

Connecticut Center for Primary Care
Primary Care Summit
Connecticut Convention Center
November 5, 2008

***Systems Redesign and Quality
Challenges for Connecticut Primary Care***

Charles M. Kilo, MD, MPH
Executive Director, The Trust for Healthcare Excellence
CEO, GreenField Health
Portland, OR
Chuck.Kilo@GreenFieldHealth.com

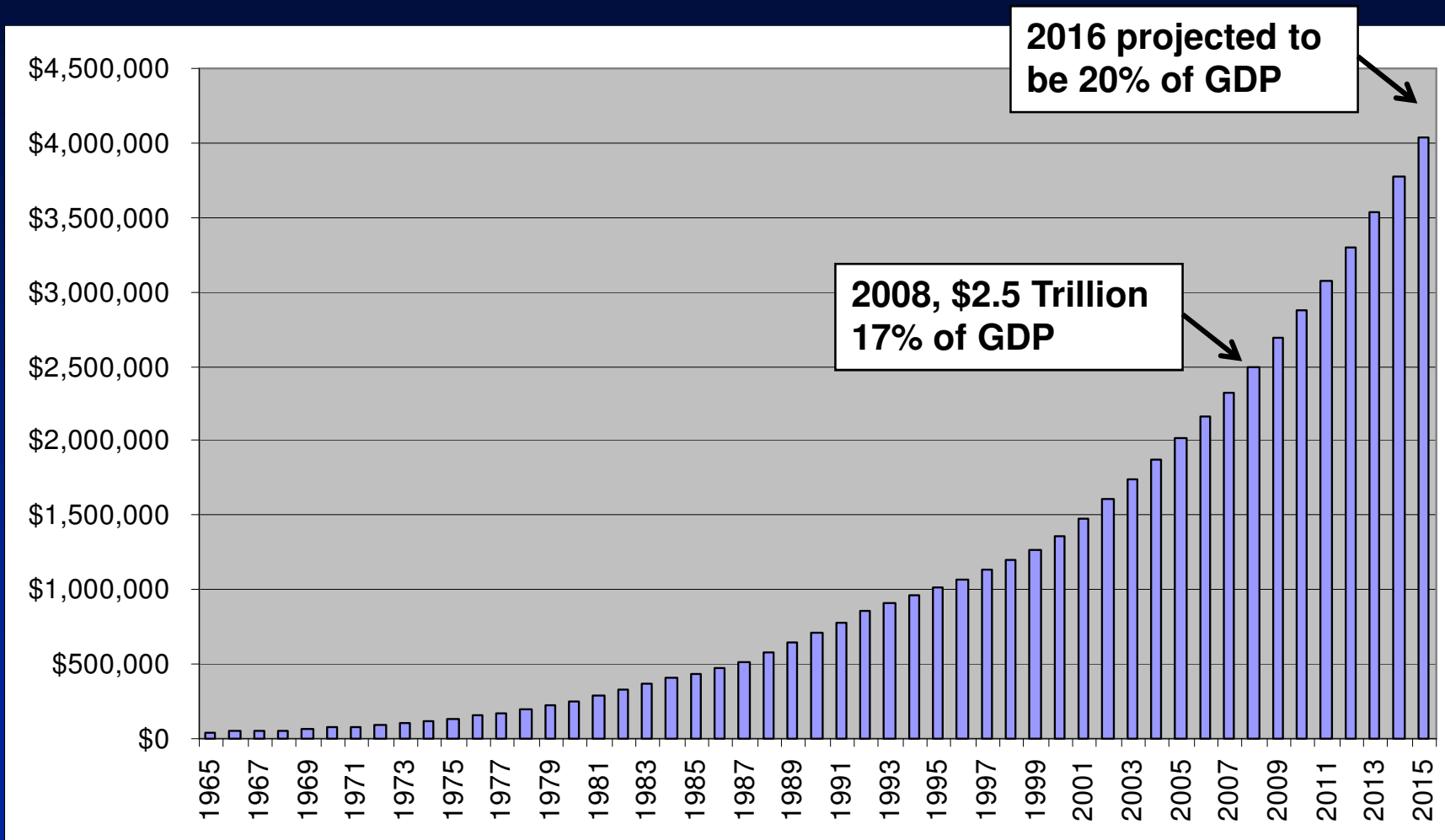
US Healthcare and Primary Care in 2008

- **US healthcare is in crisis**
- **Primary care in the US is in crisis due to a rapidly shrinking workforce driven in part by economics**
