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**A SPECIAL REPORT FROM INDEPENDENT HEALTH**

Research Shows Western New Yorkers Understand the Important Role of Primary Care Physicians (PCPs) in Coordinating and Delivering Effective, Patient-Centered Health Care

## INTRODUCTION

The importance of primary care to our nation’s health care system – and to patient health – cannot be overstated.

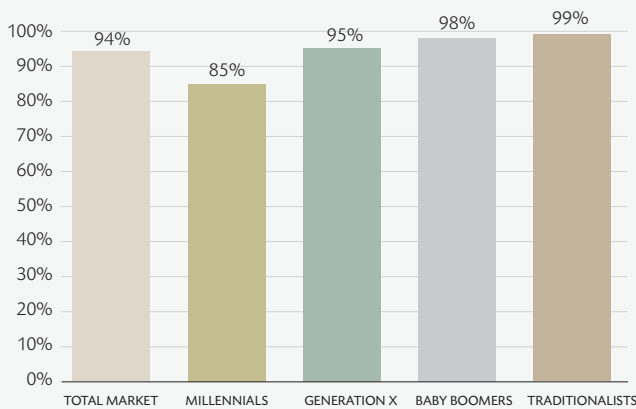
Primary care enables better coordination and collaboration of care among providers, improves patient outcomes, and addresses inefficiencies and cost. Families, individuals, employers, and the entire community all benefit from a health care system with a robust primary care structure in place.

Research commissioned by Independent Health finds Western New Yorkers across all generational segments (Millennials, Generation X, Baby Boomers, and Traditionalists) have positive opinions about primary care and understand the important role of primary care physicians (PCPs) in coordinating and delivering safe, effective and patient-centered health care.

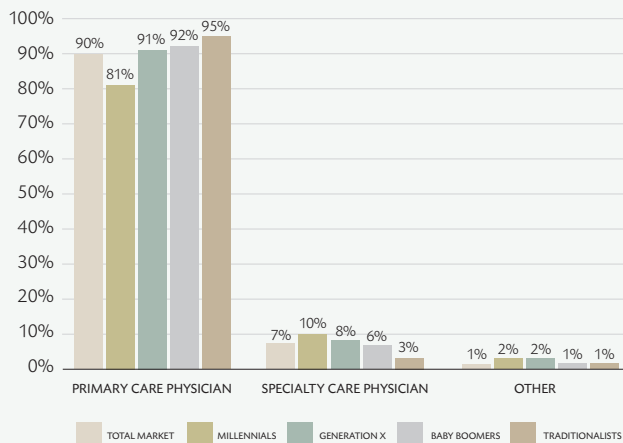
Michael W. Cropp, M.D., president and CEO of Independent Health, said these findings support the health plan’s long history of introducing numerous efforts to strengthen primary care and support PCPs, in particular at a time when the U.S. and New York state are facing a critical shortage of PCPs.

“PCPs are the linchpin of health care and their influence has a ripple effect on specialists, other providers and the entire health care system,” said Dr. Cropp. “We’ve been working with PCPs for many years to help them create more access, more consistency in the quality of care they provide, and a greater efficiency within their practices, while rewarding them for taking a more proactive role in helping their patients navigate what for too long has been a very complex and fragmented health care system.”

### Do you have someone you consider your PCP?



### Who do you consider to be the main doctor who you most often seek care and advice from?



## Other Key Findings

- More than three-quarters (77.7 percent) of all respondents said they start with their PCP when they need to access the health care system.
- Nearly three out of four (73.8 percent) said it is important to share information among all providers to ensure a patient gets the health care services they need in an organized and effective manner.
- When scheduling appointments and facilitating access to services, 65.9 percent of all those responding said they would like to utilize an online portal, including 79 percent of Millennials, compared to only 28 percent of Baby Boomers.
- Survey respondents said the following attributes are most valuable to them when seeing their PCP:
  - Listens to me (96 percent)
  - Answers my questions (95 percent)
  - Explains things in a way that is easy to understand (95 percent)
- Survey respondents said they find the following services most valuable from their PCP:
  - Same day/next day appointments (87.6 percent)
  - Extended hours (77.2 percent)
  - Help sorting through information and making decisions (69.2 percent)

## THE VITAL ROLE OF THE PRIMARY CARE PHYSICIAN

Research demonstrates access to primary care helps people live longer, healthier lives. Conversely, the absence of PCPs results in uncoordinated, duplicative, and more costly care.

