

Primary Care

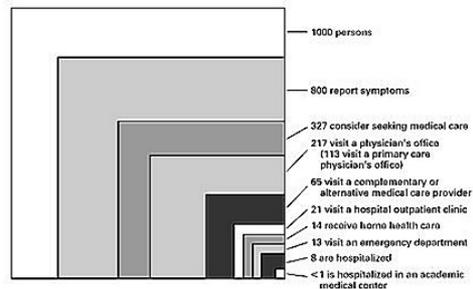
Stephen F. Rothemich, MD, MS
Associate Professor of Family Medicine
srothemich@vcu.edu

Presentation 11/10/08 for
Primary Care & Public Health - The Interface
EPID 600 - Introduction to Public Health

VCU
VIRGINIA COMMONWEALTH UNIVERSITY

Ecology of Medical Care

Green LA, et al. The ecology of medical care revisited. NEJM 2001;344:2021-5.
(update of a 1961 by Kerr White)



VCU
VIRGINIA COMMONWEALTH UNIVERSITY

IOM: Primary Care

Institute of Medicine Defining Primary Care: An Interim Report (1994)

- Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.

VCU
VIRGINIA COMMONWEALTH UNIVERSITY

AAFP: Primary Care

American Academy of Family Physicians

- Primary care is that care provided by physicians specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis.

VCU
VIRGINIA COMMONWEALTH UNIVERSITY

AAFP: Primary Care, cont.

- ... includes health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis and treatment of acute and chronic illnesses in a variety of health care settings
 - (e.g., office, inpatient, critical care, long-term care, home care, day care, etc.).
- ... is performed and managed by a personal physician often collaborating with other health professionals, and utilizing consultation or referral as appropriate.

VCU
VIRGINIA COMMONWEALTH UNIVERSITY

AAFP: Primary Care, cont.

- ... provides patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services.
- ... promotes effective communication with patients and encourages the role of the patient as a partner in health care.

VCU
VIRGINIA COMMONWEALTH UNIVERSITY

Thoughts from "Across the Pond"

Heath I, Sweeney K. BMJ. 2005 Dec 17;331(7530):1462-4.

- ...necessitates a high degree of technical and experiential competence, combining a robust appreciation of the range of the normal with a high index of suspicion for the dangerous.
- The general practitioner must develop the skill of using time to reveal the natural course of a presenting condition.

VCU

"Across the Pond", cont.

Heath I, Sweeney K. BMJ. 2005 Dec 17;331(7530):1462-4.

- One of the contributions of generalist practice to improving health outcomes for populations is mediated by broadly based diagnostic skills that can select, through the referral process, high prevalence populations for specialist practice and thereby ensure the effectiveness of specialists. This skill constitutes a uniquely valuable healthcare commodity.

VCU

Who Provides Primary Care?

- Traditionally defined list
 - Family Medicine
 - General Internal Medicine
 - General Pediatrics
- Others
 - Nurse Practitioners
 - Physician Assistants
 - OB/GYN (debatable)
- Limited part of some specialists' practices
 - Ex. dialysis patients, cancer patients in treatment

VCU

Primary Prevention in PC

- Health behavior counseling
 - smoking, exercise, diet, alcohol, STD and pregnancy risk
- Anticipatory guidance
 - preconception counseling, age-appropriate child safety issues
- Immunizations

VCU

Secondary Prevention in PC

- Cancer screening
 - cervix, breast, prostate and colon
- Diabetes screening
- Hypertension screening
- Osteoporosis screening
- STD and TB screening
- (+/-) genetic screening

VCU

Tertiary Prevention in PC

- Diabetic retinopathy, nephropathy, & neuropathy
- Lipid control in diabetes and coronary artery disease
- Treating osteoporosis
- Prophylaxis after TB exposure

VCU

PC Prevention: Challenges

- Erosion of continuity
- Shorter clinic visits
- Poor reimbursement for health behavior counseling
- Lack of systems-approach tools
- Competing demands



PC Prevention: Strengths

- Access to individuals
- Repeated opportunities over time
- Prevention is a PC core value
- Trust and understanding gained through continuity relationship
- Some reimbursement improvements
- Growing adoption of electronic health records



Pay for Performance (P4P)

Potential to impact prevention in primary care

- Rewarded for meeting pre-established targets for delivery of healthcare services
- CMS PQRI program
 - Physician Quality Reporting Initiative
 - Voluntary reporting on 27 measures applicable to PC
 - bonus payment of 1.5% of allowed charges
- Controversial
 - Is incentive sufficient given costs to participate?
 - Easier with electronic health records?
 - What about case mix and de-selection problems?
 - What about opportunity costs?



