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US Primary Care: Challenges, Opportunities and Implications for Brazil

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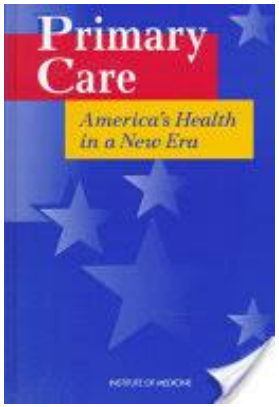
Overview

- The What and Why of Primary Care
- The Evolution of US Primary Care
- Today's Opportunities and Challenges
- Implications for Brazil

The What and Why of Primary Care

Primary care in the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.



Primary Care: America's Health in a New Era. Institute of Medicine (US) Committee on the Future of Primary Care; Donaldson MS, Yordy KD, Lohr KN, et al., editors. Washington (DC): National Academies Press (US); 1996.

Health Affairs

TOPICS JOURNAL BLO

HEALTH TRACKING

HEALTH AFFAIRS > VOL. 28, NO. 4: DELIVERING ON GLOBAL HEALTH

MARKETWATCH

The Political Economy Of U.S. Primary Care

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PUBLISHED: JULY/AUGUST 2009 Free Access https://doi.org/10.1377/hlthaff.28.4.1136

SECTIONS VIEW ARTICLE PERMISSIONS SHARE TOOLS

ABSTRACT

Compelling evidence suggests that the United States lags behind other developed nations in the health of its population and the performance of its health care system, partly as a result of a decades-long decline in primary care. This paper outlines the political, economic, policy, and institutional factors behind this decline. A large-scale, multifaceted effort—a new Charter for Primary Care—is required to overcome these forces. There are grounds for optimism for the success of this effort, which is essential to achieving health outcomes and health system performance comparable to those of other industrialized nations.

"Basic Coverage" versus Comprehensive Primary Care

"Basic coverage": e.g., all ages, care by doctors, hospitals, prescription drugs, lab/diagnostic tests. (HEALTH SYSTEM responsibility)

Comprehensive primary care: a range of services broad enough to care for all health needs except those too uncommon to maintain competence. (Who provides and Where)

Starfield 01/09
COMP 4117

Core Attributes of Primary Care

- First-contact
- Longitudinality
- Coordination
- Family-centeredness
- Community orientation

Source: Starfield. Primary Care: Balancing Health Needs, Services, and Technology. Oxford U. Press, 1998.

Starfield 11/02
PC 2367 n

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What Is Comprehensiveness in Primary Care?

Dealing with all health-related problems or interventions except those too uncommon to maintain competence;

("common" = encountered in at least one per thousand patients in a year)

Starfield 01/07
COMP 3536

Specialty Services Cost

Specialty services are more costly than primary care services, both from the systems viewpoint and from the viewpoint of individuals followed over time. This is especially the case for medical subspecialists.

Sources: Starfield & Shi, Health Policy 2002; 60:201-18. Franks & Fiscella, J Fam Pract 1998; 47:105-9. Baicker & Chandra, Am Econ Rev 2004; 94:357-61.

Starfield 05/06
SP 3417

Resource Use, Controlling for Morbidity Burden*

More DIFFERENT specialists seen: higher total costs, medical costs, diagnostic tests and interventions, and types of medication

More DIFFERENT generalists seen: higher total costs, medical costs, diagnostic tests and interventions

More generalists seen (LESS CONTINUITY): more DIFFERENT specialists seen among patients with high morbidity burdens. The effect is independent of the number of generalist visits. That is, the benefits of primary care are greatest for people with the greatest burden of illness.

*Using the Johns Hopkins Adjusted Clinical Groups (ACGs)

Source: Starfield et al, Ambulatory specialist use by patients in US health plans: correlates and consequences. J Ambul Care Manage 2009 forthcoming.

Starfield 09/07
CMOS 3584

Specialty Services Cost and Quality

- The higher the ratio of medical specialists to population, the higher the surgery rates, performance of procedures, and expenditures.
- The higher the level of spending in geographic areas, the more people see specialists rather than primary care physicians.
- Quality of care, both for illnesses and preventive care, are no better in higher spending areas, and in most cases are worse.

(Data controlled for sociodemographic characteristics, co-morbidity, and severity of illness)

Sources: Welch et al, N Engl J Med 1993; 328:621-7. Fisher et al, Ann Intern Med 2003; 138:273-87. Baicker & Chandra. Health Aff 2004; W4(April 7):184-197 (http://content.healthaffairs.org/cgi/reprint/hlthaff.w4.184v1.pdf).

Starfield 09/04
SP 2964

We Know That

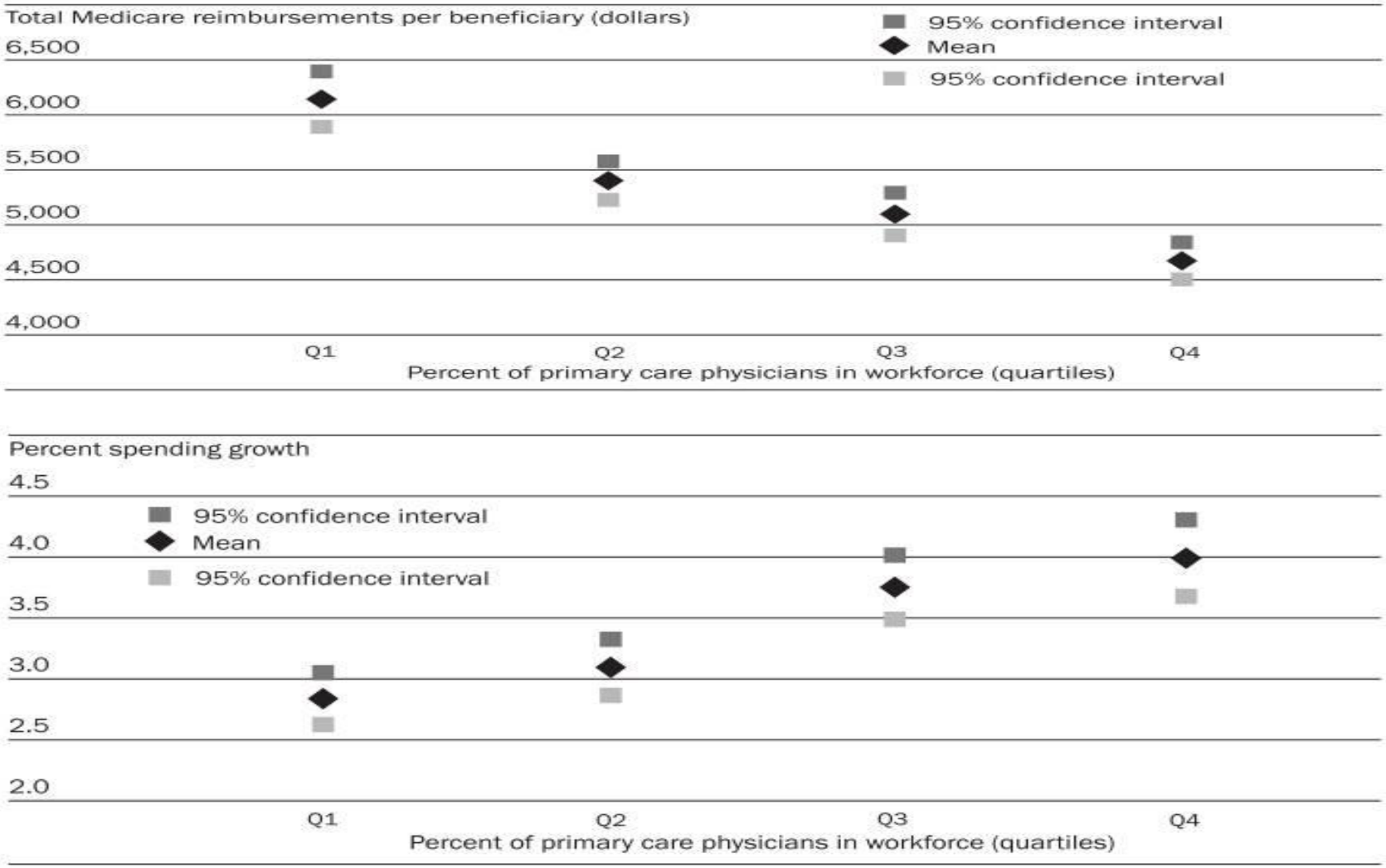
1. Inappropriate referrals to specialists lead to greater frequency of tests and more false positive results than appropriate referrals to specialists.
2. Inappropriate referrals to specialists lead to poorer outcomes than appropriate referrals.
3. The socially advantaged have higher rates of visits to specialists than the socially disadvantaged.
4. The more the training of MDs, the more the referrals.

A MAJOR ROLE OF PRIMARY CARE IS TO ASSURE THAT SPECIALTY CARE IS MORE APPROPRIATE AND, THEREFORE, MORE EFFECTIVE.