- **Abundant data points to primary care and public health as the crux of a high quality, cost effective healthcare system**
- **The primary care we have is not the primary care we need, and this goes for other components of the system as well**
- **The financing system must change**

The US Healthcare Crisis

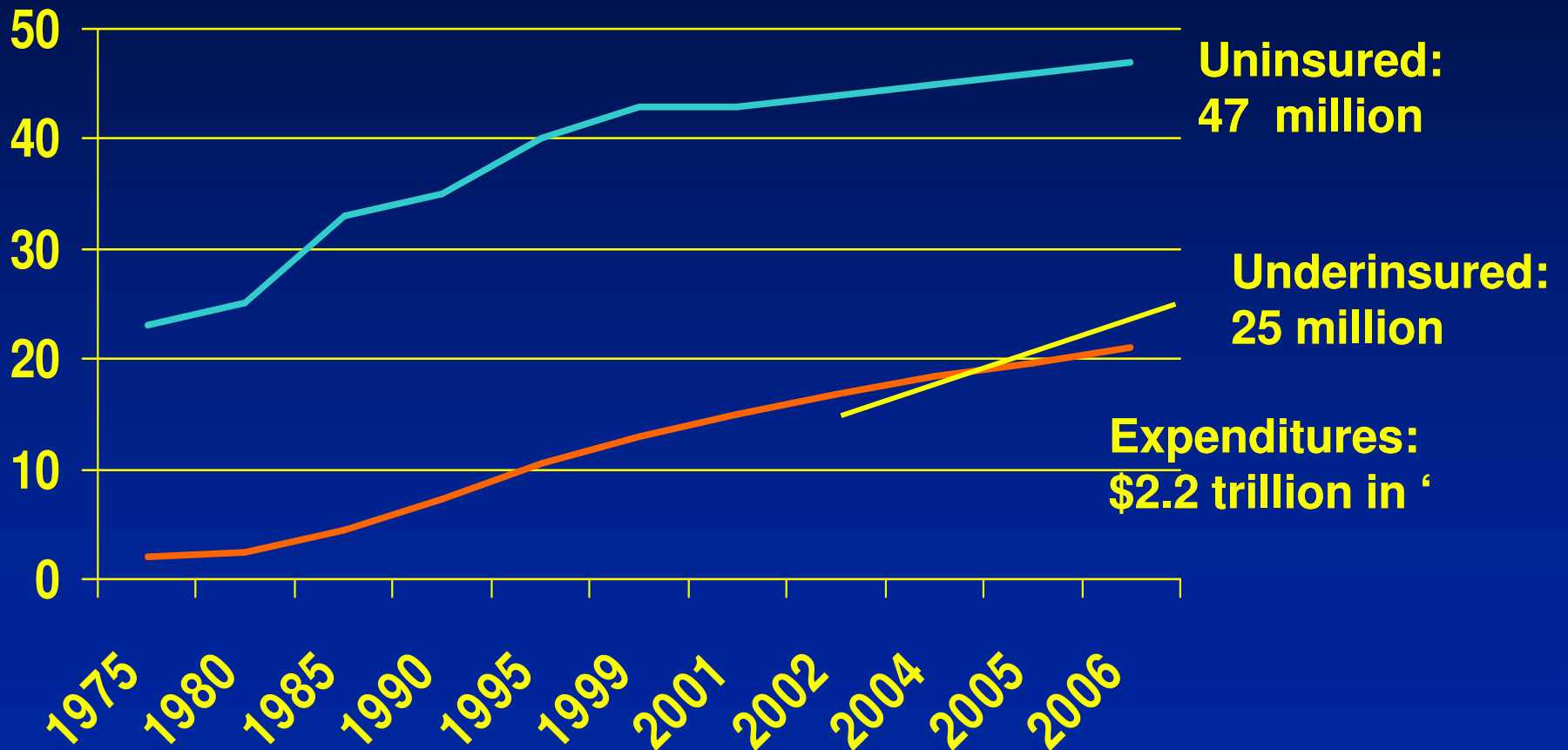
- 1. The US healthcare crisis is inextricably linked to the crisis in primary care.**
- 2. Cost has overtaken quality as the key driver for reform.**
- 3. Healthcare may be causing more health harm than good in our communities.**

