

THE TROUBLED STATE OF PRIMARY CARE

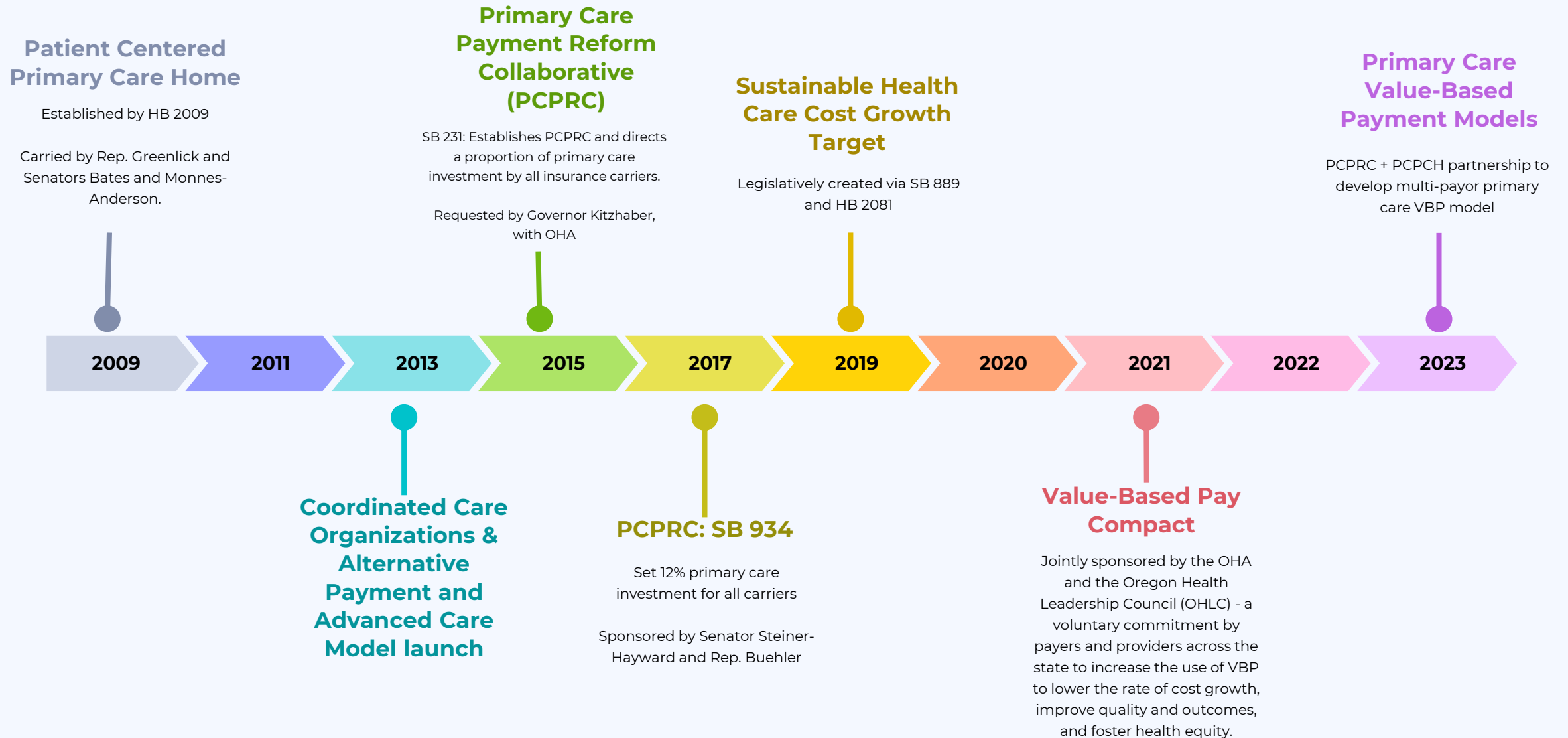
Key Areas to Address



PRIMARY CARE ISN'T WORKING

- Patients can't find primary care
 - Oregon's new patient wait times exceed national averages
 - Existing patients wait for appointments
- Clinicians can't work in this system
- Administrators This system is too complicated
 - Multiple programs aimed at transforming and improving care overlap but don't align

