Primary Care for A Healthy Ohio

Sustaining Ohio's Primary Care Physician Workforce in the 21st Century

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Aledade

Maintaining Vibrant Primary Care for a Healthy Ohio

Presentation Objectives

→ Understand the critical role of primary care in health care outcomes and equity

→ Examine the current and projected future status of Ohio and national primary care physician workforce

→ Review regional and national actions for building the primary care physician workforce of the future

Presenter Disclosures

Dr. Nita Walker and Sarah McHugh are employees of Aledade, Inc. and have no other disclosures

Aledade is a strategic partner that helps independent and other primary care providers **navigate the world of value-based care** while **supporting physician-led ACOs**

Primary Care for a Healthy Ohio

Sustaining Ohio's Primary Care Physician Workforce

Primary Care is a **common good** associated with improved access, equity, preventive care and care coordination

Primary care physicians provide **person-centered, relationship-based care** that considers the needs and preferences of patients throughout their lives

Attaining high functioning health care and community wellness is not achievable without an adequate and capable primary care physician (PCP) workforce

Who are Primary Care Physicians in the US

~ 229,000 PCPs across US

➔ 45% women in 2018
➔ 92% located in urban areas (US rural population is 14%)
➔ 44% > 55 years of age
➔ 48% in independent practice
➔ 4.8% Black and 8.9% Hispanic/Latinx
➔ Adequacy: currently at 89% but will decrease to 87% over 10 years-
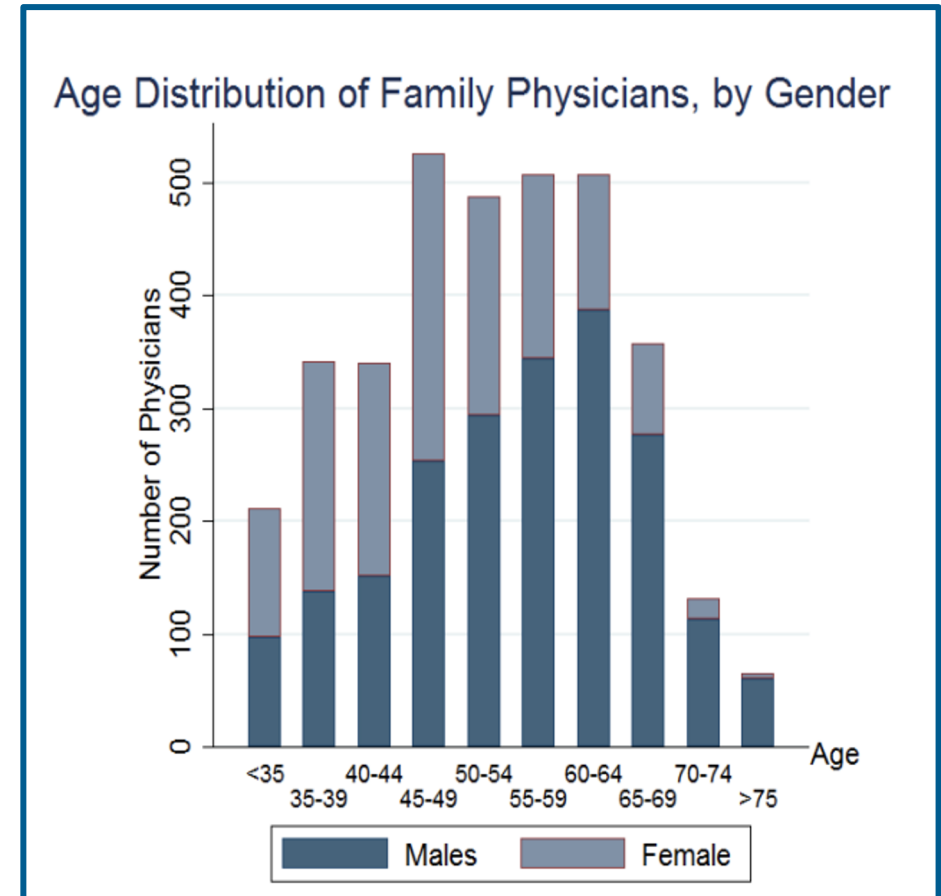 ○ Worse in rural locations
  ○ Worse in IM and Geriatrics
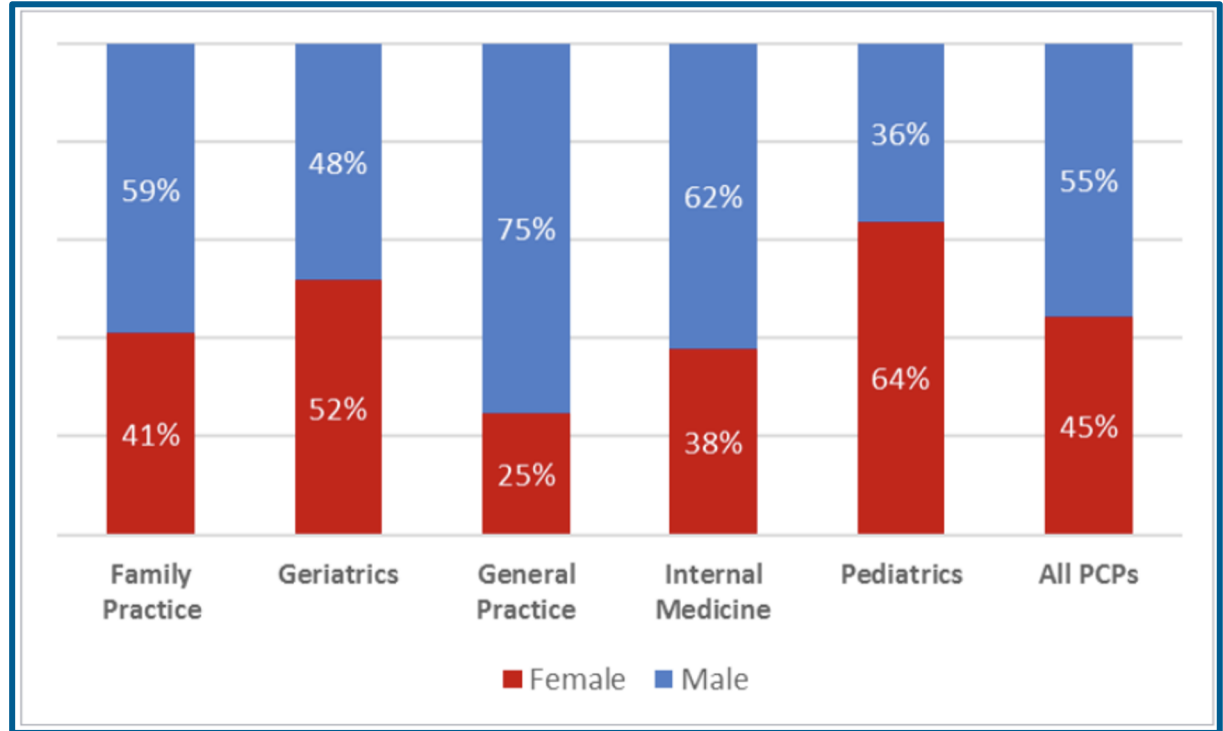
Sources: 2017-2019 data from Graham Center (graph), HRSA, Zippia, or AAMC, countyhealthrankings.org

