Saving 21st-Century Primary Care

BY SUSAN EDGMAN-LEVITAN, PA, AND MICHAEL BARRY, MD

Susan Edgman-Levitan has been the executive director of the Stoeckle Center for three years and leads several national initiatives to improve ambulatory and inpatient care. Michael J. Barry, MD, is the Medical Director of the Stoeckle Center, Chief of the General Medicine Unit, Director of the Health Services Research Program, and a member of Internal Medicine Associates at the MGH.

PRIMARY CARE has been making the news recently, even the headlines, as the issues concerning the shortage of primary care physicians become a commentary on the state of health care in our country. The crisis facing primary care is the result of many contributing factors, and we will explain some of the critical aspects of the problem in this article.

ROLE OF PRIMARY CARE

Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of your health care needs, over a lifetime partnership, in the context of your family and community.1 Although some people think that primary care clinicians take care of the just easy things in medicine, this is a gross misperception: they manage minor and serious acute problems, address prevention and screening needs, and treat complex chronic conditions. Primary care clinicians are highly trained professionals who must stay current with a continuous flow of medical research and knowledge in order to care for their patients who have a growing set of health care issues. They are “specialists” in their own right, and have an enormous job to do.

Consider the following job responsibilities:

• Care for patients with health concerns that range from infections, injuries, and high blood pressure, to diabetes, kidney disease, and memory loss
• Help patients manage prevention issues such as weight loss and quitting smoking
• Provide the non-clinical service of helping patients and their families navigate the confusing healthcare “non-system.”

Primary care clinicians take care of their patients over a lifetime, with the privilege of intimately knowing them, their families, and the community in which they live.

MISSION STATEMENT

The Stoeckle Center for Primary Care Innovation is devoted to revitalizing and redesigning the delivery of primary care in order to:

• provide the highest level of clinical excellence
• provide an extraordinary experience of care for patients and their families
• create an exciting and fulfilling professional life for current and future primary care practitioners.

As a reliable and trustworthy source of knowledge and leadership, we will partner with people throughout the country to improve primary care through collaborative work in research, innovation, education, and policy reform.

PRIMARY CARE PHYSICIANS VERSUS SPECIALISTS

Research has shown that having a primary care clinician can have a significant impact on your well-being. In a study of how the presence of primary care doctors and specialists impacted death rates, Starfield, et.al. analyzed data from all US counties between 1996 and 2000. They found that higher numbers of primary care doctors led to lower mortality rates; the same was not true for more specialists. For example, an increase of one primary care physician per 100,000 people resulted in a reduction of about 35 deaths; however, an increase in specialists had no effect on overall mortality.2 In a recent survey, 94 percent of patients valued having a primary care physician who knew about all of their medical problems, and 85 percent trusted their primary care physician.

(Continued on page 3)
STOECKLE CENTER STAFF UPDATE

THE STOECKLE CENTER staff continued its work to increase the visibility of the Center at the MGH and to get involved in local, regional, and national activities that support the Center’s mission.

Update on the leadership:

SUSAN EDGMAN-LEVITAN, PA; EXECUTIVE DIRECTOR
Among the many groups with which Susan Edgman-Levitan is involved is the Institute of Medicine (IOM). She is a co-author of the IOM’s new report, The Future of Drug Safety: Promoting and Protecting the Health of the Public.

MICHAEL BARRY, MD; MEDICAL DIRECTOR
Michael Barry stepped down from the National Council of the Society of General Internal Medicine this year, after serving on the Council for six of the last seven years, including as the Society’s president.

WILLIAM KORMOS MD, MPH; EDUCATION DIRECTOR
William Kormos was awarded the 2006 Society of General Internal Medicine Clinical Educator Award for the New England Region.

ELIZABETH RIDER, MSW, MD, FAAP; DIRECTOR OF PROGRAMS FOR COMMUNICATION SKILLS
Dr. Rider is a clinician-educator who designs and implements programs and curricula to improve and assess clinicians’ communication and related skills. Dr. Rider teaches and consults locally and nationally on communication skills, reflective practice, patient-doctor relationships, narrative, and medical education program and curriculum development, and publishes and does research in these areas. She has won various teaching awards, and is Section Editor (Reflective Practice) for the international journal, Patient Education and Counseling.

