

For Delaware's Primary Care Doctors, Exciting Times are Ahead

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I pass a storefront marquee on my way to work that often displays cheerful and pithy yet poignant anecdotes. It has reminded me “chance favors the prepared mind” (Louis Pasteur) and “optimism is the faith that leads to achievement” (Helen Keller).

Recently, the message suggested “politics is too serious a matter to be left to the politicians” (Charles de Gaulle).

I report this quotation with no disrespect. Quite the contrary, in fact. I’ve found many politicians rely on feedback from constituents and encourage community engagement on matters of profound importance.

This message seems especially germane as our medical community strives to not only improve the health care of Delawareans, but also to support the necessary legislative changes to sustain those efforts.

Recently, laudable efforts by the Medical Society of Delaware, Sen. Bryan Townsend, Rep. David Bentz and supporters from across the state, led to the creation of Senate Bill 227. This bill serves to address a number of inequities within Delaware’s health system.

Delaware is losing primary care doctors. This Senate bill aims to increase their pay

Specifically, the bill mandates commercial insurance providers reimburse no less than physician Medicare rates for all chronic care management and primary care services over the next three years — instead of the 65 to 85 percent of Medicare rates reimbursed in Delaware currently. Additionally, the legislation calls for all health insurance providers to participate in the Delaware Health Care Claims Database, an effort to improve health care price transparency and collect reliable insurance spending data.

Lastly, SB 227 includes a Primary Care Reform Collaborative under the Delaware Health Care Commission that will address larger, longer-term issues such as increased primary care spending and transitioning to pay-for-value services.

The Medicare pay equity component of SB 227 is a boon for primary health care providers and will hopefully stem the threat of practice closings and decreased patient access. More than that, it’s fair and makes sense.

So does healthcare cost transparency and engaging insurance providers in this process— a small step to improve future planning for now, but there is no reason why payers shouldn’t have more skin in the game and eventually share responsibility for health care outcomes when healthcare-related costs are so entwined with medical decision making and the patient experience.

Less clear is how the Primary Care Reform Collaborative will achieve an increase in overall primary care spending.

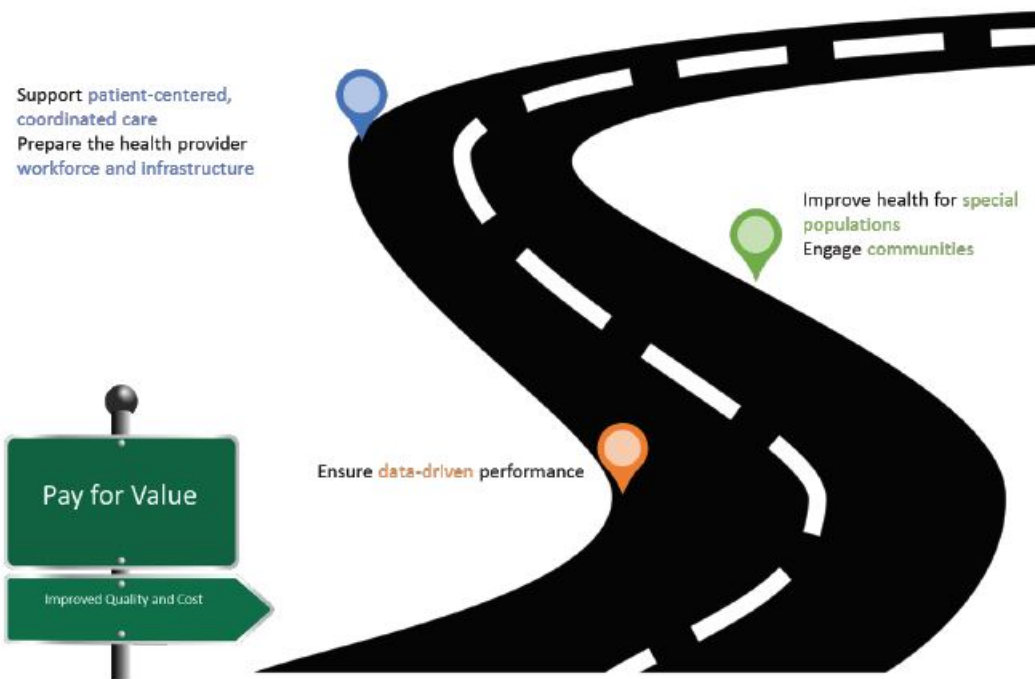
A previous version of SB 227 called for an increase of at least one percent per year to 12 percent by 2025, but the bill’s final version relegated the topic to further discussion.

Despite spending more per capita on health care than all but two states and ranking 30th in America's Health Rankings, Delaware only spends three to four percent on primary care services — half the national average. States such as Oregon and Rhode Island have shown that increasing primary care spending to 10 to 12 percent or more improves health outcomes and decreases overall health care spending.

Since many other practice transformation measures hang in the balance, I would hope the Collaborative considers primary care spending its top priority.

Rather than working in isolation, the Collaborative should align their plans with existing efforts by the Department of Health and Social Services and its Road to Value (see Figure 1), particularly in regards to moving toward an outcomes-based model of care. Pay-for-value puts the emphasis on the needs and health of patients and, burden of documentation aside, is good practice.

Figure 1. Delaware's Road to Value



DHSS' Road to Value also incorporates incentivizing care coordination, addressing provider shortages in primary care, targeting social inequities and establishing a common scorecard for quality measures across payers. It will require a unified vision by health care providers and legislators to improve access and quality of care in such a comprehensive manner.

While legislation, payment reform or provider collaboration in isolation will not achieve the desired objective, a multidisciplinary approach could move us closer to that goal. By working together, and pooling our resources, passion for caring and dedication to our craft, we can improve health care in Delaware in a patient-centered and cost-effective manner.

I'm not sure what the sign will say next week on my drive to work, but if Delaware's medical landscape is any indication, we have exciting times ahead.

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