Source: Starfield et al, Health Aff 2005; W5:97-107 (http://content.healthaffairs.org/cgi/reprint/hlthaff.w5.97v1). van Doorslaer et al, Health Econ 2004; 13:629-47;

Starfield 08/05
SP 3241

More Primary Care Associated With Lower Spending and Lower Growth Rate



Source: Chernew et al. Health Affairs September/October 2009 https://doi.org/10.1377/hlthaff.28.5.1327

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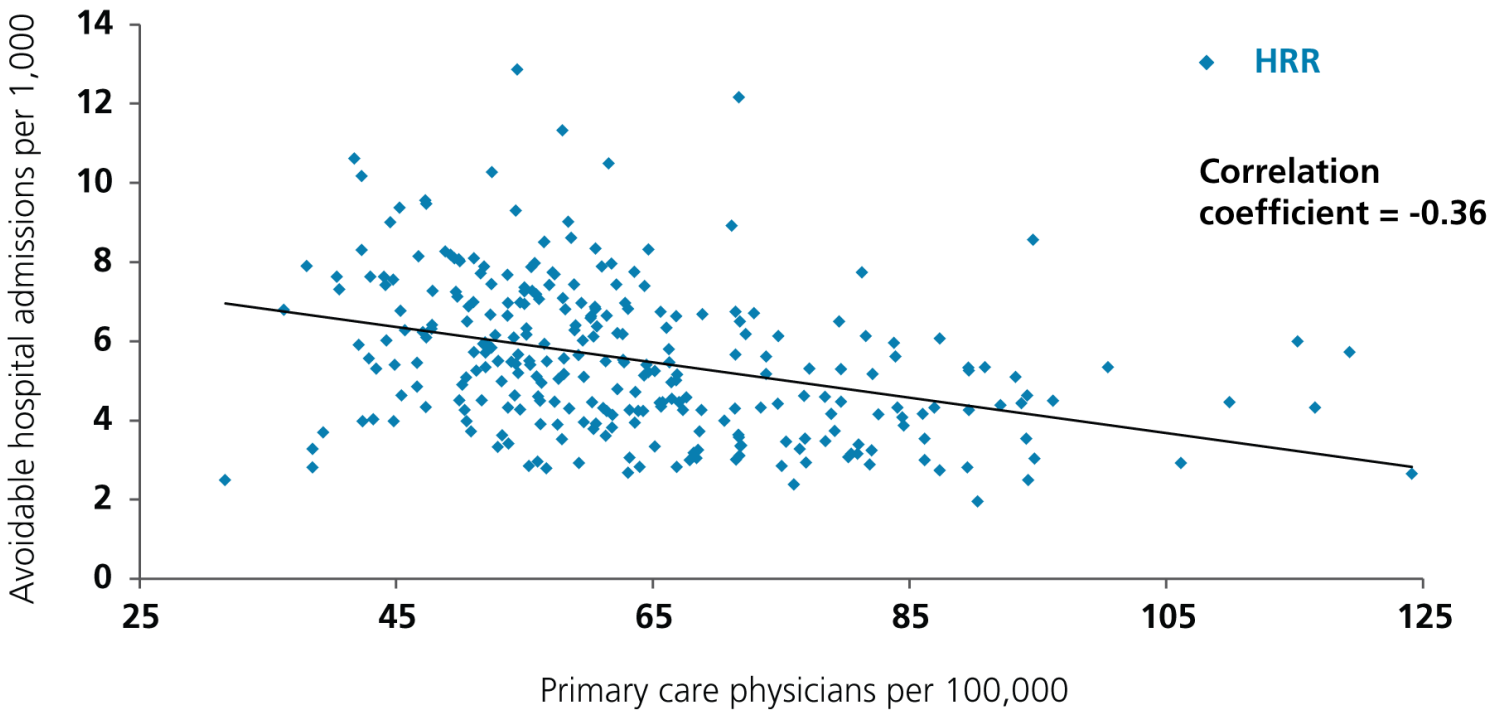
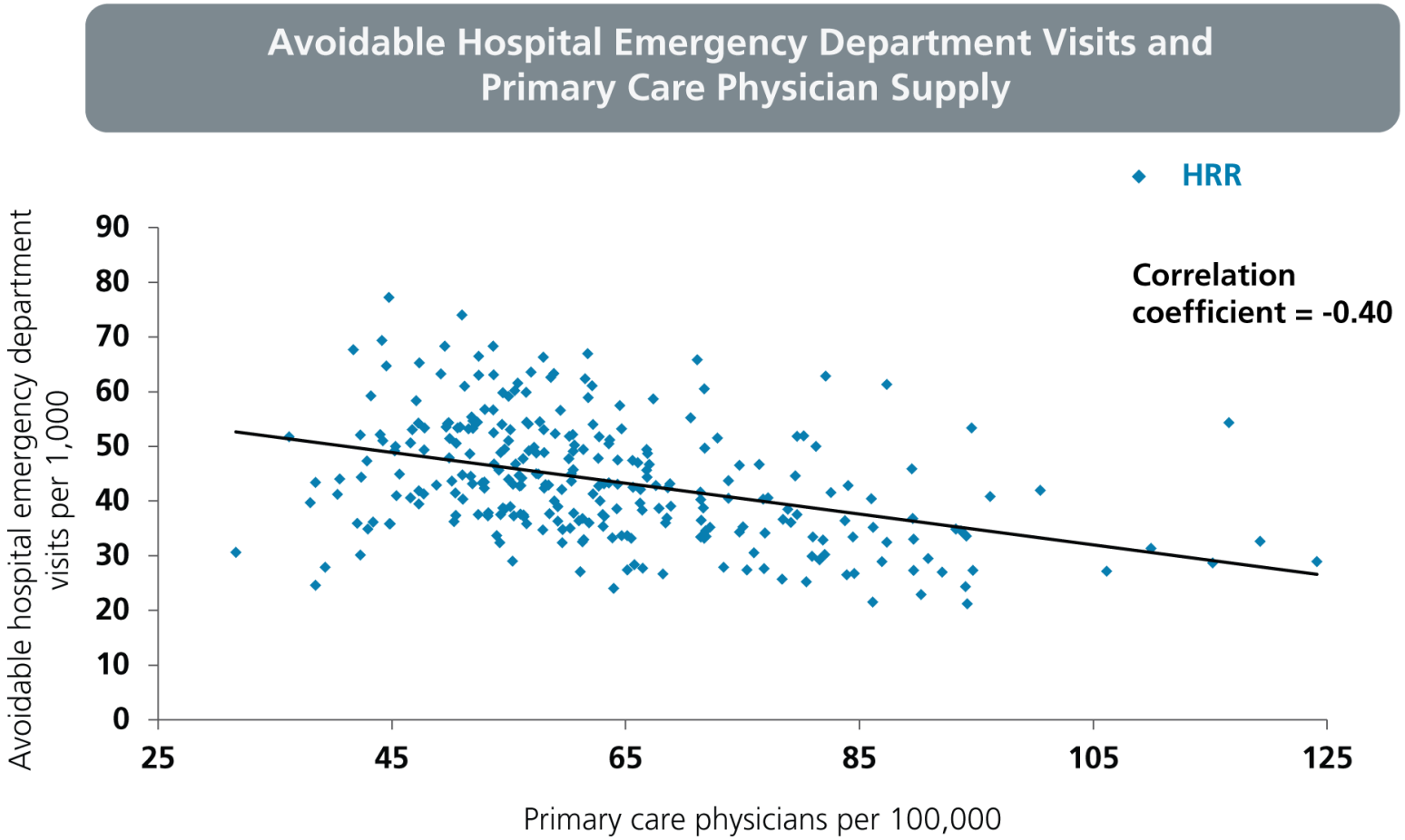
Health Care Markets with a Higher Concentration of Primary Care Physicians Have Fewer Avoidable Hospital Admissions

Avoidable Hospital Admissions and Primary Care Physician Supply



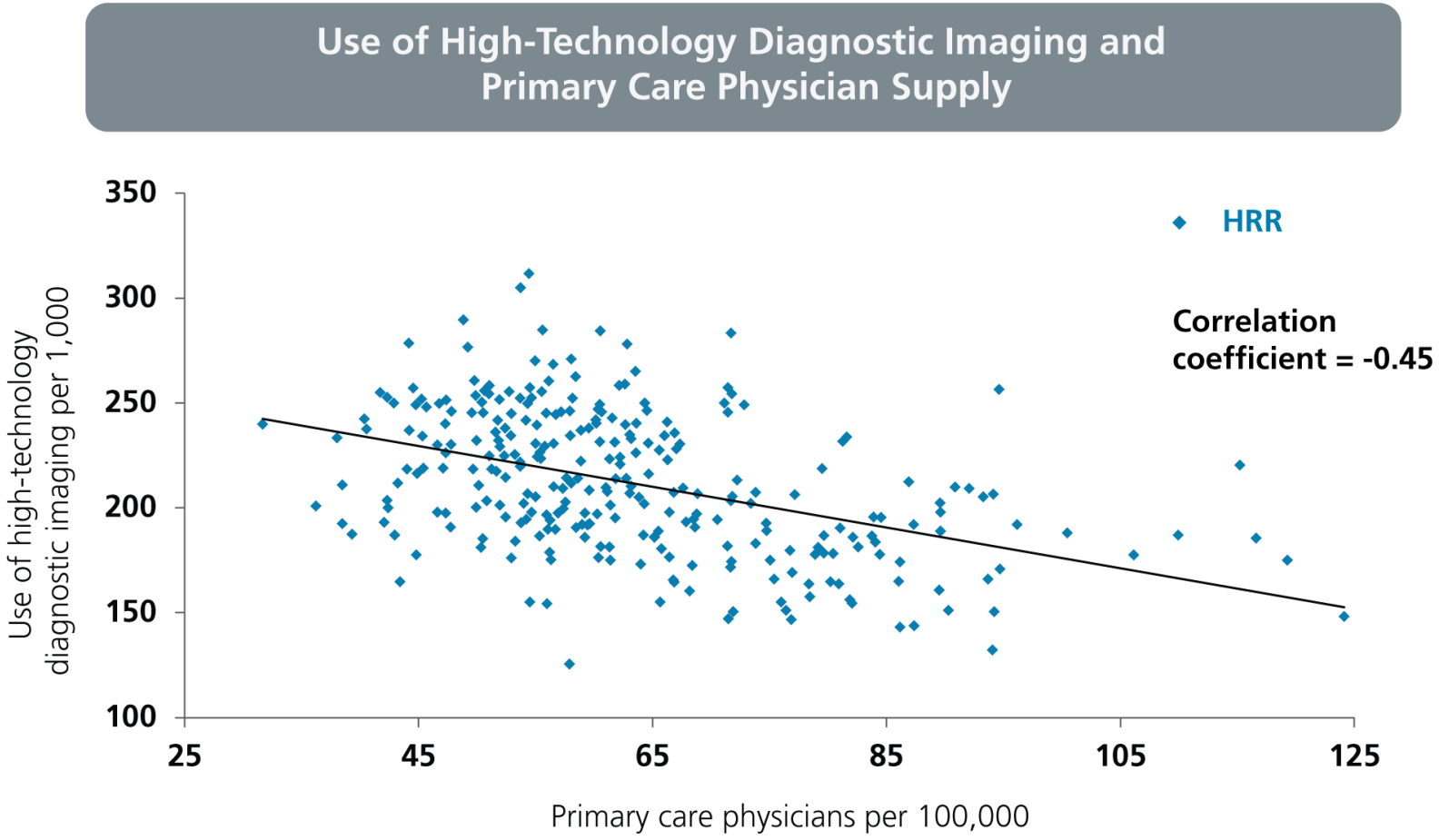
Source: UnitedHealth Center for Health Reform & Modernization and Optum Labs analysis, 2014.

