

The Role of the Health Care Workforce in Delivery System Reform: Training Meets Practice...Practice Meets Training?



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The Plan

- What is Robust Primary Care and Why Does it Matter?
- Does the market know value of robust primary care and is it ready for a prepared workforce?
- They do what we train them to do—let them do it

(Foil) Definition Role of a Family Physician

The role of the US family physician is to provide episodic outpatient care in 15-minute blocks with coincidental continuity and a reducing scope of care.

The family physician surrenders care coordination to care management functions divorced from practices, and works in small, ill-defined teams whose members have little training and few in-depth relationships with the physician and patients.

The family physician serves as the agent of a larger system whose role is to feed patients to subspecialty services and hospital beds.

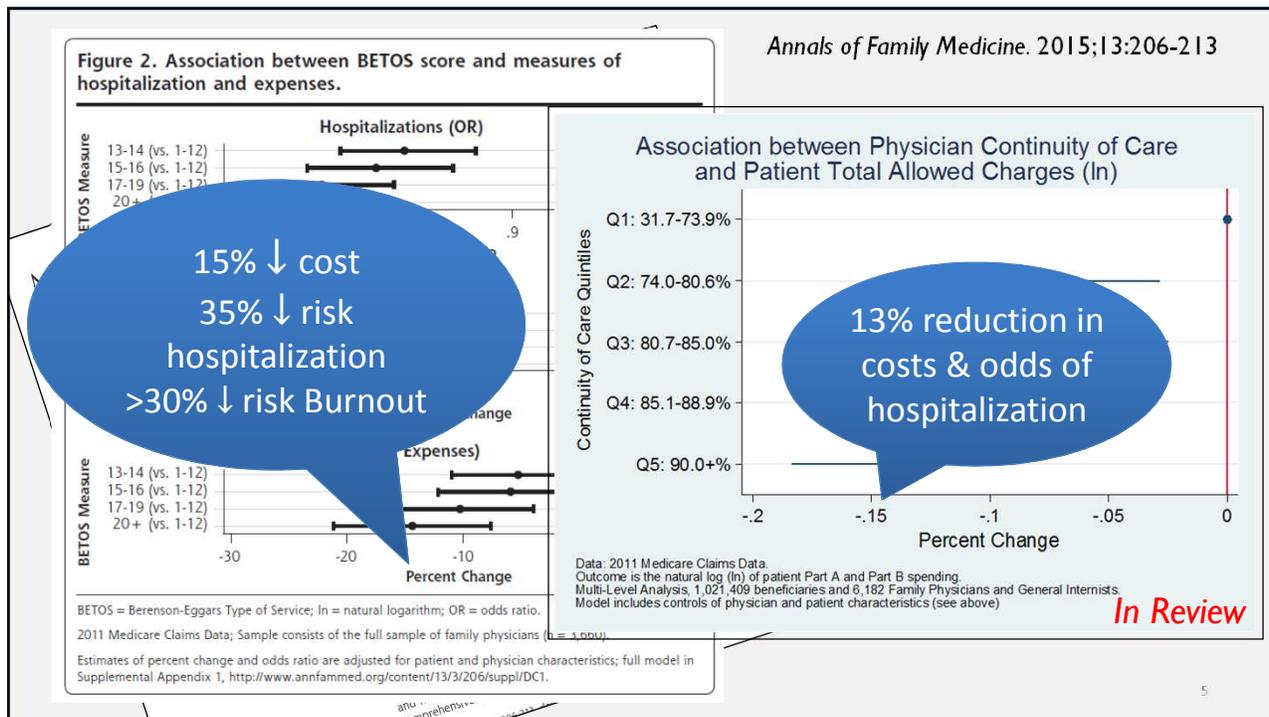
The family physician is not responsible for patient panel management, community health, or collaboration with public health.