The American Academy of Family Physicians (AAFP) says studies suggest as many as 127,617 deaths per year in the U.S. could be averted through an increase in the number of PCPs available.<sup>1</sup>

The AAFP also reports an increase in just one PCP per 10,000 people has been shown to result in a:

- 5 percent decrease in outpatient visits
- 5.5 percent decrease in inpatient visits
- 10.9 percent decrease in ER visits<sup>2</sup>

Urban and rural communities with an adequate supply of PCPs experience a lower infant mortality rate, higher birth weights, and immunization rates at or above national standards, despite social disparities.<sup>3</sup>

Evidence also shows primary care, in contrast to specialty care, is associated with a more equitable distribution of health in populations – a finding that holds true in both national and international studies.<sup>4</sup>

In addition, Medicare spending is lower in states with more PCPs;<sup>5</sup> states with more physicians report better-quality health care;<sup>6</sup> and, investing in primary care can help employers reduce costs and improve the health of their workforce.<sup>7</sup>

## THE STATE OF PRIMARY CARE TODAY

Alarming, the U.S. health care system faces a critical shortage of physicians, in particular PCPs, creating a serious risk to patient care and health care delivery. Fifty years ago, half of the physicians in the U.S. practiced primary care. Today, fewer than one in three do.

The Association of American Medical Colleges (AAMC) estimates there will be a continued shortage of between 14,800 and 49,000 PCPs in the U.S. by the year 2030, depending on the supply of advanced practice nurses and physician assistants (P.A.s) who will be needed to help fill the gap.<sup>8</sup>

Fueling the physician shortage is our nation's growing and aging population. According to a report issued in March 2018 by the AAMC, the U.S. population is expected to grow by nearly 11 percent to 359 million in 2030, while the 65 and over population will increase by 50 percent – increasing demand for medical services as older Americans seek treatment for age-related health conditions.<sup>9</sup>

## FACTORS IN SHORTAGE OF PRIMARY CARE PHYSICIANS

Other factors contributing to the shortage are:

- An aging workforce (as more than one-third of practicing physicians will be 65 or older within the next decade and looking to retire)
- Medical school debt
- Lower salaries for PCPs compared to specialties
- Physician burnout
- Lack of interest in practicing in underserved or rural locations

Dr. Cropp says mid-level practitioners such as nurse practitioners (N.P.s) and P.A.s will play an increasingly important role in health care delivery in future years, as the number of PCPs declines, while the U.S. population continues to grow and age.

He cited a recent study released by *Health Affairs*, a leading journal on health policy thought and research, that found the use of N.P.s in rural primary care practices increased from 17.6 percent in 2008 to 25.2 percent in 2016, and from 15.9 percent to 23.0 percent in non-rural practices during that same period.<sup>10</sup>

“The increased utilization of mid-level practitioners and structuring the care team in a manner that empowers each member to ‘practice at the highest level of their license’ addresses growing patient demand while also providing the best care possible in a highly efficient manner,” Dr. Cropp explained.

A study in *The American Journal of Medical Care* found practices with more N.P.s and P.A.s had fewer specialist referrals, hospitalizations and ER visits,<sup>11</sup> and can also lead to shorter wait times and better patient education, according to an analysis by the Agency for Healthcare Research and Quality.<sup>12</sup>

Both research conducted by *Health Affairs*<sup>13</sup> and the recent Independent Health survey indicate patients are definitely open to a greater role by mid-level practitioners.