Health Care Markets with a Higher Concentration of Primary Care Physicians Have Fewer Avoidable Hospital Emergency Department Visits



Source: UnitedHealth Center for Health Reform & Modernization and Optum Labs analysis, 2014.

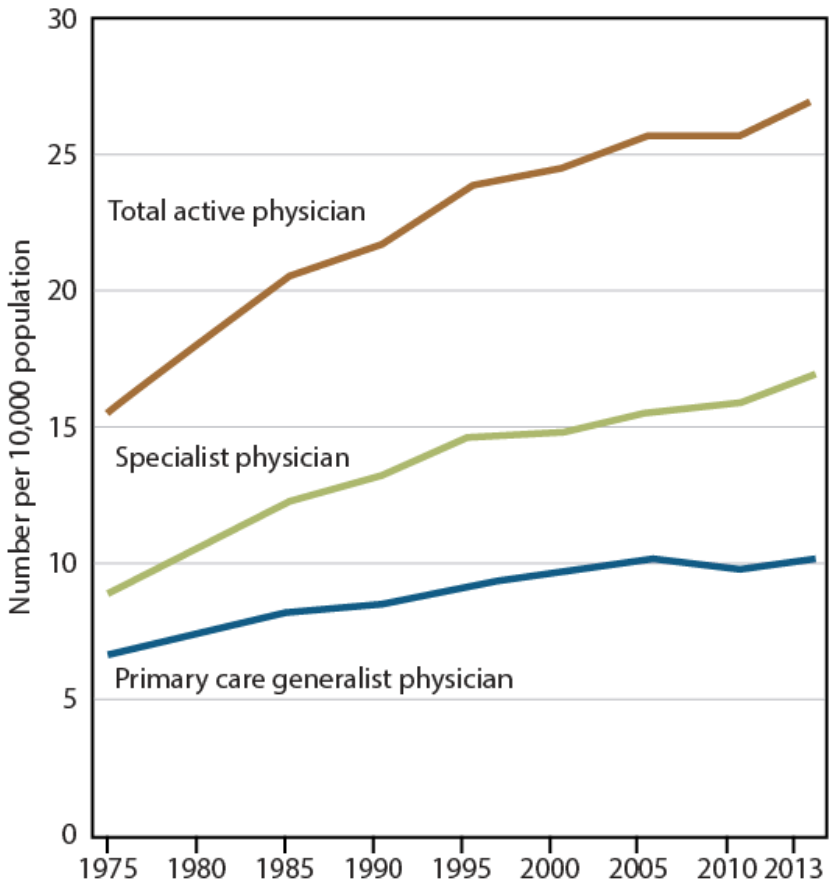
Health Care Markets with a Higher Concentration of Primary Care Physicians Have Lower Use of High-Technology Diagnostic Imaging, Which is More Costly and Often No More Effective Than Traditional Imaging

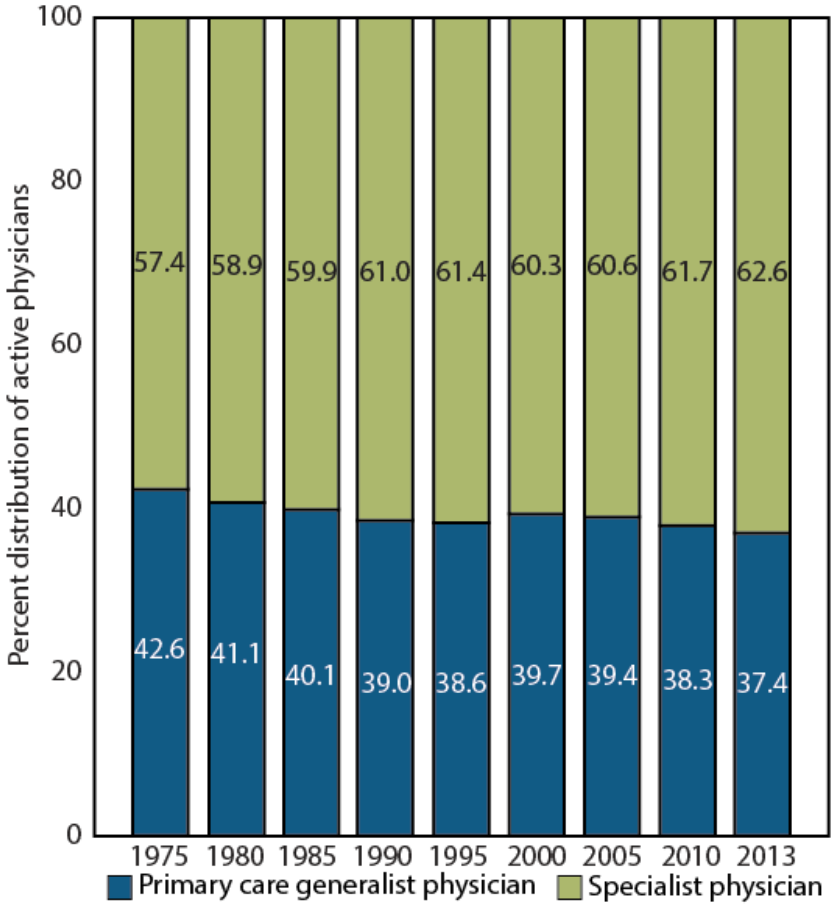


Source: UnitedHealth Center for Health Reform & Modernization and Optum Labs analysis, 2014.

So What Did We Do in the US?... We Trained More Specialists!

Active Primary Care Generalists and Specialist Physicians

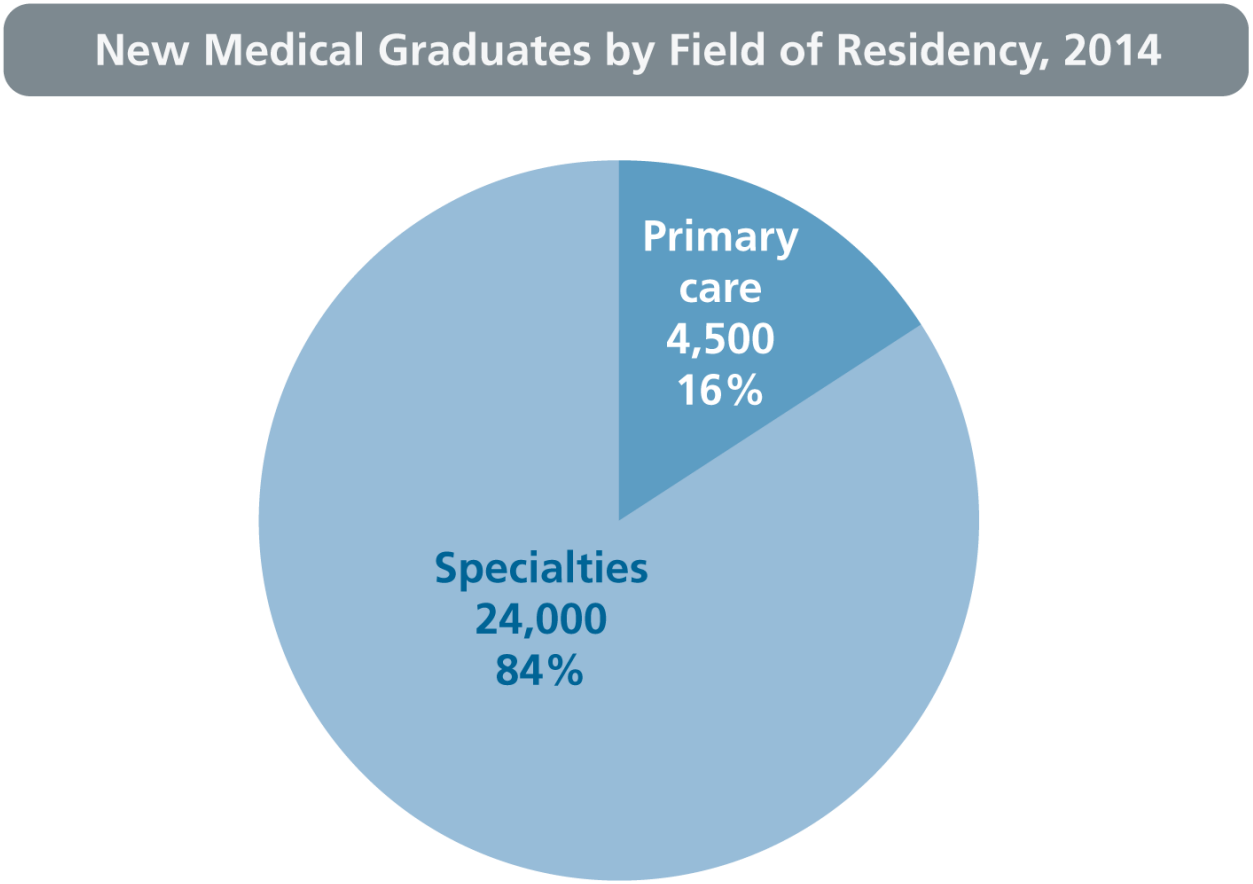




NOTES: Primary care generalist physicians include family medicine, internal medicine, obstetrics and gynecology, and pediatrics. Specialists include all other specialties and primary care subspecialists.

