

# Sustainability Beyond Relief: Bolstering our First Line of Care

July 7, 2021

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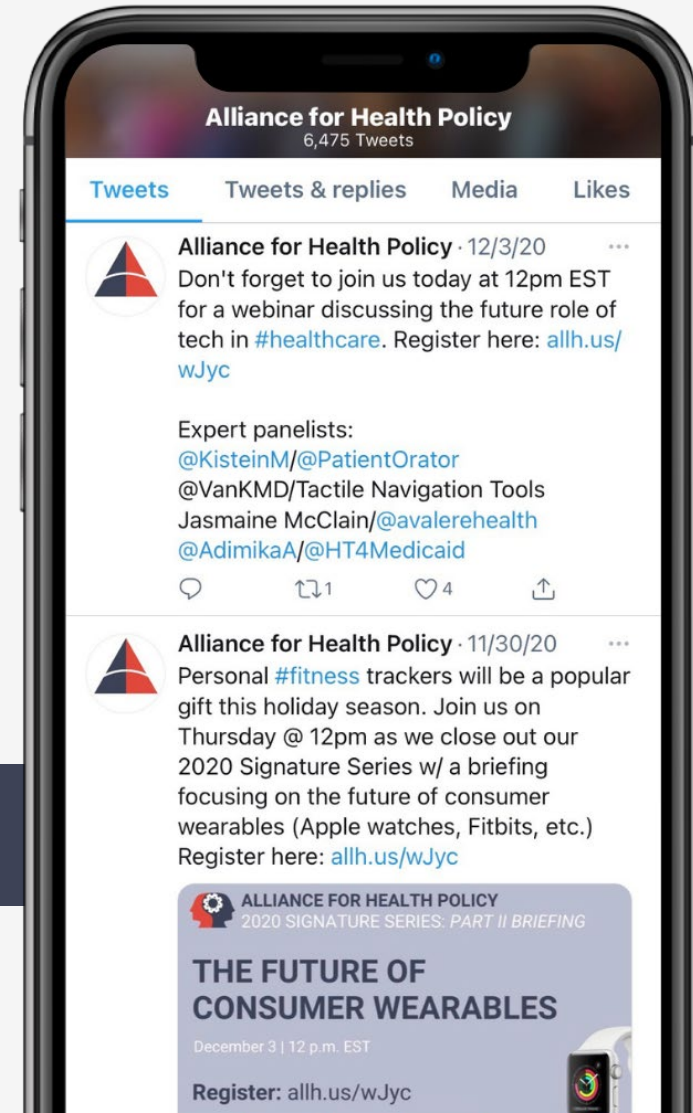


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@DrDoraHughes

## **Dora Hughes, M.D., MPH**

Associate Professor,  
Department of Health Policy and Management,  
Milken Institute School of Public Health at  
The George Washington University



# Panelists



**Rebecca Weintraub, M.D.**

Assistant Professor  
Harvard Medical School



@RWeintraubMD



**Michelle Morse, M.D., MPH**

Chief Medical Officer and Deputy  
Commissioner, Center for Health  
Equity and Community Wellness  
New York City Department of Health  
and Mental Hygiene



@michellemorse



**Maria Gomez, R.N., MPH**

President & CEO  
Mary's Center



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**Ann Greiner, MCP**

President & CEO  
Primary Care Collaborative



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*Moderator*

**Dora Hughes, M.D., MPH**

Associate Professor, Department of Health  
Policy and Management  
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The George Washington University



@DrDoraHughes





@RWeintraubMD

## **Rebecca Weintraub, M.D.**

Assistant Professor  
Harvard Medical School





# Declining investment levels in primary care

**U.S. Primary Care Spending Trend Findings from Three Studies**

Study	Data Sources	Years	Primary Care Spend (Narrow)	Trend (Narrow)	Primary Care Spend (Broad)	Trend (Broad)
Kempski, Greiner	FAIR Health National Private Insurance Claims database (Commercial claims, including Medicare Advantage)	2017-2019	2017: 4.88% 2019: 4.67%	Negative	2017: 7.80% 2019: 7.69%	Negative
Martin, et al. <i>Primary Care Spending in the U.S. 2002-2016</i> <sup>25</sup>	Surveys of individuals, all payers (MEPS)	2002-2016	2002: 6.5% 2016: 5.4%	Negative	Not reported	N/A
Reiff, et al. <i>Primary Care Spending in the Commercially Insured Population</i> <sup>2</sup>	Commercial claims for employer-sponsored coverage from 3 national payers (HCCI)	2013-2017	2013: 4.6% 2017: 4.35%	Negative	2013: 8.97% 2017: 8.04%	Negative

Source: Primary Care Collaborative. Primary Care Spending: High Stakes, Low Investment. December 2020

# COVID-19 relief package's implications for primary care

The CARES Act (3/27/20) authorized \$100B for hospitals and clinicians to reimburse for COVID-19 related lost revenues and increased expenses.





