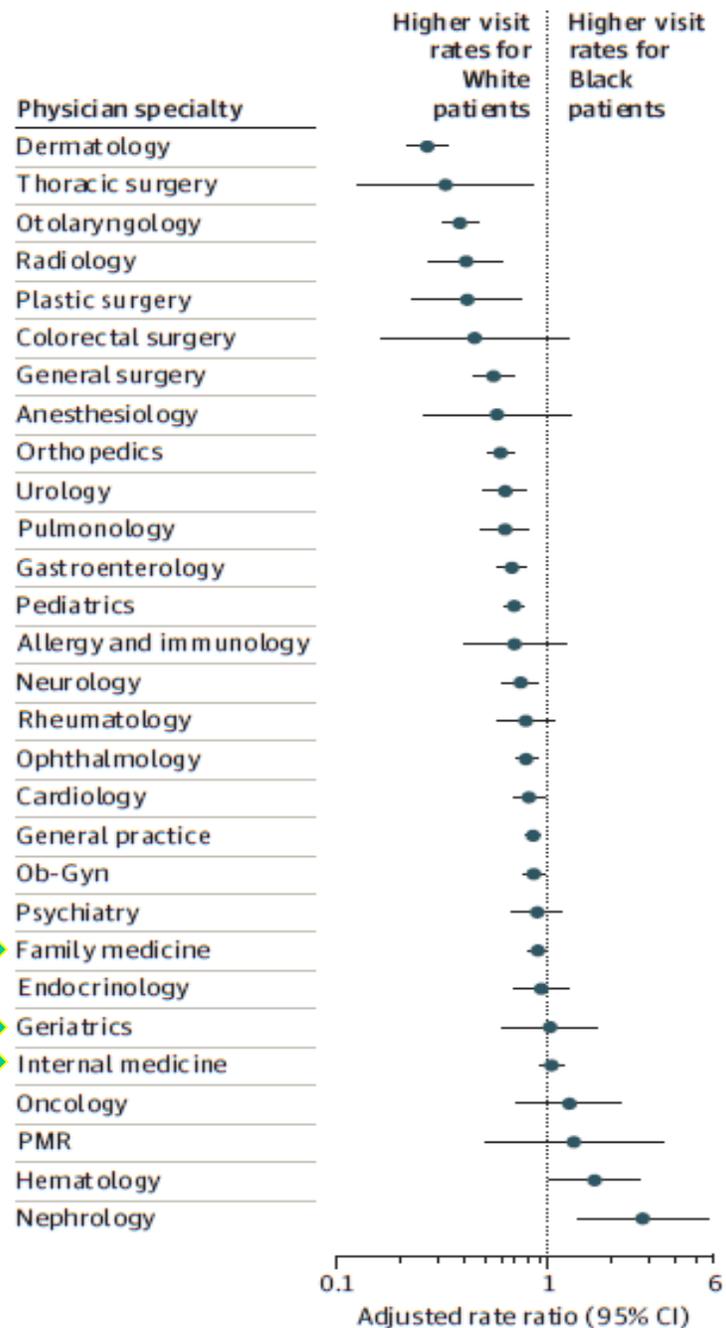
Investing in Primary Care: Why It Matters for Californians with Commercial Coverage

- Primary care spending widely varied across plans (4.9% -11.4%) as % of total medical expenses
- Greater investment in primary care
 - among health plans, better quality care and fewer hospital visits.
 - among provider organizations, better quality and patient experience, fewer hospital and ED visits, lower total cost of care.
- If provider organizations in lower brackets of PC spending matched those in the highest bracket, 25,000 acute hospital stays and 89,000 emergency room visits would be avoided, and \$2.4 billion saved annually in overall health care spending <https://www.chcf.org/publication/investing-primary-care-why-matters-californians-commercial-coverage/>