SOURCE: NCHS, *Health, United States, 2016*, Figure 21. Data from the American Medical Association (AMA).

Among New Medical School Graduates, Only One in Six is Choosing to Practice Primary Care



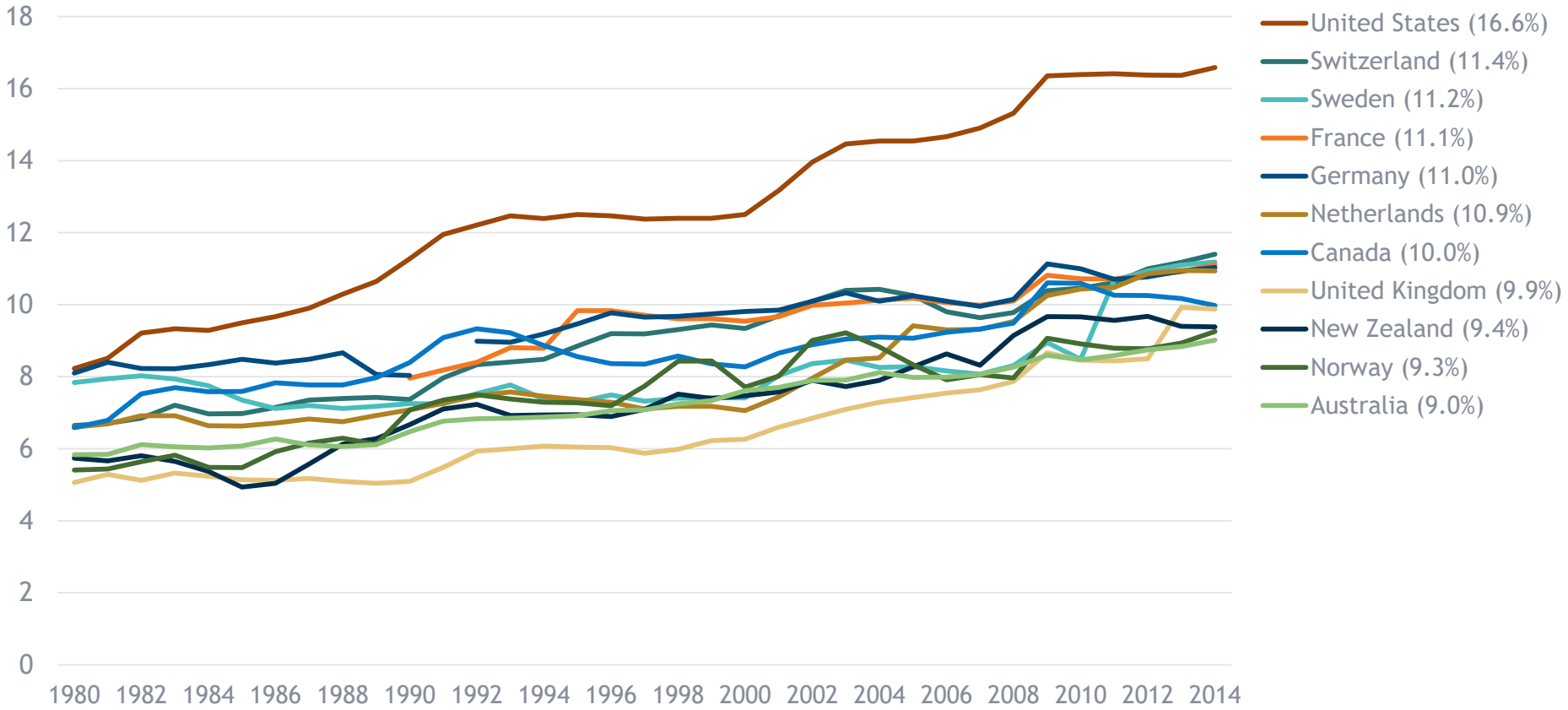
Source: National Resident Matching Program, "Results and Data, 2014 Main Residency Match," April 2014.

The Evolution of US Primary Care in Context

- 1950-today: Specialty Growth →Cost Growth
- 1980s-emergence of managed care
- 1990s-growth of managed care→managed care backlash (failed health reform, primary care as “gatekeeper”)
- 2000s-unresolved cost, access, quality issues
- 2010-Affordable Care Act passes (includes support for primary care)
- 2010-present: US payment/delivery reforms

Health Care Spending as a Percentage of GDP, 1980–2014

Percent



GDP refers to gross domestic product. Data in legend are for 2014.
Source: OECD Health Data 2016. Data are for current spending only, and exclude spending on capital formation of health care providers.

Health Care System Performance Scores

Note: See How This Study Was Conducted for a description of how the performance scores are calculated.
Source: Commonwealth Fund analysis.

E. C. Schneider, D. O. Sarnak, D. Squires, A. Shah, and M. M. Doty, *Mirror, Mirror: How the U.S. Health Care System Compares Internationally at a Time of Radical Change,* The Commonwealth Fund, July 2017.

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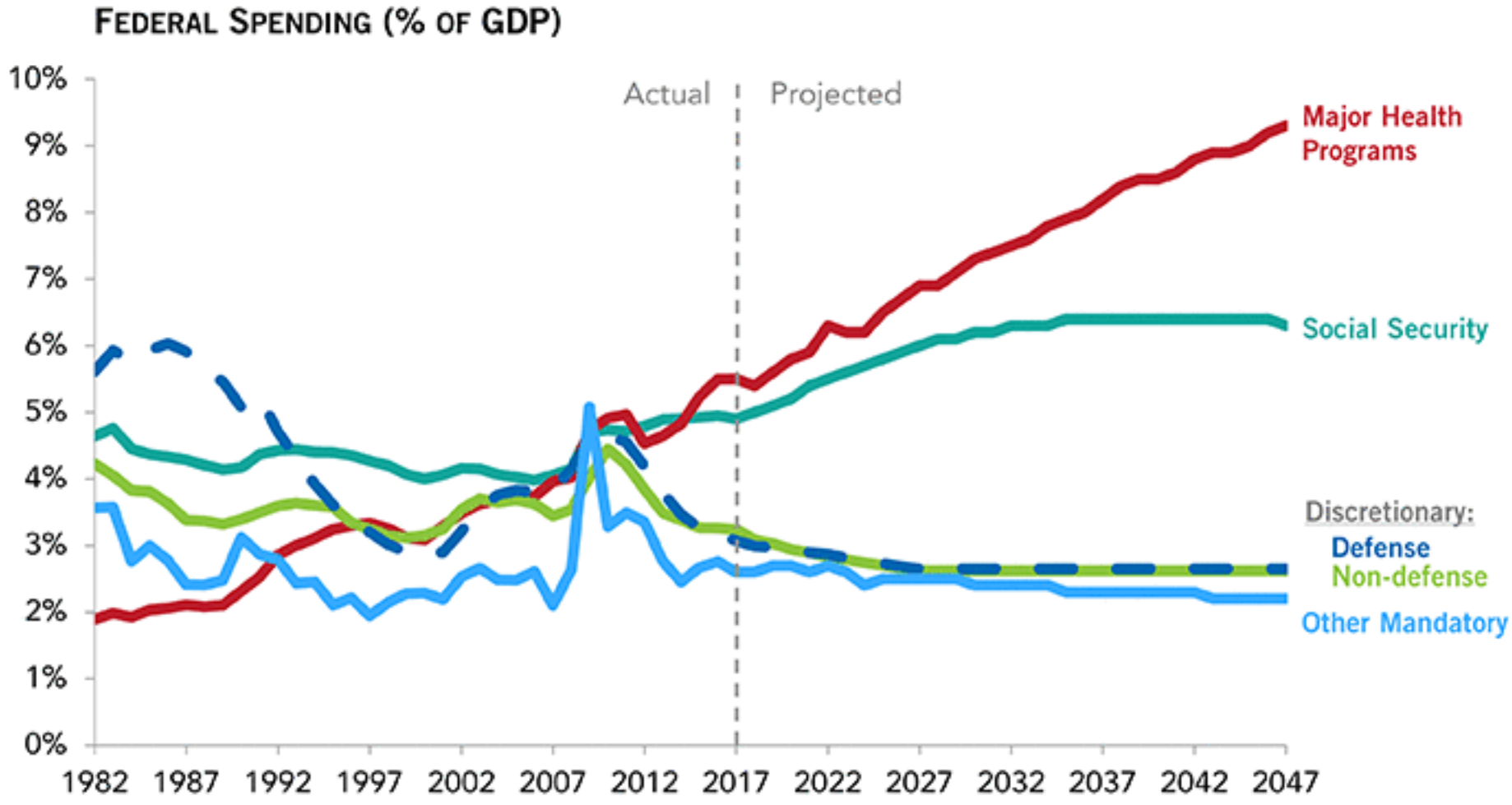
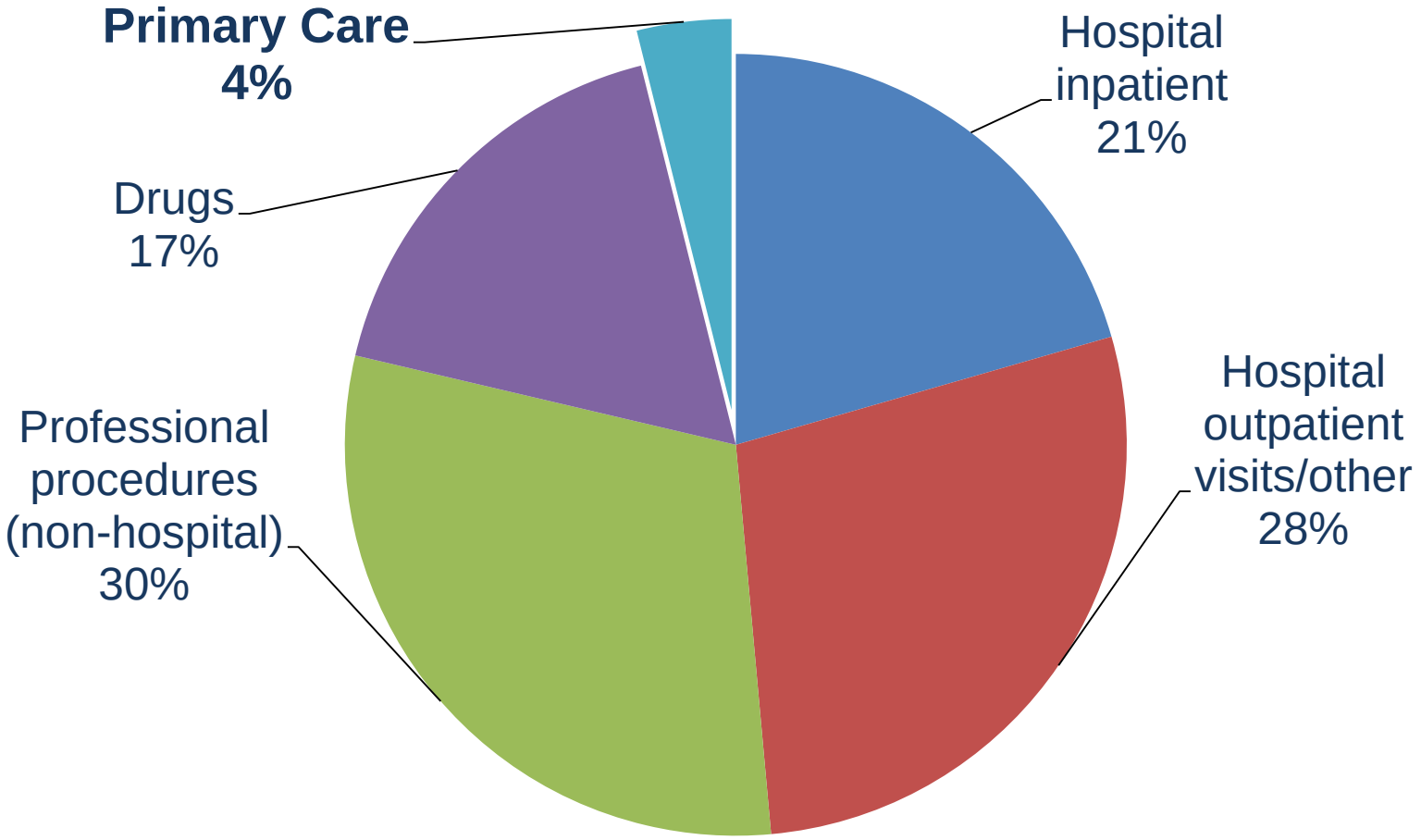
Healthcare is the major driver of the projected growth in federal spending over the long term



