

Other Areas

- State of Health Care Report
- State Experimentation with Reforms to Expand Access to Health Care
- “Cover the Uninsured” Program
 - Cover the Uninsured Week: 2007 Results
 - List of Planning Guides and Templates
 - Guide to Op-ed Placements, Letters-to-the Editor and Editorial Board meetings
 - Guide to Working with the Media
 - How to Write a News Brief
 - Campus Events Planning guide
 - Health and Enrollment Fair Planning Guide

A Report from America's Internists on the State of the Nation's Health Care

*A System in Need of Change:
Restructuring Federal Health Care Policy to
Make Patient-Centered Care Available to All*

*The American College of Physicians
January 22, 2007*

Introduction

On behalf of its 120,000 internal medicine physician and medical student members, the American College of Physicians today is releasing sweeping new policy recommendations to reform Medicare, Medicaid, S-CHIP and other programs supported by the federal government to advance patient-centered primary care, a model of health-care delivery that has been proven to result in better quality, more efficient use of resources, reduced utilization, and higher patient satisfaction.

Patient-centered primary care will:

- Facilitate the ability of physicians, working in partnership with their patients, to implement a systems-based approach to delivering patient-centered services that have been shown to result in better quality, lower costs, and higher patient satisfaction.
- Avert an impending collapse of primary care medicine by restructuring payment policies to support the value of care provided by a primary care physician.
- Extend the benefits of a patient-centered health care system to all Americans, by taking immediate steps toward making affordable coverage available to the currently uninsured and by giving them direct access to patient-centered health care through a medical home.

Our specific and detailed recommendations on revamping federal reimbursement policies are presented in a companion position paper, "A System in Need of Change: Restructuring Payment Policies to Support Patient-Centered Care" also being released today.

ACP's recommendations acknowledge that the State of America's health care in 2007 is inadequate and that comprehensive reforms are needed in how medical care is organized, valued, financed and reimbursed.

In what ways is America's health care system inadequate?

- According to the most recent estimates by the U.S. Census, almost 47 million Americans do not have health insurance coverage.¹ The U.S. is the only major

¹ U.S. Census Bureau. Health Insurance Coverage 2005. Accessed at <http://www.census.gov/hhes/www/hlthins/hlthin05/hlthin05asc.html>

industrialized nation in the world that does not provide health insurance coverage to all of its citizens.

- The uninsured are less likely to have access to regular care by a personal physician, less likely to receive needed and recommended preventive services and medications, and are more likely to succumb to preventable illnesses, more likely to suffer complications from those illnesses, and more likely to die prematurely.²
- Per capita health care expenses are considerably higher in the United States, and consume a higher proportion of the national Gross Domestic Product (GDP) than other industrialized nations.³
- Americans receive preventive and other health care less than half of the times recommended by evidence-based guidelines⁴ and often receive health care that is unnecessary, excessive and possibly even harmful.⁵
- The United States has a much lower proportion of primary care physicians to specialists than other industrialized nations that score better on measures of cost and quality; pays more for procedures provided by specialists than for evaluation and management services provided by primary care physicians; and enables huge earnings inequities that favor procedural specialists over primary care.⁶
- This imbalance between specialty and primary care exists even though dozens of studies show that the availability of patient-centered primary care is positively and consistently associated with better quality, reduced mortality, higher patient satisfaction and lower costs of care.⁷
- The problem is getting worse: as ACP reported in January 2006 in its State of the Nation's Health Care report, the U.S. health care system is facing a collapse of primary care medicine. Very few new physicians are going into primary care and many of those currently in practice are leaving the field or are planning to retire in the near future. These changes are occurring at the same time that demographic trends—an aging population with more chronic conditions — will require more

² Institute of Medicine, *Care without Coverage: Too Little, Too Late*, National Academy Press, 2002

³ Reinhardt U, Hussey P, Anderson, G. *U.S. health care spending in an international context*. Health Affairs 2004;23(3):10-25

⁴ McGlynn, EA et. al *The quality of health care delivered to adults in the United States*. NEJM 2003; 348:2635-2645

⁵ Fisher, E et al. Avoiding the Unintended Consequences of Growth in Medical Care: How Might More Be Worse?, Journal of the American Medical Association, February 3, 1999; Vol 281, No. 5

⁶ Starfield B, Shi L, and Macinko J., *Contributions of Primary Care to Health Systems and Health*, Millbank Quarterly, 2005;83:457-502.