National Health Expenditures (\$ Millions)

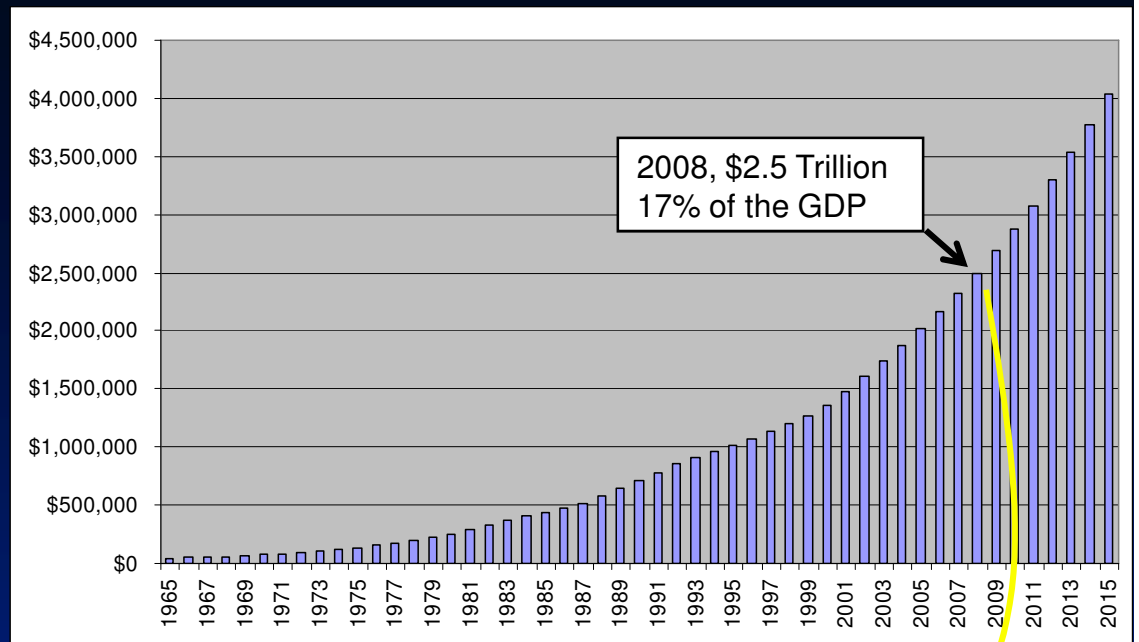


Centers for Medicare and Medicaid Services

Uninsured (millions) and National Health expenditures (x 100 million)



What determines our health?



