



ILLUSTRATION OF AN EXECUTIVE ORDER ON PRIMARY CARE

Prepared by the American College of Physicians

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The American College of Physicians has drafted this *illustration* of a proposed executive order on primary care to identify the key elements that might be included. ACP recognizes that it is the President's sole discretion, responsibility and authority to determine the issues that merit executive orders and the specific contents of such orders.

Suggested elements to be included in an executive order on primary care:

By the authority vested in me as President by the Constitution and the laws of the United States, and in order to promote federal efforts to improve health care accessibility, cost-effectiveness and quality by increasing primary care workforce capacity, it is hereby ordered as follows:

Section 1. Purpose. This executive order should direct all federal agencies with an impact on health care in the United States to develop and implement policies to increase primary care workforce capacity in the United States to meet the needs of the currently insured, people who will become newly insured as a result of health reform initiatives to expand coverage, and the growing demand for primary care associated with an aging population with increased incidence of chronic illnesses.

Section 2. Definitions. For purposes of this order:

(a) "Primary care" means the provision of integrated, high-quality, accessible health care services by health care clinicians, including physicians and nurses, who are accountable for addressing a full range of personal health and health care needs, developing a sustained partnership with patients, practicing in the context of family and community, and working to minimize disparities across population subgroups.

(b) "Primary care physician" means a physician (as defined in section 1886 of the Social Security Act) who is trained in the fields of family practice, internal medicine, and pediatrics who provides first contact, continuous, and comprehensive care to patients.

(c) "Patient-Centered Medical Home" means: (1) IN GENERAL-, the term 'patient centered medical home' means a physician-directed practice that has been certified by an organization under paragraph (2) as meeting the following standards:

(A) The practice provides patients who elect to obtain care through a patient centered medical home (referred to as 'participating patients') with direct and ongoing access to a primary or principal care physician who accepts responsibility for providing first contact, continuous, and

comprehensive care to the whole person, in collaboration with teams of other health professionals, including nurses and specialist physicians, as needed and appropriate.

(B) The practice applies standards for access to care and communication with participating beneficiaries.

(C) The practice has readily accessible, clinically useful information on participating patients that enables the practice to treat such patients comprehensively and systematically.

(D) The practice maintains continuous relationships with participating patients by implementing evidence-based guidelines and applying such guidelines to the identified needs of individual beneficiaries over time and with the intensity needed by such beneficiaries.

(E) The practice--

(i) collaborates with participating patients to pursue their goals for optimal achievable health; and

(ii) assesses patient-specific barriers to communication and conducts activities to support patient self-management.

(F) The practice has in place the resources and processes necessary to achieve improvements in the management and coordination of care for participating patients.

(G) The practice monitors its clinical process and performance (including outcome measures) in meeting the applicable standards under this paragraph and provides information in a form and manner specified by the Secretary with respect to such process and performance.

(d) “Agency” means an agency of the Federal Government that administers or otherwise impacts health care in the United States. This definition includes but is not limited to the Office of Management and Budget, Department of Health and Human Services, the Department of Veterans Affairs, the Department of Defense, the Office of Personnel Management, the Department of Education, and the Department of Labor.

Section 3. Directives for Agencies. On an individual and inter-agency basis, agencies shall perform the following functions as applicable to their scope of responsibilities and authority:

- (a) Develop specific and measurable goals on the numbers and proportions of primary care physicians and other clinicians needed to meet current and increased demand for primary care, including those associated with expansions of coverage and how their agency will contribute to meeting such goals. In developing such goals, the agency or agencies shall convene an advisory group of experts on physician workforce, including representatives of national membership societies representing primary care physicians, nurses, physician assistants, consumer and patient advocacy groups.
- (b) Develop, describe and initiate plans to encourage or require private sector entities that contract with the federal government to provide care to patients funded or subsidized by the federal government – including health plans that

participate in the FEHBP and the Medicare Advantage programs or that may be offered through Health Exchanges as established and authorized by law – to implement policies to increase primary care physician workforce capacity.

- (c) Develop, describe and initiate plans to support and expand innovative models for delivering primary care including the Patient-Centered Medical Home.
- (d) Develop, describe and initiate a research agenda to facilitate an understanding of the factors affecting choice of specialty, the demand for primary care, and policies to assure a sufficient primary care workforce capacity.
- (e) Develop, describe and initiate plans to reduce ineffective, duplicative or inefficient regulatory and paperwork requirements on primary care clinicians.
- (f) Develop, describe and initiate plans to assist primary care physicians and other primary care clinicians, especially those in smaller practices, to acquire the capabilities and health information systems to manage and coordinate care including health information technology.
- (g) Develop, describe and initiate payment reforms to make primary care competitive with other career and practice options and create measurable objectives for assessing the impact of such reforms on increasing primary care workforce capacity.

Section 4. Date of implementation. Each agency is required to develop and describe a timeline for implementing all such programs described in Section 3. Implementation of the directives described in Section 3 shall occur no later than two years after this order is issued.

Section 5. Evaluation metrics and recalibration. Agencies are required to develop and describe goals for each program and metrics for evaluating success. Agencies must develop and describe a process for recalibration of such programs should they prove to be having an insufficient impact on increasing the primary care workforce capacity.

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THE WHITE HOUSE
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