Half of All Office Visits in US are in Primary Care

- Prevention
- Chronic conditions
- Mental health
- Substance use disorders

A Black vs White patients visit rate



Primary Care and Health Equity

Cai C et al. Racial and Ethnic Disparities in Outpatient Visit Rates Across 29 Specialties. *JAMA Internal Medicine* July 19, 2021. doi:10.1001/jamainternmed.2021.3771

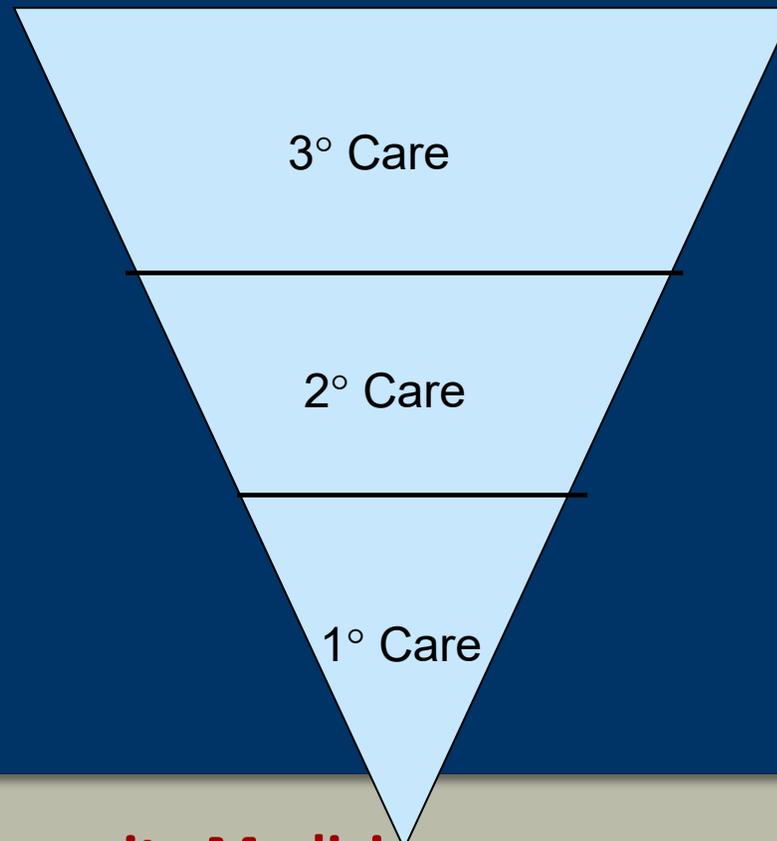
A National Failure to Invest in and Support Primary Care

- PCPs 30% of physician workforce, and dwindling
- Primary care 5.4% national health expenditures
- Primary care research 1% of federal research awards
- Primary care physician avg income 60% of non-primary care specialists income
- Primary care among highest burnout rates for US physicians

