

**The Value of the PCP**

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UnitedHealthcare Community Plans of Texas & Oklahoma

March 2021

United Healthcare

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**Disclosure**

I have no actual or potential conflict of interest in relation to any product or service mentioned in this program or presentation.

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**Learning Objectives**

At the end of this presentation you should:-

- ❖ 1. Understand the importance of a PCP
- ❖ 2. Understand the definition of a PCP .
- ❖ 3. Understand what a PCP does and is responsible for
- ❖ 4. Understand the implications of not having a PCP
- ❖ 5. Understand the impact of a PCP on healthcare metrics

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### Agenda

- 1.What is **Primary Care** & who is a **Primary Care Provider** ie PCP?
- 2.What is the role of a PCP? What does a PCP do?
- 3.What is the benefit of a PCP?
- 4.Cost of care with and without a PCP.
- 5.Quality of care with and with out a PCP.
- 6.How to explain the value of a PCP to a member/patient?

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### Pre/post questions

- 1. What does a PCP do?
  - a. Provides comprehensive care
  - b. provides chronic, preventive and acute care in both inpatient and outpatient settings
  - c. serves as the entry point for substantially all of the patient's medical and health care needs
  - d. all of the above
- 2. The cost & quality of care is favorably affected by having a PCP?     yes     no
- 3. Is an ObGyn considered a PCP?     yes     No
- 4. Who is not considered a PCP in the USA? (select all that apply)
  - a. Family practice Dr.    b. hospitalist    c. cardiologist    d. NP

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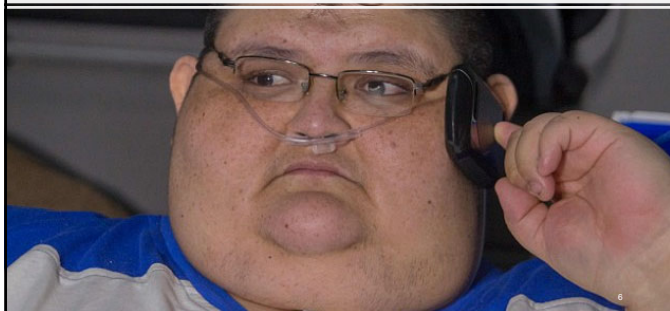
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### Meet Jet Blue..



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### Case presentation - Jet Blue

- 54yo female
- **Dx:** COPD on pm O2, HTN w CKD4 obesity – BMI 35, anxiety , back pain
- **Social** :- lives alone, smokes 3 cig every other day, occ smoked Marijuana, doesn't drive , has a cat/dog
- **(re)Admissions:-** 5 in the past 6 months
  - 3 for bronchitis/Resp failure , 1 COVID/pneumonia, 1 for anxiety
- **ED visits:** avg 3/month - most for SOB/DOE, Anxiety, chest pain – main source of med refills
- **Providers:** PCP of record –
  - 1) NP Jane Brown - visits on the avg one every 3-4months
  - 2) Pulm Dr Jay – visits 1 in the past yr
- **Meds** – treatment per GOLDS criteria not met, runs out of inhalers often and not all filled, pain meds filled monthly, HTN - single med
- **Communication** – assessments completed, good relationship, occ UTR . **NP office** – doesn't have a recall system to track the mbr/return to office – they last spoke to her 4 months ago. **PULM** – only see the member in the hospital;

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**What is Primary care & who is a PCP?**

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### World Health Organization's definition (1978) :

- Primary care is:**
- "Essential health care based on practical, scientifically sound, and socially acceptable methods and technology made universally accessible to individuals and families in the community by means acceptable to them and at a cost that the community and the country can afford to maintain at every stage of their development in a spirit of self reliance and self determination."
  - "It is the first level of contact for individuals, the family, and the community with the National Health system, bringing healthcare as close as possible to where people live and work, it constitutes the first element of a continuing health care process".
  - "It forms an integral part of both the country's health system (of which it is a central function) and a main focus of the overall social and economic development of the community "

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**Starfield definition of Primary Care** (Book: Primary care: balancing Health needs, services & Technology)

- **integrated care** – To encompass supervision of comprehensive, coordinated and continuous services to provide a seamless process of care preferably throughout a lifespan
- **comprehensive care** -To address any health problem at any stage of a patient's life cycle
- **coordinated care** –the provision of a combination of health services and information to meet the patients need
- **continuous care** – care overtime by a single individual or team of health care professionals (Clinician continuity) and to effective and timely maintenance and communication of health information (records continuity )
- **accessible care** – The ease with which a patient can initiate an interaction for any health problem with the clinician
- **Healthcare services** used for the purpose of promoting, maintaining and restoring health
- **The clinician** uses a recognized scientific knowledge base and has authority to direct the delivery of personal health services
- **Accountability** to the primary care clinicians and system
- **Sustained partnership** between patient and clinician with mutual expectation of continuation overtime
- **Context of family & community** –understanding of the patient's living conditions, family dynamics and cultural background

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**What is a PCP – Primary Care Physician or Provider?**

- a specialist in Family Medicine, Internal Medicine or Pediatrics
- must be specifically trained to provide comprehensive primary care services through residency or fellowship training in acute and chronic care settings.
- Other non-physician providers can include nurse practitioners, physician assistants and some other health care providers.
- These non-physician providers of primary care may meet the needs of specific patients. ***They should provide these services in collaborative teams in which the ultimate responsibility for the patient resides with the primary care physician.***

(American Academy of Family Physicians)  
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**What is the role of a PCP? What does a PCP do?**

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### What is the role of a PCP?

