

# Primary Care 2025 Scenarios: A Scenario Workshop



# The Primary Care 2025 Project

The Kresge Foundation awarded IAF a grant to:

- \* Develop scenarios for primary care
- \* National Workshop of leaders using the scenarios
- \* Use scenarios with Kresge and other organizations
- \* [www.altfutures.org/primarycare2025](http://www.altfutures.org/primarycare2025)

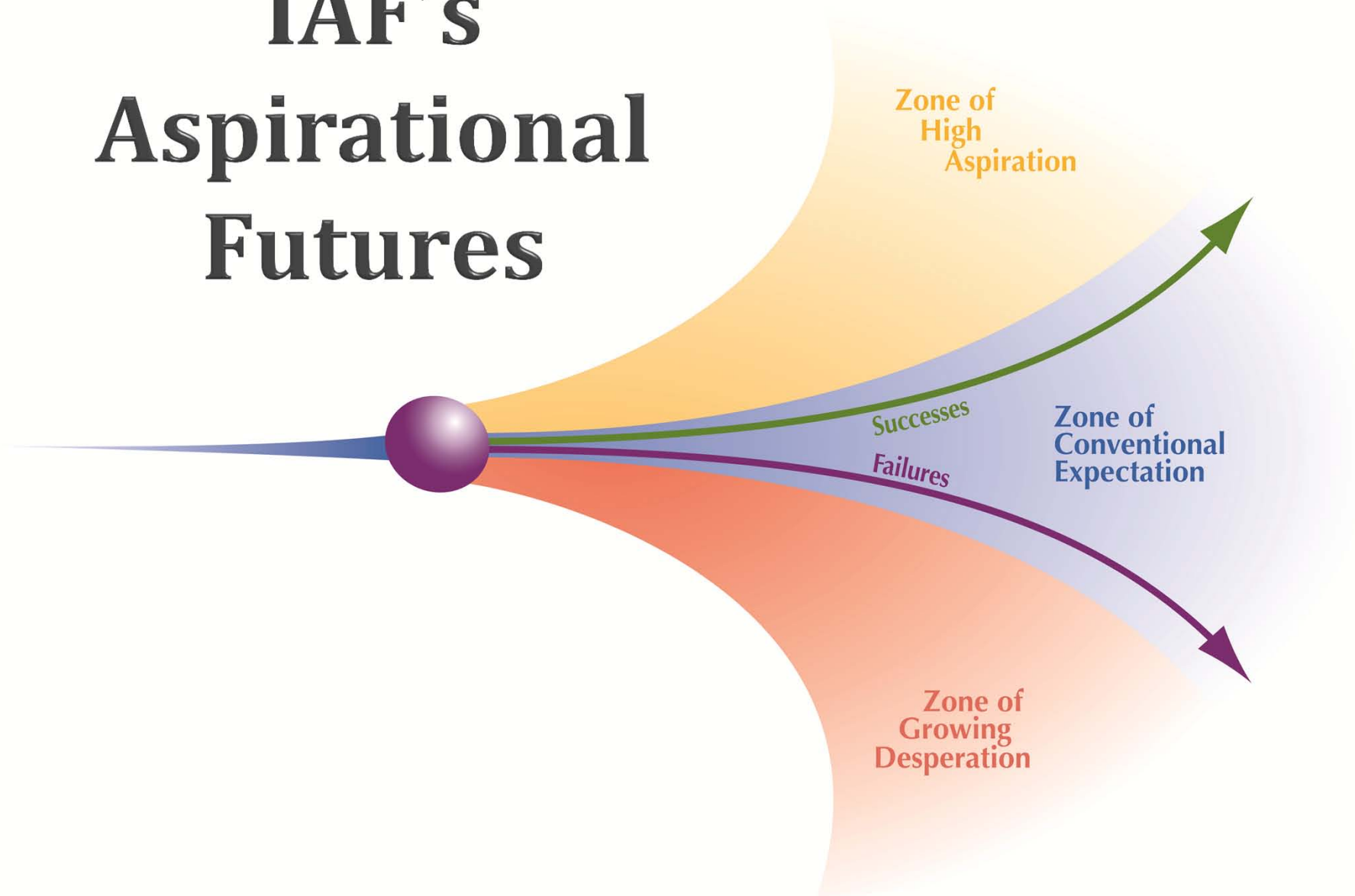
# Scenarios: What and Why?