*"The amount of money put forth by the CARES Act may be helpful, but it is not going to get us where we need to be. I worry that if practices fail, there will not be anybody around to take care of the members of our communities"*

- **Conrad L. Flick, MD**

Clinician, Family Medical Associates in Raleigh North Carolina

## American Rescue Plan Act of 2021

- Expands access to health coverage through substantial subsidies for ACA plans and funding to incentivize Medicaid expansion
- Includes \$7.6 billion to expand the public health workforce and \$800 million for the National Health Service Corps
- No additional funds were allocated to the Provider Relief Fund, apart from targeted money for rural hospitals, and the loan terms of the Medicare Advanced Payment program were not relaxed.

 Results Dashboard Additional Inputs Source Code Original Spreadsheet Important Information

Instructions: Click (+) to Expand

+

**\$18.83**

Total Effective Cost Per Vaccination

**\$311,616**

Total Per Diem Personnel Costs

**\$12,324.19**

Weekly Per Diem Personnel Costs



Time Inputs: Click (+) to Expand

+

Wage Inputs: Click (+) to Expand

+

Vaccination Data

Total Staff Hours

Total Staff Wages

 Download

Number of vaccinations completed per day	147
Total vaccinations completed, overall vax campaign (all subphases)	17685
Number of days to vaccinate each subphase (of 13 subphases)	10
Number of weeks to complete vax campaign	25
Personnel cost per vaccination	\$17.62
Equipment/supply cost per vaccination	\$1.21

