

Delaware Needs to Act to Save Primary Care

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Delaware is rapidly losing primary care doctors and approaching a crisis in access to care,¹ which requires immediate attention from all health policy stakeholders.

This was one of the more startling and motivating facts revealed to me as I began work as chair of the House Health and Human Development Committee shortly after taking office. Delaware, already ranked in the bottom half of the country in many public health statistics, has seen a six percent decline in the number of primary care doctors since 2013. To make matters worse, many of the remaining primary care practitioners in our state are at or nearing retirement age. In real terms, this decline has resulted in thousands of Delawareans being forced to find new primary care doctors, or lose access to critical primary care altogether. This continued decline in primary care capacity will only exacerbate existing public health problems and continue to drive health care costs in the state, which are already among the highest in the country on a per capita basis.

The good news is we know what is driving this decline. Primary care physicians face burnout, declining revenues due to stagnant reimbursement rates, and massive student loan debt pushing many recent graduates to higher-paying specialties. These are just to name a few.

The benefit of knowing the root causes of the problem is we can begin to develop strategies to reverse the negative trend. This was the goal when the Delaware General Assembly passed Senate Bill 227² in the late stages of the 2018 legislative session. In addition to increasing minimum reimbursement rates for primary care, the bill created the Primary Care Collaborative to examine the severity of these root causes, develop recommendations to curb the loss of primary care providers in the state, and increase their numbers in the long term.

One of the benefits of being in a state the size of Delaware is you can quickly bring together stakeholders for robust conversation on public policy challenges. The collaborative did exactly that by convening key players in our health care sector including providers, health systems, insurance providers, and policy makers. The collaborative met through the second half of 2018 and into 2019 to develop ways to improve the primary care sector in Delaware. In January of this year, the collaborative released its first report,³ which provided recommendations based on the feedback provided at these meetings. These recommendations included both long-term strategies to improve the value of our health care spending, and shorter-term methods to stem the loss of primary care physicians in our state.

The initial recommendations by the collaborative represented a road map for the state to stabilize the primary care sector and support growth going forward. This included setting a goal for 12 percent of our total health care spending to bolster primary care through a quality-focused and value-based payment model, and establishing an enforcement mechanism within state government to ensure that these goals are being met at an acceptable pace to reduce further deterioration of primary care capacity in our state.

All too often, reports generated by groups like the Primary Care Collaborative sit on a shelf and collect dust as opposed to leading to real progress. The motivation by everyone involved with the collaborative – to improve the health of all Delawareans – has ensured that was not the case with

this report. Already, numerous legislative items have been signed into law or are in development that will implement key elements of the report's recommendations.

The first major initiative was passed before the collaborative even formally met. In addition to creating the collaborative, Senate Bill 227 increased minimum reimbursement rates for primary care to Medicare levels. Delaware was one of very few states that failed to meet this minimum level of reimbursement for primary care, and we needed to act. While this doesn't completely alleviate the concerns around inadequate reimbursement rates, it does provide a helpful boost to providers who find themselves at risk of having to close their practice or shift to a concierge model of payment in order to recuperate costs.

This past legislative session, lawmakers passed Senate Substitute 1 for Senate Bill 116,⁴ which expands the membership of the primary care collaborative to bring in additional stakeholders, and creates the office of Value Based Healthcare within the State's Department of Insurance. This office will be critical in our efforts to increase the percentage of health care spending to support primary care, and to ensure involvement in value-based payment models is met by payers and providers. It will also help establish agreed upon metrics to adequately measure progress toward these goals and keep us moving in the right direction.

House Bill 257⁵ was introduced in the closing days of this past legislative session. If passed, this legislation would establish a health care provider loan repayment program for qualifying primary care clinicians. Many of Delaware's top competitors for primary care providers offer similar loan repayment programs, putting us at a disadvantage in our efforts to recruit qualified primary care practitioners to our state. This will take on added importance in the years to come as we are forced to replace many providers who are nearing retirement with recent medical school graduates entering the workforce with massive amounts of student loan debt. The legislation has broad bipartisan support and I am hopeful it will become law when the General Assembly reconvenes.

As we look to the future, the Primary Care Collaborative will continue to find ways to grow a sustainable primary care sector in Delaware. It will prioritize efforts to increase the percentage of our total health care spending directed to primary care, encourage momentum toward value-based models of payment, emphasize workforce development in primary care, and pursue other efforts identified by the stakeholders in the collaborative. Meetings of the collaborative are open to the public and we welcome all interested stakeholders to attend and share their thoughts and ideas on how we can make progress for our entire state.

Many of our shared goals, including better public health, reduced costs, and an overall healthier Delaware, require a robust primary care workforce where all Delawareans have access to high quality preventative care. This will continue to take an "all-hands-on-deck" approach as exemplified by the early work of the Primary Care Collaborative. If we continue to pull in the same direction and prioritize the well-being of Delaware residents over individual industry interests, we can find success in this effort.

References

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