- \* Scenarios are alternative stories about the future.
- \* Scenarios bound uncertainty and explore major pathways.
- \* Scenarios are used to understand change, clarify assumptions, track trends, consider alternatives, and develop vision.

## **Scenarios should:**

- \* Consider what's likely and what's preferable.
- \* Aid in understanding and creating the future.
- \* Lead to enhanced focus on vision, visionary success, and sensitivity to opportunities.
- \* Constructed around expectable, challenging, and visionary archetypes.

# IAF's Aspirational Futures



# Developing PC 2025 Scenarios

- \* Key forces and preliminary forecasts.
- \* Interviews with 56 thought leaders and 10 focus groups.
- \* With this input, IAF developed scenarios depicting:
  - expectable,
  - challenging, and
  - visionary alternative futures of primary care.



**What is Primary Care?  
&  
Key Forces Driving  
Primary Care**

# What is Primary Care?

## An evolving definition:

IOM (1978):

Primary Care is

- \* Accessible
- \* Comprehensive
- \* Coordinated
- \* Continuous
- \* Accountable

Barbara Starfield (1992):

Primary Care is

- \* First contact
- \* Accessibility
- \* Longitudinality
- \* Comprehensiveness



# What is Primary Care?

The patient-centered medical home (PCMH) is a centerpiece in defining primary care. Its features include:

- \* Enhanced access to care
- \* Care continuity
- \* Practice-based team care
- \* Comprehensive care
- \* Coordinated care
- \* Population management
- \* Patient self-management
- \* Health IT
- \* Evidence-based
- \* Care plans
- \* Patient-centered care
- \* Shared decision-making
- \* Cultural competency
- \* Quality measurement and improvement
- \* Patient feedback
- \* New payment systems

Source: Four Primary Care Physician Organizations cited in Robert Berenson, Kelly Devers, Rachel Burton, "Will the Patient Centered Medical Home Transform the Delivery of Care?" August 2011, The Urban Institute.

# What is Primary Care?

## Still Emerging Models:

- Comprehensive Health Home
- Community Centered Health Home

VS.

- No Home, episodic, disjointed care

VS.

- Self care, My Home

# Key Forces Shaping Primary Care

## Macroenvironment

Recession or Recovery?

Federal Debt & Deficits

Internet, Social Media, Virtual Reality

Transparency, Empowered Consumers

Aging

# Key Forces Shaping Primary Care

## Health care and primary care

Unsustainable health care costs

Health reform (implementing ACA, or not)