Patient-Centered Medical Home

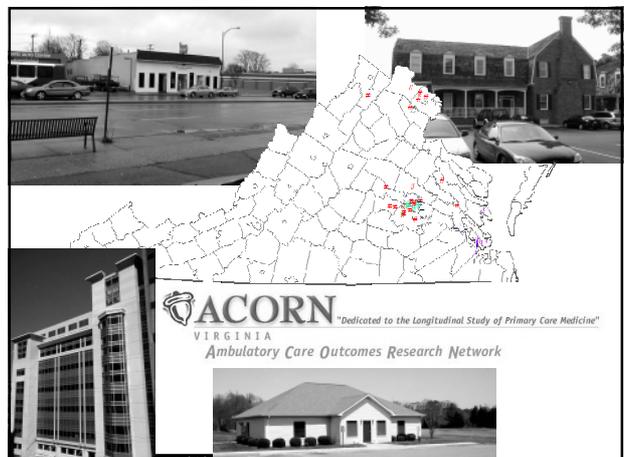
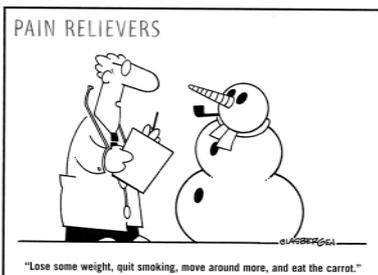
Patient-Centered Primary Care Collaborative

- Patients have a **relationship** with a personal physician.
- A practice-based care team takes collective responsibility for the patient's **ongoing care**.
- Care team is responsible for providing and arranging **all** the patient's health care needs.
- Patients can expect care that is **coordinated** across care settings and disciplines.
- **Quality** is measured and improved as part of daily work flow.
- Patients experience **enhanced access** and communication.
- Practice uses EHRs, registries, and other **clinical support systems**.



Prevention Research in Primary Care that Overlaps with Public Health

- Virginia Ambulatory Care Outcomes Research Network (ACORN)



Background

- Tobacco remains leading cause of preventable death
JAMA. 2004;291:1238-45
- Tobacco accounts for approximately 1 in 5 deaths (438,000) and 5.5 million years of potential life lost
MMWR. 2005;54:625-28
- 20.8 % of US adults smoke
MMWR. 2007;56(44):1157-61
- 70% of smokers see a physician each year
Am J Pub Health 97:1464-69
- Advice from physicians can catalyze behavior change
J Gen Intern Med 1992;7(4):398-40.4 & Prev Med 2000;31(4):364-9
- Providers counsel only some smokers (13-38%)
J Fam Pract 2001;50(8):688-93 & Am J Pub Health 2007;97(10):1878-83



Background (cont)

- On average, physician counseling lasts 90 seconds
Cochrane 2004;4:CD000165
- Many primary care practices are effective at delivering screening and brief advice, but may lack resources for more intensive counseling
Am J Prev Med 2006;31(1):103-06
- Smoking quit lines have 21-36% long term quit rates
USPSTF 2008 & JAMA 2003;289:1792-1798 & Cochrane 2006;3:CD002850
- Only 1% of smokers in the general population utilizes quitlines
Tobacco Control 2007;16 (Suppl 1):19-115
 - 0.2% for Virginia 7/06-6/07



Current quitline models

- 3 main paths
 - Smokers calling the quitline on their own
 - Clinicians suggesting patients call quitline (Ex. Ask-Advise-Refer)
 - Clinician fax referral to the quitline
- Problems exist
 - Under-utilization/ low reach
 - Involves hand off, not collaboration



Should build on each other's strengths

Practices

- Identifying smokers
- Providing brief cessation advice
- Giving clinician imprimatur to quit attempt
- Prescribing cessation medications
- Finding teachable moments in ongoing care
- Longitudinal relationship (i.e., chronic care model)

Quitlines

- Provide effective intensive counseling
- Systems for proactive contact
- Ability to monitor aggregate outcomes



QuitLink

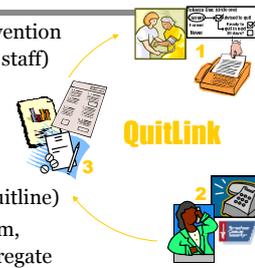
A Fax-based Referral Model with Enhanced Selection and Bi-directional Communication

Funded by Agency for Healthcare Research and Quality (1 R21 HS014854)



QuitLink components

1. An expanded vital sign intervention (Ask, Advise, Assess done by staff)
2. Capacity to provide fax referral of preparation-stage patients for proactive telephone counseling (American Cancer Society Quitline)
3. Feedback to the provider team, including individual and aggregate reports and prescription requests



Findings

- Main outcome (discussion at office visit on how to quit or referral to quitline) at visits by smokers increased from 29.5% to 41.4%
- 329 referrals over 9 months
- Referrals volume varied by practice and clinician
- Clinicians valued assistance from the quitline and appreciated bidirectional communication



Virginia Quitline Pilots

Modeling sustainable collaboration with electronic referrals

Funded by the Virginia Department of Health and the Robert Wood Johnson Foundation



