Primary care in the ACO: The role of primary care in the future healthcare system

Erica Brode, MD MPH; Andrew Bazemore, MD, MPH; Kevin Grumbach, MD
University of California, San Francisco & The Robert Graham Center

VALUE OF PRIMARY CARE
In Medicare data, states with more PCPs have higher quality and lower cost of care.

THE TRIPLE AIM
The Patient Protection and Affordable Care Act of 2010 suggested that healthcare providers meet this Triple Aim through Accountable Care Organizations (ACOs) through the Medicare Shared Savings Program.

RESEARCH QUESTION
What is the impact of the ACO Final Rule on the role of primary care in the ACO?

OBJECTIVES
• If the goal of the ACO is to meet the Triple Aim and Primary Care has been shown to increase value, to what extent does the ACO Model promote Primary Care?
• How can primary care best take advantage of this opportunity?

ACCOUNTABLE CARE ORGANIZATION DEFINITION:
“Providers who are jointly held accountable for achieving measured quality improvements and reductions in the rate of growth spending.”

THE PROBLEM
Healthcare spending has been growing faster than the economy for many years, projected to reach 25% of GDP in 2025 and 49% in 2082. This trend far surpasses any other nation.

Ranked 42nd in life expectancy, the US receives the lowest value when compared to other industrialized countries and that disparity is growing.

FACTORS THAT PROMOTE PRIMARY CARE
• Safety net clinic involvement
• Prospective beneficiary assignment
• Reduction in number of metric
• Primary care role expansion into population and public health

THE MOST EFFECTIVE WAY TO BEND THE COST CURVE IS THROUGH PAYMENT REFORM, WHICH REQUIRES ACOS TO ACCEPT RISK AND CREATE INTERNAL INCENTIVES THAT PROMOTE PRIMARY CARE
• When providers are paid a salary they provide little care for few; when capitated they provide little care for as many as possible; when paid for performance they provide as much care as possible for the staff being measured; and when fee for service they provide as much care as possible for as many as possible.
• Transition from fee for service toward capitation
• Pay based on value created
• Separate performance risk from actuarial risk through stop loss insurance, reinsurance, or risk-adjustment
• Do providers base clinical decisions on incentives?
• Specialists need incentives to link patients to primary care
• Patient incentives to remain within the ACO and to better their own health

THE TRANSFORMATION OF PRIMARY CARE PRACTICES INTO PATIENT-CENTERED MEDICAL HOMES IS CRITICAL FOR ACO SUCCESS
• There is an old Buddhist saying that the best fence is a good pasture.
• Recognize support roles within the PCMH
• The level of quality keeps the patients from wandering
• Learning from the CBD study
• Social and environmental determinants drive costs more than healthcare
• Need partnership with communities of solutions
• Need support for non-visit care, metric reporting, interoperability
• Prediction Models (need for technology)

THE ACO MODEL WILL VARY WIDELY BY REGION BASED ON THE PRIMARY CARE POPULATION WITHIN THAT AREA, AS WELL AS THE LOCAL HEALTHCARE MARKET
• The most important geographic differences are between High Dermotin-Atlas spenders and low spenders, like Miami versus Portland. Miami needs the ACO to take full risk to drive costs down, while Portland can take less risk.
• Resources proportional to the health needs of the population, micro-targeted
• Issues include: demographics, integration of the local system, rural or urban
• Highly Integrated areas may have already managed out extra costs
• ACOs as complex adaptive systems
• Not one solution for all, must adapt to local environment

THE FUTURE OF PRIMARY CARE IN THE ACO IS NOT PRESCRIBED; IT REQUIRES PRIMARY CARE TO SEIZE THE OPPORTUNITY TO BECOME CENTRAL TO THE ACO
• If people in primary care can get organized then when hospitals come they can say “we don’t care who pays, we just want to be the center of their care.”
• Requires leadership that can make change exciting instead of burdensome

REFERENCES
Baicker, Katherine and Chandra, Amitabh. “Medicare Spending, the Physician Workforce, and Reform, Which Requires ACOS to Accept Risk and Create Internal INCENTIVES THAT PROMOTE PRIMARY CARE.” Health Affairs Web exclusive w3.284 (2004): 184-191.
Kaiser Permanente. “Primary care won’t gain power naturally; must organize.”
Point of view: How does the ACO Model promote Primary Care?
“Providers who are jointly held accountable for achieving measured quality improvements and reductions in the rate of growth spending.”

THE ROLE OF PRIMARY CARE
ACOs as complex adaptive systems
One TIN to an ACO may limit access in certain areas
Upfront investment capital needs to be given hospitals, multi-specialty groups the advantage
Factors that promote primary care
Safety net clinic involvement
Prospective beneficiary assignment
Reduction in number of metric
Primary care role expansion into population and public health
Factors that inhibit primary care
Higher fee for primary care without guaranteed resources to pass this barrier
Upfront investment capital gives hospitals, multi-specialty groups the advantage
Overregulation
One TIN to an ACO may limit access in certain areas
Specialists can be counted as the primary care provider

THE MATERIALS & METHODS
SEM I-STRUC TURED INTE RVIEW DEVELOPMENT: IM MERSION CRYSTALLIZATION

FOR THERAPYiani PloXeuei

PARTICIPANT RECRUITMENT: SNOWBALL SAMPLING

DATA SYNTHESIS: FRAMEWORK ANALYSIS

Familiarization
Identification of a thematic framework
Indexing
Charting
Mapping and interpretation

NEX T STEPS
What do the ACO Final Rule mean for primary care? The role of primary care in the future healthcare system

ACKNOWLEDGMENTS
A special thank you to The Robert Graham Center for their support and funding for their program. Thank you to the UCSF IPR Committee for their approval. Thank you to my mentors for their support and guidance.

ERROR ON PAGE 10: "Primary care should be central to the governance of the ACO: "Primary care should be central to the governance of the ACO; no one else can do it."

ERROR ON PAGE 10: "Primary care shouldn’t be central to the governance of the ACO: “Primary care should be central to the governance of the ACO; no one else can do it."

ERROR ON PAGE 10: "Primary care can’t be central to the governance of the ACO: “Primary care should be central to the governance of the ACO; no one else can do it.”"