When asked who they would want to see if their PCP was not available, 58 percent of respondents in the Independent Health survey said they would be willing to see an N.P. and 55 percent said they would be willing to see a P.A. (compared to 24 percent who said they would go to an urgent care center and 9 percent who would go to an emergency room).

Dr. Cropp said Independent Health will continue to place an emphasis on revitalizing and growing primary care, including a more team-focused approach, to help achieve the “quadruple aim” of better health, better care, improved affordability (lower costs), and provider vitality.

“The economic vitality of the Western New York region and the entire nation are dependent on having a prosperous health care economy, and this is subsequently dependent on having a strong primary care workforce,” Dr. Cropp added.

### **ACHIEVING PROVIDER VITALITY AND REWARDING PHYSICIANS FOR VALUE-BASED CARE**

By focusing on primary care, Independent Health’s goal is to make it a more sustainable and attractive professional choice for physicians, helping to reverse the decline and potential shortage of PCPs in the U.S. and New York state. This starts with improving the reimbursement model for PCPs, as well as their professional fulfillment.

A relatively new, alternative payment model known as value-based care is dramatically transforming and improving health care delivery and primary care. Thomas J. Foels, M.D., executive vice president and chief medical officer at Independent Health, says, “Value-based care puts PCPs in the ‘driver’s seat,’ and rewards them for providing their patients with evidence-based medicine while advancing safe, appropriate and effective care.”

“Through this new payment and care model, we are empowering PCPs to expand their influence and provide more patient-centered care,” added Dr. Foels.

Value-based care also helps reduce the potential for unneeded and duplicative tests, treatments and procedures too often associated with the traditional volume-based, fee-for-service model.

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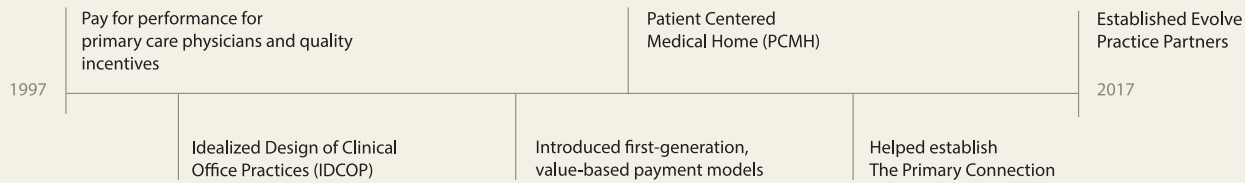
— Michael W. Cropp, M.D., President and CEO, Independent Health



Here in Western New York, a number of forward-thinking, high-performing physician practices and provider groups have been on the leading edge of moving toward value-based payment models.

“PCPs are overburdened as they deal with advances in technology and more demands from consumers, so they cannot transform health care on their own,” Dr. Foels explains. “High-performing PCPs increasingly want to partner with the highest-performing specialists and determine what hospitals or facilities they work out of, and vice versa.”

Today, nearly all of Independent Health’s members are aligned with a PCP or provider who is currently in a value-based care model with the health plan.



## INDEPENDENT HEALTH'S HISTORY OF COLLABORATION WITH PCPS

Independent Health has a long history of partnering with providers in introducing numerous efforts to support and strengthen primary care, including the following milestone initiatives:

- Pay-for-Performance for PCPs and quality incentives for preventive services – 1997
- Idealized Design of Clinical Practices (IDCOP) – 1999
- First-generation payment models to encourage quality and outcomes vs. quantity of services provided – 2006
- Patient Centered Medical Home – 2009
- The Primary Connection – 2012
- Evolve Practice Partners – 2017

These efforts include collaborating with physicians at the highest level of the organization; encouraging their active involvement in serving in consulting roles; as members of the Independent Health board of directors; and, participating on numerous advisory committees.