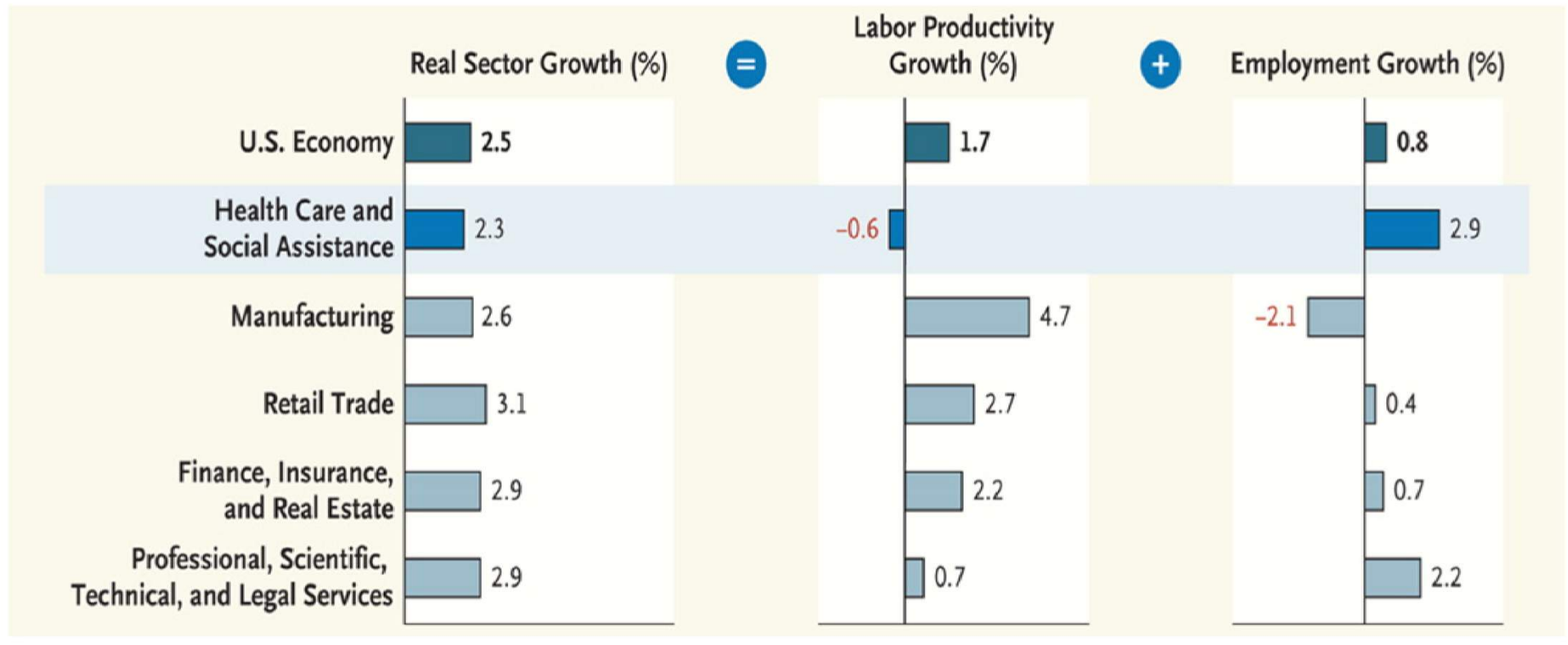
Pressure for cuts in Medicare and Medicaid payments

Defining health care quality as the “Triple Aim”