Who are Primary Care Physicians in Ohio?

~ 9,220 Primary Care Physicians in Ohio

- ➔ 44 % women
- ➔ 18% practice in rural locations (about 20 percent of population is rural)
- ➔ 43% over 55 years of age
- ➔ 3.2% African American/1.2% Hispanic or Latinx
- ➔ Adequacy - 89% current with decrease to 87% by 2030; worse in several rural counties in Eastern Ohio
- ➔ PCP:Population County Ratio in Ohio
  1: 1,290 (1:690-1:14,510)

Age Distribution of Family Physicians, by Gender

Physician Education and Training in OHIO

Ohio has **7 medical schools** that produce about **1,200 graduates annually**. Evidence shows that physicians are more likely to practice in the state in which they complete residency. In the past decade, about 41% of Family Medicine residency graduates remained in OHIO.

Primary Care Specialty	# Programs	First Year positions
Family Medicine	33	194
Internal Medicine	38	531
IM/Pediatrics	4	27
Pediatrics	9	176

Sources: acgme.org, kff.org, residentswap.org

Non-Physician Impact on Primary Care Clinician Workforce

Non-Physician Clinicians (NPC)

→ **Increasing percentage** of primary care clinicians in US and Ohio

→ Predicted **adequacy** over the next 10 years **exceeds 110- 150%**

→ **Key partners** in improving access and quality. Role on primary care team varies by state.
  → Ohio requires a standard collaborative agreement with a physician for practice