Over the past few years, Independent Health has been working with PCPs to take their experiences and apply them across the rest of the health care system to provide more consistent quality in terms of preventive measures and managing patients with chronic diseases, helping coordinate more effective interactions with specialists, and making more effective use of hospitals and other facilities in the system.

Dr. Cropp says PCPs have been extremely engaged in the process. “They have found they are able to have a much more fulfilling professional life. It has been absolutely phenomenal to watch their sense of engagement and their sense of excitement in taking a leadership role in transforming health care.”

Fuad Sheriff, M.D., FACP, Amherst Medical Associates, credits Independent Health for establishing a relationship with physicians based on trust, transparency, and insight into what is best for the patient.

“The leadership at Independent Health has been visionary and proactive in talking with primary care physicians about the changes that have been occurring,” says Dr. Sheriff. “Transparency and trust are the foundation for moving forward.”

Colleen Mattimore, M.D., FAAP, Western New York Pediatrics, says Independent Health is different from other plans. “They really partner with physicians. They want us at the table and they listen to our input,” Dr. Mattimore explains.

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In 2017, Independent Health established Evolve Practice Partners, a new affiliate company to help PCPs achieve excellence in care and patient outcomes.

Evolve Practice Partners provides PCPs with the tools and capabilities necessary to be successful in the value-based environment. Services provided help physicians better manage the health of all patients regardless of their health insurance status or carrier. The company also assists PCPs in managing risk, quality of care, process improvement, population health, and administrative expenses.

“Evolve Practice Partners allows PCPs to spend more time with their sicker patients, regardless of what health insurance a patient has,” Dr. Foels says. “In essence, this not only benefits Independent Health, but other health plans as well, which, in turn, benefits the entire Western New York region. We subscribe to the philosophy that a ‘rising tide lifts all boats’ and often ask ourselves the question, ‘if not us, who?’”



Most recently, Independent Health introduced Primary Value, a new value-based care and reimbursement program that rewards physicians for providing patients with evidence-based medicine, comprehensive preventive care and improved quality while advancing safe, appropriate and effective care.

“It’s simply not in our DNA at Independent Health to sit on the sidelines. We are different from other health plans and believe that change in the health care system will continue to occur at ‘the speed of trust,’” said Dr. Foels.

Most recently, Independent Health introduced Primary Value, a new value-based care and reimbursement program that rewards physicians for providing patients with evidence-based medicine, comprehensive preventive care and improved quality while advancing safe, appropriate and effective care.

Primary Value provides practice performance and gaps-in-care reports that help PCPs monitor patient care and identify opportunities for improvement. These reports also help practices better manage their patients’ health by allowing them to track and improve quality, while also monitoring the total cost and efficiency of care for patients who are Independent Health members.

“Uncoordinated care, neglected illnesses and delivery system inefficiencies all have a direct impact on patients’ out-of-pocket costs, along with their employers’ indirect costs incurred by absenteeism and lost productivity,” said Dr. Cropp. “By providing practices with key information on their patients’ care needs, and supporting physicians’ efforts to deliver better care, Independent Health has improved patients’ health management, which lowers the total cost of use for employers and their employees.”

For example, according to the National Committee for Quality Assurance (NCQA) Private Health Insurance Plan Ratings for 2018-2019, Independent Health received a score of 5 out of 5 for members with diabetes for blood pressure and glucose control, and rated 4.5 out of 5 overall in its Private Health Plan Ratings. In addition, the 2018 New York Consumer Guide to Health Insurers, issued by the New York State Department of Financial Services, shows Independent Health’s performance was above the New York state average in the areas of diabetes care, child and adolescent immunizations and screenings, women’s health services and adult health services.

Growing the physician education and training pipeline is another strategy for addressing the PCP shortage.