SOURCE: Congressional Budget Office, *The 2017 Long-Term Budget Outlook*, March 2017 and *The Budget and Economic Outlook: 2017 to 2027*, January 2017, and PGPF projections based on CBO data.
NOTE: Major health programs include Medicare (net), Medicaid, Children's Health Insurance Program (CHIP), and the health exchanges.

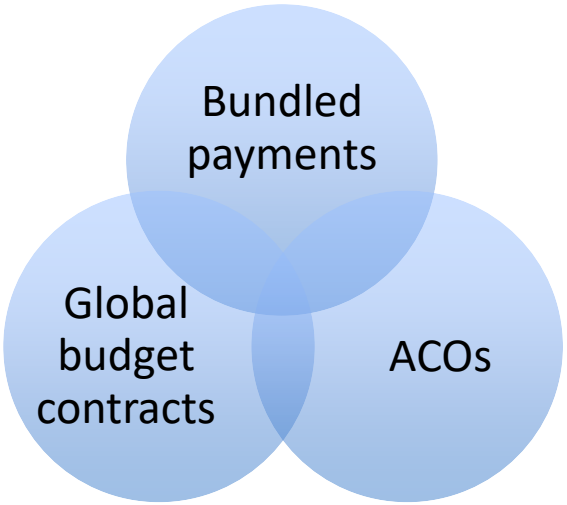
Primary Care Remains Undervalued

U.S. per-capita health spending, 2012
(under 65 with employer-sponsored health insurance)



2012 Health Care Cost and Utilization Report. " Health Care Cost Institute, Inc. (2013): Table A1 [Internet] Washington, DC: HCCI; 2013 Sept http://www.healthcostinstitute.org/

Emerging Payment Reform Trends



Volume-based reimbursement

Value-based reimbursement

Patient-Centered Primary Care COLLABORATIVE

Health System Transformation Requires…

Delivery Reform

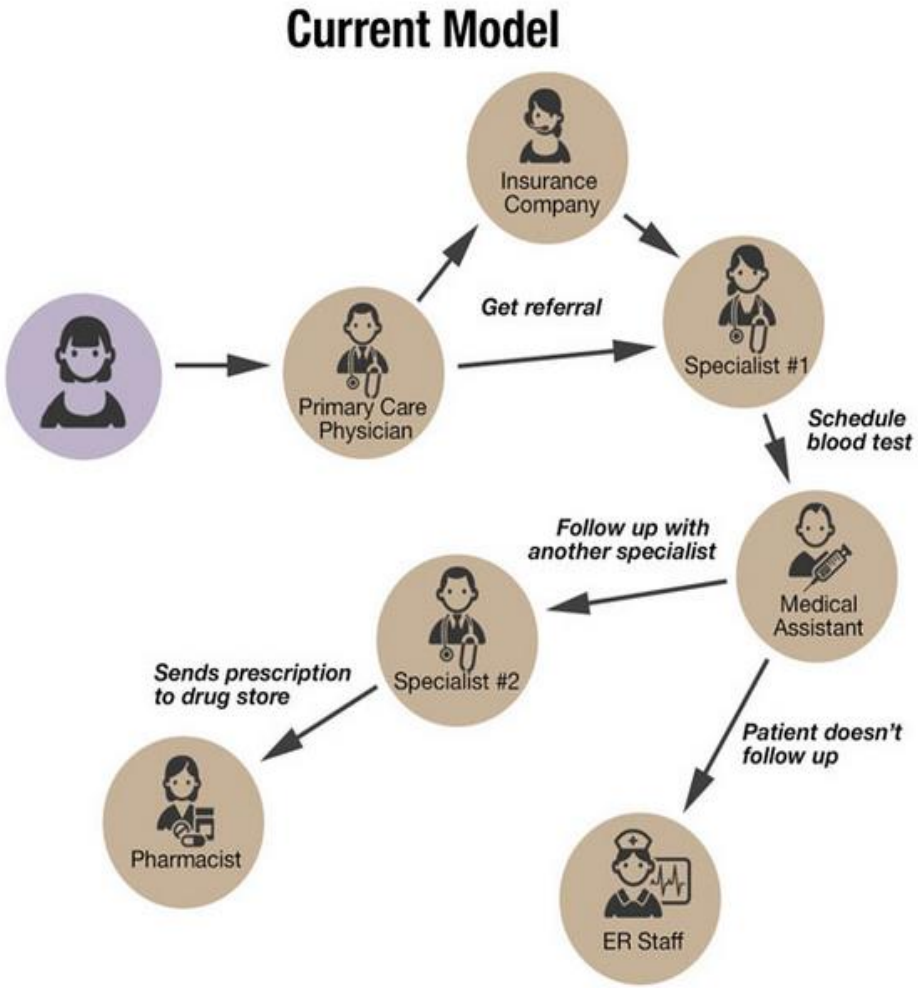
Public Engagement

Payment Reform

Benefit Redesign

Rethinking Primary Care

Clear communication and effective coordination among health care providers are vital for patient health, but the current primary care structure makes collaboration incredibly difficult. See the difference:



Source: [UCSF Center for Excellence in Primary Care](#).

Patient-Centered Primary Care COLLABORATIVE

Defining the Medical Home

The medical home is an *approach* to primary care that is:

Person-Centered
Supports patients and families in managing decisions and care plans

Comprehensive
Whole-person care provided by a team

Coordinated
Care is organized across the 'medical neighborhood'

Committed to Quality and Safety
Maximizes use of health IT, decision support and other tools

Accessible
Care is delivered with short waiting times, 24/7 access and extended in-person hours