⁷ Barbara Starfield, *The Primary Solution*, Boston Review, November/December 2005, <http://bostonreview.net/BR30.6/starfield.html>

primary care physicians. The result of this collapse of primary care will be higher costs, lower quality, diminished access, and decreased patient satisfaction.⁸

The Solution: A Patient-Centered Health Care System

The solution to such inadequacies is to redirect federal health care policy toward supporting patient-centered health care that builds upon the relationship between patients and their primary and principal care physicians and supports the systems needed to achieve better results. This would involve applying systems-based models that have been proven to work in other nations' health systems (adapting them to the unique circumstances and needs of the United States) and in successful patient-centered health programs within the U.S.

What is a Patient-Centered Health Care System?

A patient-centered health care system is one that:

- Provides continuous access to a personal primary or principal care physician who accepts responsibility for treating and managing care for the whole patient through an advanced medical home (AMH), also known as a patient-centered medical home,* rather than limiting practice to a single disease condition, organ system, or procedure,
- Supports the specific characteristics of care that the evidence shows result in the best possible outcomes for patients.
- Recognizes the importance of implementing systems-based approaches that will enable physicians and other clinicians to manage care, in partnership with their patients, and to engage in continuous quality improvement,
- Introduces transparency in consumer decision-making and accountability for getting better results,
- Creates new financing, reimbursement and delivery models that support the ability of physicians and patients to provide and receive patient-centered care,
- Assures that all individuals will have access to care through a patient-centered medical home (PC-MH) by providing affordable health insurance coverage to all and creating models that will provide everyone with the option of receiving care through a PC-MH.

⁸ Thomas Bodenheimer, MD, *Primary Care—Will it Survive?*, New England Journal of Medicine, 355:9, August 31, 2006

*The AMH is a model described in previous ACP position papers that offers the benefits of a personal physician with a whole person orientation who accepts overall responsibility for the care of the patient and leads a team that provides enhanced access to care, improved coordinated and integrated care, and increased efforts to ensure safety and quality. The American Academy of Family Physicians has proposed a similar model called the personal medical home. AAFP and ACP have adopted a joint statement of principles that uses the patient-centered medical home as a common descriptor for both models. The American Academy of Pediatrics has also promoted the concept of a medical home for children with special needs. For the purposes of this paper, the patient-centered medical home (PC-MH) will be used and should be considered to be interchangeable with the AMH as described in other ACP position papers.

More specifically, the Commonwealth Fund has suggested that patient-centered primary care should have most of the following characteristics (emphasis added by ACP):

- Superb access to care including ease of making an appointment and e-mail and telephone visits when they are an appropriate substitute for in-person care; electronic prescription refills.
- Patient engagement in care: option for patients to be informed and engaged partners in their care, including a recasting of clinician roles as advisers, with patients or designated surrogates for incapacitated patients serving as the locus of decision making (when desired by patients); information for patients on condition/treatment options/treatment plan; clear delineation of roles and responsibilities for patients, caretakers, and clinicians; patient reminders/alerts for routine preventive care or when special follow-up is necessary .
- Clinical information systems that support high-quality care, practice-based learning, and quality improvement: registries; monitoring adherence; ease of access to laboratory and diagnostic test results; physician and patient reminders/alerts; decision support for physicians and patients; information on recommended treatment plans; and longitudinal charts on risk factors/use of services/outcomes.
- Care coordination: coordination of specialist care, including systems that monitor whether recommended referrals take place; prompt feedback of specialist consultation reports to primary care physicians and patients; information about the availability and quality of specialty services and community resources; systems to prevent errors that occur when multiple physicians or sites are involved in care; post-hospital follow-up and support; tracking of tests, test results, procedures, and the filling of prescriptions to monitor patient adherence to mutually agreed-upon diagnostic and treatment plans; and communication among health care providers who care for a patient, but do so in different geographic locations or at different times.
- Integrated, comprehensive care and smooth information transfer across a fixed or virtual team of providers: including physicians, advanced practice nurses, nurses, and others, as needed (e.g., social workers, nutritionists, health educators, exercise

physiologists, and behavioral health specialists), and elimination of duplication of information and testing.

