Local physicians discuss challenges, need for primary care reform

By Alison Jalbert
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As health care reform becomes a common political rallying cry, many in the medical field believe the current model of primary care requires a total overhaul in order for patients to receive proper care and for practitioners to be able to fully serve their patients.

Two local proponents of primary care reform are Dr. Crystal Clark and Dr. Gregory Makoul of the Connecticut Institute for Primary Care Innovation, a partnership between the University of Connecticut Health Center and Saint Francis Hospital and Medical Center. Both Clark and Makoul agree that the field of primary care requires significant changes.

"I think the problems are kind of a reflection of the advances," said Clark, director of CIPCI. "There are so many things now that we can prevent, preempt and manage diseasewise. It takes a significant amount of time. A lot of that is behavioral in primary care to actually help patients avoid chronic illness, and if they do get it, manage it, [they] live much longer and live with a better quality of life."

In order to provide patients with that level of care, there needs to be a lot of coordination between multiple providers. This is all for the patient's benefit, but it still requires a huge coordination effort, Clark explained. "It requires a huge amount of time to stay abreast of what's going on as a provider."

Providers need a significant amount of time to prepare to see their patients, whether that means reviewing test results, calling patients outside of office hours or getting in contact with another provider. All of this preparation time, which is crucial to delivering proper and thorough care, is something doctors are not paid for, Clark said. The way primary care is currently structured, providers are paid and care is designed in increments of time that are what Clark called an "artificial constraint" to what patients need.

"If you're a young, healthy person with a sore throat, it might take five minutes, but I as a physician need to chat with you to find out if that's all that's going on with you," she said. "That 15-minute [appointment] could turn into 45. Should we limit that type of real care because we've been limited to 15 minutes? That to me is what we talk about [at CIPCI]; a radically different picture."

CIPCI has five aims in changing the primary care model: to improve primary care education for medical students, residents and other providers; to increase the retention of primary care trainees and providers; to conduct research on the best ways to deliver primary care; to help providers keep pace with the change in the industry; and to develop collaborative relationships with groups that have similar goals in studying innovative approaches to primary care.

Makoul, who is the chair of the CIPCI Governing Board and serves as the research mentor for CIPCI, said that primary care is not just concerning primary care physicians, but includes providers such as dentists, OB-GYNs, psychologists, pharmacists and nurses. "We're trying to think broadly about providers because you can't meet a patient's primary care needs with a primary care physician only."

An issue that affects all providers is that they do not get paid for doing important preparatory work. The concept of per member per month payment is an option people have discussed in order to address the payment issue, Makoul said. "[T]he providers would get paid for doing the things they don't get paid for now, like coordination and talking to patients."

Clark said there are organizations like the Center for Medicare and Medicaid that are putting out requests for proposals for people to experiment with new designs on how to deliver care and how to pay for it together. "They're willing to pilot and pay for people to try those things. It's pretty exciting stuff."

CIPCI has tried to construct various scheduling and payment models including taking the patient's complexity into consideration or giving more time for older patients. "We tried a lot of different models," Clark said. "The real constraint is the time, which is a reflection of the reimbursement."

She feels that the current form of primary care does not allow the function that is required. "The model doesn't fit the function, the payment doesn't fit the function, so the experience on both sides are not as pleasant as they should be."

Access issues

A related issue to the scarcity of time in primary care is access to primary care. "I think that's one of the biggest challenges right now," Makoul said. "If somebody has a primary care provider, then they may have to wait a long time to get an appointment."

He used the example of Clark, who recently moved to the area. "It was hard for a physician to find a primary care physician. You think about it in terms of people being able to get a physician or even if they have one, get in to see one."

Makoul said the reason why access to primary care physicians is a problem is partly due to the supply of providers and because the current frame dictates that the only way it could work is to go see a primary care provider. "The way we have to transform this thinking and this practice is to say, yeah, the primary care practitioner has to be the captain of the ship, but you don't always need to see [that person]. You can go in and see the nurse practitioner, the health coach or the physician's assistant. As long as the physician knows what's going on at a meta level, he or she doesn't need to physically be there for every visit."

There is a move to see what can be done remotely or through home monitoring, meaning patients would not have to make as many office visits. "I think there is going to be a big push in that direction, because if you can do things where you don't have to make the patient leave home to come in and get a checkup, like a blood pressure check, the information gets sent electronically, is checked and then action is taken," he said. "Whether it's the patient to the office communication or the office to a specialist communication, avenues are opening up in terms of doing things electronically. There's a lot of promise in that, too."

Clark said that by patients monitoring things like blood sugar levels and submitting them electronically to their doctors, it transforms the in-office visit. The data can be reviewed and analyzed beforehand, so when the patient comes in, the visit is now all about management and intervention instead of spending time reviewing patient data. This, however, links back to the issue of payment, because doctors currently are not getting paid for the time it takes them to review patient information.

"This is what Greg and I are talking about and hope this institute can be a part of: there should be some way to compensate everyone for their time, especially when you're making care better and making patients' lives better," Clark said.

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