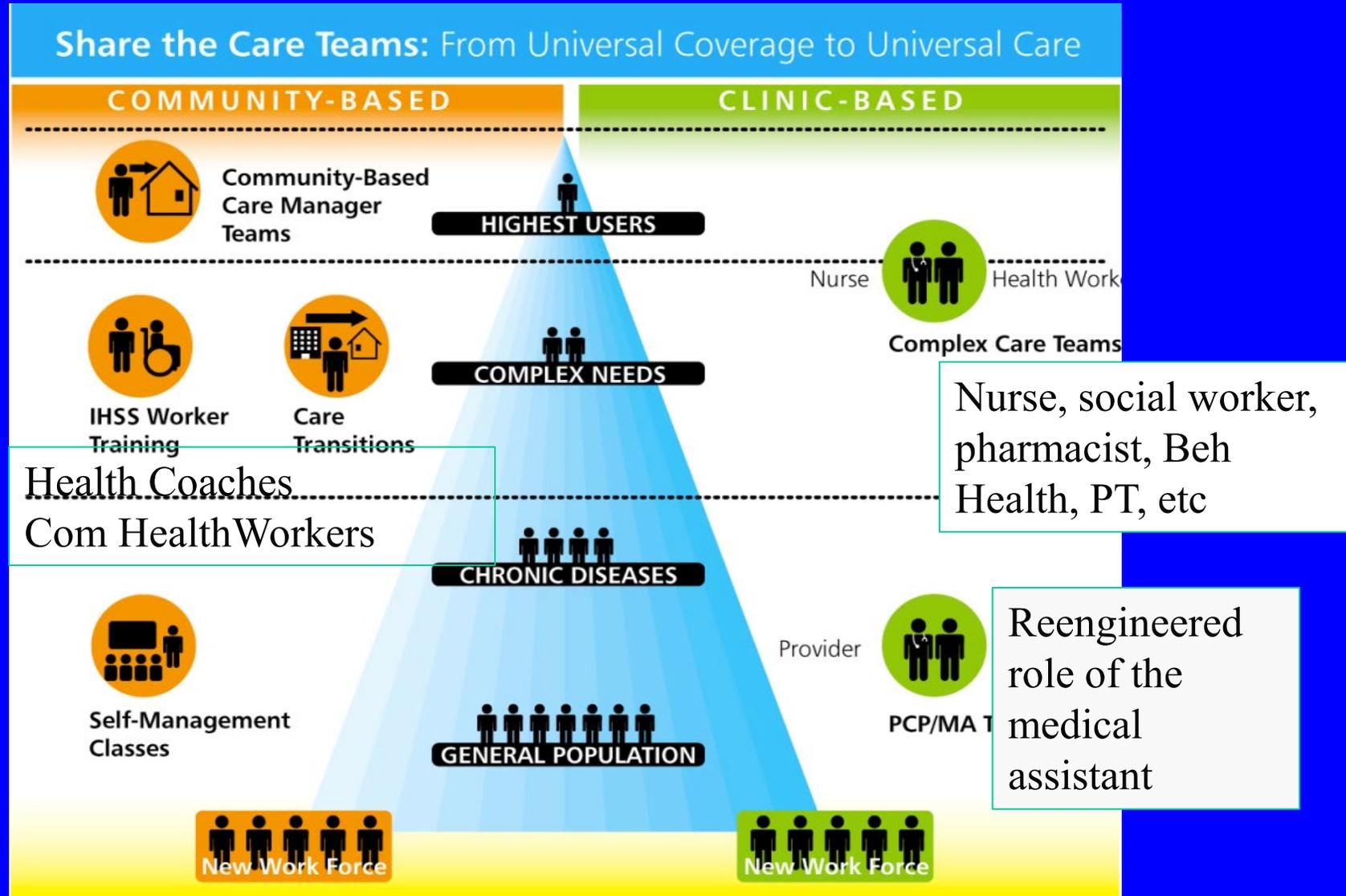
Grumbach et al. Revitalizing the US Primary Care Infrastructure. N Engl J Med, August 25 2021 DOI: [10.1056/NEJMp2109700](https://doi.org/10.1056/NEJMp2109700)

Tom Daschle, testifying to Senate Health Committee, Jan 2009:

“Every country starts at the base of the pyramid with primary care, and they work their way up until the money runs out. We start at the top of the pyramid, and we work our way down until the money runs out...And so we have to change the pyramid. We have to start at the base.”