- Ongoing, routine patient feedback to a practice: using, for example, low-cost, internet-based, patient-centered care surveys, leading to targeted plans for practice improvement. Such surveys following a patient encounter or episode of care could be used by the physician or practice to understand what went right or wrong from the perspective of the patient and suggest opportunities for improvement.
- Publicly available information on practices: information by which a patient could choose a physician or a practice most likely to meet the patient's needs.⁹

Many U.S. physicians already are providing some of the characteristics of patient-centered care, but few provide all of them.¹⁰ In comparison, many other industrialized countries have made a deliberate policy decision to build their health care systems around patient-centered care, and physicians in those countries are far more likely to report that they have all or most of the characteristics associated with patient-centered care.¹¹

A principal reason why the United States does not consistently deliver patient-centered care is that payment systems used by Medicare, Medicaid, and most private payers reward physicians for the volume of procedures generated and number of office visits performed, rather than for ongoing, continuous and longitudinal management of the patients' whole health, supported by systems-based practice improvements that lead to better results. The College's recommendations for reforming Medicare payment policies are discussed later in this paper.

Evidence that Patient-Centered Health Care Will Improve Quality and Lower Costs

There is substantial and growing evidence that a health care system built upon a foundation of patient-centered primary care will improve outcomes, result in more efficient use of resources, and accelerate systems-based improvements in physician practices.

According to an analysis by the Center for Evaluative Clinical Sciences at Dartmouth, states that relied more on primary care:

- have lower Medicare spending (inpatient reimbursements and Part B payments),

⁹ Davis, Karen, Schoenbaum, Stephen C. & Audet, Anne-Marie. A 2020 Vision of Patient-Centered Primary Care. *Journal of General Internal Medicine* 2005;20: 953-957.

¹⁰ Audet, Anne-Marie, Davis, Karen, & Schoenbaum, Stephen C. Adoption of Patient-Centered Care Practices by Physicians. *Archives of Internal Medicine*. 2006;166:754-759

¹¹ Schoen C, Osborn R et. al. On the Front Lines: Primary Care Office System's, Experiences and Views in 7 Countries. *Health Affairs* 2006;25: w555-w571.

- lower resource inputs (hospital beds, ICU beds, total physician labor, primary care labor, and medical specialist labor)
- lower utilization rates (physician visits, days in ICUs, days in the hospital, and fewer patients seeing 10 or more physicians), and
- better quality of care (fewer ICU deaths and a higher composite quality score).¹²

Starfield's review of dozens of studies on primary-care oriented health systems found that primary care is consistently associated with better health outcomes, lower costs, and greater equity in care.

- Primary care oriented countries, such as Australia, Canada, New Zealand, and the United Kingdom are rated higher than the United States on many aspects of care, including the public's view of the health care system not needing complete rebuilding, finding that the regular physicians' advice is helpful, and coordination of care. "The United States rates the poorest on all aspects of experienced care, including access, person-focused care over time, unnecessary tests, polypharmacy, adverse effects, and rating of medical care received."
- An orientation to primary care reduces sociodemographic and socioeconomic disparities.
- Overall, primary care-oriented countries have better care at lower cost.
- Within the United States, adults with a primary care physician rather than a specialist had 33 percent lower cost of care and were 19 percent less likely to die, after adjusting for demographic and health characteristics.
- Primary care physician supply is consistently associated with improved health outcomes for conditions like cancer, heart disease, stroke, infant mortality, low birth weight, life expectancy, and self-rated care.
- In both England and the United States, each additional primary care physician per 10,000 population is associated with a decrease in mortality rates of 3 to 10 percent.
- In the United States, an increase of one primary care physician is associated with 1.44 fewer deaths per 10,000 population.
- The association of primary care with decreased mortality is greater in the African-American population than in the white population.¹³

¹² Dartmouth Atlas of Health Care, Variation among States in the Management of Severe Chronic Illness, 2006