Cumulative Percent Change Over Time Since 2018 — 1 yr interval
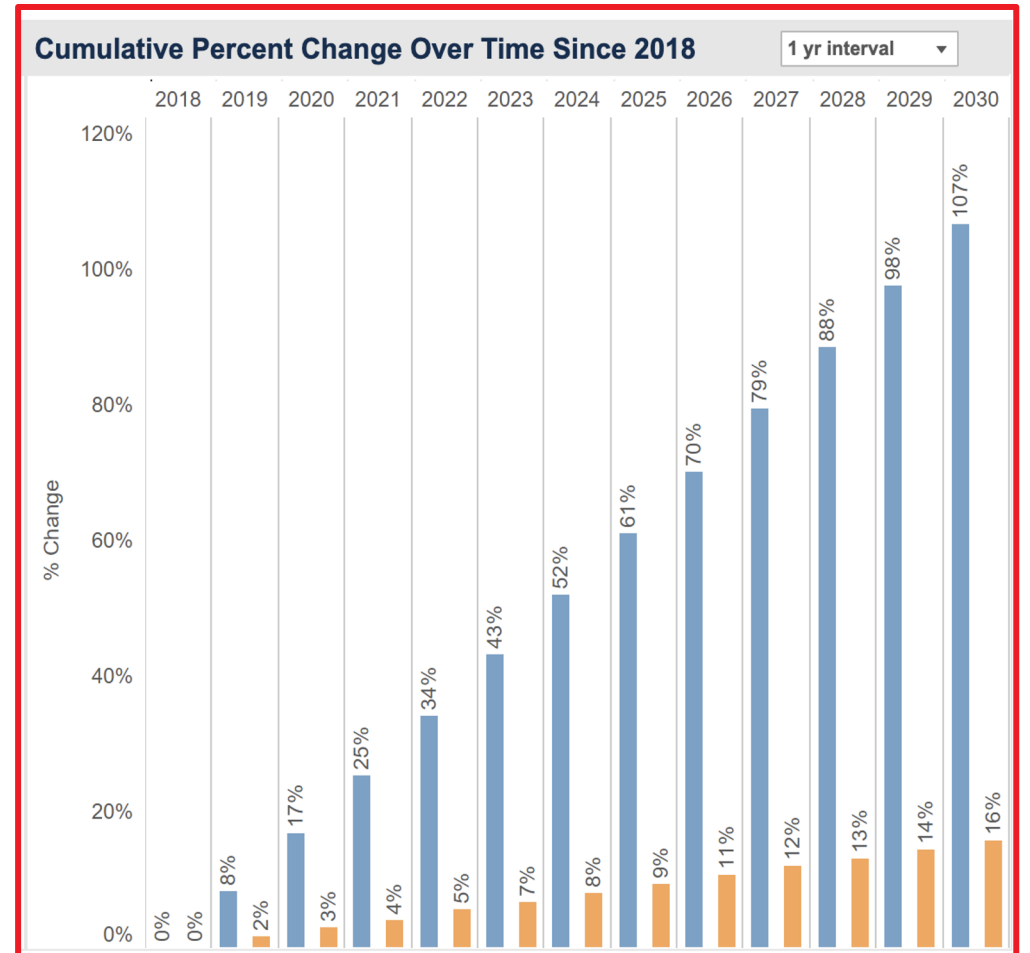
■ Supply   ■ Demand

Source: hrsa.gov- workforce projections/accessed 2022

Actions to Support Primary Care in Ohio and Beyond

NAMES, AAMC and others have defined actions for supporting high quality primary care. These include:

- → **Pay for Primary Care** to care for people, not for doctors to deliver services
- → Ensure **primary care is available to all** in every community
- → **Train** primary care teams **where people live and work**
  - ○ **Build teams that look like communities served**
- → **Address cost of medical education**
- → **Design IT** that serves patients, family and primary care teams
- → **Address Physician Stress and Burnout**
- → Ensure **high quality primary care** is implemented in the US

Sources: names.org, aamc.org

Pay for Primary Care to Care for People

Evolve payment models with physician compensation based on population care with non-onerous accountability and quality and supported technology and interprofessional teams

→ **Physician-led ACOs enabled by Aledade, Inc.** in multiple states demonstrated improved value (reduced readmissions, ED visits, and lower costs of care), while stabilizing primary care operations for independent primary care practices across the country

