Primary care for all is the critical path to affordable health care for all
Primary care teach-in/learn-in
Primary Care for All Americans
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Primary care for all is the critical path to affordable health care for all.

1. Meaning?
✔ The reform element that takes the most time
✔ Top-down planning for crisis
✔ To complement bottom-up community work

2. The value of primary care – real access, lower cost, right care, greater trust

3. If primary care is so important, why has it been neglected?
✔ Teaching hospital choices
✔ UCR boosted pay for procedures
✔ De-skilling primary care
✔ U.S. uninterested in equity of access, containing cost, configuration of caregivers, or setting a floor under quality, competence, and appropriateness of care
✔ People who make decisions have a primary if they want one
✔ Anarchy – absence of functioning competitive free market or competent government, so no one's accountable for anything
✔ Gimmicks and rhetoric substitute for serious action-PCMH, free tuition, NHSC….

4. Up from anarchy
✔ No effective financial/political support for primary care for all Americans today
✔ The looming health care crisis will change that
✔ Big crisis probably 5 years off—caused by
- weak economy,
- high deficit and interest costs,
- international challenges,
- social disruptions,
- 2 dysfunctional political parties, and
- unsustainable practices inside health care—$1 trillion spending rise in 3 years
  - inability to boost spending to cover more people
  - absence of any effective cost controls (other than those suppressing access)
  - caregiver addiction to more money for business as usual
  - payers' disinterest in configuration of doctors, hospitals, and other caregivers
  - reliance on financial incentives to change caregivers' behaviors, instead of financial neutrality, adequate revenue, altruism, and fiduciary duty

✔ At the bottom of the 2030 recession, Congress will freeze in federal health spending
✔ Doctors, hospitals, drug makers will try to boost prices from private payers but fail
✔ Caregivers, patients, and politicians will then go after wasted health care dollars

✔ That's one-half of health spending, $3 trillion of this year's $6 trillion
- Clinical waste: no-value and low-value/high cost care 20% - $1.2 trillion
- Administrative waste: 15% - $800 billion
- High prices for drugs, devices, and many salaries: 10% - $600 billion
- Theft and fraud: 5% - $300 billion

✔ All 4 types of waste have become baked into U.S. health care
✔ Crisis may generate political, financial, and human pressure to squeeze out fat
✔ But seizing that opportunity requires preparation
✔ Health care is complicated and recycling fat into bone/muscle is doubly complicated.
✔ Reform will rest on the right numbers and types of caregivers in the right places.

5. Primary care for all will be essential to win reformed and affordable health care for all

✔ Primary care for all is the critical path because it takes the longest time to realize
✔ U.S. suffers 3rd-lowest doctors/1,000 people across the world's rich democracies
✔ U.S. suffers low primary care percentage of small total number of doctors
✔ It's not feasible simply to divert a larger percentage of today's U.S. med/osteo grads
✔ Markedly hiking seats in med/osteo schools will be essential + time-consuming
✔ Primary care residencies cry for expansion
✔ Inside groups of primary care physicians
✔ After PGY-1, embed PC residents in physician groups
- Diagnose and treat patients daily under supervision
- Experienced mentors review decisions daily—available for hallway consultations
- Residents bill for services—making incomes triple current pay
- Mentors to be paid separately—might be great PCs lured out of retirement

6. Money – the job - paperwork

✔ Vital to pay PCs $400-500K, cut panel size to 1,000, and slash paperwork
✔ Via salary/capitation/fee-for-service—higher in rural and low-income urban areas
✔ Slash panel size to mean of 1,000 to
- make time for appointments long enough to learn patient needs + build trust
- see patients same-day/next-day
- converse with patients by phone and e-mail when appropriate
- follow patients into the hospital, coordinate with specialists
- take time to learn about unfamiliar problems
- Slash paperwork by paying PCs so payers can trust them – thieves face jail time

7. Even in a crisis, it will take time to ramp up PC training

✔ But responding to the crisis requires thousands more PC capacity right away
✔ In the short run –
- ask NPs and new PGY2s to take on established, stable patients
- experienced PCs coordinate care for costly/complex patients - 1%/20%+5%/50%
- entice 5,000 newly-retired good PCs to take on 500 costly/complex patients each

8. More PC capacity will be vital to respond to crisis by cutting clinical waste quickly and making more money available to care for previously under-served patients