

## Primary Care Challenges in Oregon

Primary care is essential to achieve better health outcomes.

Primary care is the **foundation of our health care system** providing continuous, coordinated, proactive, and comprehensive care focused on prevention and chronic condition management.<sup>1</sup>

Primary care is one of the few care settings where providing more services, such as:

- Health promotion
- Blood pressure screenings
- Diabetic screenings
- Immunizations

is linked to



Better health



Less hospital & ER use



Lower costs



Greater equity

Research shows that Oregon's comprehensive advanced primary care medical home model, Patient-Centered Primary Care Home (PCPCH), lowered costs and reduced unneeded care. For each patient who received care at a PCPCH **total health care expenditures were reduced by \$304.**<sup>2</sup>

\$1

spent in a PCPCH

leads to

\$12<sup>2</sup>

savings in other services,  
including emergency department  
and inpatient care

Primary care is in crisis and patients struggle to get timely appointments.

**There are not enough primary care providers.**

The primary care clinician workforce does not meet current patient need and will not meet the needs of an aging population. One study projects **a national shortage of 87,150 primary care clinicians by 2037**, which will be particularly acute in nonmetro areas.<sup>3</sup>

The current and anticipated shortage of primary care clinicians overburdens existing providers. To provide the best care for their patients **they would have to work 27.1 hours/day.**<sup>4</sup>

This is unsustainable. The result? Patients get fewer and shorter appointments; health outcomes are worse; and health care providers burn out, sometimes leaving primary care.

It's not only providers. **Demand exceeds supply for almost all jobs in outpatient clinics.** Recruiting medical assistants and billers are reported as top challenges by clinic leaders.<sup>5</sup>

**Fewer medical students are going into primary care.** Expanding primary care clinician service requirements and other pressures cause prospective students to choose more lucrative specialties that are perceived as more prestigious.<sup>6, 7</sup> In addition, the average amount of medical student loan is over \$200K and growing.<sup>8</sup>



Nurse practitioners (NP) and physician associates (PA) are increasingly entering primary care;<sup>9</sup> however, **the numbers are not enough to close the current and anticipated shortage.** Many also choose more lucrative specialties. The average NP student loan is over \$150K<sup>10</sup> and PA is over \$110K, and both are growing.<sup>11</sup>

**Existing programs to relieve clinician debt are under threat.**<sup>12</sup>

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Primary care is in crisis and patients struggle to get timely appointments. (Cont.)

### Providers feel burdened with administrative demand.

Prior authorizations, documentation and other administrative requirements<sup>13</sup>



result in

more clinician and staff time, which is costly and can lead to burnout.



While value-based payment models can support wholistic patient care and provide flexible funds for clinics, **varying performance and quality metrics and sometimes conflicting incentives across payers and lines of business are challenging.** State-mandated reporting adds another layer of burden. Clinics have to manage multiple payment model details and report quality metrics to each payers' provider portal.<sup>14</sup>

Oregon primary care clinicians spend **14% more time on administrative tasks** than specialists. Financial stewardship and quality assurance are vital to ensuring patients get the right care at the right time, place, and cost.<sup>9</sup>

Some requirements, like prior authorization and performance reporting, are necessary; however, to protect provider well-being and patient access to care, stakeholders must invest in non-duplicative processes that are aligned with national best practices for interoperability and efficiency.<sup>14</sup>

### Payment is imbalanced.

The health care system underinvests in primary care relative to the value that comprehensive primary care provides. Disparities in payment by insurer lines of business (Medicaid vs. Commercial) and care settings (hospital affiliated vs. independent) create payment imbalances across the health care system. While demand for a broad array of services within the primary care setting has increased, payment models are not aligned across the system to support this model of care.<sup>15</sup>

**Primary care is cost effective.** When a primary care appointment is **not** available

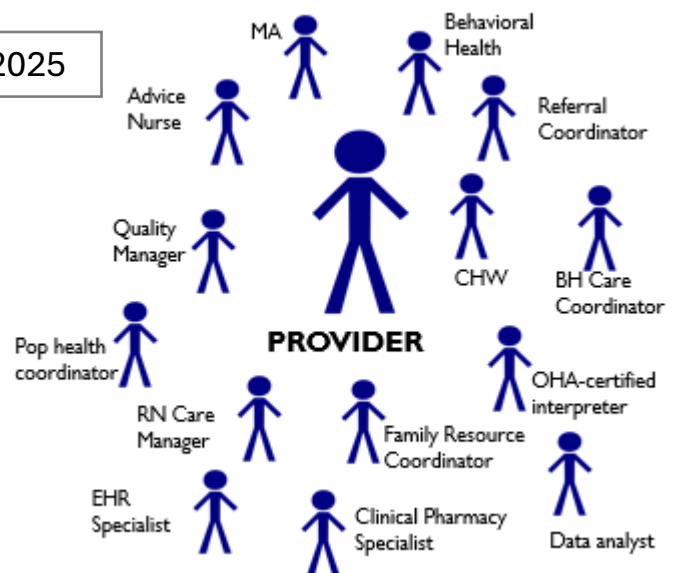
Emergency room costs **480%** more<sup>16</sup>

### Sample Primary Care Preventive Visit

2010



2025



Graphic is for illustrative purposes.

## **Primary Care Challenges in Oregon**

### **Member Organizations**

- ATRIO Health Plans
- CareOregon
- Central Oregon Independent Practice Association
- Children's Health Alliance
- Creach Consulting, LLC
- Grants Pass Clinic
- Health Share of Oregon
- Hospital Association of Oregon
- Metropolitan Pediatrics
- Moda Health and Eastern Oregon CCO
- Mountain View Medical Center
- OHSU Department of Family Medicine
- Oregon Academy of Family Physicians
- Oregon Department of Consumer and Business Services
- Oregon Medical Association
- Oregon Pediatric Improvement Partnership
- Oregon Primary Care Association
- Providence Health Plans
- Regence BlueCross BlueShield & Cambia Health Solutions
- Samaritan Medical Group
- Susan Lowe, Patient Advocate
- Tuality Health Alliance
- Winding Waters Community Health Center
- WVP Health Authority
- Yamhill Community Care

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