→ Other CMS, state Medicaid, and commercial projects are ongoing, including **Primary Care First** (offered in Ohio) with capitation for care coordination support
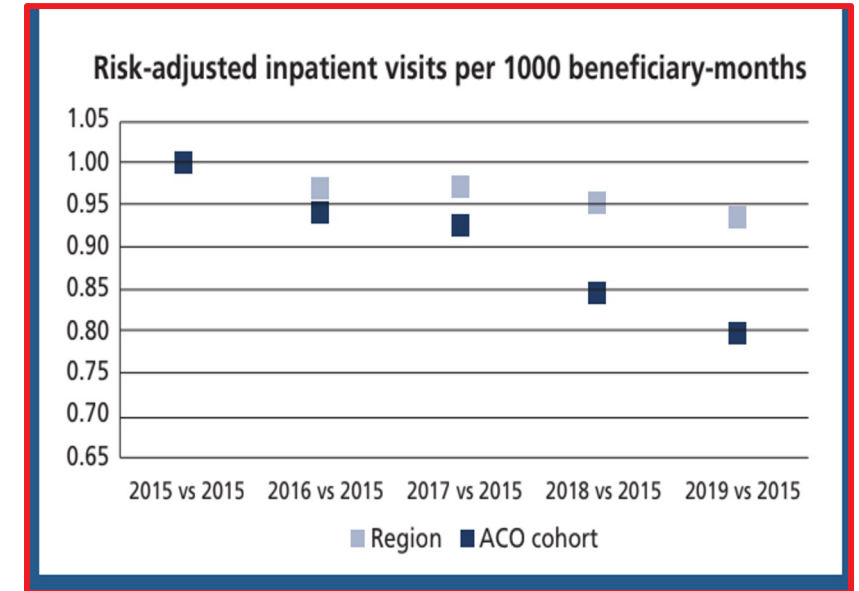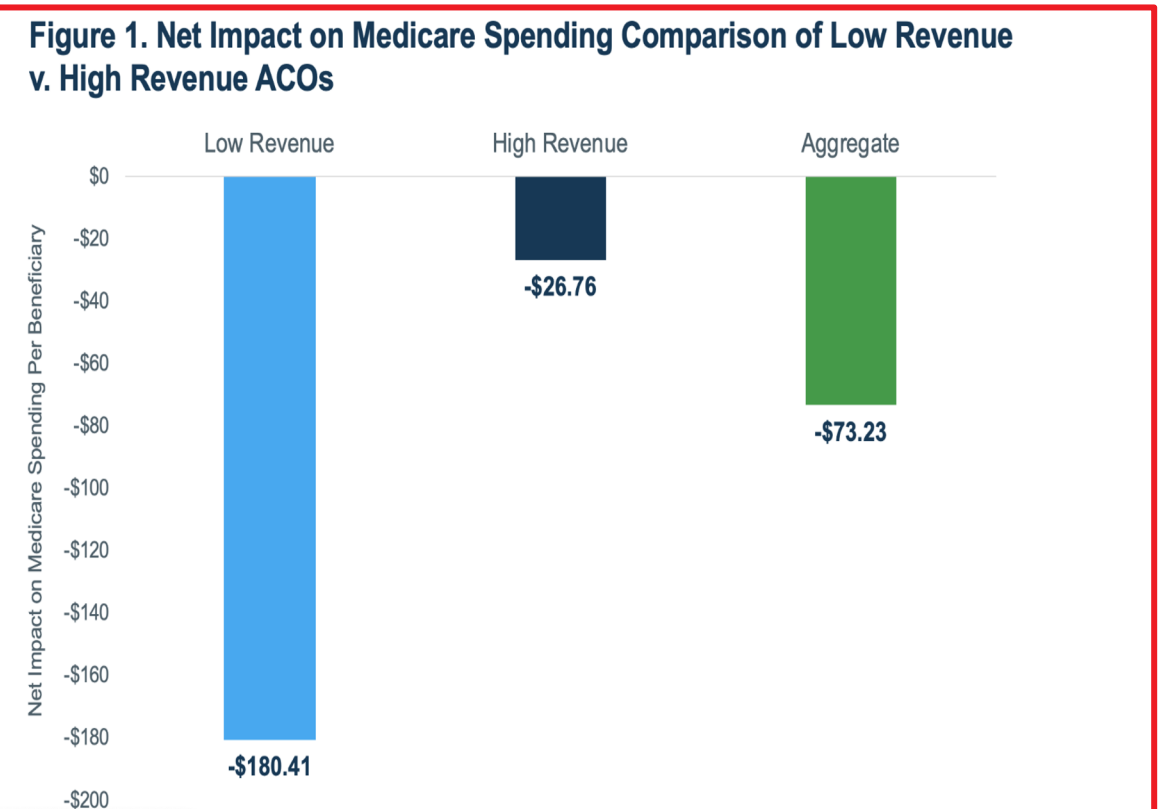

Source:Streat et.al. AJAC 2021

Physician-led ACO performance v. hospital owned practices

Analyses of Medicare ACO performance have shown **increased savings with lower readmissions and ED visits** in physician/independent led (low revenue) ACOs compared to hospital/health system peers (high revenue)

➤ Reasons may include:
   ◆ Faster decision making
   ◆ Aligned incentives
➤ Impact on primary care income and satisfaction are unclear

Figure 1. Net Impact on Medicare Spending Comparison of Low Revenue v. High Revenue ACOs

	Low Revenue	High Revenue	Aggregate
Net Impact on Medicare Spending Per Beneficiary	-$180.41	-$26.76	-$73.23

Source: 2019 data from Avalere.com

Ensure Primary Care is Available to All in Every Community

Scale community based primary care based on interprofessional teams to improve access in low-income urban and rural areas with primary care shortages.