Environmental Exposure 5%

Social Circumstances 15%

Healthcare 10%

Genetic Predisposition 30%

Behavioral Patterns 40%

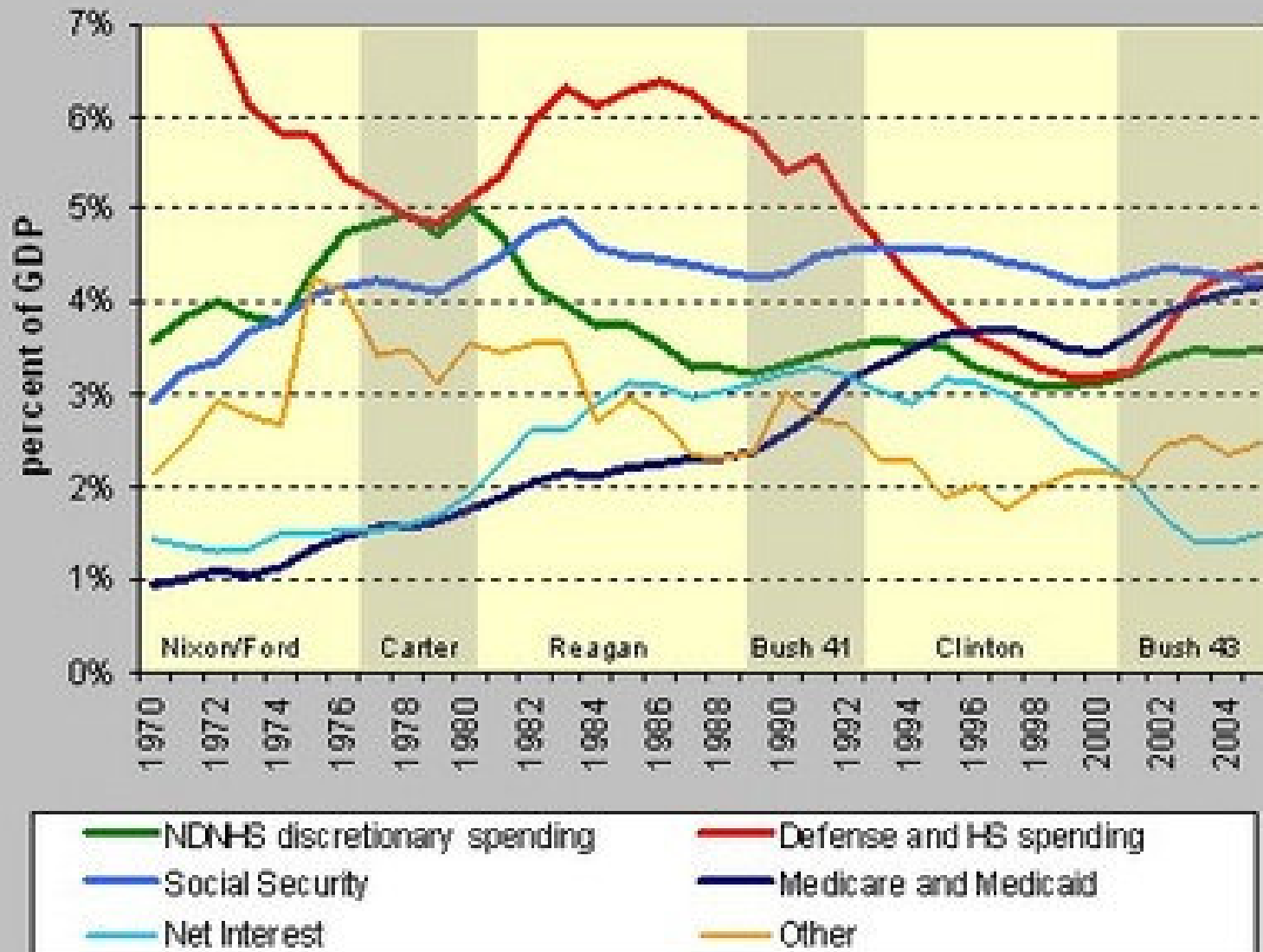
Schroeder, NEJM 2007;357:1221-8

Social Determinants of Health

Non-healthcare determinants account for 90% of “health” outcomes... healthcare only accounts for 10% of health.