<http://www.annfammed.org/content/12/3/250>

Physician-owned Practices, Better Outcomes

“recent evidence suggests that small, physician-owned practices, while providing a **greater level of personalization and responsiveness** to patient needs, have **lower average cost** per patient,⁶ **fewer preventable hospital admissions**,⁷ and **lower readmission rates** than larger, independent- and hospital-owned practices.⁸”



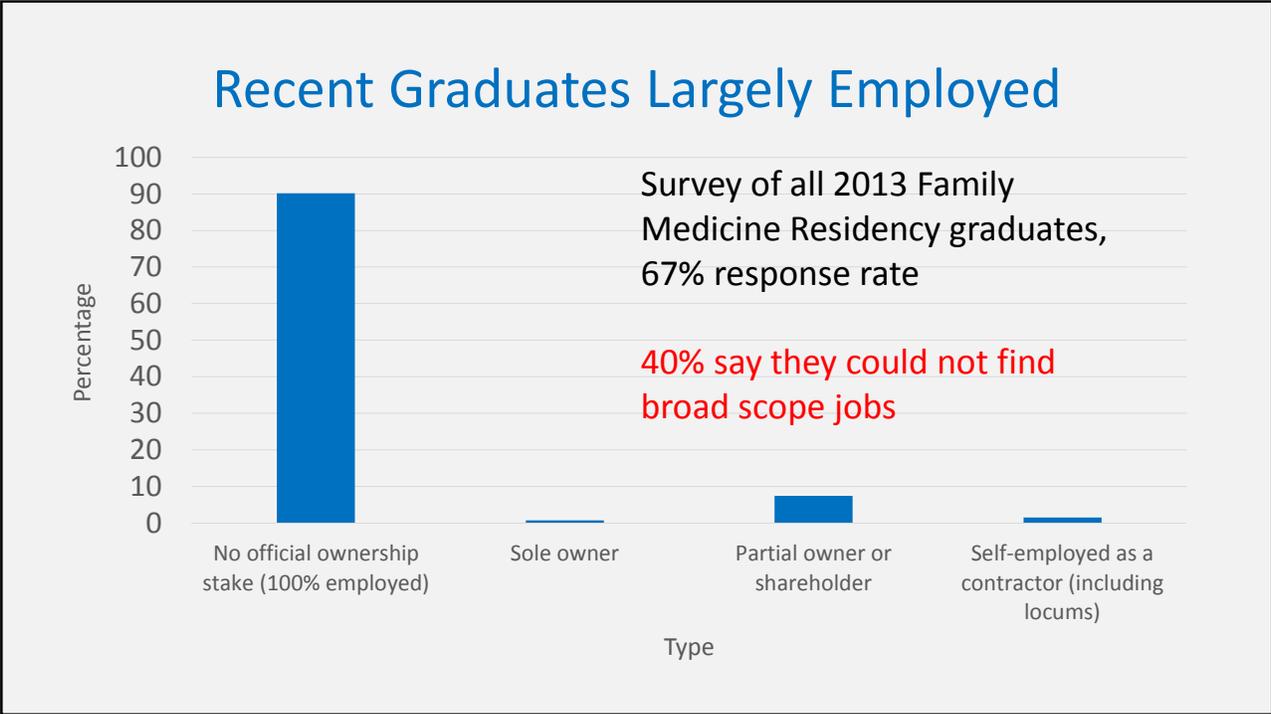


We're Preparing Them for this, but...

- 23.7% of graduating family physicians want to deliver babies
 - 7.7% of practicing family docs do
- 54.9% want to care for patients in the hospital
 - 33.5% of practicing family docs do
- 50.2% want to care for pregnant moms (prenatal care)
 - 9.9% of practicing family docs do

We're preparing a workforce for a model of practice they can't find

JAMA. 2015;314(22):2364-2372



Training Matters: Residency Imprints Cost Behaviors

Among general internists and family physicians who completed residency training between 1992 and 2010, the spending patterns in the HRR in which their residency program was located were associated with expenditures for subsequent care they provided as practicing physicians

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BP1 Bob Phillips, 9/9/2015

Practice HRR Average Spending Per Beneficiary				
Training HRR		Low	Average	High
Average Spending Per Beneficiary	Low	\$6,918	\$7,215	\$7,470
	Average	\$6,715	\$7,664	\$8,213
	High	\$7,904	\$7,974	\$8,451

This lasts for >15 years!

Why not harness this? We can train to the goals of reform, but then we need to let them do what we trained them to do.



Thank You