➔ **Aledade, Inc. supports rural independent practices and CHCs** with coaching, peer networks, and population health technology

➔ **UC Health partnered with Cincinnati Health Department to create a CHC** in underserved Avondale and brought primary care, OB, and mental health services to a physician desert

Ensure Primary Care is Available to All in Every Community

Rebuild Independent primary care in rural and underserved communities with investments that support recruitment, practice transformation, and team-based care

→ **Aledade New Ventures** uses current and future shared savings to support the development of independent practices

◆ Dawson Urgent Care and Family Health took advantage of Aledade resources to open a practice in rural North Carolina
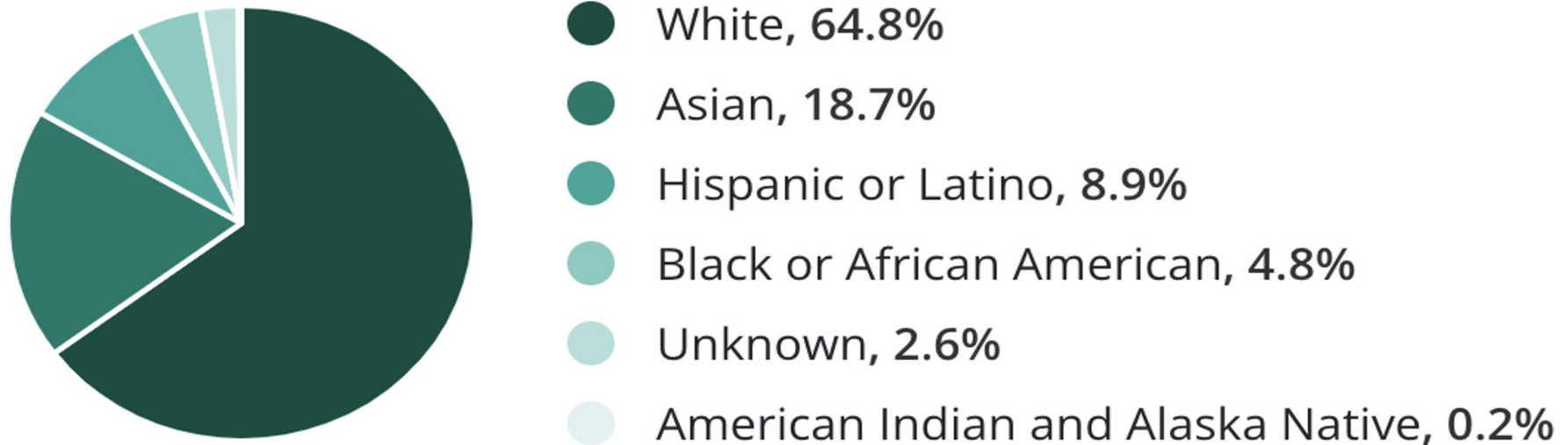
Train Teams Where People Live and Work

Train medical students and residents in rural and low-income urban areas. Physicians and team members are more likely to stay in communities where they train.

→ **Aledade FIRST** supports primary care residents with training stipends and rotations in independent practices in varied settings

→ **Teaching Health Center residency programs** have increased staffing in participating CHCs, including Health Source of Ohio (New Richmond location)

Train Teams that Look Like Communities

- White, 64.8%
- Asian, 18.7%
- Hispanic or Latino, 8.9%
- Black or African American, 4.8%
- Unknown, 2.6%
- American Indian and Alaska Native, 0.2%

Source: Zippia representative sample 2021

URM physicians are more likely to practice in underserved communities. Race Concordance is associated with improved patient satisfaction and communication among ethnic minorities and may relate to improved infant mortality in some groups. AAMC supports diversifying the physician workforce through pipeline programs and scholarships.

→ **MEDPATH at OSU** is a post-baccalaureate program for URM students interested in medicine who have a demonstrated commitment to practicing in underserved communities

Cost of Medical Education Impacts Primary Care Career Choice

Address the high cost of medical education by lowering the overall cost for students choosing primary care. In addition, loan forgiveness is important for low-income students. Studies have shown that student debt affects specialty choice.

→ **The Ohio State University** offers a 3-year primary care track with 50% scholarship support and automatic progression to residency

→ **University of Cincinnati** offers the Schiff scholarship covering $100,000 of tuition for students from Greater Cincinnati who pursue primary care

Design IT that Serves Patients, Families, and Teams

Healthcare EHRs are a significant contributor to physician dissatisfaction. PCPs are uniquely impacted by the cognitive burden of tools that don't align with primary care function and coordination and have lagging interoperability.