Introducing new staff:

NICOLA MAJCHRZAK, MPH, MSW; PROJECT MANAGER FOR THE AMBULATORY PRACTICE OF THE FUTURE
Nicola Majchrzak received her Master’s degrees from the University of Michigan in Public Health and Social Work. She worked in the Tobacco Research and Treatment Center at the MGH for five years overseeing the clinical Quit Smoking Service, as well as numerous research studies, before coming to the Stoeckle Center in 2005. Nicola currently serves as the Project Manager for the Ambulatory Practice of the Future and manages innovative initiatives aimed at positively transforming the ambulatory care experience for patients, families, and practitioners.

EKEOMA UZOGARA; RESEARCH ASSISTANT
Ekeoma Ugogara recently graduated from Boston University with a degree in Psychology and Sociology. Prior to her arrival at the Stoeckle Center, she was a research assistant at the Brigham and Women’s Hospital Home Allergens and Asthma Study. She also works on various projects with Karen Sepucha, PhD, through the Foundation for Informed Medical Decision Making (FIMDM).

STOECKLE CENTER STAFF MEMBERS WELCOME LITTLE ONES
Nicola Majchrzak, project leader for the Ambulatory Practice of the Future, and her husband welcomed Madeline Grace to their family on September 19, 2006; and Elizabeth Kaplan, project manager at the Stoeckle Center, and her husband were joined by Katharine Augusta on October 1, 2006. Both moms plan to return to work early in 2007.
COST OF CARE

Studies have also found that primary care has an impact on one of the most serious problems facing our healthcare system: out-of-control health care expenditures. Patients with a regular primary care physician have lower overall costs than those without.5,6 Almost all studies show that continuity of care — that care that is delivered to an individual patient, over time — is provided more often by a primary care physician than a specialist, and is associated with a reduction in hospitalizations and emergency department visits.

PRIMARY CARE IN CRISIS

Despite its positive impact on cost and continuity of care, primary care is in crisis. The American College of Physicians recently warned that, “Primary care, the backbone of the nation’s health care system, is at grave risk of collapse.”6 Concerns about managing the growing set of demands, coupled with a system of payment that is unfair to primary care, means that fewer doctors are entering primary care as a specialty, and current doctors are leaving the field. There will be a shortfall of more than 100,000 primary care physicians within 20 years.

STOECKLE CENTER SHINES RAY OF HOPE

Will you have a primary care doctor when you most need one? The Stoeckle Center for Primary Care Innovation is doing everything possible to make sure that you will! Over the past year and a half we have completed a strategic planning process that committed us to redesigning and revitalizing primary care, locally and nationally. Many of our primary care colleagues around the country have agreed to partner with us to achieve this goal! (Please see the framework for this plan at right.)

The Stoeckle Center is pioneering models of care in the MGH medical and pediatric primary care practices. We are paying close attention to our guiding principles, which state that our initiatives must:

- Improve the patient’s experience of care
- Improve patient outcomes
- Improve the primary care physician’s quality of life
- Improve practice productivity

Several of our research activities have focused on partnering with patients. At the MGH, we seek their advice about effective solutions to the problems they encounter in primary care; they participate on the design teams for many of our initiatives, such as the Ambulatory Practice of the Future; and they serve as faculty in our educational programs (see Innovation, page 6, and Education, page 5). Our national programs depend on patients to help us improve the quality of decision-making in primary care, and on generating new knowledge about how to make medical care better and more satisfying “in the trenches” (see Research, page 6).

Our activities and programs focus on physicians, as well, and we are thrilled to announce that we are establishing an intensive mentoring program for adult primary care doctors at the Mass General.

THE FUTURE

Most of us have benefited from the care of an excellent primary care clinician. The Stoeckle Center is investing in innovation, research,

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**The John D. Stoeckle Center for Primary Care Innovation 2006-2009 Strategic Plan**

**WHO WE ARE**

We are a reliable source of energy, knowledge, and leadership for a campaign to improve the delivery of primary care, locally and nationally.

