

## 3 Ways to Improve Primary Care Access

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October 4, 2014

Primary care is essential to building a higher-performing health care system that promotes personal well-being and saves consumers and taxpayers money. Research shows that more primary care physicians in a community means lower rates of mortality, better preventive care, and fewer hospitalizations and emergency room visits.

Unfortunately, too many Americans lack easy access to primary care. Approximately 50 million Americans live in areas, mostly rural, with too few primary care physicians. And a new report released by the UnitedHealth Center for Health Reform & Modernization shows that socioeconomic factors help explain this geographic variation in supply. Even in more urban areas, primary care physicians tend to practice in higher-income areas where individuals are more likely to have insurance coverage.

If current trends continue, the shortage of primary care providers is likely to get worse. Only about one in three physicians practice primary care. As demand for primary care increases due to expanded insurance coverage and an aging and sicker population, only one in six medical graduates is choosing primary care. The good news is there are steps we can take right now to expand primary care capacity and improve access.

The following actions are proven, scalable ways to increase access to primary care:

**Expand the roles of nurse practitioners and physician assistants.** Primary care practices led by physicians can expand capacity by better leveraging a diverse clinician workforce — including 200,000 nurse practitioners and 100,000 physician assistants nationwide. Most are concentrated in underserved areas already. While laws governing scope of practice vary by state, there are opportunities to better utilize these skilled providers to boost capacity and improve access to primary care.

**Assemble multi-disciplinary care teams to deliver care more efficiently.** It would take 17 hours for a primary care physician to provide all recommended care to a panel of 2,000 patients — and many have larger panels. In addition to nurse practitioners and physician assistants, care teams should expand the role of medical assistants, who manage patients' health records and walk patients through their care plans, as well as health coaches, who work with patients on behavioral change. In smart payment models that prioritize value, team-based approaches not only deliver primary care more effectively — they also can be self-sustaining. The increased

revenue from additional patient visits supports the costs of additional team members. Moving to team-based care makes sense both clinically and financially for physician practices.

**Use electronic health records and other health information technology (HIT) to share information across the delivery system in real time.** The broad use of technology, especially in a team-based practice can increase capacity and expand access to primary care. Though HIT alone will not achieve dramatic improvements in primary care delivery, it is an essential building block, enabling practices to use resources as efficiently and effectively as possible. Electronic patient health records that travel through a single, user-friendly, interoperable system designed to share information system-wide are critical to achieving this goal. Federal resources are available to help physicians acquire HIT, but we need to ensure that physicians who invest in HIT to improve care are rewarded financially.

All three of the above actions — using non-physician providers, assembling clinicians in teams and supporting team-based care with HIT to increase primary care capacity and improve access — can be tailored to local market conditions and policy environments. Primary care is too important to the future of health care to leave on the table these practical options to increase capacity and improve access to primary care services.

Let's give medical school graduates a reason to practice primary care, support them in driving higher health system performance and enable them to practice in communities where their services are needed most.

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