



The Evolving Role of **Primary Care**

Primary care physicians increasingly play a key role in Healthcare Reform and other efforts encouraging innovative approaches to care for a rapidly aging population. These initiatives share a common goal of improving patient outcomes, preventing hospitalizations and reducing costs to the system.

Why This Matters to You

The evolving role of primary care practitioners will encourage greater collaboration between physicians and the entire continuum of care settings, including acute care hospitals, long-term acute care hospitals, inpatient rehabilitation facilities, skilled nursing facilities and home care. This collaboration will lead to better patient-centered care coordination.

The Changing Role of Primary Care

Policymakers and healthcare analysts have predicted the demise of primary care for many years – pointing to the imbalance between retiring physicians and incoming primary care practitioners as well as the perceived bias against primary care in favor of specialists. Recently, the Association of American Medical Colleges predicted a shortage of 45,000 primary care doctors by 2020.

In reaction to these dire predictions, the Affordable Care Act (ACA) and related policies issued by the Centers for Medicare and Medicaid Services (CMS) have sought to emphasize the importance of primary care services in managing patient care, improving quality and reducing cost.



SHORTAGE OF
45,000

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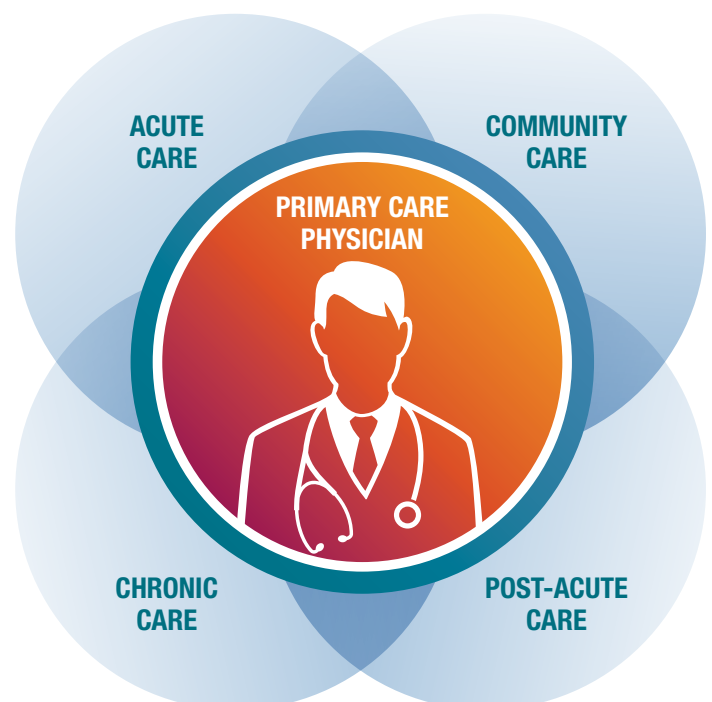



The ACA established the CMS Innovation Center in order to test various payment and delivery models with the goal of creating better patient care outcomes and lower costs. Some programs within the innovation center's dedicated "Primary Care Transformation" category include:

- ▶ **Independence at Home** – In a three-year demonstration, CMS selected and is working with medical practices to test whether delivering comprehensive primary care services in the patient's home will improve care for high-cost Medicare beneficiaries with multiple chronic conditions. Those participating practices that lower costs while improving outcomes and quality achieve financial rewards. Most recently Congress passed legislation to extend the demonstration project by two additional years in order to build upon the preliminary success of the program.
- ▶ **Advanced Primary Care Practice Demonstration** – The goal of the demonstration was to test the efficacy of patient-centered medical homes. Specific targets were to improve the safety, effectiveness, efficiency, timeliness and quality of care; provide care coordination and care management; and improve patient experiences with care.
- ▶ **Transforming Clinical Practice Initiative** – Beginning in late 2015, this effort will provide up to \$840 million over four years in order to support 150,000 clinicians in sharing, adapting and further developing evidence-based quality improvement strategies which are expected to lead to greater improvements in patient health and reduction in healthcare costs.

The ACA also established the Teaching Health Center Graduate Medical Education (GME) program in order to increase the number of primary care residents trained in community-based settings. Initially a \$230 million, five-year program, Congress acted in March 2015 to fund the program for an additional two years. The Teaching Health Center GME program pays for direct and indirect medical education expenses for training residents in new or expanding community-based primary care residency programs. The initiative serves to combat the coming shortage of primary care practitioners while also increasing patient access to necessary health care.

Primary Care:
Helping Coordinate Care Across Settings





Additionally, in rulemaking over the past several years, CMS has emphasized primary care services – and especially care management – as a critical component of primary care that improves quality and reduces costs. This has included refinements to the physician Medicare payment system to reimburse for services that will serve to increase the care management abilities of primary care physicians and practices. New payments for transitional care management and chronic care management services have been recently implemented to improve payment and encourage investment in these capabilities. Now CMS is seeking to add new reimbursements to physicians for advance care planning.

The Future of Primary Care

It is clear from the recent efforts by Congress, the Administration and CMS that the role of primary care practitioners is valued and will be critical as our nation's healthcare system transitions to reward and reimbursement based on value rather than volume.

Patient-centered primary care will be a cornerstone in efforts to improve care management particularly for patients with multiple chronic illnesses, in keeping patients at home – or transitioning them home most appropriately – and ensuring a continuity in care and communications for patients most in need.

The Kindred Experience with the Primary Care Solution

Recognizing the valuable role that primary care physicians play in effective care management across an entire patient episode – including post-acute care – Kindred established a home-based primary care program known as Kindred House Calls. We are committed to delivering primary care services to patients who cannot easily access traditional outpatient care settings and are at high risk for costly hospitalizations. Kindred House Calls provides comprehensive care management, performing important direct care while coordinating the entire spectrum of care and services available.

We now deliver these services in many of our integrated care markets with more than 70 physician and physician extenders, making more than 70,000 house calls per year.

Kindred House Calls delivers patient-centered quality-driven care while creating cost savings. A Medicare cost data pilot project found that the group's care was associated with significant cost savings over traditional care models, and for the seventh year in a row achieved a 30-day readmission rate below 7%. Through our tailored medical care, we are delivering improved clinical outcomes, preventing emergency room visits and hospital stays and creating positive patient experiences.

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Weymouth, Weymouth, MA HOME HEALTH:
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Fall River, Fall River, MA HOSPICE:
508.672.0580 • 508.672.0581 fax

Pittsfield, Pittsfield, MA HOME HEALTH:
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Old Saybrook, Old Saybrook, CT HOME HEALTH:
860.510.0210 • 860.510.0508 fax
Trumbull, Stratford, CT HOME HEALTH:
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HOSPICE:
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MA TDD/TTY# 800.439.2370
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www.kindrednewengland.com.



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Dedicated to Hope, Healing and Recovery

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