**WHAT WE WILL ACCOMPLISH**

We will redesign the delivery of primary care in order to: 1) effectively meet the needs of patients, their families, doctors, and other professionals who deliver primary care; 2) provide an extraordinary experience of care for patients and their families; and 3) create a prosperous and exciting professional life for current and future generations of primary care practitioners. We will accomplish these things by focusing on innovation, education, and research.

**WHAT WE WILL BECOME**

We will be a recognized and generous leader, a trustworthy partner, and the first place to turn for expertise, help, and encouragement for anyone, anywhere, who wants to improve primary care for the better.

**Strategy #1 Stay Vital for the Long Haul**

Achieve excellence in loyalty, financial stability, and work-life for Center staff

**Strategy #2 Scientific Evidence**

Build research agenda and gather highly credible scientific evidence

**Strategy #3 Advocacy**

Identify, organize, and build a strong base of stakeholders

**Strategy #4 Publicity**

Increase public awareness by partnering with the media

**Strategy #5 Policy**

Incorporate primary care performance metrics into regulatory, accreditation, and pay-for-performance standards

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1 Institute of Medicine: Primary Care: America’s Health in a New Era. Washington, DC, National Academy Press; 1996.


6 “The Impending Collapse of Primary Care Medicine and its Implications for the State of the Nation’s Health,” a report from the American College of Physicians, 2006.
Physician reimbursement: Part of the solution to the generalist workforce crisis

BY JOHN D. GOODSON, MD

John Goodson is the Executive Secretary of the Stoeckle Center Advisory Board and a primary care physician in the Internal Medicine Associates practice at the Mass General. In this article, he explains how physician reimbursement is determined, and how he and others are trying to make the process fair and equitable for all physician services, including primary care.

FIFTEEN YEARS AGO, the Centers for Medicare and Medicaid Services (CMS) implemented a fee scale to reimburse physicians who provided services to Medicare patients. Based on this system, a relative value unit (RVU) is assigned to each of more than 9,000 professional activities, and similar units are assigned to reimburse practice overhead and malpractice costs. These units are multiplied by a conversion factor — a dollar amount which is determined each year by Congress — to calculate the amount that a physician is reimbursed for providing a particular service. Although it was not designed as a universal system of reimbursement, private payers soon adopted it.

While this scale provides a framework for reimbursement, it does not always appropriately or equitably value medical work. There are striking discrepancies among physician services. For example, a complicated 30-minute outpatient visit with a generalist is reimbursed by a total of 2.18 RVUs. This includes the analysis of all laboratory and radiological tests, all patient communication (including phone coverage for routine and emergency calls), and all overhead expenses. The comparable reimbursement for an ophthalmologist completing a cataract extraction is 18 RVUs; the costs of the operating room, the materials and the staff are covered separately.

To address these discrepancies, Medicare asked the AMA to establish the Relative Value Scale Update Committee (known as RUC). I was an observer to the RUC and part of a national coalition of physician organizations that focused on increasing the reimbursement for those physician services that depend on careful and thorough integration of patient information, data, and medical insight — not on the application of procedural skills.

The increased attention we all place on preventing diseases like diabetes, osteoporosis, and coronary artery disease requires time for treatments, tests, interpreting results, and following up with patients, that weren’t common practice in the past. And the work of generalists has become enormously complicated over the last ten years as we’ve become more determined to effectively and continuously manage illness. However, the generalist workforce is in critical jeopardy, as graduating medical school students choose specialties other than primary care, and current providers leave the field.

If we expect others to take up this work for the indefinite future, we need to be sure that the reimbursement matches the work demand and reflects the essential value of general medicine and primary care to the health of patients and communities.
## Education

### Grand Rounds

**May 31, 2005.** The Stoeckle Center sponsored Charles Homer, MD, CEO of the National Initiative to Improve Child Healthcare Quality, to give Grand Rounds in Pediatrics. Following his presentation, he met with the pediatric leaders to discuss their quality improvement work in primary care and across the continuum of care.

**March 9, 2006.** Michael Barry, MD, gave Grand Rounds on early detection of prostate cancer. He also gave these rounds at Fenway Health Center (Boston), Southern Illinois University School of Medicine, and Cambridge Hospital.