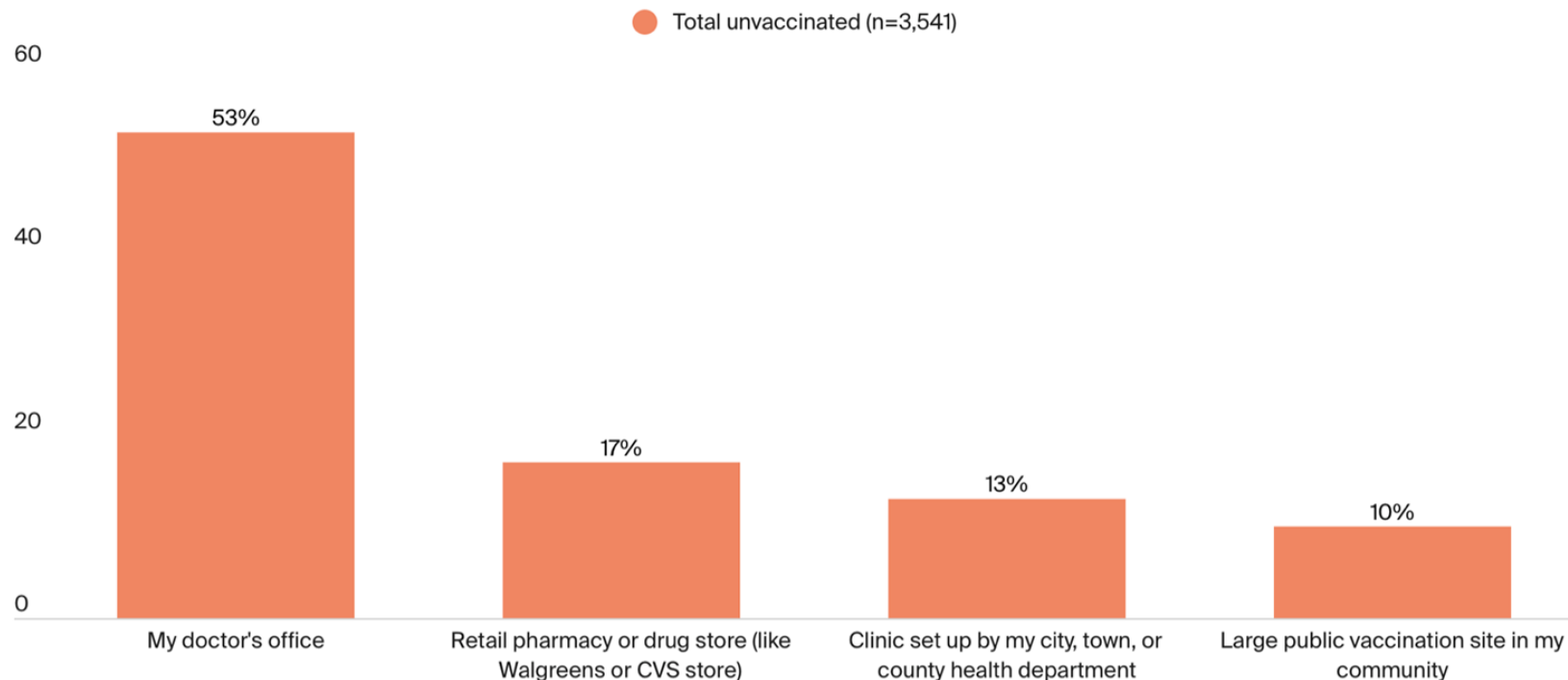
Showing 1 to 6 of 6 entries

# Importance of primary care in the COVID-19 response

Unvaccinated people would prefer to get vaccinated at their doctor's office; far fewer would prefer other locations.



**Preferred vaccination location, among those who haven't had any COVID-19 vaccine**



Source: African American Research Collaborative. American COVID-19 Vaccine Poll. June 2021

# There are 2000 PCPs in vaccine deserts

**17 million** people live in rural vaccine deserts. **50 million** people live in urban vaccine deserts. Over **100 million** people still need at least one shot.