- **In the past 100 years, life expectancy has increased by 40 years, with healthcare accounting for 4 of those years.**

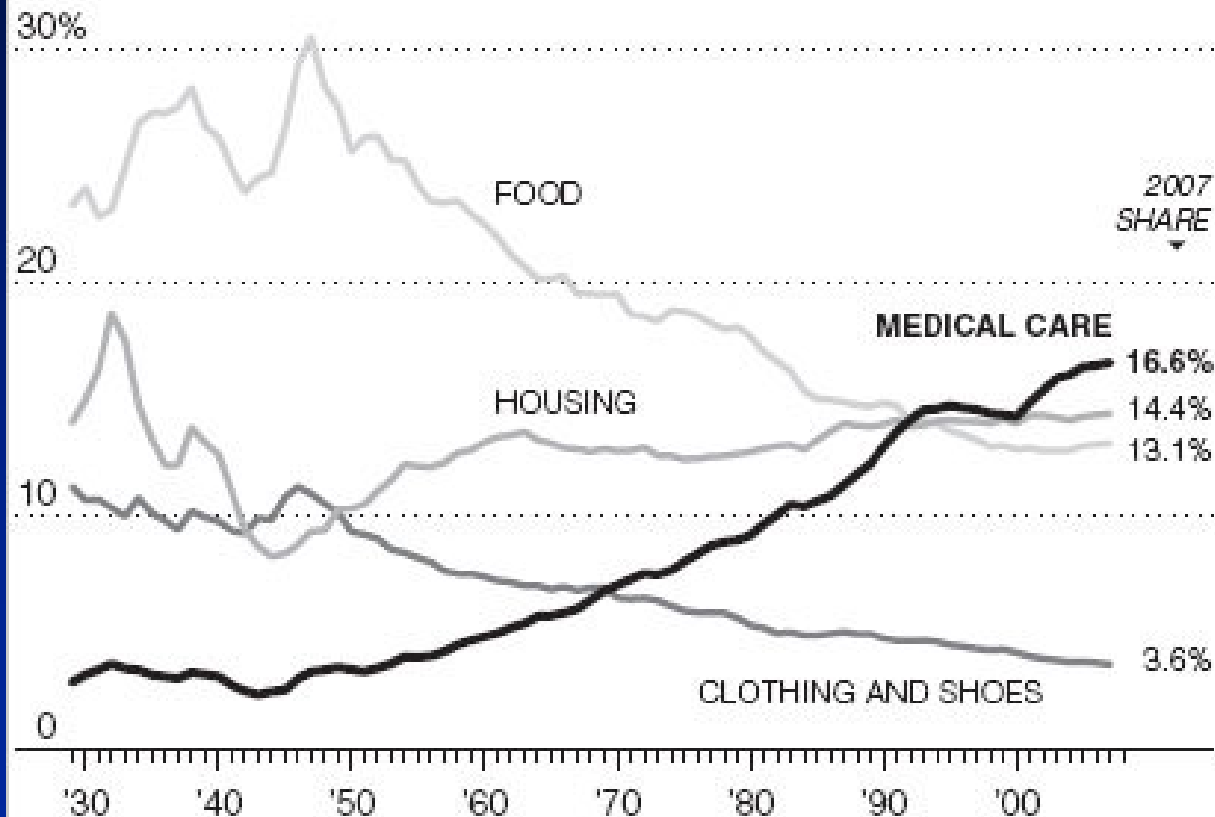
Federal Spending by Major Category, 1970-2005



The Mounting Burden for Health Care

Spending on health care, which takes up more of consumers' income than housing, food or clothing, has risen significantly since 2000. As the economy slows and medical costs continue to rise, millions of people may be unable to afford care.

SHARE OF DISPOSABLE PERSONAL INCOME SPENT ON:



Sources: Bureau of Economic Analysis;
Deloitte Center for Health Solutions Analysis

THE NEW YORK TIMES

46% of personal bankruptcies in 2001 were related to healthcare costs

The Current Objective of Healthcare

Most companies in US healthcare (for-profit and non-for-profit) share a common purpose:

“How do we increase our market share and our financial performance?”

This leaves those we serve – our patients and our communities – holding an increasingly distorted bag of healthcare goods and services, with a growing percentage of individuals simply left out.