**March 10, 2006.** The Stoeckle Center sponsored General Medicine Grand Rounds. Helen Reiss, MD, Director of Education for Psychotherapy Supervisors, and Carl Marci, MD, Director of Social Neuroscience for the Psychotherapy Research Program, both of the MGH, presented their work on empathy in the clinical interaction. Anne Alonso, MD, Director of the Psychotherapy Research Program, awarded Dr. Stoeckle with the Endowment for Psychotherapy Award. The Power of Apology. March 24

### Seminars

To increase access, our seminars are video-conferenced in real-time throughout the MGH primary care and community health center practices, which allows off-site clinicians to benefit and earn certification credit. All primary care practices can receive videotapes of the seminars for ongoing use.

**Stoeckle Center Seminars**

With generous support by Robert and Phyllis Green, the Stoeckle Center held a full schedule of monthly educational seminars, focused on innovative ideas and best practices for primary care.

**January 27**

Improving Diabetes Care: The Implementation of a Comprehensive Diabetes Quality Improvement Program in the Primary Care Setting

Marcy Bergeron, RN, MS, ANP

Adult Nurse Practitioner

Bulfinch Medical Group

Massachusetts General Hospital

Robert A. Hughes, MD

Medical Director and Founder

Bulfinch Medical Group

Massachusetts General Hospital

**February 24**

Measuring and Improving the Patient’s Experience of Care: Moving From Data to Action

With Your Massachusetts Health Quality Partners (MHQP) Results

Susan Edgman-Levitan, PA

Executive Director

John D. Stoeckle Center for Primary Care Innovation

Massachusetts General Hospital

**March 24**

The Power of Apology

Lucian Leape, MD

Adjunct Professor of Health Policy Department of Health Policy and Management

Harvard School of Public Health

**April 28**

Language Issues in Pediatric Care: Crossing the Language Chasm

Alexy Arauz Boudreau, MD

Pediatric Service

Chelsea HealthCare Center

Massachusetts General Hospital

**May 26**

The Ambulatory Practice of the Future: Embracing Innovation in Primary Care

David C. Judge, MD

Bulfinch Medical Group

Massachusetts General Hospital

**June 23**

Join the Juggler’s Aid Society: Thriving, Not Just Surviving, in Primary Care

Linda Haines Clever, MD, MACP

President, RENEW

Founding Chair, Department of Occupational Health

California Pacific Medical Center

**September 22**

Applying Universal Design Principles to Improve the Physical Environment for Patients, Staff, and Clinicians

Lisa Iezzoni, MD, MSc

Professor of Medicine

Harvard Medical School

Institute for Health Policy

Massachusetts General Hospital

**November 17**

Joining the Stoeckle Center: The Patient-Professional Partnerships

Mary Jean Miller

Institute for Healthcare Improvement

Massachusetts General Hospital

**December 15**

青海省人民医院

**January 18**

Joining the Stoeckle Center: Patient-Professional Partnerships

Mary Jean Miller

Institute for Healthcare Improvement

Massachusetts General Hospital

**February 22**

Joining the Juggler’s Aid Society: Thriving, Not Just Surviving, in Primary Care

Linda Haines Clever, MD, MACP

President, RENEW

Founding Chair, Department of Occupational Health

California Pacific Medical Center

**March 22**

Reflections of a Partnership: The Cancer Center Patient & Family Advisory Council

Michael Anderegg

Executive Director for Administration

Jacqueline Somerville, RN, MS

Associate Chief Nurse

Paul Ryan, Win Hodges, Maggie Carvan, and Lynne Graziano Morin, Council Members

**April 26**

Shall We Dance? Opportunities in Patient-Professional Partnerships

Juliette Schluter

Bridgekeeper

Children’s Hospital

Philadelphia, PA

**May 24**

Empowering Patients Using the Internet-Based Applications

Daniel Hoch, MD

Neurology Associates

Massachusetts General Hospital

John Lester

Second Life, Linden Labs

www.secondlife.com

**June 28**

The Ambulatory Practice of the Future: Embracing Innovation in Primary Care

Laurel Simmons

Project Director

Institute for Healthcare Improvement

Doriane C. Miller

Section Head, General Internal Medicine

Rush University

Associate Chief, General Internal Medicine

Stroger Hospital, Cook County

**September 27**

How’s Your Health?

