CHCF

Webinar: Why Primary Care Matters to California

November 16, 2022

Presenters

Palav Babaria, MD, MHS

Nina Birnbaum, MD

Alice Chen, MD, MPH

Diane Rittenhouse, MD, MPH

Anthony Wright

Kathryn Phillips, MPH (moderator)

Primary Care Matters to California

Diane Rittenhouse, MD, MPH
Senior Fellow, Mathematica

California Health Care Foundation Webinar

November 16, 2022

High-Quality Primary Care

- Primary care clinicians
  - Physicians trained in generalist specialties such as family medicine, general pediatrics, general internal medicine, and geriatrics
  - Nurse practitioners trained in family, gerontological, and pediatric care
- Primary care team
  - Nurses, physician assistants, medical assistants, community health workers, behavioral health counselors, social workers, and pharmacists

Primary Care: Unique Qualities

- **Whole-person orientation**
- **First point of contact** for someone experiencing new symptoms or concerns
- **Comprehensive** — includes preventive services, acute care, and ongoing management of chronic and comorbid physical and behavioral health conditions
- **Care coordination** for patients across the health system
- **Continuous** trusting partnerships with patients

High-Quality Primary Care

- Happens in a **variety of settings** including private practices, community health centers, large health systems, and even in visits to a patient's home
- Ideally located in **neighborhoods** where people live, **providing a more holistic view** of the patient's experience by fostering the primary care team's awareness of the local social, physical, and structural **determinants of health**

Primary Care Advances Health Equity

The unique qualities of high-quality primary care make it the most fair, accessible, and cost-efficient way for people, regardless of race, ethnicity, or income, to enter the health care system and obtain health services to meet their needs.

—Supported by decades of international and US studies

Without universal access to high-quality primary care, California will struggle to improve health and assure equity.

Californians *with* a Primary Care Provider

- Seek out and receive more physical health care, including video visits
- Are less likely to skip or defer care due to cost
- Report fewer language, distance, and affordability barriers to appropriate care
- Engage in positive health behaviors such as making health a priority, speaking up when visiting the doctor, and getting appropriate screening and preventive care

Source: CHCF/NORC California Health Policy Survey (Sept. 27, 2021 to Nov. 17, 2021).

Californians *Without* a Primary Care Provider

- Face barriers accessing care they can afford, care that is easy to get to, a doctor who speaks the same language and has a similar background or experiences, and a doctor who treats them with dignity and respect

- Have negative experiences with health care providers
  - Having a doctor talk down to them, not listen or not believe what they were saying, assume something about them without asking, suggest they were personally to blame for their health problem, refuse a test or medication that the patient thought they needed

Source: CHCF/NORC California Health Policy Survey (Sept. 27, 2021 to Nov. 17, 2021).

Primary Care Access in California: Progress on Coverage, More to Be Done

- 11.4 million Californians live in a designated primary care shortage area.*
- 1 in 3 primary care physicians in California are set to retire in the next decade.†
- 1 in 5 California Latino/x still do not have a usual source of care.‡
- Access in Medi-Cal is a particular challenge:
  - California ranks in the lowest quartile of primary care access for children and adolescents in Medicaid, as measured by the percentage of enrollees who had a recent PCP visit.**
  - In 2011, only 53.7%†† of primary care physicians participated in Medi-Cal (second lowest rate in the country), and in 2015, California's PCP-to-member ratio failed to meet state and federal standards. ‡‡

Sources:* Jill Yegian, *The Case for Investing in Primary Care in California* (PDF), CHCF, April 2022.
† Joanne Spetz, Janet Coffman, and Igor Geyn, *California's Primary Care Workforce: Forecasted Supply, Demand, and Pipeline of Trainees, 2016-2030* (PDF), Healthforce Center at UCSF, August 15, 2017.
‡ Megan Thomas and Allison Valentine, *Health Disparities by Race and Ethnicity in California: Pattern of Inequity* (PDF), CHCF, October 2021.
** Quality of Care for Children in Medicaid and CHIP: Findings from the 2018 Child Core Set (PDF), Centers for Medicare & Medicaid Services, September 2019.
†† Benjamin D. Sommers and Richard Kronick, "Measuring Medicaid Physician Participation Rates and Implications for Policy," Journal of Health Politics, Policy and Law 41, no. 2 (Apr. 2016): 211–24.
‡‡ Janet Coffman and Margaret Fix, Physician Participation in Medi-Cal: Is Supply Meeting Demand? California Health Care Foundation, June 2017.

Primary Care: Money Matters

- Investment in primary care is insufficient.
  - More than half of office visits in the United States are to primary care clinicians, yet only 5% of total health care spending goes to primary care,* which is low compared to other high-income countries.
- The share of total health care spending on primary care is decreasing in a majority of states, including California.†
- Primary care physicians earn 30% less than other physicians, which makes building and sustaining the workforce challenging.
  - Average medical school debt: $250,000‡

* *Spending on Primary Care: First Estimates. Organisation for Economic Co-operation and Development* (PDF), OECD, December 2018; and Ann Kempski and Ann Greiner, *Primary Care Spending: High Stakes, Low Investment*, Primary Care Collaborative, December 2020.