Health Harm from Healthcare

Direct Harm

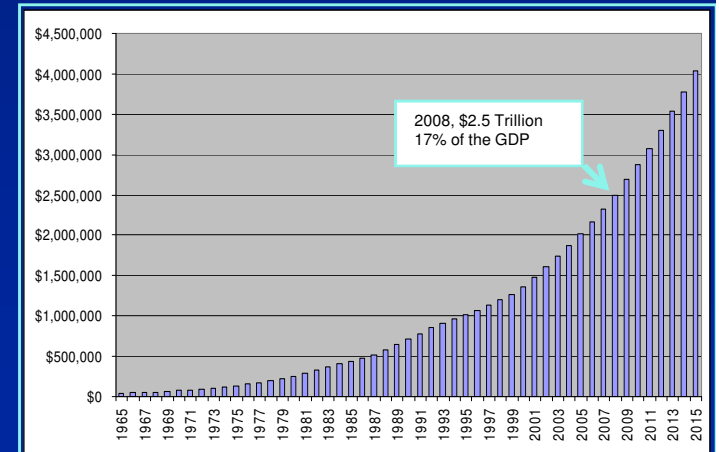
- Physical harm
- Emotional Harm

Consequence of:

- Over-use
- Under-use
- Ineffective care
- Unwanted care

Indirect Harm (opportunity cost)

- Less education
- Personal finances
 - Bankruptcy
 - Lower take home wages
- Increased uninsured and underinsured



Health System Design

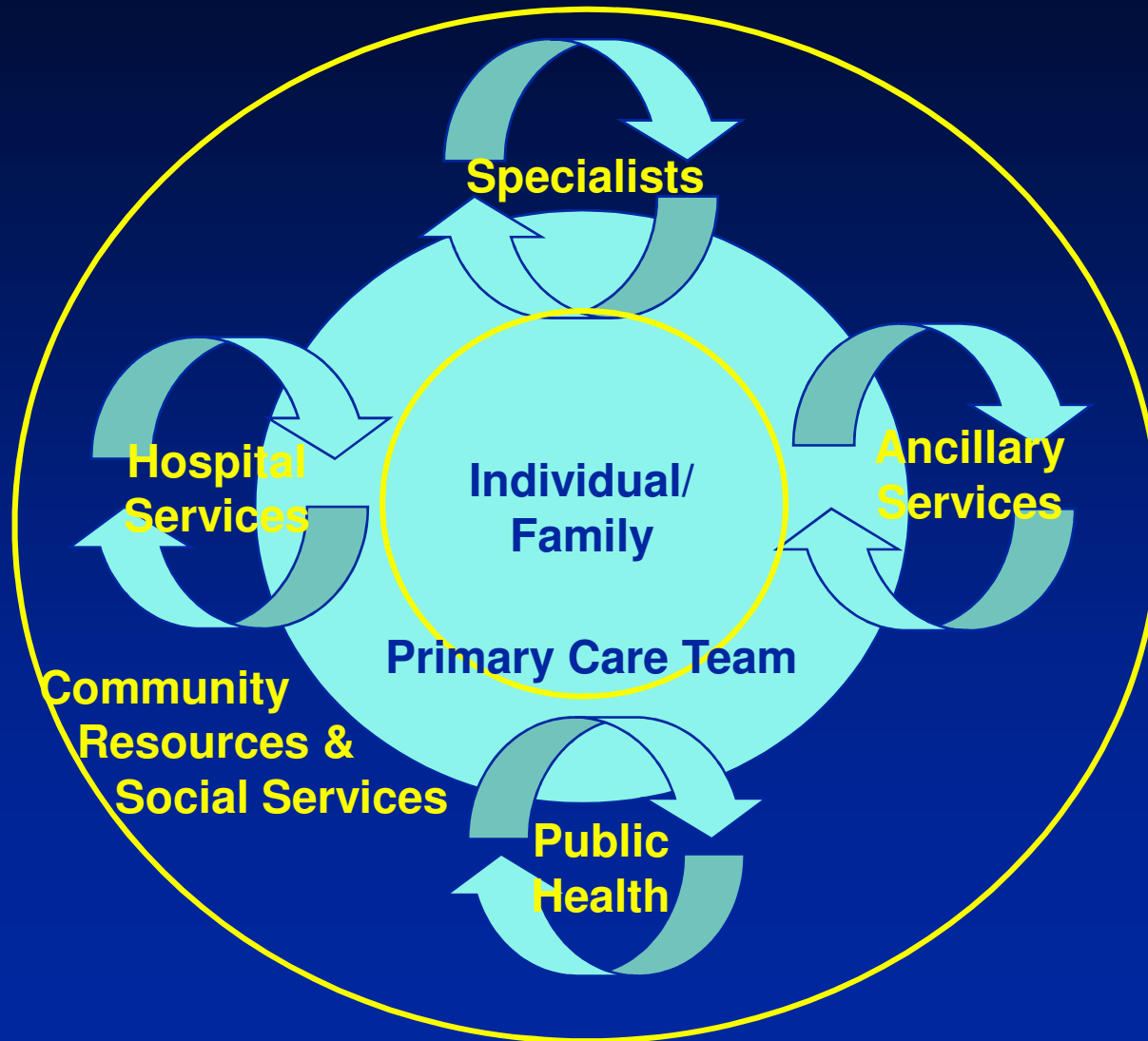
Is there an evidence base that gives us guidance on how a health system should be designed?