- devotes the majority of their practice to providing primary care services to a defined population of patients
- takes continuing responsibility for providing the patient's comprehensive care
- provides definitive care to the undifferentiated patient at the point of first contact,
- care may include chronic, preventive and acute care in both inpatient and outpatient settings
- serves as the entry point for substantially all of the patient's medical and health care needs - not limited by problem origin, organ system, or diagnosis.
- **advocates for the patient in coordinating the use of the entire health care system to benefit the patient.**

(American Academy of Family Physicians)

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### Who is NOT a PCP?

- Physicians who are not trained in the primary care specialties of family medicine, general internal medicine, or general pediatrics (eg. ObGyn etc) may sometimes provide patient care services that are usually delivered by primary care physicians. These physicians may focus on specific patient care needs related to prevention, health maintenance, acute care, chronic care or rehabilitation. **These physicians, however, do not offer these services within the context of comprehensive, first contact and continuing care.**

(American Academy of Family Physicians)

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### What is the benefit of a PCP?



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### What is the benefit of a PCP?

- has expertise in managing multiple treatments, medications, and the interactions between them.
- can address the entire person, considering their values, beliefs, and preferences.
- to interpret and advise on the best course of action with the explosion of medical knowledge and treatment alternatives available.

• (Harvard Health Publishing/Harvard Medical school)

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### Quality of care with & without a PCP



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### How does care compare:- with & without a PCP?

- Recent JAMA Internal Medicine article: - Researchers analyzed survey results from 49,286 US adults with a PCP and 21,133 US adults without a PCP (JAMA Intern Med. 2019;179(3):363-372: Quality @ Experience of outpt care in USA with /without primary Care) -
- RESULTS:** adults with primary care were significantly:
  - more likely to fill more prescriptions
  - to have a routine preventive visit in the past year.
  - more likely to receive more high-value care such as cancer screenings, including colorectal cancer screening and mammography.

• (Harvard School Publishing- Harvard Medical School)

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**How a PCP affects the quality of care ....**

- ❖ associated with fewer preventable hospitalizations and increased longevity.
- ❖ care is better coordinated
- ❖ care is less fragmented,
- ❖ unnecessary testing is minimized,
- ❖ communication is better,
- ❖ trust is established,
- ❖ prevention is emphasized,
- ❖ illness is often diagnosed and treated at an earlier and more treatable stage

• (American College of Physicians)

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**Remember Jet Blue? ..  
How can we help her?**



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**Continuing with Jet Blue**

- What do you want to know about Jet?
- How many failures in care can you identify?
- What interventions are needed to effect change in the (re)admissions?
- What suggestions would you have for Jet? The providers?



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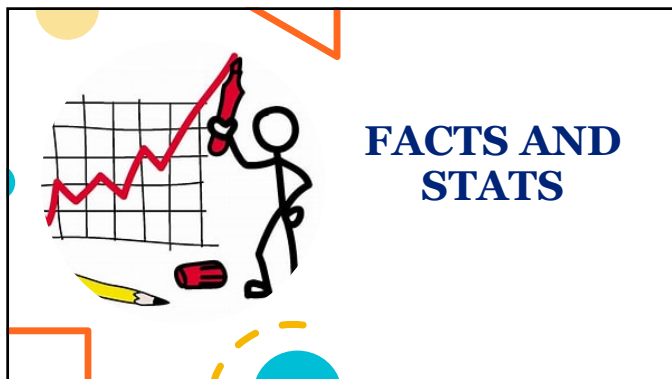
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**Changing Consumer Attitudes Towards Care Delivery** According to a recent survey of 6,000 people in 10 countries (sponsored by Cisco)

- ✓ **76%** of patients say access to care is more important than physical human contact with their care provider
- ✓ **70%** of patients would trust an automated device to provide a diagnosis and determine whether or not they needed to see a doctor
- ✓ **74%** of patients are comfortable having their health records available in the cloud, assuming adequate security (excluding Germany and Japan)

**But...**

- ✓ **87%** of patients would trade off time, money and/or convenience to be treated at a perceived leading healthcare provider, and gain access to trusted care and expertise

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**PRIMARY CARE STATS & FACTS**