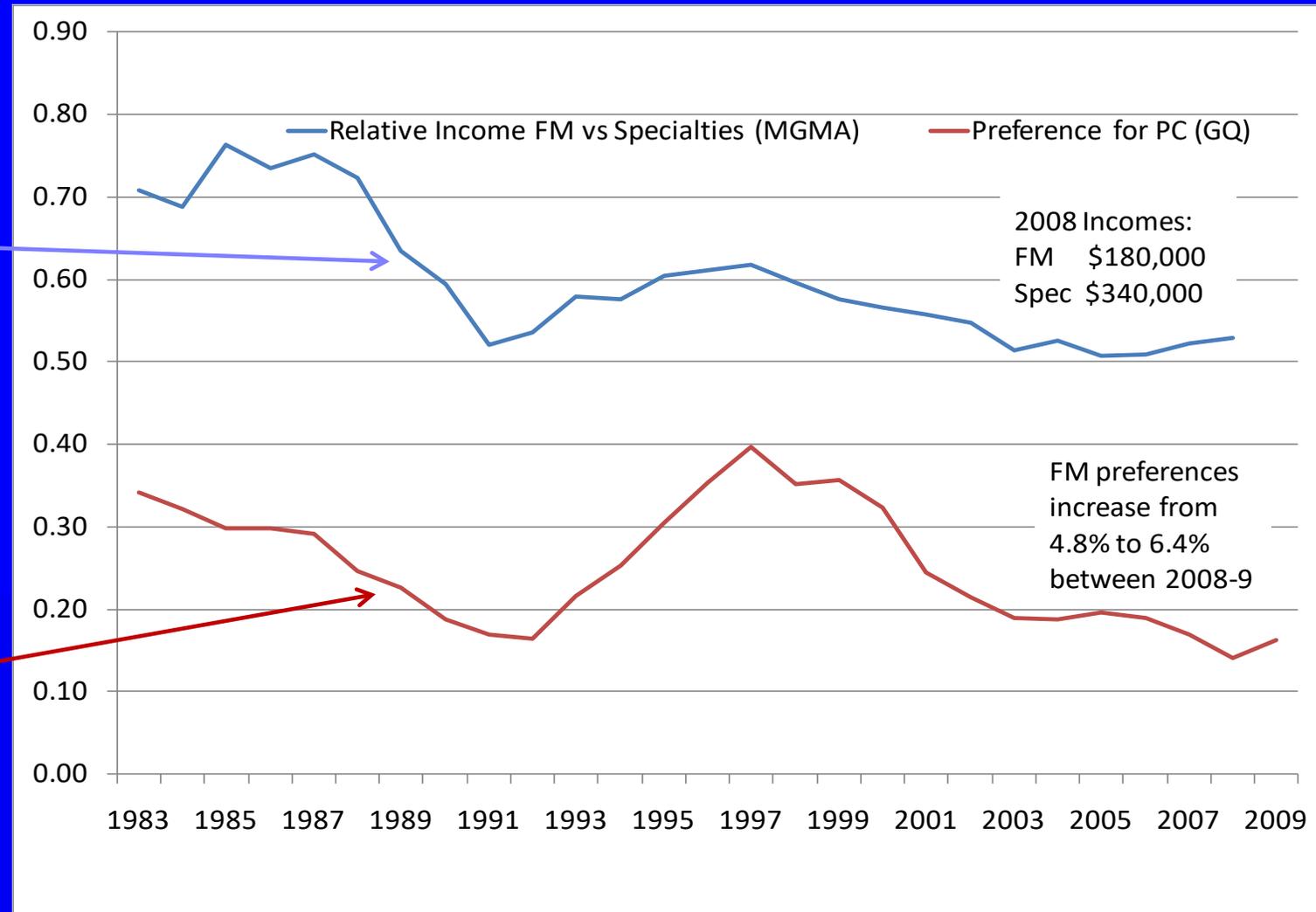


Investing in Primary Care Teams



**Ratio of
Average US
Primary
Care
Physician
Income to
Average
Specialty
Income**

**Percent of
Graduating
US Medical
Students
Who Plan
Careers in
Primary
Care**



Source: Council on Graduate Medical Education. Twentieth Report:
Advancing Primary Care, December 2010.

CONSENSUS STUDY REPORT



Implementing High-Quality Primary Care

Rebuilding the Foundation of Health Care

NASEM Report 2021

“Primary care is a common good.”

1. Pay for primary care teams to care for people, not doctors to deliver services.
2. Ensure that high-quality primary care is available to every individual and family in every community.
3. Train primary care teams where people live and work.
4. Design information technology that serves the patient, family, and the interprofessional care team.
5. Ensure that high-quality primary care is implemented in the United States.