As such, Independent Health collaborates with local colleges and universities to encourage medical and nursing students to choose primary care as their specialty. In recent years, the health plan has arranged for students from the University at Buffalo Jacobs School of Medicine and Biomedical Sciences to receive their third-year primary care clinical training experience at physician practices that are part of The Primary Connection. Independent Health also provides opportunities for medical students to meet and network with local PCPs.

## CONCLUSION

PCPs are the first point for patients to access the health care system and therefore a vital part of improving the quality, coordination, and affordability of care. Dr. Foels says, “Primary care is a ‘team sport’ and primary PCPs are the quarterback. They weave the system together, making it more cohesive and effective.

“Those patients struggling with the burden of illness require more elements of the health care system and more patient-centered care involving specialists and other providers,” Dr. Foels explains. “Without PCPs helping to coordinate care, the system can easily break down or become too siloed. PCPs help hold it all together.”

Independent Health’s investment in primary care through The Primary Connection, Evolve Practice Partners, Primary Value and other initiatives is bringing PCPs back to the forefront of health care and expanding access to patient-centered care.

By creating a dynamic care system that aligns with high-performing providers, Independent Health is helping its members make the best decisions about their health. Providing personalized, timely and actionable information along with modern technology helps drive members to PCPs and specialists (when that level of care is needed) who deliver the most effective and efficient care.

Such a strategy helps Independent Health members make smart choices about their health behaviors, while enhancing their ability to more effectively self-manage their care and self-navigate the delivery system.

These actions continue to be supported by the ongoing development of products and services that lead the market in terms of price, patient care, and population health, providing Independent Health with the financial resources to continue investing in its mission and strategy to grow and strengthen primary care.

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1 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/#b62>

2 <https://www.aafp.org/medical-school-residency/choosing-fm/value-scope.html>

3 <https://www.aafp.org/medical-school-residency/choosing-fm/value-scope.html>

4 <https://www.aafp.org/medical-school-residency/choosing-fm/value-scope.html>

5 <https://www.commonwealthfund.org/publications/issue-briefs/2012/mar/paying-more-primary-care-can-it-help-bend-medicare-cost-curve>

6 <https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.28.1.w91>

7 <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.27.1.151>

8 [https://aamc-black.global.ssl.fastly.net/production/media/filer\\_public/85/d7/85d7b689-f417-4ef0-97fb-ecc129836829/aamc\\_2018\\_workforce\\_projections\\_update\\_april\\_11\\_2018.pdf](https://aamc-black.global.ssl.fastly.net/production/media/filer_public/85/d7/85d7b689-f417-4ef0-97fb-ecc129836829/aamc_2018_workforce_projections_update_april_11_2018.pdf)

9 [https://aamc-black.global.ssl.fastly.net/production/media/filer\\_public/85/d7/85d7b689-f417-4ef0-97fb-ecc129836829/aamc\\_2018\\_workforce\\_projections\\_update\\_april\\_11\\_2018.pdf](https://aamc-black.global.ssl.fastly.net/production/media/filer_public/85/d7/85d7b689-f417-4ef0-97fb-ecc129836829/aamc_2018_workforce_projections_update_april_11_2018.pdf)

10 [https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.1158?utm\\_source=STAT+Newsletters&utm\\_campaign=4134318ab7MR\\_COPY\\_07&utm\\_medium=email&utm\\_term=0\\_8cab1d7961-4134318ab7-150293905&](https://www.healthaffairs.org/doi/abs/10.1377/hlthaff.2017.1158?utm_source=STAT+Newsletters&utm_campaign=4134318ab7MR_COPY_07&utm_medium=email&utm_term=0_8cab1d7961-4134318ab7-150293905&)

11 <https://www.ajmc.com/journals/issue/2017/2017-vol23-n4/provider-type-and-management-of-common-visits-in-primary-care?p=2>

12 <https://www.ahrq.gov/professionals/prevention-chronic-care/improve/coordination/index.html>

13 <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2012.1150>



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