Geographic access **still matters.**

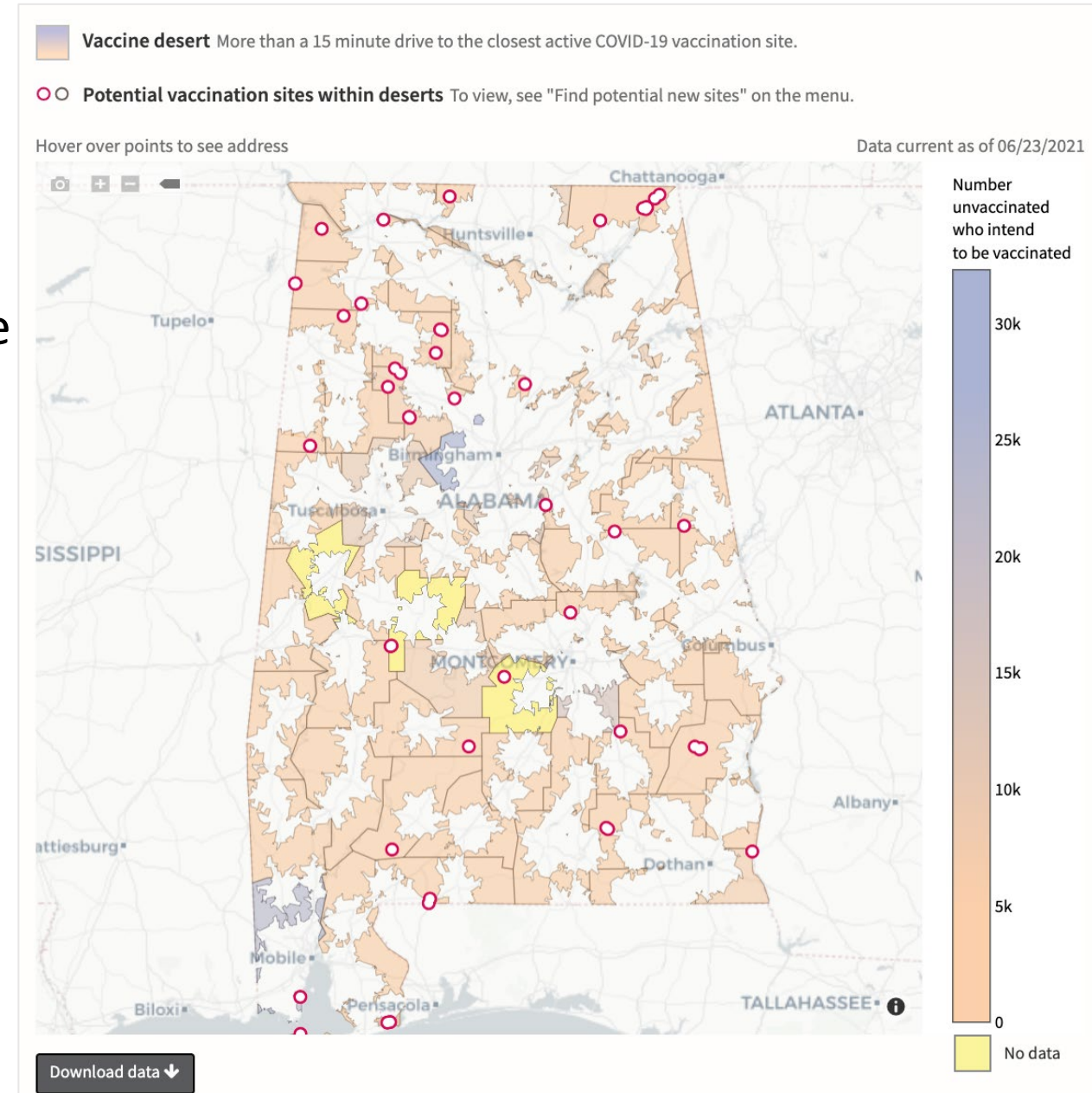


Over 2,000 primary health care centers and nearly 1,000 FQHCs can serve as potential sites in vaccine deserts.



Where the world comes for answers

<https://vaccineplanner.org/>



updated as of June 23, 2021





@michellemorse



## **Michelle Morse, M.D., MPH**

Chief Medical Officer and Deputy Commissioner,  
Center for Health Equity and Community Wellness,  
New York City Department of Health and Mental Hygiene



# Alliance for Health Policy

**Michelle Morse, MD, MPH**

Chief Medical Officer and Deputy Commissioner,  
NYC Department of Health and Mental Hygiene

Co-Founder, EqualHealth,  
Social Medicine Consortium

Assistant Professor, Harvard Medical School

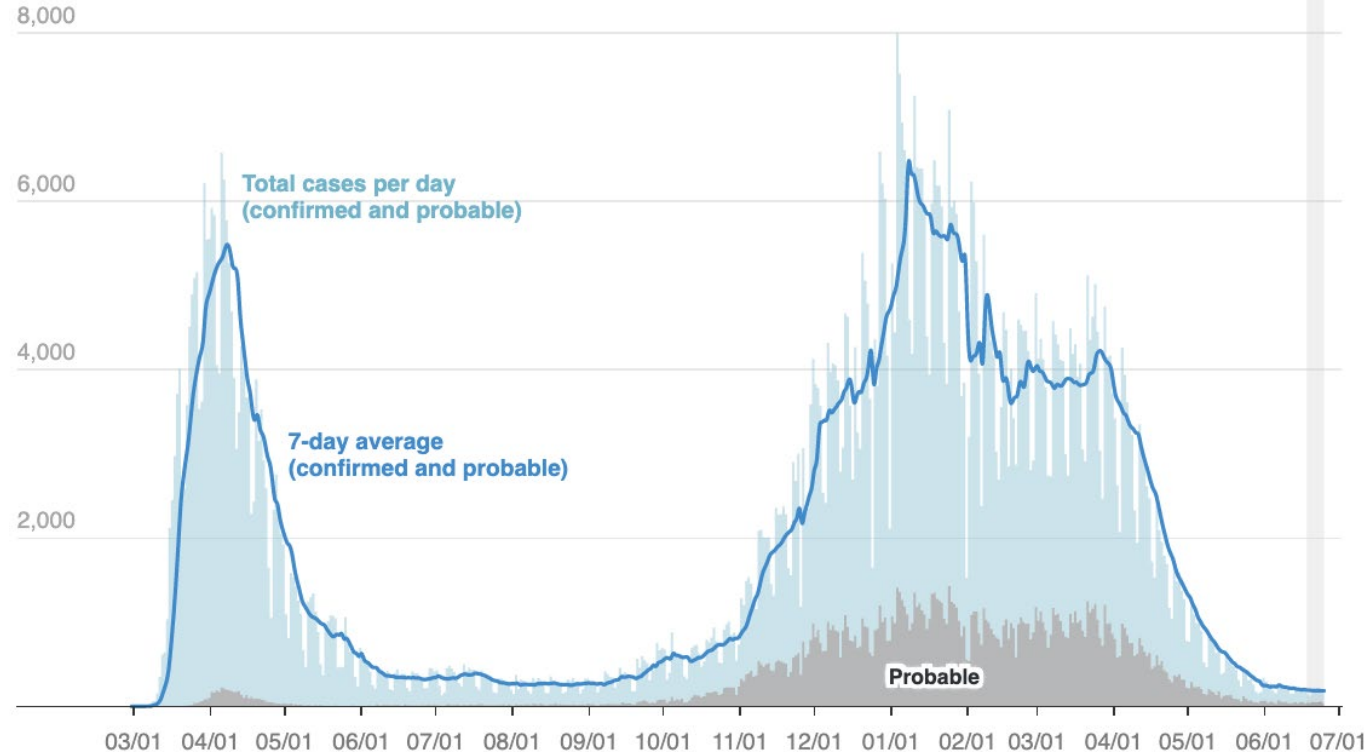
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“The most difficult social problem in the matter of Negro health is the peculiar attitude of the nation toward the well-being of the race. There have... been few other cases in the history of civilized peoples where human suffering has been viewed with such peculiar indifference” - W.E.B. Du Bois  
The Philadelphia Negro (1899)