→ **Data aggregator platforms such as the Aledade app** allow value based care management across payer populations

→ **Health Information Exchanges** (Ohio has 2!) play a critical role in providing clinical data to primary care and other healthcare entities

→ **Physician groups** (AAFP, ACP, AMA, etc.) advocate extensively for "click" reduction and improved functionality at reasonable cost

PCP Stress and Burnout

Pre-Covid, PCP burnout rates exceeded other physicians with 79% reporting symptoms. PCP turnover costs our health system about one billion dollars annually. Causes vary, but general themes are loss of autonomy, onerous administrative burdens, and inflexible work environments. Younger physicians and women fare worse.

➔ Interventions that **1) improved processes; 2) promoted team-based care; and 3) supported EHR documentation and 4) allowed flexible scheduling and increased time with patients** provided benefit in large and small practices

➔ Addressing burnout and reducing practice burden are essential to maintaining vibrant and resilient primary care for Ohio's future

Ensure High Quality Primary Care is Implemented in the US

Strengthen primary care physician workforce by focusing policy, research, and planning efforts at state and federal levels on primary care development and coordination. NAMES and others have proposed:

→ Expanding state and federal efforts with focused and empowered councils on primary care and NIH office of Primary Care Research
  - Assess **payment sufficiency** and payer alignment
  - Monitor **primary care workforce** training, preparation, data, and production
  - Address **PC tech and data** needs
  - Establish **meaningful quality metrics**
  - Create a robust **national research agenda**

In Conclusion: Actions to Support Primary Care

Recap of examples in Ohio:

→ Support move to **value-based payment**
→ **Support access** to CHCs and independent primary care, and within physician deserts
→ **Train** primary care teams **where people live and work**
  ○ **Build teams that look like communities**
→ Address **cost of medical education**
→ **Design IT** that serves patients, family, and primary care teams
→ Address Physician **stress and burnout**
→ Support primary care **policy, research, and planning**

Cuyahoga Community College's
Workforce Economic Community Development Division

Community Health Workers: The Future of the Health Care Workforce

Presented by:
Marquita L. Rockamore, MA, GCDF, CCHW
June 21, 2022

1   **Community Health Workers**

2   **Bringing You the Best**

3   erformance Through People

4   **Future of Healthcare**

Community Health Work In Action

Engages At-Risk, Underserved Individuals to understand/assess needs and educate on use of health and social service systems

Establishes trust through culturally competent, cross-cultural communication among individuals, communities and health/social service system workers

Supports connection to, application for and navigation through health and social service systems and programs

Advocates
Assists individuals in building and expanding personal and social capacity to identify and manage personal and prevalent health conditions, obtain services and address systemic barriers

Evaluates CHW programs and engage stakeholders to take action on findings

Professional Training and Development

Didactic Instruction

100+ Classroom Hours

- Basic Concepts of Chronic Disease Prevention
- Basic anatomy and physiology of major body systems
- Health Promotion throughout the Lifespan
- Special Health Care and Social Needs of Target Populations
- Motivational Interviewing
- Cultural Humility
- Home Visitation and Safety
- Professionalism
- Ethics
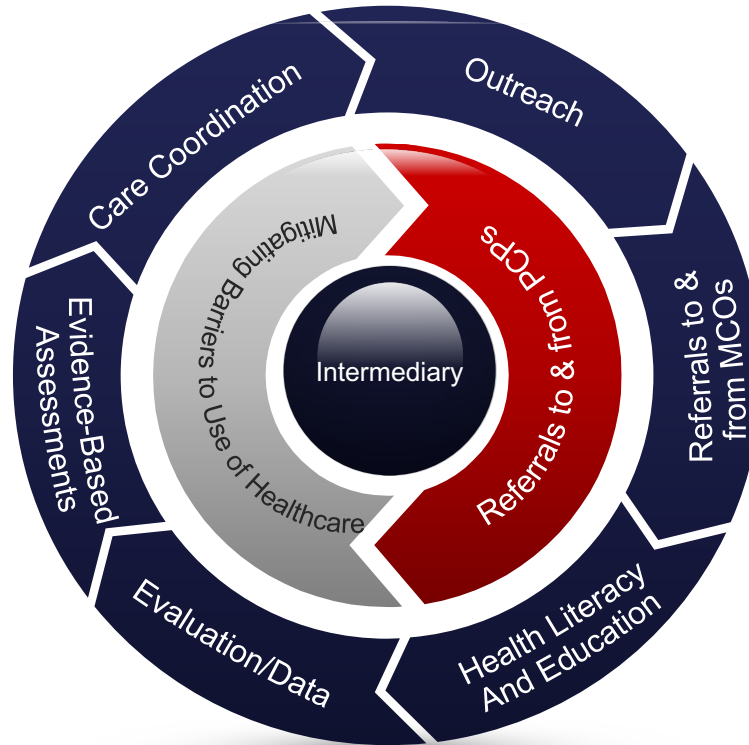
Clinical Experience