John Wasson, MD

Professor, Dartmouth Medical School

## Greetings and Salutations Newsletter

In May, we launched “Greetings and Salutations,” a brief, bimonthly newsletter intended to strengthen the sense of community among those who work in primary care at the MGH. The newsletter is a vehicle to recognize good works, share information among practices, announce seminars and activities, and highlight pertinent news. The newsletter is emailed to all members of the primary care community, and hard copies are sent to each practice for distribution to staff and patients.
INNOVATION

Ambulatory Practice of the Future

The Ambulatory Practice of the Future (APF) project is a joint effort of the Massachusetts General Physicians Organization (MGPO), the Stoeckle Center, and the Center for the Integration of Medicine and Innovative Technology (CIMIT). Charged with radically improving the experience of outpatient health care for patients and clinicians, the group has created a new model of ambulatory care that will become the basis for a primary care internal medicine practice for employees of the MGH and the MGPO.

The model will rely heavily on team-based care delivery that tightly integrates all care providers involved with the patients. Patients and families will be crucial members of the care team, and the health goals they set will become the foundation of a contract with the care team. All members of the care team, including patients, will be responsible for gaining skills and knowledge — through new care team roles, point-of-care diagnostic and therapeutic technology, and new information systems — to help patients achieve health goals.

In the past twelve months, the APF committee has been working to solidify support at the MGH and the MGPO for the APF’s business proposal, and designing two important pilots — on depression and diabetes — which will be implemented in 2007.

The APF committee has also continued to move the design of the APF’s flagship practice forward by developing new roles (“Health and Life Balance Coach” and “Care Coordinator”) that will be needed to support our model of care. In addition, we have begun to develop a vision of space design that will support a better experience for patients and care providers. We are working closely with the Center for Health Design, a national organization devoted to creating innovative health care spaces that better support patient-centered care experiences. The APF is also working closely with CIMIT and Partners Telemedicine to create the first remote physiologic monitoring service for our primary care practices; it will initially support remote monitoring of blood pressure and blood sugar.

Expanding the Shared Decision-Making Pilot Project

With funding from the Foundation for Informed Medical Decision, and in collaboration with the University of North Carolina, Dartmouth Medical School, University of California-Los Angeles, and University of California-San Diego, we implemented a pilot program to provide a series of shared decision-making support videos to patients. Primary care physicians “prescribe” these videos to appropriate patients through the MGH electronic medical record system, and The Blum Patient Resource Center manages their dissemination. The pilot was such a success among clinicians and patients that the program expanded and became available to all MGH primary care practices during the summer of 2006. These videos provide a new tool for all primary care clinicians to enhance the decision-making partnership with their patients. Over 600 videos had been distributed October 2006.

Pre-Visit Preparation and Medication Reconciliation

Pre-visit packets are designed to encourage patients to prepare for their office visits in order to leave time during the appointment for discussions that can only happen in person. We tested materials with patients and families from several primary care internal medicine and pediatric practices. The pilot program was initiated with patients between the ages of 48 and 52 who were scheduled for an annual exam. Materials and medication lists were mailed to patients prior to the visit to help them prepare.

There is strong interest in sending the pre-visit preparation form and the medication list to all patients prior to a visit. We are partnering with the MGPO to disseminate this program across all MGH primary care practices.

Improving Quality of Life for Primary Care Clinicians

In collaboration with the MGPO, the Stoeckle Center met with interns and residents, practicing physicians, and physicians in a “transition phase” (retiring or leaving clinical work), to identify effective strategies to make the practice of primary care more fulfilling. Discussions focused on the following areas: quality of the work environment, clinical development, work/family balance, academic promotion, and mentoring. Improvement strategies and a focused set of recommendations are being implemented across the primary care practices.

RESEARCH

Identifying Best Practices in Primary Care

Jean Tempel, a member of the MGH President’s Council, sponsored a needs assessment and study of best practices in primary care settings in both academic health centers and community-based practices. The study identified innovative, robust strategies that could be considered for adoption at the MGH to improve physician and patient satisfaction with primary care practices. We also received a grant for $151,000 from the Commonwealth Fund in New York City. Our work on the grant — “Case Studies of Patient and Family-Centered Primary Care Practices” — has identified over a dozen top performing patient- and family-centered primary care practices that meet the study criteria. Site visits, from which we will create case studies, will begin in early 2007.
Recently Published

PODOLSKY, SCOTT H. “PNEUMONIA BEFORE ANTIBIOTICS: THERAPEUTIC EVOLUTION AND EVALUATION IN TWENTIETH-CENTURY AMERICA.”