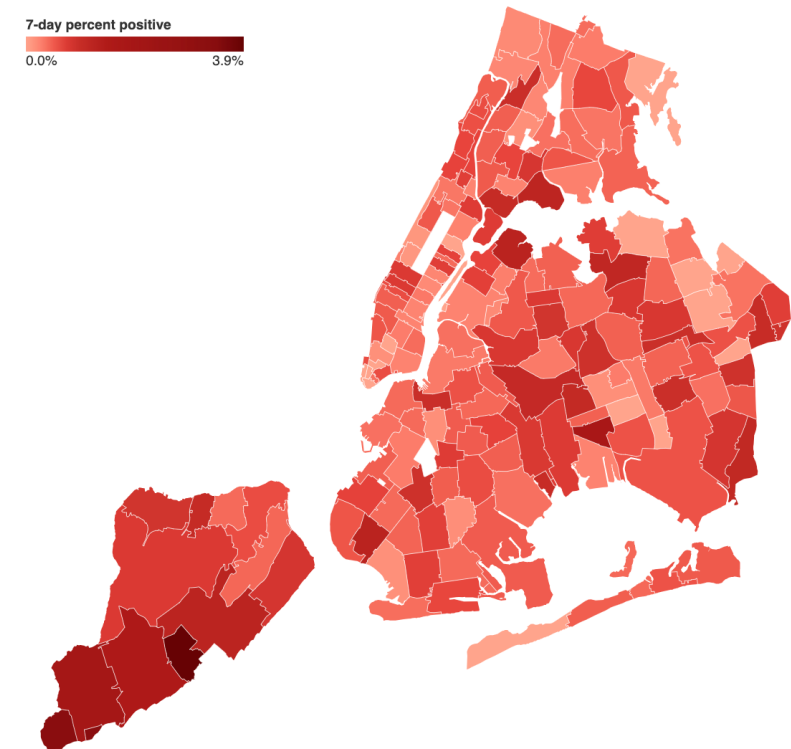
# Current COVID-19 Situation in New York City

## Daily Reported Cases



As of July 6, 2021. <https://nyc.gov/site/doh/covid/covid-19-data.page>

## 7-Day Percent Positivity



# CMO Vision

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1. **Bridging Public Health and Health Care**
2. **Anti-Racist Health Policy**
3. **Institutional Accountability**

# An Anti-Racist Agenda for Medicine

RACE

## An Antiracist Agenda for Medicine

Colorblind solutions have failed to achieve racial equity in health care. We need both federal reparations and real institutional accountability.

BRAM WISPELWEY, MICHELLE MORSE

Image: Flickr

We are experienced physicians. But in the early days of the pandemic, when we felt like fresh interns nervously awaiting a flood of disease presentations we had never seen before, we had a nagging sense of déjà vu: it seemed that a disproportionate number of COVID-19 patients admitted to our Boston hospital were people of color. We asked around; our colleagues corroborated. The trend was confirmed by data coming out of Milwaukee first, then sporadically elsewhere. Now it is a well-known and tragic fact of the pandemic.