Oregon Primary Care Initiatives Across the Years



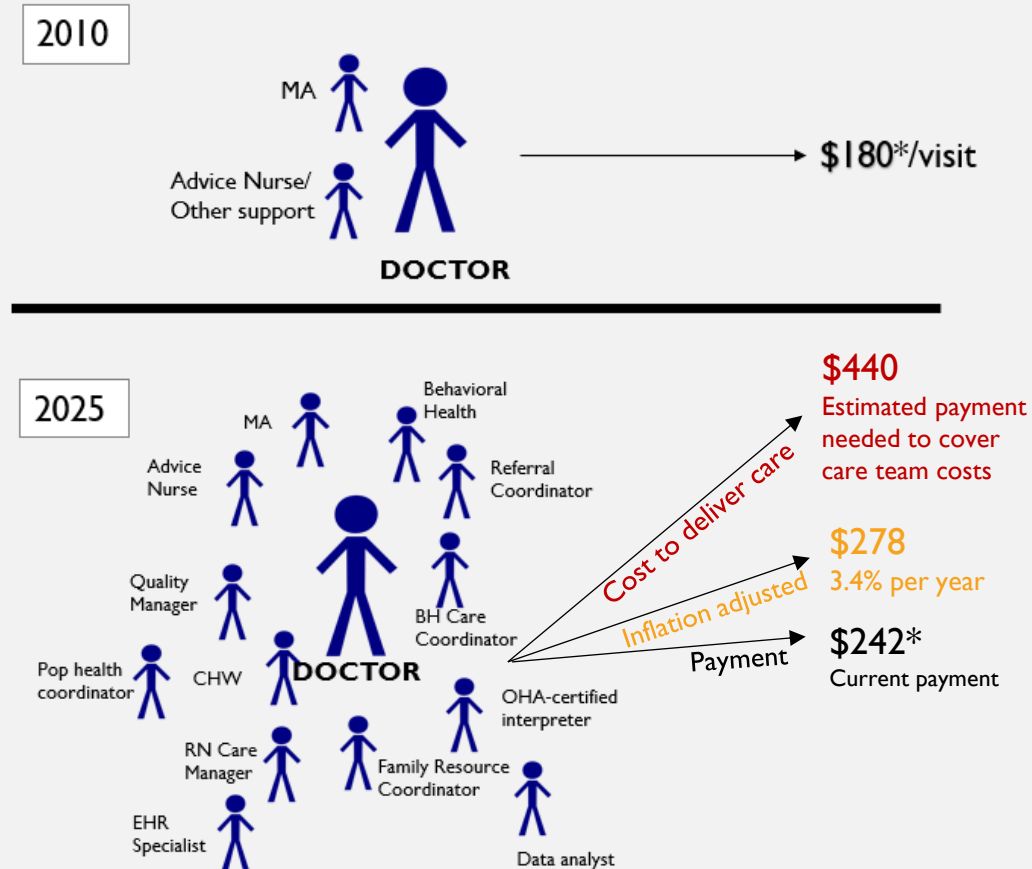
ADMINISTRATIVE BURDEN AT ONE INDEPENDENT CLINIC

- Prior Authorizations
- Quality Measures
- Patient-Centered Primary Care Home (PCPCH)
- Medicare/Medicare Advantage Stars vs. Other Measures
- Complex questions, complex data, complex expertise
- Cost

PAYMENT

- **Primary care payment does not recognize or pay for added services in the PCPCH model of care**
- Payment to primary care falls short of actual costs incurred (inflation, labor costs, supply costs)
- Rate increases to primary care have been stagnant and do not honor increased RVU values for services provided in primary care
- Federal uncertainty adds to concerns about sustainability of the primary care infrastructure and safety net we rely upon.
- Value-based contracts are complex and unpredictable, adding significant administrative burden and costs
 - Clinical staff have additional reporting and administrative tasks detracting time from clinical care and adding costs
 - Incentive payments are not typically received until Q3/Q4, challenging cash flows and investment in the care team
- **This model is not financially sustainable – we are at the precipice and must make changes now**

Sample Pediatric Primary Care Preventive Visit



Graph is for illustrative purposes.

* Based on average commercial payment for preventive well visit 12-17

WORKFORCE NOW AND TOMORROW

- Oregon's 2024 Health Care Workforce Needs Assessment report shows current and future challenges for most professions tied to primary care; rural areas are especially hit hard
- Access is the most-important issue to Oregonians
- The workforce is aging and Oregon isn't producing enough to replace them
- Many federal workforce supports are slated for cuts or elimination
- Multi-pronged effort is needed
 - train more primary care professionals of all kinds
 - keep more people in primary care practice, longer

IMPACT IF NO ACTION IS TAKEN

- The current system is unsustainable
- Without meaningful action, access to primary care will decline, and PCPs will be forced to make choices to maintain financial viability
- More clinicians will leave the profession too soon further increasing strain on system
- Financial strain could further encourage sales to private equity or other consolidation with health systems
- We are at a breaking point and must take action
 - We can value Oregon's independent and pioneering spirit and work to rebuild capacity and sustainability of primary care in this state

OR

- We can watch our primary care clinicians and services slowly disintegrate



LET PRIMARY CARE WORK

- **Now:** Help us find the right structure or body to identify actionable strategy to lessen these burdens
- We need help driving engagement from employers, patients, insurers and health systems
- **Medium Term:** Enforce primary care investment standards and adequate payment
- Simplify the current complexity; and place future controls on increased administrative tasks in primary care clinical care settings
- **Long-term:** Primary care must be an agenda item for OHPB at least annually

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