Yes. The data consistently tells us that a primary care oriented health system produces optimal health and cost outcomes.

What does “Primary Care Oriented” mean?

A primary care oriented health system is one where system resources are organized around the patient and her/his primary care practice - the location of longitudinal, whole person, coordinated, comprehensive care focusing on both mental and physical health.

Evidence-Based Healthcare System Design



What Does Fantastic Primary Care Look Like?

- **The Medical Home?**
- **Comprehensive Primary Care?**

Primary Care Challenges

1. **Economic disincentives to enter primary care**
2. **Immature organizational structures which lack a professional approach to the management of finances, personnel, clinical quality**
3. **Suboptimal team functioning**
4. **Just starting to get IT support for clinical work**
5. **Beleaguered workforce**
6. **Lack of primary care models attractive to medical students and residents**
7. **Absence of primary care clinician role models in the hospital due to hospitalist movement**
8. **“You’re too smart to go into primary care” attitude within academic medical centers**

Comprehensive Primary Care: Opportunities to Decrease Costs (and improve quality... a partial list)

Safely Reduce

1. Hospital admissions and costs
2. Ineffective pharmaceutical use
3. Interventional end-of-life care
4. Utilization of
 - Unproven interventions & devices
 - Consults
 - Office visits
 - Routine lab tests, ECGs, radiology, etc.
5. Risk averse medicine
6. Administrative costs

The Oregon Better Health Initiative

We are healthcare professionals building a coordinated, comprehensive and effective health delivery system.

We are doing so by renewing our collective stewardship for health and healthcare in our communities through direct discussion among ourselves and others and through action toward an improved health system. We will actively work for the wise allocation of resources and system design that delivers improved health and healthcare outcomes and lower costs across our society.