Wispelwey, B., & Morse, M. (2021, March 17). An Antiracist Agenda for Medicine. Boston Review

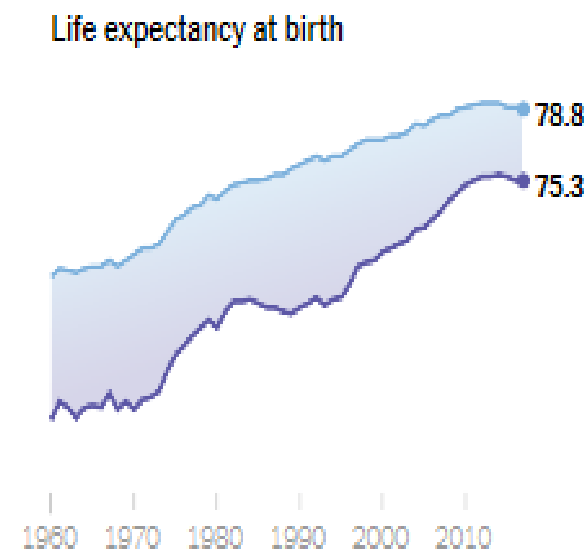
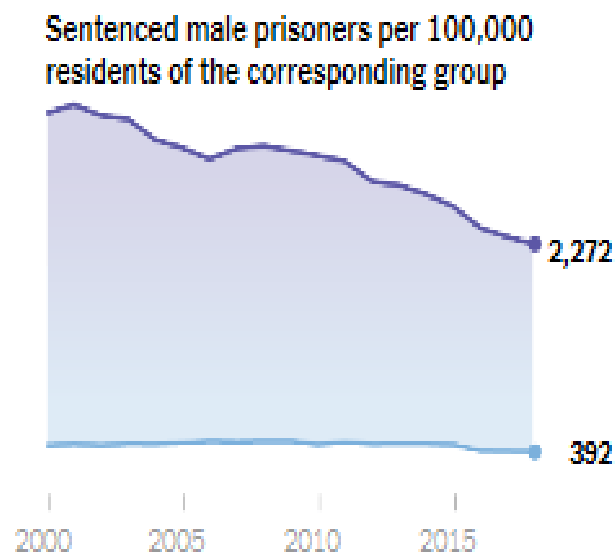
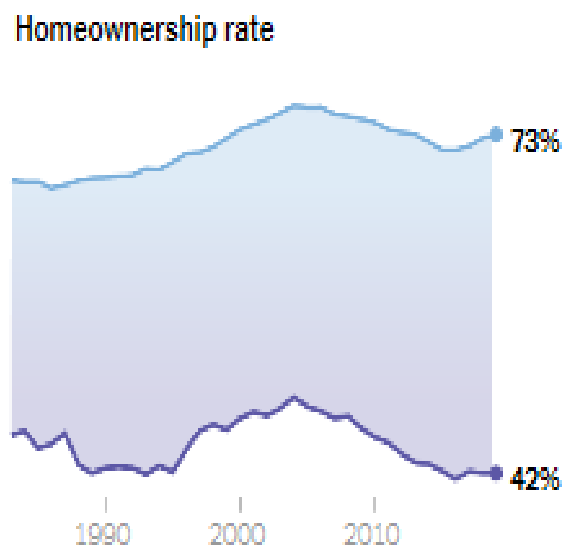
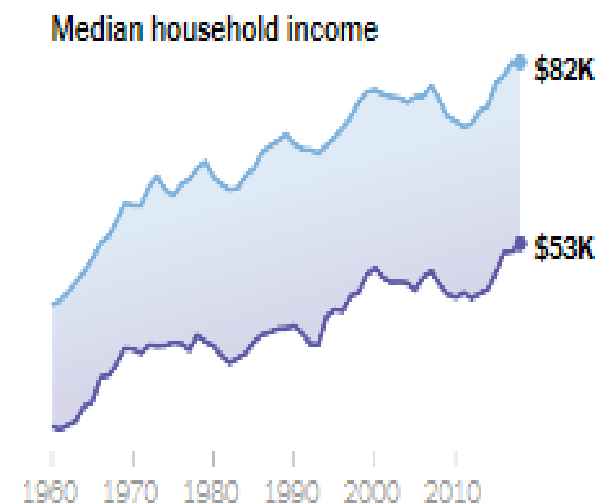
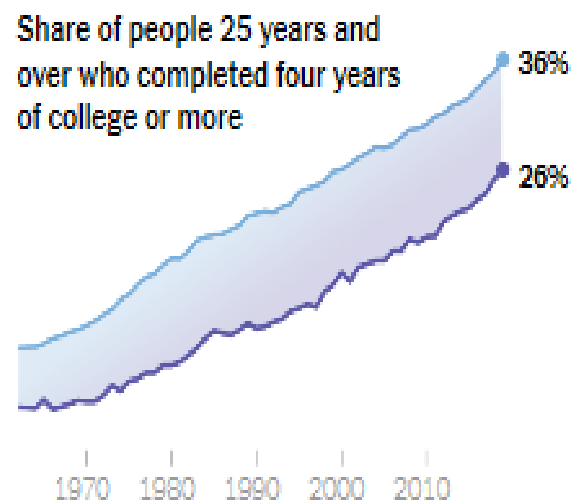
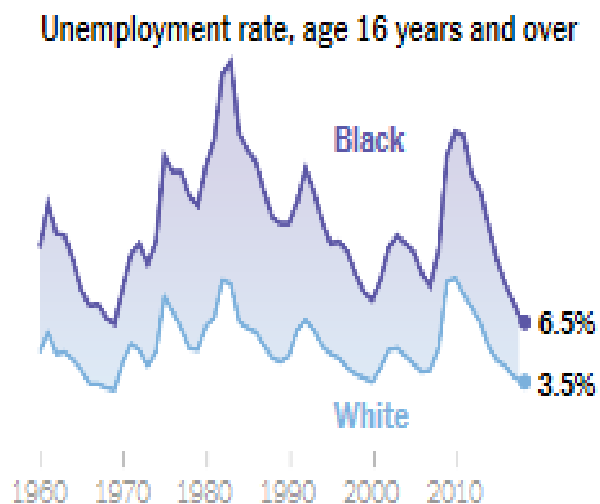
- **Déjà vu**
  - ▣ Disproportionate admission of Black and Latino patients to general hospital vs. cardiology service
  - ▣ Ten-year trend – white patients more likely to be admitted to cardiology service.
- **Disparities** not explained by insurance status, links to care, medical conditions, or neighborhood socioeconomic status
- **Patient self-advocacy worked for some**