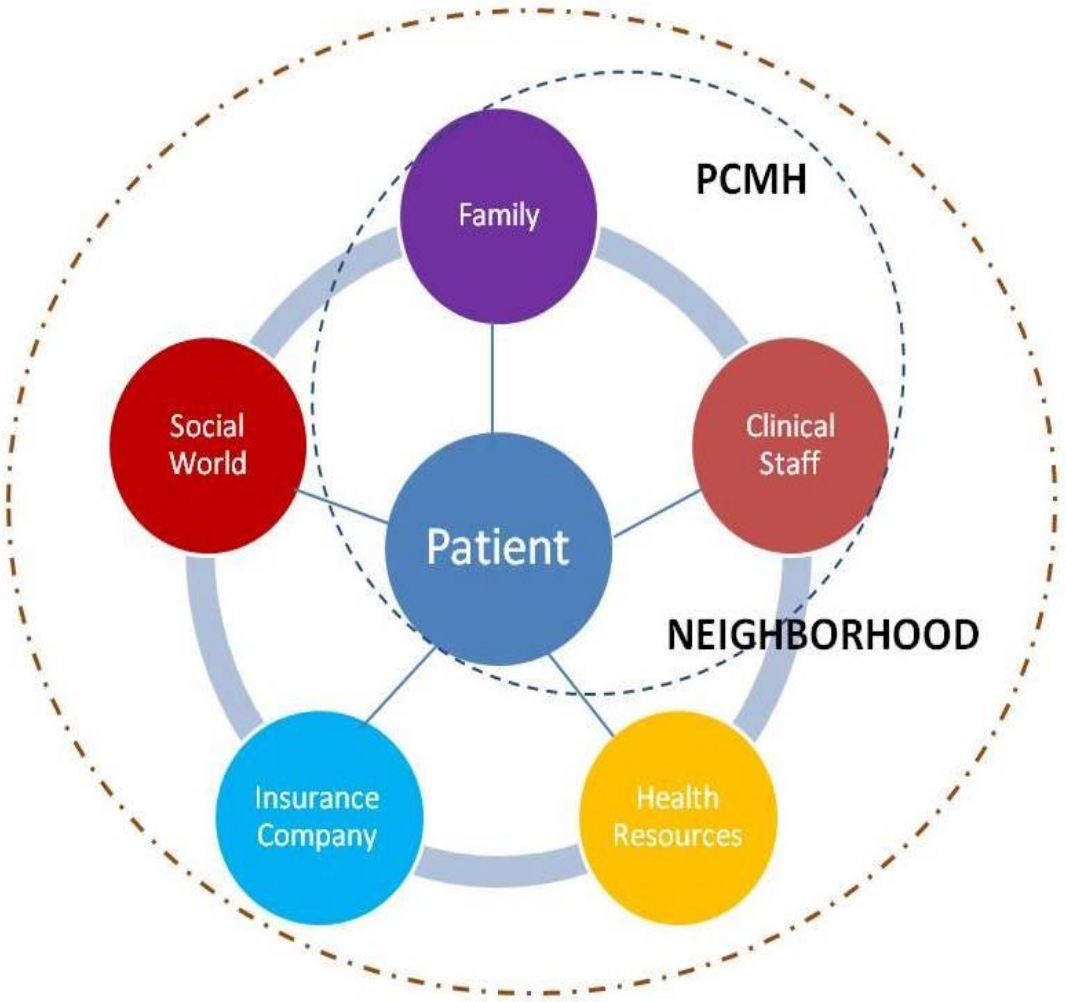
Source: www.ahrq.gov

Changing to a New Paradigm

Today	Future
Treating Sickness / Episodic	Managing Populations
Fragmented Care	Collaborative Care
Specialty Driven	Primary Care Driven
Isolated Patient Files	Integrated Electronic Records
Utilization Management	Evidence-Based Medicine
Fee for Service	Shared Risk/Reward
Payment for Volume	Payment for Value
Adversarial Payer-Provider Relations	Cooperative Payer-Provider Relations
"Everyone For Themselves"	Joint Contracting

PCMH Uses Diverse Empowered Care Teams

- Care coordinators
- Patient navigators
- Health coaches
- Peer support
- Care managers
- Behavioral health/mental health
- Community supports and social workers
- Pharmacists
- Patients, families & Caregivers



The Value-Based Care Spectrum

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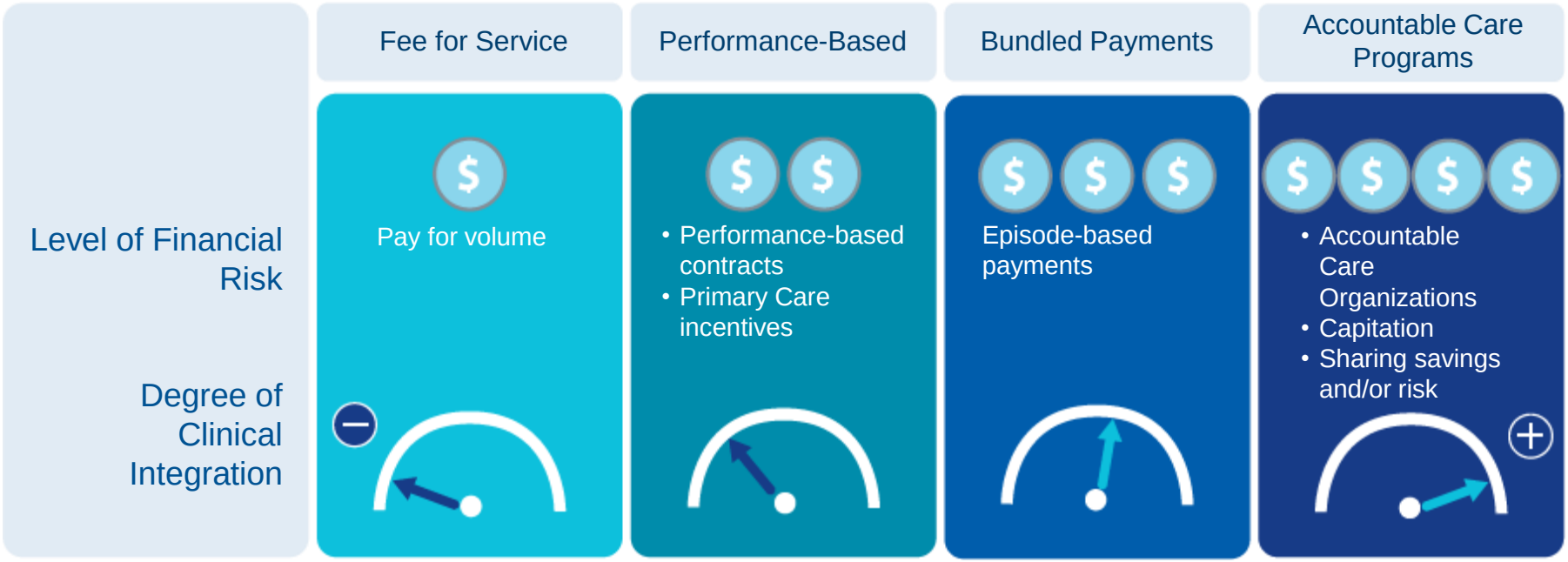

The Move to Value-Based Care

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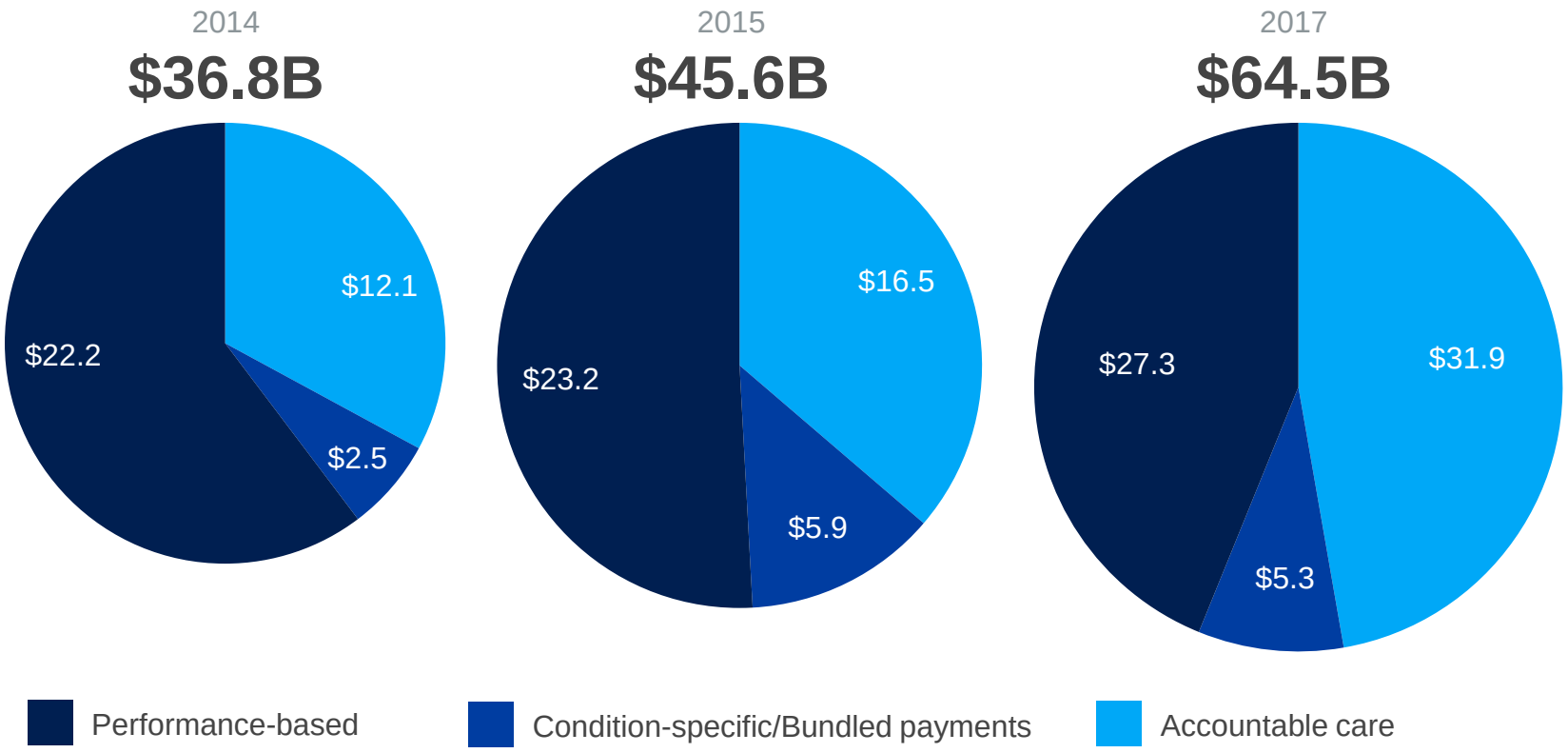
How do we advance health care through a new kind of relationship with providers?



