



**MIDWEST
HEALTH
INITIATIVE**

*Improving Health Care Through
Shared Knowledge and Understanding*

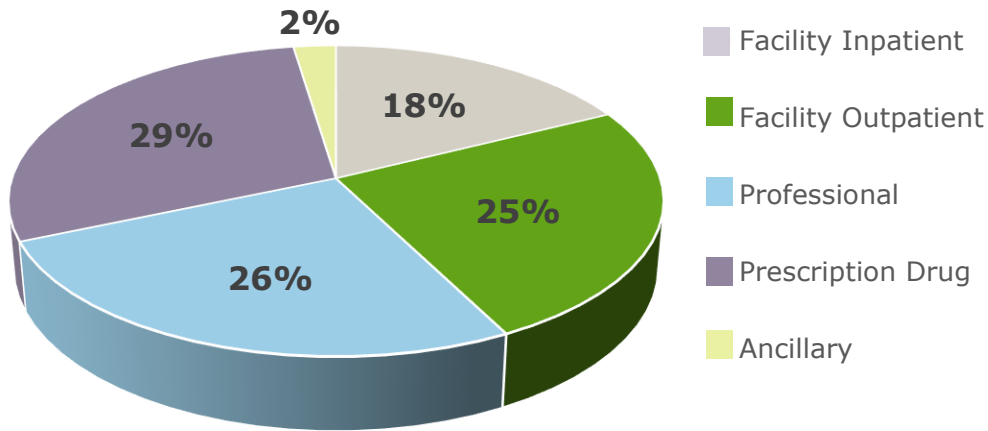
Where the Money Goes:

A Look at Commercial Health Care Spending And Investment in Primary Care

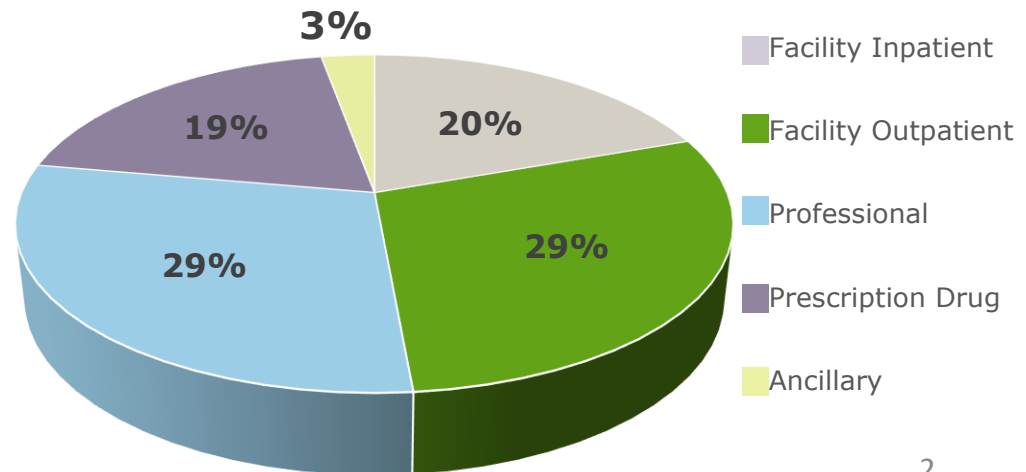
October 18, 2019

Average Spend by Setting 2014 & 2018

Spend By Setting, 2014



Spend By Setting, 2018



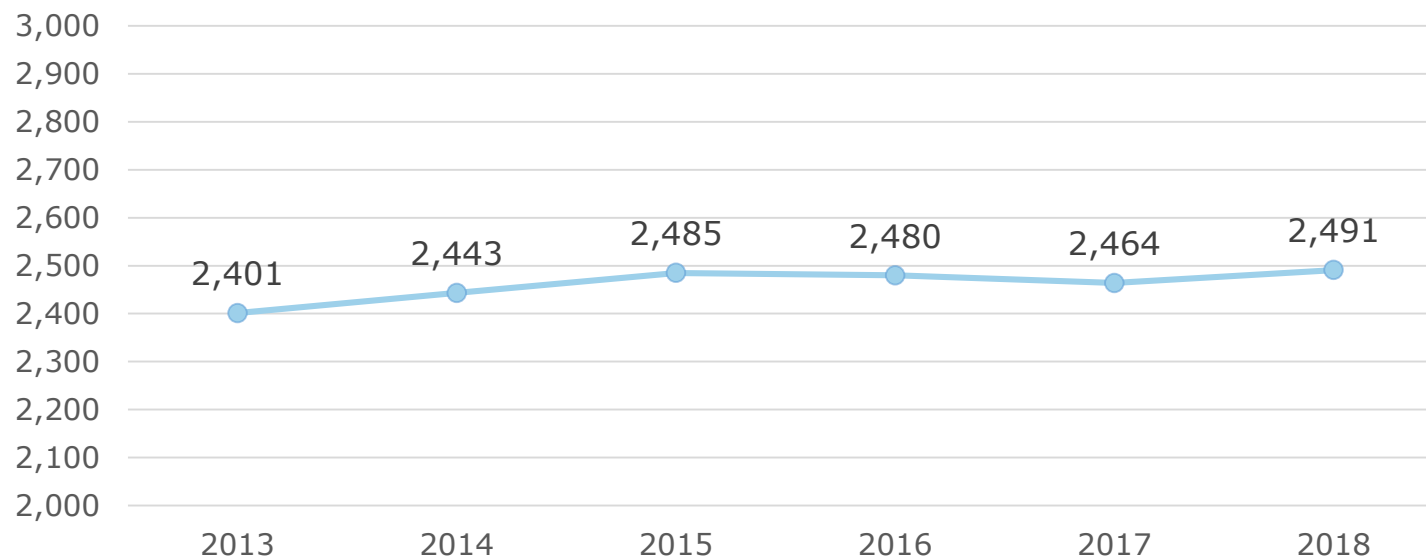
Investing in Primary Care

Primary Care cost-effectiveness is well documented. Studies show increased investment in primary care associated in:

- *Fewer emergency room visits*
- *Fewer hospitalizations, such as for conditions that could be managed or treated in doctors' offices*

Does the St. Louis region have enough to meet its needs?

Practicing Primary Care Providers*
St. Louis MSA
2013-2018



*With one or more claims submitted for payment during the year cited

Measurement on Primary Care Investment

Widespread agreement on the importance of increasing primary care investment. But without a measure, we can't manage it.

- Eight states have begun work to measure and increase primary care investment, five during 2019 alone.
- Missouri and Hawaii legislation introduced in 2019 to create such review
- CMS has proposed increasing payments for Evaluation and Management (E&M) Services performed by primary care providers. This would be accomplished by adding new codes to designate E&M Services delivered by primary care providers.

States with Mandates to Measure Primary Care Investment (Date Approved)

Colorado (2019)	Rhode Island (2011)
Delaware (2018)	Vermont (2019)
Maine (2019)	Washington (2019)
Oregon (2017)	West Virginia (2019)

Key Distinction 1:

Who Counts as a PCP?

Narrow Definition:

Only physicians (MDs and DOs) practicing *Family Medicine, General Internal Medicine, General Pediatric Medicine, General Practice, Geriatric Medicine* and *Preventive Medicine*.

Broad Definition:

Clinicians (including nurse practitioners and physician assistants, as well as OB/GYNs) practicing any of the above specialties.

Some subsequent studies have also counted mental health professionals and social workers within Patient-Centered Medical Homes.

Key Distinction 2:

What Counts at Primary Care Spending?

Narrow Definition:

Only professional fees for primary care MDs and DOs

Broad Definition:

All spending ordered by those clinicians, including *prescription drugs, imaging, inpatient care* and “**non-fee-for-service payments**”, such as shared savings and hold-backs that are not tied to care for an individual patient.

MHI does not have access to non-FFS payments.

Select National Results for Missouri

	Millbank Memorial Fund (Narrow)	Millbank Memorial Fund (Broad)	Patient-Centered Primary Care Collaborative (Narrow)	Patient- Centered Primary-Care Collaborative (Broad)
2013	4.5%	4.7%	n/a	n/a
2014	4.3%	4.4%	n/a	n/a
2011-2016	n/a	n/a	5.6%	10.2%

MHI Results

Narrow Measure: Professional Fees Only

Primary Care Investment for the St. Louis MSA,
Commercially-Insured Population

	Narrow
2014	5.4%
2015	5.7%
2016	5.5%
2017	5.8%
2018	5.7%

Thoughts and Next Steps?

MHI would like to hear your thoughts on the importance of primary care and the techniques of measuring our primary care investment.

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