# Frameworks for Change

- **Tenets of Critical Race Theory (Harvard law professor Derrick Bell)**
  - ▣ Racism is thoroughly embedded in society
  - ▣ Racism serves the material/psychic interests of the dominant group
  - ▣ *Interest convergence - De jure racial integration was not the result of a moral awakening among Whites*
  - ▣ *“The general use of so-called neutral standards to continue exclusionary practices reduces the effectiveness of traditional civil rights laws, while rendering discriminatory actions more oppressive than ever.” Harvard law professor Derrick Bell (1992)*

## ***Federal Restitution***

- ▣ *Healing ARC*
  - *Acknowledgement*
  - *Redress*
  - *Closure*



<https://www.nytimes.com/interactive/2020/06/19/opinion/politics/opportunity-gaps-race-inequality.html>

# Desegregation of hospitals through Medicare payment policy

“It's a good day to remember that Medicare withholding funds from facilities violating Title VI of the Civil Rights Act [of 1964] is what desegregated our hospitals. Health policy is a powerful tool in antiracism, we should use it.”

(Meril Pothen tweet, **June 19, 2020**)

**Thank You**



**Maria Gomez, R.N., MPH**  
President & CEO,  
Mary's Center







@AnnGreiner1

**Ann Greiner, MCP**  
President & CEO,  
Primary Care Collaborative



# We value your input!

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Please fill out the evaluation survey you will receive immediately after this presentation, or via email this afternoon!



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# Upcoming Event

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July  
21

**Understanding Potential Menthol Tobacco Bans and their Impact on Communities of Color**

12 pm – 1 pm ET

July  
27

**Closing the Coverage Coordination Gap for Dual-Eligibles**

12 pm – 1 pm ET

July  
29

**Improving the Diagnostic Odyssey for Rare Disease Patients**

12 pm – 1 pm ET

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