National Initiative

Initiative to Strengthen Primary Health Care: Overview

- Launched by the Office of the Assistant Secretary for Health (OASH) in September 2021
- **Aim:**
 - Achieve a federal foundation to strengthen primary health care for our nation that will provide high quality primary health care for all, improve the health of individuals, families and communities, and advance health equity
- **Task:** Develop an initial HHS Plan to Strengthen Primary Health Care
 - Submit to Secretary Becerra
 - Target delivery date: Summer 2022
 - HHS role in steering, coordinating, and overseeing implementation of a plan to strengthen primary health care
 - Specific actions to be taken by HHS and across HHS agencies
 - Deliverables with timeline

California Initiative

Primary Care Investment Coordinating Group

- Comprised of public and private health care purchasers, policymakers, analysis and improvement specialists, consumer advocacy organizations, and funders.
- Goal: Align and coordinate primary care investment strategies and activities.

Primary Care Investment Coordinating Group

Members

- **Palav Babaria, MD**, *Chief Quality Officer and Deputy Director of Quality and Population Health Management*, California Department of Health Care Services
- **Rachel Block**, *Program Officer*, Milbank Memorial Fund
- **Alice Hm. Chen, MD, MPH**, *Chief Medical Officer*, Covered California
- **Crystal Eubanks, MS**, *Senior Director, Care Redesign and the California Quality Collaborative*, Purchaser Business Group on Health
- **Julia Logan, MD**, *Chief Medical Officer*, California Public Employees' Retirement System
- **Elizabeth Mitchell**, *President & CEO*, Purchaser Business Group on Health
- **Vishaal Pegany, MPH, MPP**, *Assistant Secretary*, California Health and Human Services Agency*
- **Kathryn Phillips, MPH**, *Senior Program Officer*, California Health Care Foundation
- **Lisa Dulsky Watkins, MD**, *Director, Multipayer Primary Care Network*, Milbank Memorial Fund
- **Anthony Wright**, *Executive Director*, Health Access
- **Dolores Yanagihara, MPH**, *Vice President, Strategic Initiatives*, Integrated Healthcare Association

Staff

- **Jill Yegian, PhD**, *Yegian Health Insights, Project Director*
- **Lance Lang, MD**, *Clinical Advisor*

Purchaser actions (as of March 2022) impacting 16 million consumers

- Covered CA, CalPERS, Medi-Cal: Aligned measures for primary care and contract language.
- Covered CA: Required qualified health plans to measure, report on primary care spending (2022); considering spending target and enforcement options.
- CalPERS: Established requirement for primary care provider matching.

Purchaser actions (as of March 2022) impacting 16 million consumers

- DHCS: Prevention and primary care foundation of 5-year quality and equity agenda, will require plan partners to report primary care spending linked to alternative primary care payment models.
- Purchaser Business Group on Health: Issued a common purchasing agreement for primary care to encourage alignment across large employers and purchasers.
- CA HHS (proposed): Office of Health Care Affordability would measure, report, and increase primary care and behavioral health spending (budget proposal and AB 1130, vote expected June 2022).

Primary Care Investment Coordinating Group

Recommendations

- 1. Measure and report primary care spending.** All payers should participate in measurement and public reporting on the percentage of total medical expenditures spent on primary care.
- 2. Set a target.** A floor and/or target for primary care spending as a percentage of total medical care expenditures should be set...by all payers and plans.
- 3. Pay for advanced primary care.** All payers should adopt payment models that support advanced primary care.
- 4. Establish purchaser requirements.** All purchasers should evaluate benefit design and provider networks, and incorporate contractual requirements such as primary care provider selection and matching, with the goal of creating and communicating a primary care–centric delivery system.
- 5. Track progress.** The impact of increased primary care spending should be measured. California stakeholders should assemble, regularly compile, and disseminate an implementation scorecard to track progress and report on impact.



Primary Care Matters

Recommended Actions

The Primary Care Investment Coordinating Group of California (PICG) has adopted a set of guiding principles and recommended actions intended to spur collective action to ensure that the state's primary care system has the resources it needs to deliver better health for Californians.