Recognizing Population Health/Social Determinants Role

# Decline in Health Care Productivity

Labor Productivity Growth & Employment Growth in U.S. 1990-2010



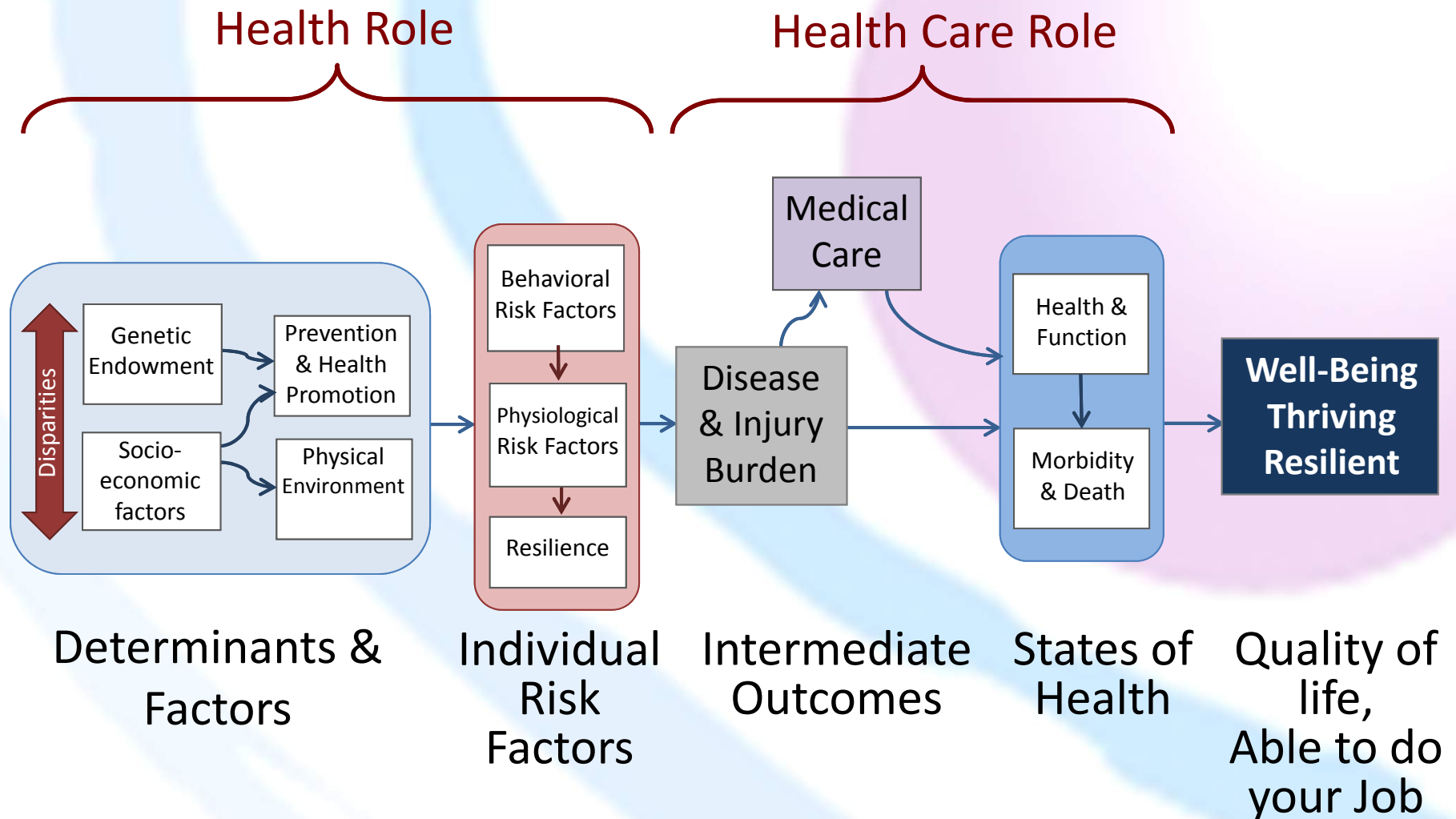
**Improving productivity requires delivery model redesign, different provider quantity & mix, and engaging in a much higher value set of activities. This is essential for controlling health care costs.**

# Major Factors Shaping Health

	M1993	M2002	HPC	CHR
Behavior	50%	40%		30%
Socioeconomic conditions			50%	40%
Environment	20%			10%
Social		15%		
Physical		5%	10%	
Genes	20%	30%	15%	
Healthcare	10%	10%	25%	20%

Source: 1993 – M = McGinnis and Foege, JAMA, 1993, 270, 2207-2212; 2002 - McGinnis, Russo, Knickman, 2002, Health Affairs, 21,3,83; HPC – “Healthy, Productive Canada, Final Report of the Senate Subcommittee on Population Health. June 2009; CHR = County Health Rankings, 2010 [www.countyhealthrankings.org/](http://www.countyhealthrankings.org/)

# Broad View of Population Health



## Key Forces Shaping Primary Care

# Health care and primary care (cont.)

The primary care team

Payment – Integrated, Semi-integrated, Fee for Service

Which home? PCMH evolving to Community Centered  
Health Home

Self-care



# Payment Approaches

- \* Payment approaches will shape primary care, who is on the team & what is done.
- \* A base forecast for 2025:

40% Use integrated systems – capitated, continuity

30% Use semi-integrated systems – FFS & P4P

30% Use fee-for-service concierge for affluent; CHCs cover some of the poor, low income

# Community Centered Health Home

## = PCMH plus:

- \* Work with community partners to collect data on social, economic, and community conditions
- \* Aggregate health and safety data; systematically review health and safety trends
- \* Identify priorities and strategies with community partners and coordinate activity
- \* Act as community health advocates
- \* Mobilize patient populations
- \* Strengthen partnerships with local health care organizations and establish model organizational practices

