



Meeting the Need for Primary Care Providers: Challenges and Opportunities for States

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Changing Times, Increasing Need

- Shortages have always existed, but...
 - Expansions in coverage and expansions in safety net programs magnify
- Differentials in income expectations have always influenced behavior, but...
 - Even more stark if compounded by additional pressures in the practice environment

Changing Times, Increasing Need

- Focus on care management for solution to increasing expenditures and improvement in quality of care increases demand

Three Fundamental Approaches

- Focus on building the supply of professionals, including recruiting and retaining in areas of need
- Focus on providing the service, using multiple modes of delivery
- Focus on improving community health and thereby influencing demand

Building Supply: Pipeline Programs

- Focus starts in elementary student interest in basic sciences – example of 8th grade science meet
- Continues through high school and career counseling as well as training in sciences
- Innovative programs in health professions training to retain student interest in primary care and in starting their careers in underserved areas

Building Supply: Pipeline Programs

- Innovative programs in Nebraska, West Virginia, South Florida, among various AHECs
- ACA assistance: Section 5102 State health care workforce development grants: promote career pathway activities

Building Supply: Financial Incentives

- At least getting closer to level playing field
- Incentives tied to particular services: ACA Sections 3102 and 5501 improve payment with bonuses and GPCI floor payments

Building Supply: Financial Incentives

- Loan repayments, state and federal: ACA Sections 5201 (10 year commitment), 5202 (nursing student loan repayment), 5204 (loan repayment for public health workforce), 5205 (loan repayment for allied health)
- Bonus payments to practice in shortage areas
- Increasing payment for safety net providers

Building Supply: Working Environment

- Advantages of creating Patient Centered Medical Homes: team practice, payment incentives
- Promoted in the ACA, Section 3502 – community-based, health promotion
- Mitigating being on-call: requirements for staffing emergency rooms, use of variety of health professionals – may require scope of practice changes

Building Supply: Optimal Use of All Professionals

- Practice to the maximum skill level: relief for those such as physicians who now perform tasks that could be performed by others
- Nurse-managed health clinics (ACA Section 5208)

Building Supply: Optimal Use of All Professionals

- Alternative health care providers to increase access to dental care in rural and other underserved areas (Section 5304 of ACA)
- Community health workers to provide guidance or outreach (Section 5313 of ACA)
- Primary care extension agents (Section 5405 of ACA)

Innovations in Providing Services

- Shift the focus from traditional provider-based thinking to patient-centered thinking
- Focus on the services the patient (resident) needs
- Already underlies one payment adjustment for “primary care services”

Providing Services: Telecommunications

- Use for trauma services, which also helps with quality of life for providers (Avera Health in South Dakota)
- Pharmaceutical services, especially in hospitals (North Dakota using this approach)
- Consulting support for primary care providers, connects them

Providing Services: Integration of Care Across the Continuum

- Building block is primary care, in a medical home sense
- Can be promoted by states in the Medicaid program: North Carolina a leading example
- Improves care management (patient-centered)
- Embedded in Accountable Care Organizations (ACA Section 3022)

Focus on Community Health and Well-Being

- Ultimate patient-centered care
- Consistent with goals of primary care as across the continuum, comprehensive, and continuous
- Old concept of community-oriented primary care
- Now within the concept of patient-centered primary care

Title IV of the ACA

- Prevention and Public Health Fund grows to \$2 billion in FY 2015 and annually thereafter (Section 4002)
- Education and outreach campaign regarding preventive benefits (Section 4004)
- Grants to school-based health centers (Section 4101)
- Community transformation grants (Section 4201)

Title IV of the ACA

- Health aging grants for programs for individuals between 55 and 64 years of age (Section 5202)
- Demonstration project concerning individualized wellness plan (Section 4206)
- Research on optimizing the delivery of public health services (Section 4301)

And in the meantime...

- National Health Services Corps funding increased (ACA Section 5207)
- Grants to states for comprehensive workforce planning (ACA Section 5102)

And in the meantime...

- Training programs in ambulatory settings such as Federally Qualified Health Centers and Rural Health Clinics (Section 5303 of ACA)
- The work of Area Health Education Centers funded at higher levels (Section 5403 of ACA)

The Future?

- Much to do, little time to do it (2014)
- Cannot succeed with only one or two ideas
- Innovation and the diffusion of innovative approaches required

For Further Information

The RUPRI Center for Rural Health Policy
Analysis

<http://cph.uiowa.edu/rupri>

The RUPRI Health Panel

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