<https://www.chcf.org/resource/primary-care-matters/>

And Now For One Other Topic I Was Asked to Address

- Health Equity is everyone's responsibility
 - Racial-ethnic inequities exist
 - Class inequities exist
 - Other inequities exist (based on language fluency, gender and sexual identity, ability/disability, etc.)
 - Health inequities are intersectional and not limited to one stratum of society
 - They exist for CCSF employees and retirees just as they do for UCSF employees and retirees

Case Study

COVID and UCSF Health Patients

UCSF Health

[Conditions & Treatments](#)

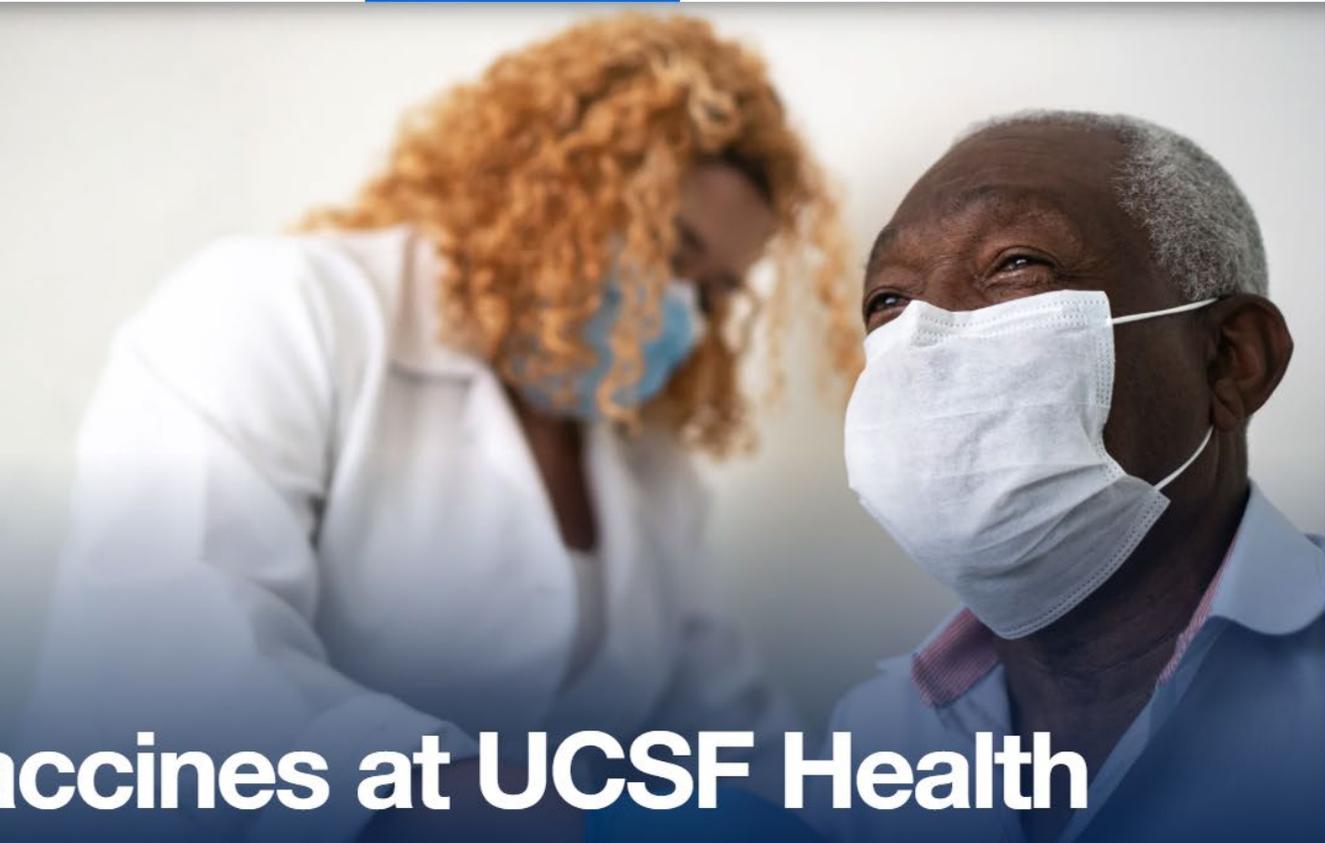
[Doctors](#)