Our Value-Based Status Today

UnitedHealthcare®

Impacting over **16 million** members[1]

110,000 physicians[1]

>1,100 hospitals[1]

>1,000 Accountable Care Agreements[2]

Performance-based[3]

41.0%
Improvement in Early Elective Deliveries (EED)

6.0%
decrease in both ER Escalations to Inpatient A:E ratio and in Potentially Avoidable Admissions

Bundles & Episodes

34%
reduction in medical cost savings for cancer therapy pilot[4]

>25%
Orthopedics COE Savings per Bundle [5]
(Hip and knee replacements, lumbar, spine and disc procedures)

Accountable Care

8-12%
Medical cost advantage vs. market[6]

8-10%
increase in preventative cancer screenings

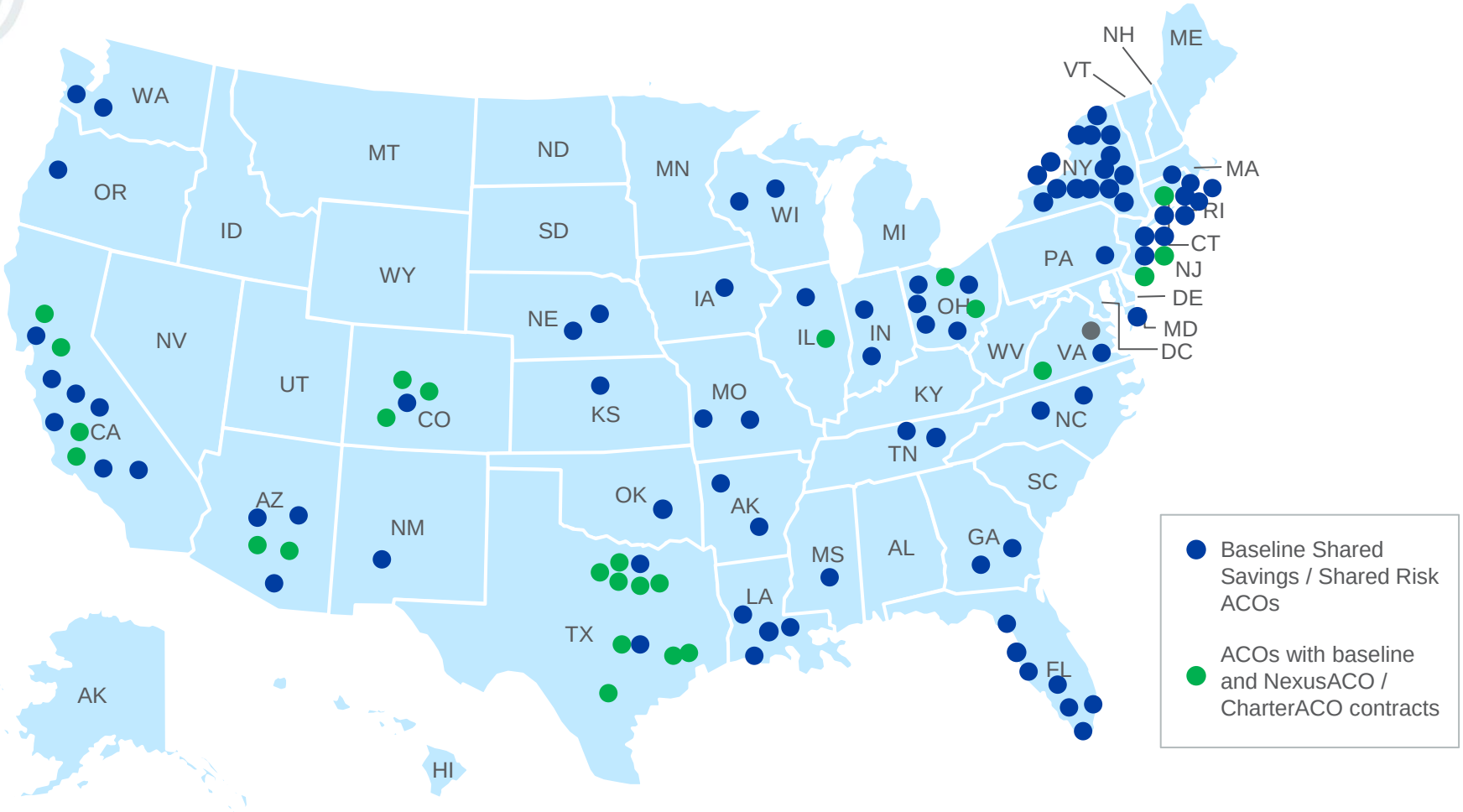
14%
lower ER visits

[1] Estimated counts across all lines of business as of December 2017; [2] Includes shared savings, shared risk, full risk, capitation, and medical home contracts across all lines of business as of Dec. 2017; [3] Commercial Hospital PBC programs as of Dec. 2017; [4] Savings provided by UHC Oncology team Dec. 2014; [5] Orthopedics OCE performance, 2014-2015; [6] Savings provided by UHC Health Care Economics as of Q4 2016

Accountable Care Organizations

UnitedHealthcare

Commercial Business as of January 2018



Notes

- We have over 100 commercial ACOs contracted today. Over 25 of these groups are also participating in our ACO product models, which span 20 markets in 12 states.
- "Baseline ACOs" are embedded in our networks and accessible to all members in these products, but do not involve promotion or tiering

*We have over 90 commercial ACOs contracted today and expect to have close to 100 by the end of 2017.

OptumCare Overview

Physician-led, patient-centric, data-driven

Primary and specialty care

Urgent care

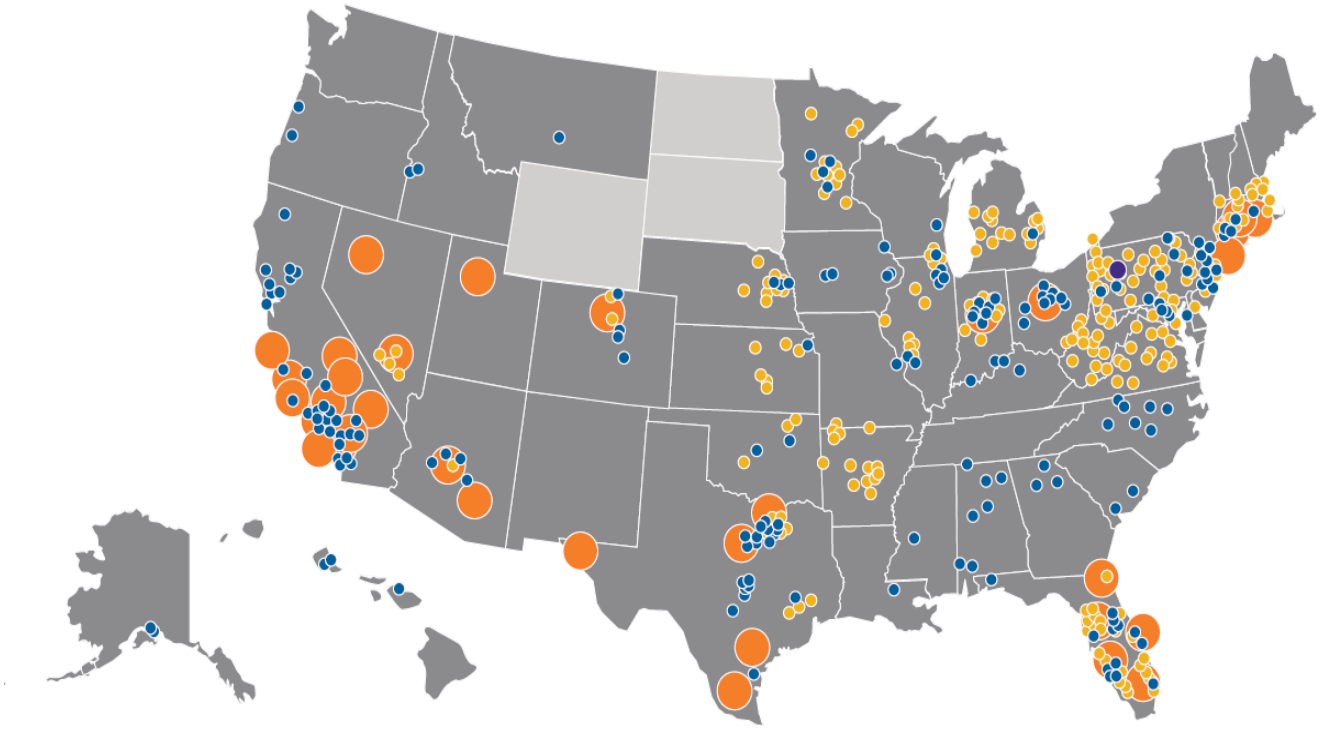
Outpatient surgical care

Complex care management

In-home visits

OPTUM®

OptumCare Overview, cont.