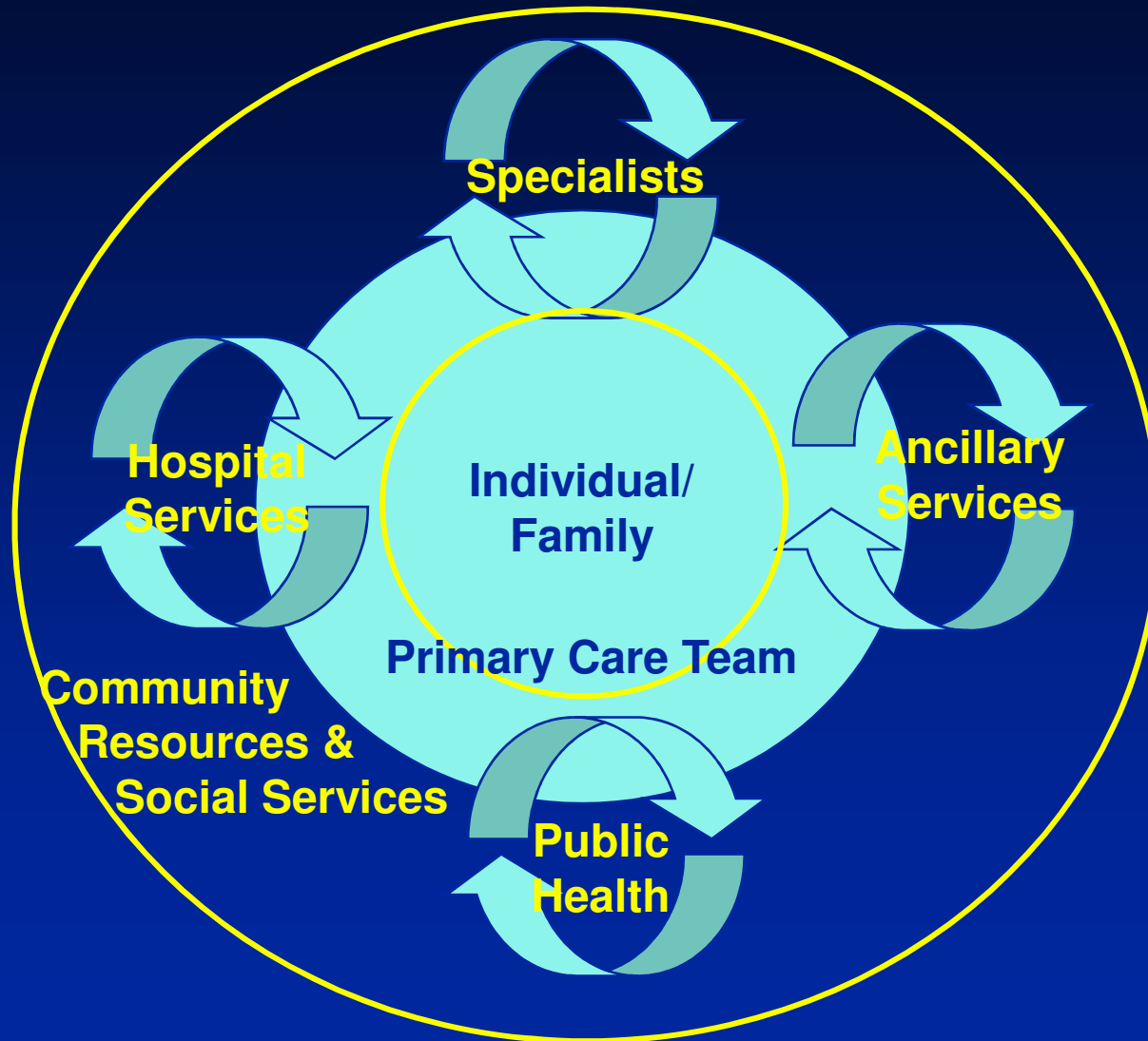
The Oregon Better Health Initiative

- **Oregon Chapter, American College of Physicians**
- **Oregon Academy of Family Physicians**
- **Oregon Pediatric Society**
- **Osteopathic Physicians and Surgeons of Oregon**
- **Oregon Primary Care Association**
- **Oregon Psychiatric Association**
- **Douglas County IPA**
- **Lane County IPA**
- **Oregon Nursing Association and Nurse Practitioners of Oregon**

(Oregon Chapter, American College of Cardiology)

(Oregon Chapter, American College of Ob/Gyn)

Evidence-Based Healthcare System Design



Primary Care's Role in Healthcare Reform

- **If you believe delivery system reform is necessary, what is your personal role in reforming or redesigning the delivery system?**
- **What is your practice's or medical group's role in delivery system redesign?**
- **How should we balance the needs for both health and healthcare in our communities?**