[Clinics & Locations](#)

[Patients & Visitors](#)

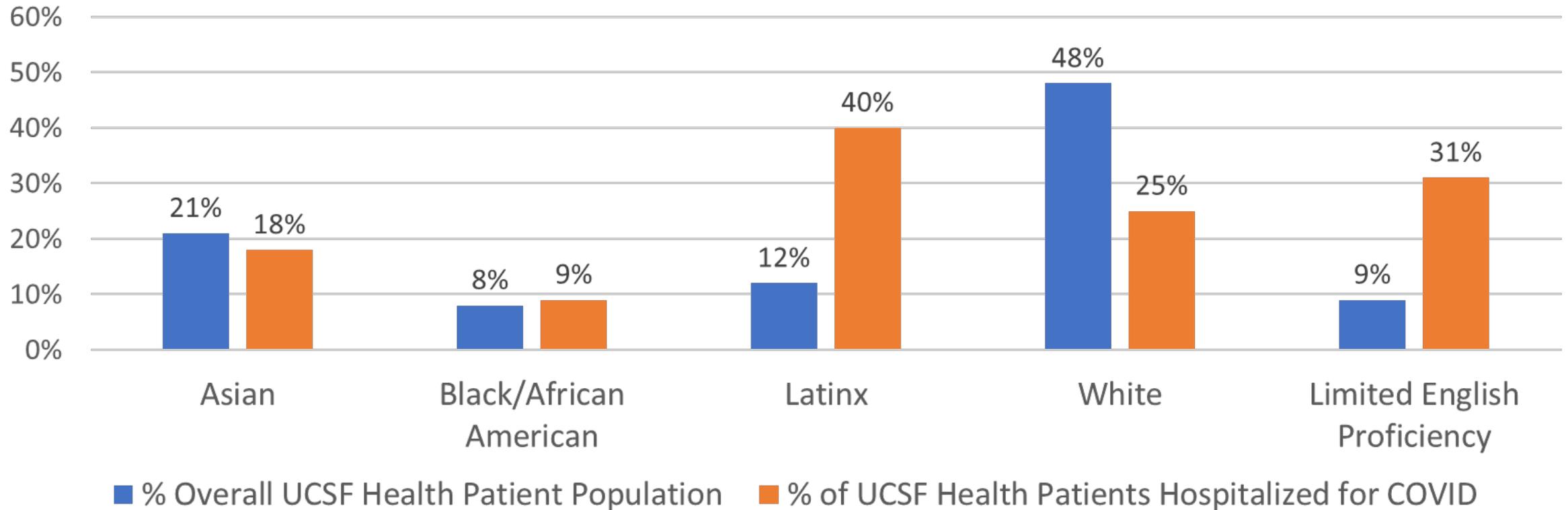
COVID-19 INFORMATION FOR PATIENTS & VISITORS