# The Four Scenarios

**1.**

**Many Needs, Many Models**

**2.**

**Lost Decade, Lost Health**

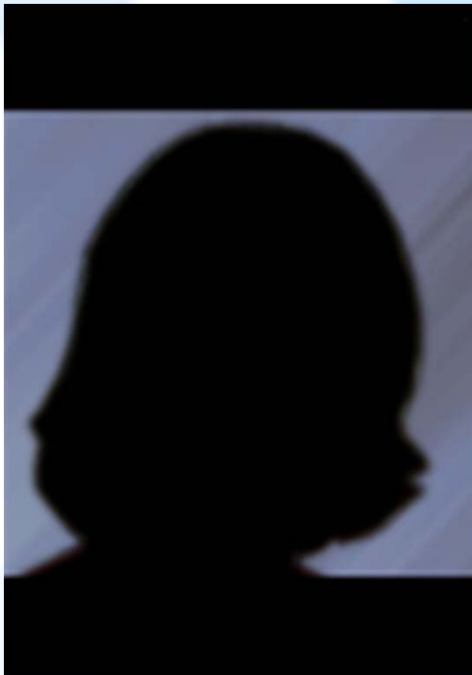
**3.**

**Primary Care That Works for All**

**4.**

**“I Am My Own Medical Home”**

## **Meet Mary**



**Mary is a 50-year-old, middle-income, single woman with diabetes.**

**What would primary care be like for her in the four scenarios?**

# 1. Many Needs, Many Models

Expansion of Patient-Centered Medical



Some shortages of PCPs. All PCMH team members practice at top of license



Prevention

## Where Americans receive primary care:

40% Use integrated systems – capitated, continuity

30% Use semi-integrated systems – FFS & P4P

30% Use fee-for-service – lucky poor use CHCs

# 1. Many Needs, Many Models



Electronic Medical Records



“Dr. Watson” Expert Support for providers



Personalized Vital Signs



Digital health agents, gaming, social networking



# 1. Many Needs, Many Models



Employers drop insurance →  
Health Insurance Exchanges

Significant disparities remain for access and quality



## 2. Lost Decade, Lost Health

Recurrent severe  
recessions



Shortage of  
primary care  
providers



Declining  
physician  
revenue



### Where Americans receive primary care:

30% Use fully integrated systems – capitated, continuity

20% Use semi-integrated systems – mixed FFS- P4P

35% Use fee-for-service – episodic, often poor quality

15% Use concierge fee-for-service – sophisticated tech.



## 2. Lost Decade, Lost Health

Those with good insurance access great care with advanced technology



Many more uninsured



Many turn to black market care & unreliable online advice

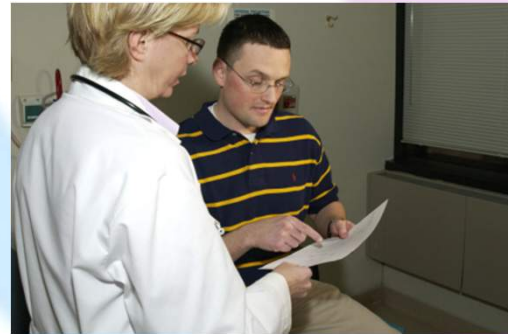


# 3. Primary Care That Works for All



Triple Aim

\* Expanded team of providers



**Where Americans receive primary care:  
(Near universal health insurance coverage)**

85% Use integrated systems – capitated, continuity

10% Use concierge fee-for-service

5% Uninsured use Community Health Centers & ERs

### 3. Primary Care That Works for All

- \* Addressed local social & economic foundations for equitable health, creating healthy communities
- \* Capitation – if it's smart, we'll pay for it (leading to reduced costs)



# 3. Primary Care That Works for All

- \* Proactive electronic records, virtual access, coaching.
- \* Advanced knowledge technologies and community mapping allow for identification and remediation of “hotspots” of ill health.

