Primary Care 2025 Scenarios: A Scenario Workshop
The Primary Care 2025 Project

The Kresge Foundation awarded IAF a grant to:

* Develop scenarios for primary care
* National Workshop of leaders using the scenarios
* Use scenarios with Kresge and other organizations
* [www.altfutures.org/primarycare2025](http://www.altfutures.org/primarycare2025)
Scenarios: What and Why?

* Scenarios are alternative stories about the future.

* Scenarios bound uncertainty and explore major pathways.

* Scenarios are used to understand change, clarify assumptions, track trends, consider alternatives, and develop vision.
Scenarios should:

* Consider what’s likely and what’s preferable.

* Aid in understanding and creating the future.

* Lead to enhanced focus on vision, visionary success, and sensitivity to opportunities.

* Constructed around expectable, challenging, and visionary archetypes.
IAF's Aspirational Futures
Developing PC 2025 Scenarios

* Key forces and preliminary forecasts.
* Interviews with 56 thought leaders and 10 focus groups.
* With this input, IAF developed scenarios depicting:
  - expectable,
  - challenging, and
  - visionary alternative futures of primary care.
What is Primary Care?

&

Key Forces Driving Primary Care
What is Primary Care?

An evolving definition:

IOM (1978): Primary Care is
  * Accessible
  * Comprehensive
  * Coordinated
  * Continuous
  * Accountable

Barbara Starfield (1992): Primary Care is
  * First contact
  * Accessibility
  * Longitudinality
  * Comprehensiveness
What is Primary Care?

The patient-centered medical home (PCMH) is a centerpiece in defining primary care. Its features include:

* Enhanced access to care
* Care continuity
* Practice-based team care
* Comprehensive care
* Coordinated care
* Population management
* Patient self-management
* Health IT
* Evidence-based

* Care plans
* Patient-centered care
* Shared decision-making
* Cultural competency
* Quality measurement and improvement
* Patient feedback
* New payment systems

What is Primary Care?

Still Emerging Models:

• Comprehensive Health Home
• Community Centered Health Home

vs.

• No Home, episodic, disjointed care

vs.

• Self care, My Home
Key Forces Shaping Primary Care

Macroenvironment

- Recession or Recovery?
- Federal Debt & Deficits
- Internet, Social Media, Virtual Reality
- Transparency, Empowered Consumers
- Aging
Key Forces Shaping Primary Care

**Health care and primary care**

- Unsustainable health care costs
- Health reform (implementing ACA, or not)
- Pressure for cuts in Medicare and Medicaid payments
- Defining health care quality as the “Triple Aim”
- Recognizing Population Health/Social Determinants Role
Improving productivity requires delivery model redesign, different provider quantity & mix, and engaging in a much higher value set of activities. This is essential for controlling health care costs.

## Major Factors Shaping Health

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Well-Being
Thriving
Resilient
Quality of life, Able to do your Job

Health Role

Health Care Role

Determinants & Factors

Genetic Endowment
Prevention & Health Promotion
Physical Environment

Socio-economic factors

Behavioral Risk Factors
Physiological Risk Factors
Resilience

Individual Risk Factors

Intermediate Outcomes

Disease & Injury Burden

Medical Care

Health & Function
Morbidity & Death

States of Health

Disparities
Key Forces Shaping Primary Care

Health care and primary care (cont.)

The primary care team

Payment – Integrated, Semi-integrated, Fee for Service

Which home? PCMH evolving to Community Centered Health Home

Self-care
Payment Approaches

* Payment approaches will shape primary care, who is on the team & what is done.

* A base forecast for 2025:

- 40% Use integrated systems – capitated, continuity
- 30% Use semi-integrated systems – FFS & P4P
- 30% Use fee-for-service concierge for affluent; CHCs cover some of the poor, low income
Community Centered Health Home

= PCMH plus:

* Work with community partners to collect data on social, economic, and community conditions

* Aggregate health and safety data; systematically review health and safety trends

* Identify priorities and strategies with community partners and coordinate activity

* Act as community health advocates

* Mobilize patient populations

* Strengthen partnerships with local health care organizations and establish model organizational practices
The Four Scenarios

1. Many Needs, Many Models
2. Lost Decade, Lost Health
3. Primary Care That Works for All
4. “I Am My Own Medical Home”
Meet Mary

Mary is a 50-year-old, middle-income, single woman with diabetes.

What would primary care be like for her in the four scenarios?
1. Many Needs, Many Models

Expansion of Patient-Centered Medical Home

Some shortages of PCPs. All PCMH team members practice at top of license

Where Americans receive primary care:

- 40% Use integrated systems – capitated, continuity
- 30% Use semi-integrated systems – FFS & P4P
- 30% Use fee-for-service – lucky poor use CHCs
1. Many Needs, Many Models

- Electronic Medical Records
- Personalized Vital Signs
- “Dr. Watson” Expert Support for providers
- Digital health agents, gaming, social networking

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1. Many Needs, Many Models

Employers drop insurance → Health Insurance Exchanges

Significant disparities remain for access and quality
2. Lost Decade, Lost Health

Recurrent severe recessions

Shortage of primary care providers

Declining physician revenue

Where Americans receive primary care:

- 30% Use fully integrated systems – capitated, continuity
- 20% Use semi-integrated systems – mixed FFS- P4P
- 35% Use fee-for-service – episodic, often poor quality
- 15% Use concierge fee-for-service – sophisticated tech.
2. Lost Decade, Lost Health

Those with good insurance access great care with advanced technology

Many more uninsured

Many turn to black market care & unreliable online advice
3. Primary Care That Works for All

* Expanded team of providers

Where Americans receive primary care:
(Near universal health insurance coverage)

- 85% Use integrated systems – capitated, continuity
- 10% Use concierge fee-for-service
- 5% Uninsured use Community Health Centers & ERs
3. Primary Care That Works for All

* Addressed local social & economic foundations for equitable health, creating healthy communities

* Capitation – if it’s smart, we’ll pay for it (leading to reduced costs)
3. Primary Care That Works for All

* Proactive electronic records, virtual access, coaching.

* Advanced knowledge technologies and community mapping allow for identification and remediation of “hotspots” of ill health.

4. “I Am My Own Medical Home”

Advanced knowledge technologies allow self-care

Where Americans receive primary care:

40% Consumer Directed Health Plans – self-managed care
40% Health Systems and Groups – primary care relationship in integrated systems
10% Concierge Practices – sophisticated personalized care
10% Uninsured – use ER and CHC when have to

Wellness & disease mgmt. apps
Personal health record
Digital coach ("avatar")
Facilitated Disease Network
Noninvasive biomonitoring
Big name vendors offer free avatar-based health coaching if other integrated health products and services are purchased
4. “I Am My Own Medical Home”

* Much of the population opts for self-care and high deductible insurance.

* Consumers buy health-related products and services through competitive markets that offer high transparency of costs and quality.

* Demand for human primary care providers declines.

* Health care costs are significantly reduced.
# Comparing Primary Care 2025 Scenarios

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<th>Characteristics of primary care</th>
<th>Scenario #1 Many Needs, Many Models</th>
<th>Scenario #2 Lost Decade, Lost Health</th>
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<th>Scenario #4 “I am my medical home”</th>
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<td>Health Care share of GDP</td>
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## Likelihood and Preferability of the Primary Care 2025 Scenarios

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<tr>
<th>Scenario #1</th>
<th>Many Needs, Many Models</th>
<th>Likelihood (0 to 100%)</th>
<th>Preferability (0 to 100%)</th>
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