

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.^{1,2}
- ☐ On average, adults who have a primary care physician have 33% lower health care costs.³
- ☐ Increased primary care access reduces emergency room visits, hospitalizations, and surgeries.⁴
- ☐ 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.⁵
- ☐ 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.⁶
- ☐ 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.⁷
- ☐ 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.^{8,9}

The Ask:

- Invest more in family medicine in your healthcare systems. As we move to value, that action will increase quality and lower overall cost of care.
- Provide the needed resources to your 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:

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

²Macinko, 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).

³Franks, 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.

⁴Rosenthal, 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.

⁵Baicker, 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).

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

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

⁸A 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.

⁹A 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.



The Scope of Family Medicine

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Family medicine's cornerstone is an ongoing, personal patient-physician relationship focusing on integrated care. In the increasingly fragmented world of healthcare, one thing remains constant: a continuous and comprehensive relationship between a patient and their family physician.

- ☐ Family physicians provide the majority of care for America's underserved populations and are distributed more proportionally than any other specialty.¹
- ☐ As part of their three-years of residency, family physicians participate in integrated inpatient and outpatient learning in six major medical areas: pediatrics, obstetrics and gynecology, internal medicine, psychiatry and neurology, surgery and community medicine.^{1,2}
- ☐ Family physicians also receive instruction in many other areas during residency, including geriatrics, emergency medicine, ophthalmology, radiology, orthopedics, otolaryngology, and urology.^{1,2}
- ☐ Family physicians deliver a range of acute, chronic and preventive medical services while providing patients with a patient-centered medical home.¹
- ☐ Delivery-related outcomes between family physicians and obstetricians/gynecologists have been studied for four decades and have shown little or no difference in the outcomes of family physicians practicing obstetrics compared to Ob/Gyns in low risk pregnancies.³
- ☐ A recent study went further comparing delivery-related complications without any risk adjustments and concluded that family physicians practicing obstetrics have comparable delivery related complications as Ob/Gyns when looking at 19 common delivery complications.³
- ☐ Without the Family Physician workforce, the loss of access to maternity services in economically disadvantaged communities will likely widen the health disparities in the United States.⁴
- ☐ In a 2017 survey of North Carolina family medicine residents, 73 percent of the respondents said they would either leave or at least strongly consider leaving the state if they could not find a position with their desired scope of practice.

The Ask

- Consider how to provide your family physicians a broader scope of practice, including OB, if desired.

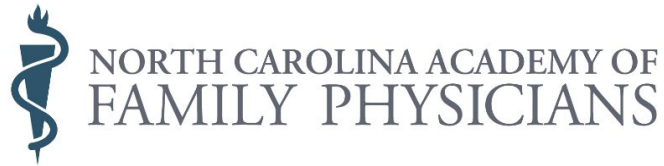
Footnotes:

¹A Description of the Specialty of Family Medicine, American Academy of Family Physicians, www.aafp.org.

²Accreditation Council for Graduate Medical Education Program Requirements for Graduate Medical Education in Family Medicine.

³Avery, DM; Waits, Shelley, Parton, JM. "Comparison of Delivery-Related Complications Among Obstetrician-Gynecologists and Family Physicians Practicing Obstetrics." American Journal of Clinical Medicine, Winter, 2014.

⁴Taylor, JT; Hartman, SG; Meunier, MR; Panchal, B; Pecci, CC; Zink, NM & Shields, SG. "Supporting Family Physician Maternity Care Providers." *Family Medicine*. Vol. 50, No. 9, 662, October 2018



The Family Medicine Workforce Pipeline

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- ❑ Family medicine is by far the largest specialty in the state. Twenty-seven North Carolina counties do not have an Ob/Gyn, and 17 counties do not have a pediatrician. Only four counties lack a family physician.¹
- ❑ Family medicine is on the rise in our state. In 2018, over 15 percent of graduating medical students (92 of 597) in North Carolina chose family medicine as their specialty, compared to a national average of 9.4%.²
- ❑ Early medical school exposure to primary care works. Over 57% of the participants in the NCAFP Family Medicine Scholars Program entered family medicine residencies, with 63% staying in state for residency. Nearly a third of medical students who participated in other NCAFP summer clinical experiences entered family medicine residencies between 2013 and 2017, with 65% staying in state for training. In comparison, during that same period only 10.7% of allopathic medical students in NC entered family medicine, and only 48% stayed in state.³

The Ask

- Provide dedicated time and/or compensation for community-based primary care physicians who precept/teach health professions students during their clinical day. High-quality, engaged and satisfied role models make a difference in student choice of specialty.
- Invest in family medicine workforce and leadership development initiatives both in your system and externally.

Footnotes:

¹North Carolina Health Professions Data System, the Cecil G. Sheps Center for Health Services Research, University of North Carolina.

²2018 Family Medicine Residency Match Results and Data from NC Medical Schools.

³Results of the Family Medicine Scholars Initiative, A Joint Project of the NC Academy of Family Physicians Foundation and the Blue Cross and Blue Shield of NC Foundation.