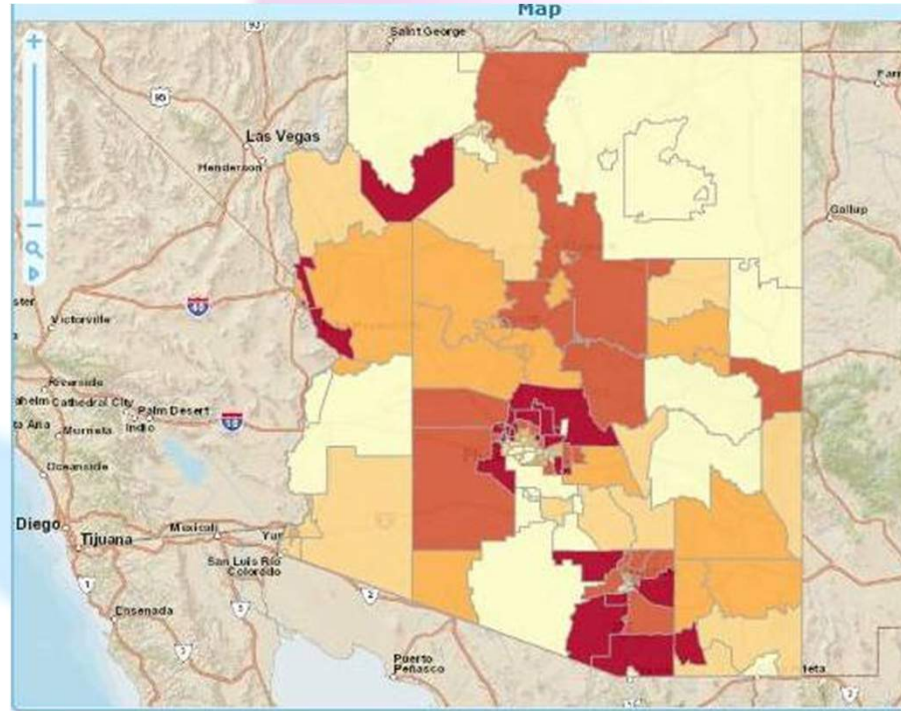


Photo Credit: Arizona Department of Health Services (ADHS) Cancer by Community Health Analysis Area (CHAA). Accessed January 4, 2012. <http://www.azdhs.gov/phs/azchaa/>.

# 4. "I Am My Own Medical Home"

*Advanced knowledge technologies allow self-care*



Wellness & disease mgmt. apps



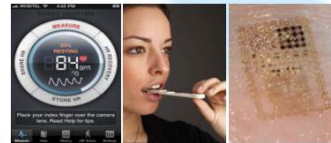
Personal health record



Digital coach ("avatar")



Facilitated Disease Network



Noninvasive biomonitors

***Big name vendors offer free avatar-based health coaching if other integrated health products and services are purchased***

**Where Americans receive primary care:**

40% Consumer Directed Health Plans – self-managed care

40% Health Systems and Groups – primary care relationship in integrated systems

10% Concierge Practices – sophisticated personalized care

10% Uninsured – use ER and CHC when have to

## 4. “I Am My Own Medical Home”

- \* Much of the population opts for self-care and high deductible insurance.
- \* Consumers buy health-related products and services through competitive markets that offer high transparency of costs and quality.
- \* Demand for human primary care providers declines.
- \* Health care costs are significantly reduced.

# Comparing Primary Care 2025 Scenarios

	<i>Scenario #1</i> Many Needs, Many Models	<i>Scenario #2</i> Lost Decade, Lost Health	<i>Scenario #3</i> Primary Care that Works for All	<i>Scenario #4</i> "I am my medical home"
Characteristics of primary care				
Payment forms				
HIT, knowledge technologies				
Health Care share of GDP				

# Likelihood and Preferability of the Primary Care 2025 Scenarios

	Likelihood (0 to 100%)	Preferability (0 to 100%)
<i>Scenario #1</i> Many Needs, Many Models		
<i>Scenario #2</i> Lost Decade, Lost Health		
<i>Scenario #3</i> Primary Care that Works for All		
<i>Scenario #4</i> "I am my medical home"		





## **Primary Care 2025**

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