- *Research has found that the nature of the relationship between the patient and PCP impacts patients' perception of the quality of care they are receiving (Satz R, Horton MJ - J of General Internal Medicine) and correlate positively with measures of primary care provider performance. (Atlas SJ, Grant RW - Annals of Internal Medicine)*
- *Research has found that patients generally do not feel well connected with their PCP's (Atlas SJ, Grant RW - Annals of Internal Medicine)*
- *Research shows in other countries, eg primary care to specialist physician ratio in Canada reveals only 10% more specialists than primary care physicians in contrast to 50% more United States!*
- *Of the estimated 400,000 primary care providers in the United States (including PAs, NPs), physicians made up 74% (The Synthesis Project Research Synthesis Report 2011 )*
- *The distribution of primary care providers in the US is uneven with 5902 communities designated as primary care health professional shortage areas (<http://bhpr.hrsa.gov/shortage/>)*

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**65,800**  
= the projected shortage  
of PCPs in 2025  
(AAMC, The Levitt Gap)

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**How to explain  
the value of a  
PCP to a member  
/patient?**

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**How to present the value of the PCP to the member?**

- **Ease on the member – member satisfaction**
  - "Your PCP is responsible for **overseeing** your entire care"
  - "Your PCP **has a record** of all your other Drs consulted on your case and can communicate with them"
  - "Your PCP **knows your history** and that helps to prevent confusion and errors in your care eg medications already tried etc..."
  - "Its important to **build a relationship of trust**"
  - "Your PCP is able to see and treat you as a **whole person** including everything that is important to you"
- **Improved care – improved metrics**
  - "Your PCP will know what tests you have had, so this will **avoid duplication**"
  - "Your PCP will know what meds you have had a reaction to and will know which meds or class of meds to avoid to **prevent errors**"
  - "Your PCP will know your history over time, and know what can be taken care of at home, and what presentation needs to be seen in the ED, **preventing (re)admissions**"
  - "Your PCP, knowing you, will better be able to understand and interpret your symptoms and direct you to the **best most helpful Drs and tests**"

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**What can I do to prevent (re)admissions and ER Visits?**

➤ *encourage PCP use and attendance regularly (depending on symptoms and severity of conditions) for med review and treatment adjustments – to get member to a steady state of routine care.*

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**What are the preventive measures?**

*Regular routine visits & care*

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**When do I suggest to refer to a specialist?**

- After review of care needs with the member for the member to discuss with the PCP
- After discussion of care needs and outcomes directly with the PCP (hospitalizations, utilization etc)
- When the scope of care is beyond the ability of the PCP (or often times the PA/NP), best accomplished through a P2P

Note that the health plan does NOT make referrals, only suggestions for the member to discuss with the PCP – ultimately the PCP knows best and will make the referral if they feel indicated. Exceptions would be when quality concerns or breach of standard of care is witnessed.

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**Why is this relevant? How will I use this information to help my member?**

- I will be able to better identify the negative outcomes in a member related to lack of a PCP
- I will be better able to recognize when poorly managed care is due to lack of PCP oversight
- I will know when to suggest referral to a specialist after adequate care has been addressed with the PCP & scope of care is beyond the PCPs ability
- I will know when to warn member of worsening conditions

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**The Imperative**

•“Putting primary care at the front and center of U.S. health care will help achieve all of the other changes needed to make health care better, including providing universal coverage, reducing disparities, and lowering costs. Better is possible, and that needs to start by society valuing primary care as much as patients value their own primary care doctors” (American College of Physicians)

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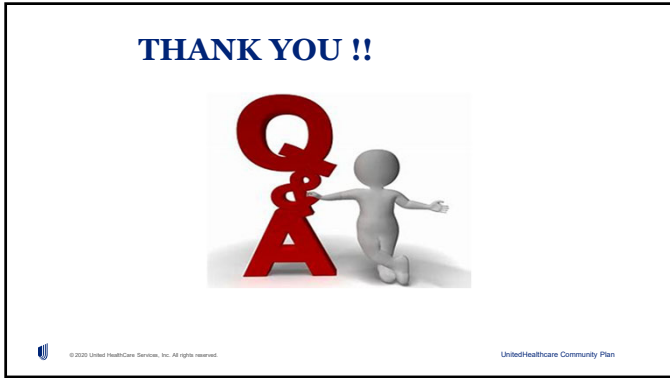
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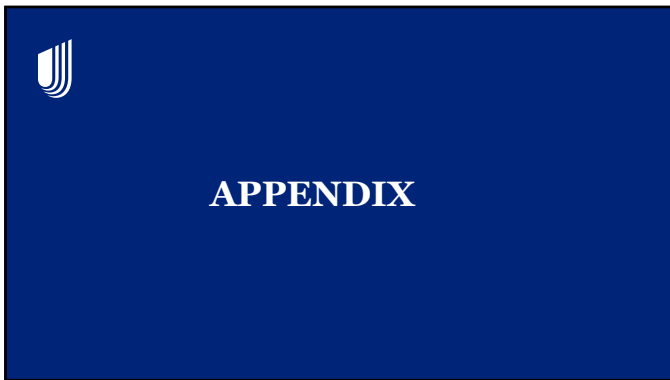
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