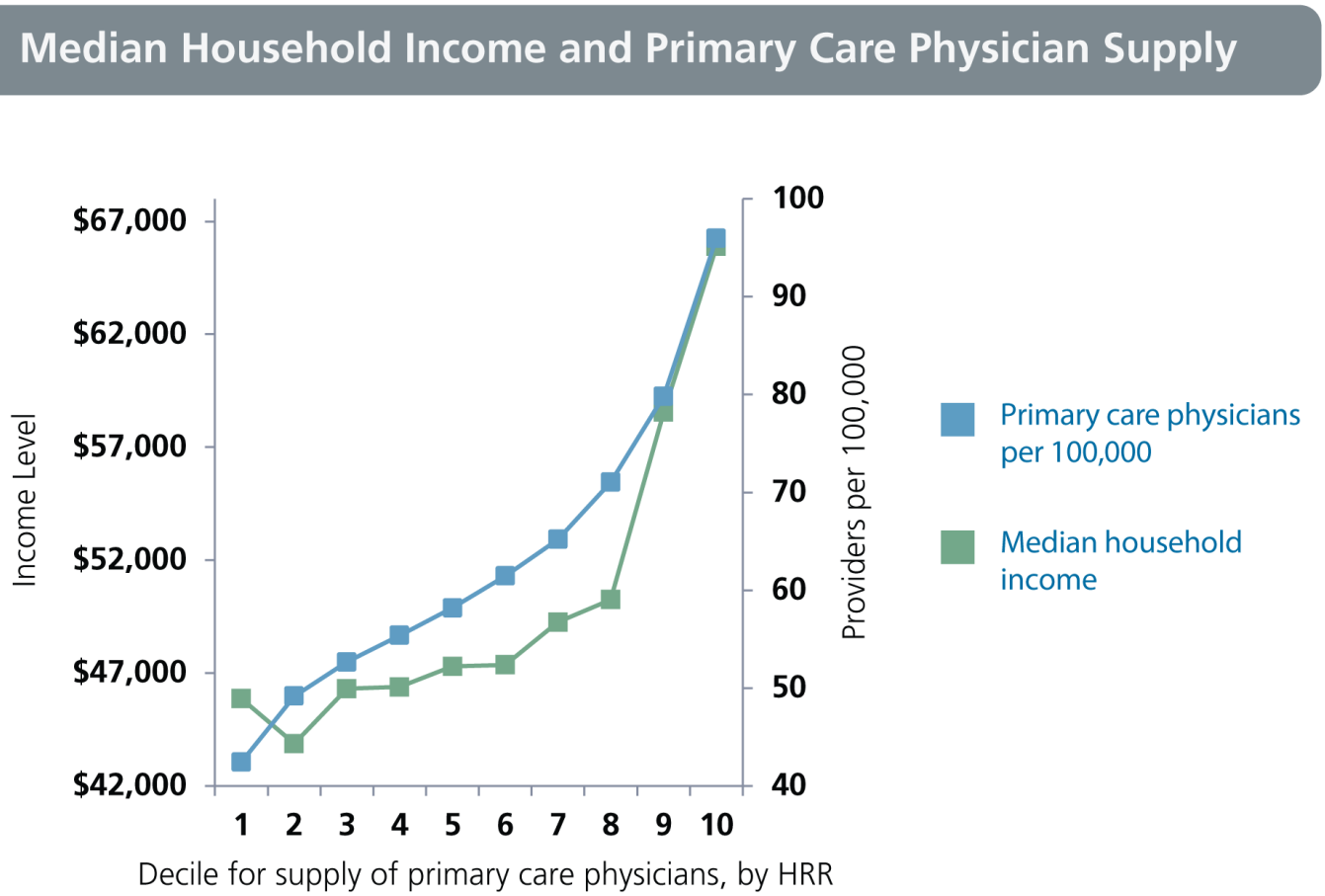


- Primary and specialty care
- Urgent care
- Outpatient surgical care
- Complex care management
- In-home visits

AppleCare Medical Group · NAMM California · Southwest Medical · ProHealth Physicians · NewWest Physicians · Riverside Medical Group · SCA Surgical Care Affiliates · American Health Network · WellMed · Monarch HealthCare · USMD Health System · ProHEALTH Care · MedExpress · OPTUM Care | Network of Utah · OPTUM Care | Medical Group · OPTUM Care | Network of Connecticut · OPTUM Care | Network of Arizona

OPTUM®

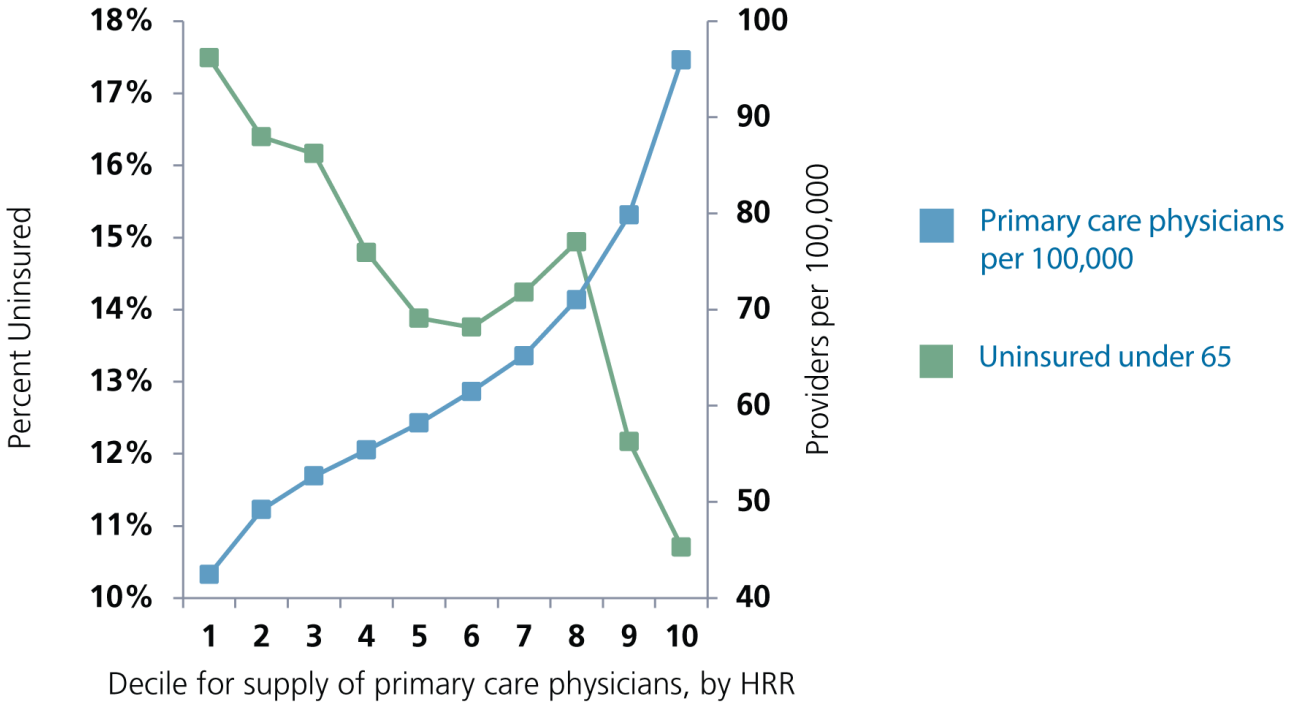
Primary Care Physicians are More Concentrated in Higher-Income Areas



Source: UnitedHealth Center for Health Reform & Modernization and Optum Labs analysis, 2014.

Primary Care Physicians are More Concentrated in Areas with Lower Rates of Uninsured

Uninsured Rate For Non-Elderly and Primary Care Physician Supply



Source: UnitedHealth Center for Health Reform & Modernization and Optum Labs analysis, 2014.

Primary Care in US Today-Status and Perceptions

- Though US physician workforce is (too) specialty oriented, primary care is respected and acknowledged as important
- Major Associations and Leading Medical Schools support primary care
- Consumer demand for primary care exceeds supply
- New primary care models are emerging:
    - Patient Centered Medical Home (PCMH)
    - “Concierge” practices
    - “Direct” primary care

Advancing Primary Care Delivery: Practical, Proven, and Scalable Approaches

- Primary care is the foundation of the U.S. health care system, central to improving health and to effectively treating patients.
- The United States faces a challenge in terms of increasing overall primary care capacity and aligning the supply of primary care resources with demand in underserved communities.
- Building blocks for increasing capacity include leveraging a diverse clinical workforce, practicing in care teams, and utilizing health information technology (HIT).
  - Care delivery models that leverage these building blocks have improved quality and contained costs, by applying value-based payments.
  - Additional pathways to expand and target capacity include leveraging retail health clinics, reaching patients where they live, utilizing group visits, and better targeting "super-utilizers" and other complex patients.

The full report can be accessed at unitedhealthgroup.com/modernization

The Brazilian Health System at Crossroads: Progress, Crisis and Resilience

Summary box

- Brazil has made good progress towards achieving Universal Health Coverage (UHC) with improvements in population health, but shortages in public funding, suboptimal resource allocation and weaknesses in healthcare delivery persist.
- From 2000 to 2014, total health expenditure rose from 7.0% to 8.3% of gross domestic product and population coverage with the Family Health Strategy rose from 7.6% to 58.2%.
- Since 2015, public health expenditure per capita has declined in real terms, while 2.9 million people lost private health plan coverage, violent deaths have increased and there have been outbreaks of infectious diseases.
- Economic and political crises, combined with austerity policies, pose a major risk to UHC and health gains achieved Brazil, and elsewhere, with detrimental impact on the poorest and the most vulnerable populations, and require development of resilient health systems.

BMJ Global Health

Massuda A, Hone T, Leles FAG, et al. The Brazilian health system at crossroads: progress, crisis and resilience. BMJ Glob Health 2018;3:e000829. doi:10.1136/bmjgh-2018-000829

Implications for Brazil

In Brazil, the Family Health Strategy (FHS), created in 1994, is the mechanism of primary health care (PHC) delivery through the public system and henceforth the main platform for achieving universal health coverage (UHC) The Brazilian Health System comprises a mixed system in which around 75% of the whole population receives healthcare only through the public system (Unified Health System, SUS in Portuguese), while 25% has private insurance coverage. Even though part of population receives care through private insurance, these individuals also have the right to receive healthcare through the SUS, as there is no opting out in Brazil. In this context, UHC is only guaranteed by the public system. In the private system, PHC is not organized and has been driven by spontaneous demand. This model not only induces demand but is harmful for individuals since they do not receive longitudinal care.

Citation: Andrade MV, Coelho AQ, Xavier Neto M, Carvalho LRd, Atun R, Castro MC (2018) Transition to universal primary health care coverage in Brazil: Analysis of uptake and expansion patterns of Brazil's Family Health Strategy (1998-2012). PLoS ONE 13(8): e0201723. https://doi.org/10.1371/journal.pone.0201723

Implications for Brazil, cont.

- Evolving, Variable Spread of Primary Care in the SUS
- Supply, organization, and quality of primary care providers
- Primary Care-Specialists relationships and communications
- Consumer perceptions of primary care (generally and in the private system)
- Spread of innovations: telehealth, retail clinics, artificial intelligence, bots, etc.

Every Nation's Health System Struggles with the Same Issues

- US Specific:
  - Price levels
  - Physician supply imbalance (specialists/primary care)
  - Consolidation of providers, suppliers
  - Underinsurance/financial barriers
  - Lack of social consensus re health, health care
- Global:
  - Expanding/assuring access to care
  - Managing cost growth
  - Care of complex/chronic/vulnerable populations
  - Applying data, analytics and technology in innovative, effective ways
  - Measuring and improving quality
  - Addressing disparities
  - Integration of medical/social systems
  - Improving the consumer experience/improving health system responsiveness

" The best way to predict the future is to invent it."

- Alan Kay

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THANK YOU!
Questions/Discussion