Experiences providing opportunities to practice cognitive, psychomotor, and affective skills in a variety of tasks and activities with individuals or groups across the life span

- Outreach and enrollment
- Community organizing
- Multicultural competency and Bilingual skills for translation of information
- Advocacy (individual/community)
- Facilitating workshops and group activities
- Information sharing/exchange

Unique Connection

Bringing knowledge of the neighborhood, connection to the community and their lived experiences to the clinical team

- Connection to underserved
- Knowledge of Local Resources

Performance through People

Ohio Network of Certified Pathways Community HUBs

Better Health Pathways HUB: Cleveland
Bridges to Wellness HUB: Tuscarawas County
Central Ohio Pathways HUB: Columbus
Community Action Pathways HUB: Canton
Community Health Access Project: Mansfield
Dayton Regional HUB: Dayton
Health Care Access Now: Cincinnati
Mahoning Valley Pathways HUB: Youngstown
Northwest Ohio Pathways HUB: Toledo
Pathways HUB Community Action: Akron
Stark County THRIVE: Canton

Central Ohio Pathways HUB
Equity. Access. Quality.

Health Impact Ohio
Equity. Access. Quality.

What is the Central Ohio Pathways HUB?

Managed by the Healthcare Collaborative of Greater Columbus since 2019, the Central Ohio Pathways HUB (the HUB) is a care coordination program that provides connections to care and services for Central Ohio's most at-risk populations. The HUB has a service area of Franklin, Delaware, Union, Madison, Pickaway, Licking, and Fairfield counties. There are currently ten care coordination agencies (CCAs) that employ 45 community health workers (CHWs) participating in the HUB.

How does it work?

Find
Engage
Assess Risks

Community Health Workers (CHW) engage at-risk individuals in the community who they meet through canvassing, referrals from MCOs and community partners. The CHWs then completes a comprehensive needs and risk assessment.

Plan
Track
Connect

CHWs enroll clients in the HUB based on assessment, opening standardized Pathways, or connections to care and services. CHWs check in with clients on a regular basis – providing continued support, connection to care and resources, and educating the client to the goal of self-sufficiency.
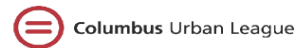
Monitor Progress
Complete Pathways
Submit for Reimbursement

CHWs work with clients to complete Pathways by helping to work toward goals and maintain successful care and service connections. As Pathways are completed, local HUB staff audit and invoice completed Pathways, sending them to Medicaid Managed Care for reimbursement that is then sent back to CCAs that employ the CHWs.

Care Coordination Agencies (CCAs) in the community employ the CHWs that provide care coordination for HUB clients

Central Ohio Pathways HUB CCAs

Physicians CareConnection
An affiliate of the Columbus Medical Association

Columbus Urban League

The Breathing Association
Better Breathing for Better Lives.

Ross County Health DISTRICT

UNITED CHURCH HOMES
Celebrating the Spirit®

Franklin County Public Health

UNION COUNTY OHIO
Public Health

AFRICAN AMERICAN ALZHEIMER'S & WELLNESS ASSOCIATION

ETHIOPIAN TEWAHEDO SOCIAL SERVICES
etss

PrimaryOne Health
Your first choice for quality care

Central Ohio Pathways HUB
Equity. Access. Quality.

Health Impact Ohio
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Current HUB Data
Updated 5/31/2022

4,110 Total Clients Since March 2019

An average of **600** clients receive HUB services per month

Most Frequently Opened Pathways:
- Social Service Referral
- Education
- Medical Referral
- Pregnancy
- Medical Home

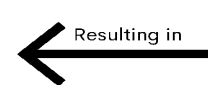Over 1,300 Educations Related to COVID-19 including information on vaccines, variants, health orders, personal safety, etc.

27,798 Total Pathways/Connections to Care Initiated

20,749 Total Pathways/Connections to Care Completed and Reimbursed

$449,000 Reimbursed to HUB Care Coordination Agencies in the first eight months of 2021

Resulting in

The HUB reaches unique, at-risk populations

18.3% Other racial minorities
Black or African American 54.4%
White 27.4%

92%
of babies born to Black and African American mothers who were a part of funding from the Ohio Commission on Minority Health in the HUB were born at a **healthy birth weight.**
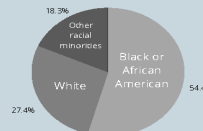
54.4%
of participants receiving services in the HUB are Black or African American. This data shows us that HUB services are essential to **addressing health disparities** amidst the COVID-19 crisis.

