



## The Value of Family Medicine

### Critical For North Carolina to Improve Quality and Lower Costs

*Family physicians: Your trusted healthcare advisor, for life.*

- Increased access to primary care leads to better health outcomes for patients. Where access to primary care is higher, death rates from cancer, heart disease, and strokes are lower.<sup>1,2</sup>
- On average, adults who have a primary care physician have 33% lower health care costs.<sup>3</sup>
- Increased primary care access reduces emergency room visits, hospitalizations, and surgeries.<sup>4</sup>
- Increasing the number of primary care physicians in a state by 1 per 10,000 population, while holding constant the total number of physicians, is associated with a rise in the state's quality rank of more than 10 places, as well as a reduction in overall Medicare spending of \$684 per beneficiary.<sup>5</sup>
- For each one percent increase in primary care physicians, average-sized metropolitan areas experienced a decrease of 503 hospital admissions, 2,968 emergency room visits and 512 surgeries.<sup>6</sup>
- Increasing the percent of the healthcare dollar spent on primary care reduces overall healthcare costs and improves quality. For example, from 2008-2011, total primary care spend for commercial health insurance members in Rhode Island increased by 23 percent, resulting in a reduction of 18 percent for total medical spending.<sup>7</sup>
- Both increasing the level of physician-patient continuity (i.e., the same primary care physician seeing the patient regularly over time) and increasing the comprehensiveness of care provided by a family physician (i.e., a broader spectrum of services) lead to lower healthcare costs and fewer hospitalizations.<sup>8,9</sup>

#### **The Ask:**

- Invest more in family medicine. As we move to value-based payment models, that action will increase quality and lower overall cost of care.
- Provide the needed resources to primary care clinics as they continue to live in the two worlds of RVU compensation and value-based quality metrics. This could include the use of scribes, additional medical assistants, imbedded behavioral health services, etc.

#### **Footnotes:**

<sup>1</sup>The Commonwealth Fund, "Health Reform & You – Primary Care: Our First Line of Defense." 12 June 2013.

<sup>2</sup>Macinko, J, B Starfield and L. Shi. "Quantifying the Health benefits of Primary Care Physician Supply in the United States." International Journal of Health Services Research. 2007. Vol. 37, NO. 1:111-126).

<sup>3</sup>Franks, P. and K. Fiscella. 1998. "Primary Care Physicians and Specialists as Personal Physicians. Health Care Expenditures and Mortality Experience." Journal of Family Practice 47:105-9.

<sup>4</sup>Rosenthal, T. "The Medical Home: The Growing Evidence to Support a New Approach to Primary Care." Journal of the American Board of Family Medicine. September-October 2008. Vol 21. No. 5.

<sup>5</sup>Baicker, Katherine and Chandra, Amitabh. "Medicare Spending, the Physician Workforce and Beneficiaries' Quality of Care." Health Affairs Web exclusive w4.184 (7 April 2004: 184-197).

<sup>6</sup>Kravet, Steven J., et al. "Health Care Utilization and the Proportion of Primary Care Physicians." Amer J Med 121.2 (2008): 142-148.

<sup>7</sup>Primary Care Spending in Rhode Island." Office of the Health Insurance Commissioner. September 2012.

<sup>8</sup>A Bazemore et al. "Higher Primary Care Physician Continuity is Associated with Lower Costs and Hospitalizations." Annals of Family Medicine. Vol. 16, No. 6, November/December 2018.

<sup>9</sup>A Bazemore et. al. "More Comprehensive Care Among Family Physicians is Associated with Lower Costs and Fewer Hospitalizations." Annals of Family Medicine. Vol. 13, No. 3. May/June 2015.