COVID-19 Vaccines at UCSF Health

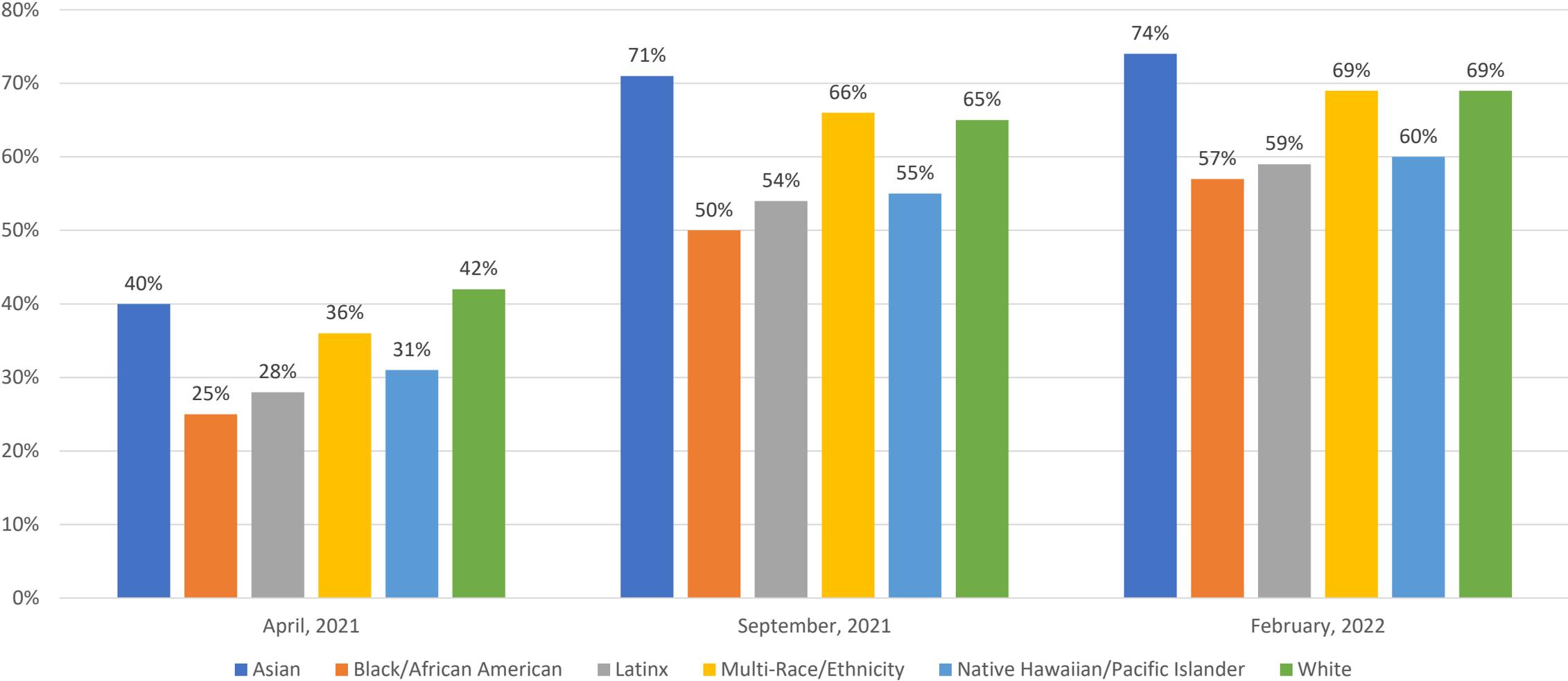


The Pandemic's Inequitable Health Impact at Time of Formation of UCSF Health COVID Equity Work Group

Demographic Groups as % of Overall UCSF Health Patient Population Compared with as % of Patients Hospitalized For COVID, March-September, 2020



COVID Vaccination Rates, UCSF Health Primary Care & Specialty Patients Ages 12-64



Equity First: Equity lens applied at the earliest planning stages of all initiatives

- Designated **equity leaders** on all planning and implementation groups.
- **Building broad based capacity** for equity work among clinicians and staff.
- Explicit **allocation of resources** upfront for appropriate accountable leadership, program management, data analytics, and other elements essential for achieving equity goals for all initiatives.
- **Holding leadership accountable** for achieving and sustaining equity gains over time.
- **Engaging patients, employees, and community members as partners in health equity initiatives.**
- Equity Infrastructure **Cores** (analogous to research enterprise cores)
 - Data and analytics
 - Expert consultation
 - Patient navigators
 - Translation services
 - Other cores
- Equity **Playbook** (analogous to quality and safety checklists)

Michael Pollan's Guide to Nutrition

- Eat food
- Not too much
- Mostly plants

Kevin's Guide to Health Care

- Get medical care
- Not too much
- Mostly primary care

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