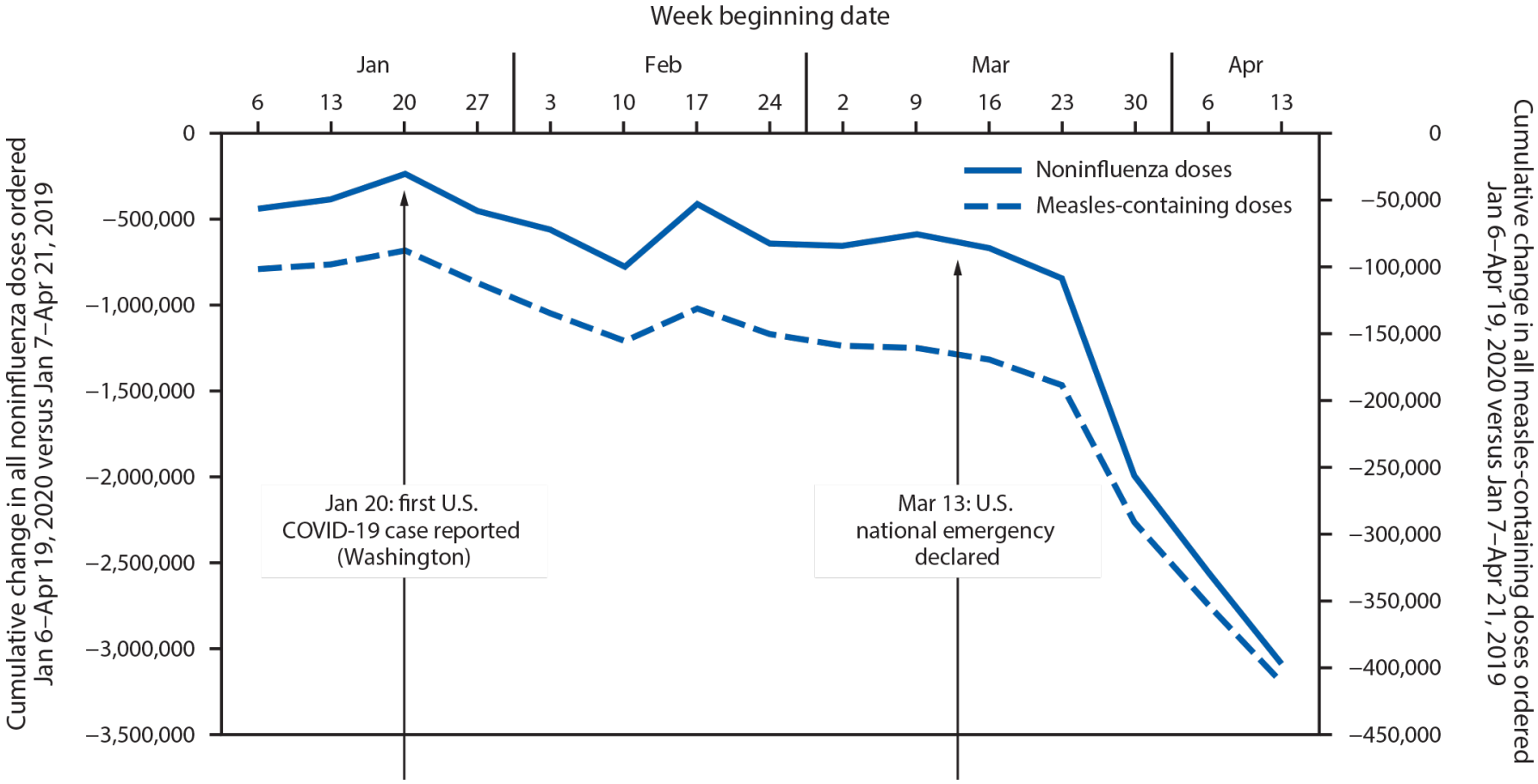
† Jill Yegian, *The Case for Investing in Primary Care in California* (PDF), CHCF, April 2022.

‡ Melanice Hanson, "Average Medical School Debt" EducationData.org, last updated December 9, 2021.

Primary Care Practices Are in Crisis

- Chronically underresourced
  - Overall spending on primary care is low
  - Practices continually asked to accomplish more
  - Administrative burdens are high and complex
  - Fee-for-service focuses on visits and procedures, not education, coordination, etc.
- Problem brewing for decades
  - Workforce beleaguered and burned out
  - Health professions students not choosing primary care
  - In need of financial and technical assistance for transformative change
- COVID-19 pushed primary care to the brink

Routine Childhood Immunizations



* VFC data represent the difference in cumulative doses of VFC-funded noninfluenza and measles-containing vaccines ordered by health care providers at weekly intervals between January 7 and April 21, 2019, and between January 6 and April 19, 2020.

Source: Jeanne M. Santoli et al., "Effects of the COVID-19 Pandemic on Routine Pediatric Vaccine Ordering and Administration — United States, 2020," *MMWR* 69, no. 19 (May 15, 2020): 591–93.

Universal Access to High-Quality Primary Care Is Needed to Advance Health System Goals

- Improve access to care
- Improve quality of care and health outcomes
- Reduce disparities
- Improve affordability

Primary Care Essential to Achieve DHCS' Comprehensive Quality Strategy, 5×25 Bold Goals

- Reduce racial/ethnic disparities in well-child visits and immunizations by 50%
- Close the maternity care disparity for Black and Native American people by 50%
- Improve maternal and adolescent depression screening by 50%
- Improve follow-up for mental health and SUD by 50%
- Ensure all health plans exceed the 50th percentile for all children's preventive care measures

Primary Care Policy Priorities: Big Picture

- Increase primary care investment
  - Spend more of the health care dollar on primary care
- Modernize primary care payment models and mechanisms
  - Move from fee-for-service models to hybrid models
- Expand and diversify primary care workforce
  - Primary care team pipeline and incentives

Thank you!

drittenhouse@mathematica-mpr.com