95%
of participants in the **theft diversion** program with Columbus City Attorney Zach Klein have successfully completed the program, receiving connections to care and services rather than jail time.
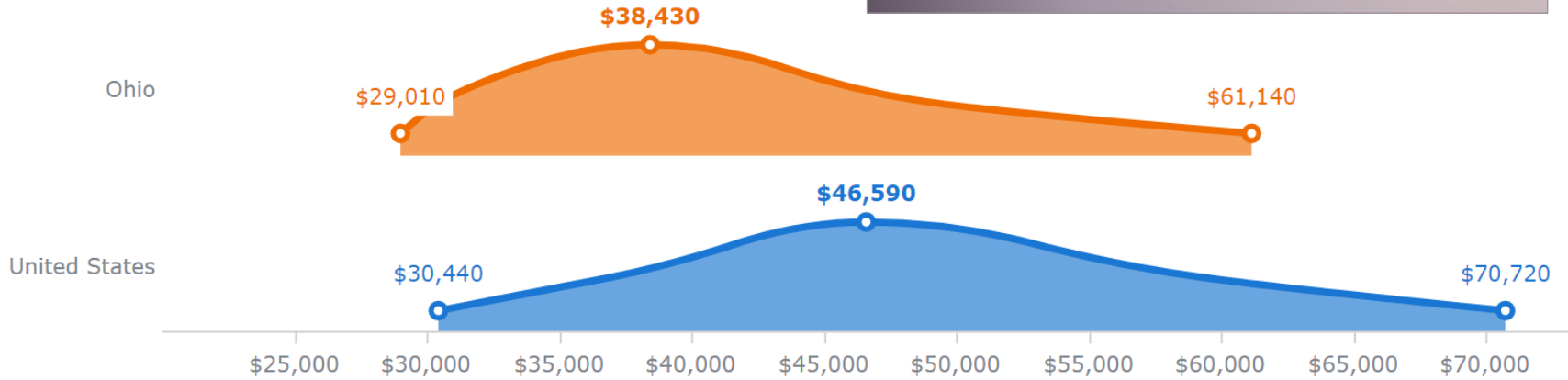
Future of Healthcare

- Ohio - 20 counties
- U.S. - 10 States
- Global - 3 countries

Building a More Diverse Workforce

Diversifying our healthcare workforce
- Increases the talent pipeline of new healthcare professionals
- Necessary for addressing health inequities
- Establishes an environment in which cultural competence and equity are created and reinforced

Future & Possible Partners in the Continuum of Care

Community Organizations

May Dugan Center Est. 1969

UNITED WAY GREATER CLEVELAND

providence house
EVERY CHILD IS YOUR CHILD

Koinonia

CATHOLIC COMMUNITY FOUNDATION

VA

Healthcare and Managed Care Organizations

MetroHealth

University Hospitals

Southwest General
Partnering with University Hospitals

MEDICAL MUTUAL

DEPARTMENT OF VETERANS AFFAIRS UNITED STATES OF AMERICA

U.S. Department

Cleveland Clinic

Care Alliance Health Center

Presence in Business, Government and Educational Organizations

CLEVELAND METROPOLITAN SCHOOL DISTRICT
Vision to Victory

TREMCO

Oatey

Lubrizol

AMERICAN GREETINGS

PILKINGTON

LINCOLN-WEST SCIENCE & HEALTH

UNITED STATES MARINE CORPS

Schwebel BAKING COMPANY

Cleveland Metroparks

KeyBank

RTA Greater Cleveland Regional Transit Authority

Avon Lake Regional Water

ENVISION RX OPTIONS

SMITHERS GROUP

DOVE DIE and Stamping Co.

Together,
We Can Foster
Health, Hope,
and Harmony

CORPORATE COLLEGE®
A DIVISION OF
CUYAHOGA COMMUNITY COLLEGE

Cuyahoga
Community
College

This is the place for success.

Afternoon Break
3:15PM-3:30PM

Workforce Resiliency Building to Follow

THE HEALTH COLLABORATIVE
Technology Powered by HealthBridge

Better Health Partnership

Health Impact Ohio
Equity. Access. Quality.

Workforce Resiliency Building

Michael Sherman, Mentally Tougher

THE HEALTH COLLABORATIVE
Technology Powered by HealthBridge

Better Health Partnership

Health Impact Ohio
Equity. Access. Quality.

Closing Remarks

Thank you for attending The Future of Healthcare Statewide Learning Collaborative!

For questions contact:
Carrie@healthimpactohio.org
Heidi@healthimpactohio.org
Brittany@healthimpactohio.org

Slides and a recording will be available at
https://www.healthimpactohio.org

Please join us for a cocktail reception!

4:45PM-6:00PM

THE HEALTH COLLABORATIVE
Technology Powered by HealthBridge

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