Defining Primary Care for New Mexico

GME Expansion Board
September, 2019
Submitted by Dave Rakel
17.9% of GDP 2018

Kaiser Family Foundation 2011
In Rakel & Rakel, Textbook of Family Medicine, 9th ed.
Defining primary care is harder than it first seems. Should we define it by the type of provider offering the service? The type of services available, regardless of provider?

As quality improvement experts remind us, we improve what we measure.
Q4: Considering HB480 prioritizes GME expansion to serve Medicaid beneficiaries and other undeserved populations, which specialties do you believe should be considered for inclusion in the definition of primary care? (Select one or many)

- Answered: 17  Skipped: 0

- Family Medicine: 94.12%
- Internal Medicine: 70.59%
- Pediatrics: 76.47%
- Psychiatry: 82.35%
**Primary Care** means all health care and laboratory services customarily furnished by or through a general practitioner, family physician, internal medicine physician, obstetrician/gynecologist, pediatrician, or other licensed practitioner as authorized by the HSD, to the extent the furnishing of those services is legally authorized in the State in which the services are furnished.

**Primary Care Physician or Primary Care Provider (PCP)** means, an individual who is a Contract Provider and has the responsibility for supervising, coordinating and providing primary health care to Members, initiating referrals for specialist care and maintaining the continuity of the Member’s care, as further described in Section 4.8.4 of this Agreement.
Primary Care is:
Integrated
Accessible
Accountable
Majority of Care
Partnership with Patients
Context of Family and Community
**PC-Narrow:** physicians identified in MEPS as practicing family medicine, general practice, geriatrics, general internal medicine, and general pediatrics.

**PC-Broad:** based on Oregon’s approach, also includes nurses/nurse practitioners (NPs), physician assistants (PAs), OB/GYNs, general psychiatrists, psychologists, and social workers.
Something to Keep in Mind.....

More **Fear** = More Stuff
More Stuff = More Cost/Harm
More Training = Less **Fear**

The Primary Care Team Needs a well-trained super-generalist leader that is able to reduce **Fear**.
## PC Spend Definitions by Organizations and Select States

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OECD = Organisation for Economic Co-operation and Development.
Primary Care Defined: 6 Cs

- Contact ➢ Clinic of first contact
- Continuous ➢ Ongoing care from a team that knows you
- Comprehensive ➢ Bio-psycho-social-community perspective
- Coordinated ➢ Advocates for navigating the health system
- Context* ➢ Provided within the context of the patient’s life
- Community* ➢ Community needs to drive strategy

*Not included in original paper: Starfield, B. Is Primary Care Essential? Lancet. 1994
Important Ingredients for New Mexico

- Primary Care Professionals that can carry panels of patients that serve populations in communities
- Include physicians and APPs
- Include Mental Health professionals and services
- Include professionals that provide obstetrical care
- Include the voice of the communities being served
- Include and support inter-professional teams which may include but not be limited to; Community Health Workers, Health Coaches, Social Workers, Case Managers, etc.
- Other key ingredients??
Questions to Contemplate

• How can we ask the question that will help us achieve the outcomes we want for New Mexico?

• Should we focus on the type of providers or the process we want to achieve? (Clinician type vs the process of care we want to encourage?)

• Which will help us collect the best data to help support this investment? (Primary Care Spend Rate)