Dr. Scott Podolsky, a clinician-historian who, until recently, practiced primary care at the Massachusetts General Medical Group, examines the treatment of pneumonia throughout the twentieth century as a guide to the broader history of twentieth-century therapeutics. The support Dr. Podolsky received as a Stoeckle Center Fellow was critically important to his research and writing.

We congratulate Scott on his recent appointment as director of the Center for the History of Medicine at the Countway Library of Medicine, at Harvard University!

PHILANTHROPY UPDATE

CENTER CHALLENGED WITH MATCHING GIFT GRANT TO INCREASE PHILANTHROPY

David Barlow, a member of the MGH President’s Council, and a current and founding member of the Stoeckle Center Advisory Board, has generously pledged a challenge grant to help raise additional philanthropic support for the Stoeckle Center’s fundraising program. The grant is in the amount of $50,000 per year for three years, and funds will benefit all of the Stoeckle Center activities. David is the Chairman and CEO of Molecular Insight Pharmaceuticals in Cambridge, Mass.

TWO NEW FUNDS CREATED IN HONOR OF RETIRING PHYSICIANS

The Lawrence C. Wood Fund will allow the MGH to continue Dr. Wood’s legacy of improving the quality of patient care, as well as interactions between patients, physicians, and staff. At the same time, it will support initiatives that sustain the productive and caring patient-doctor relationships that characterized Dr. Wood’s practice.

The Harvey Simon, MD Education Fund will support educational initiatives that sustain effective and caring patient-doctor relationships, like those that characterized Harvey’s practice and writing. The fund will focus on patient education, student and resident education, and professional development for doctors in clinical practice.

For information about how to make a charitable contribution to the Stoeckle Center, please contact Amy Fontanella in the MGH Development Office at 617.724.6426.

MHQP Primary Care Survey Follow-Up

In April 2005, the Massachusetts Health Quality Partnership (MHQP) initiative to collect feedback from primary care patients using the CAHPS ambulatory survey. Massachusetts health plans paid for the practice-level survey; the MGH paid an additional fee to collect data at the individual primary care physician level. Practice-level data was reported to the public in the spring of 2006 and physician-level data was reported to individual physicians in the fall of 2006. Members of the Stoeckle Center staff are working with primary care practices and physicians to interpret the data and develop strategies for improvement.

Employee-Patient Interviews

The Stoeckle Center is working with the Mass General Quality and Safety Oversight Committee, the Mass General Physicians Organization, and the Institute for Health Policy to explore quality and safety issues through the eyes and experiences of MGH employees who have been patients at the hospital. Susan Edgman-Levitan and her team conducted over 30 confidential interviews of the MGH employee-patients. The interviews delve into issues such as respect for patients’ preferences, preparation for discharge, treatment of families, and patient safety. This interview initiative will result in a series of case studies and recommendations for improvement designed to supplement the hospital’s quantitative data on quality and safety.

ARTICLES PUBLISHED ABOUT THE CHALLENGE OF PRIMARY CARE


Bodenheimer suggests ways to encourage reimbursement for new models of team care and use of electronic health records, while Woo describes the longitudinal relationship that focuses on both the medical and the social aspects of health. Both articles cite evidence supporting the benefits — better health outcomes, lower cost, and a more equitable health system — of a strong primary care system.
A NOTE TO SUPPORTERS

The Stoeckle Center relies heavily on philanthropy to support the vital programs described in this report. We appreciate the generosity of our donors whose support allows us to build and expand our efforts to revitalize primary care. Gifts in this report were made between February 1, 2005, and September 31, 2006. If we have incorrectly listed or omitted your name, we sincerely apologize. For information on how you can make a charitable donation to the Stoeckle Center, please contact Amy Fontanella in the Massachusetts General Hospital Development Office at 617.724.6424 or toll-free at 877.644.7733.