



MEDICARE PATIENT ACCESS TO PRIMARY CARE IN ALASKA

Overview

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WHAT IS THE “MEDICARE ACCESS ISSUE”

- Alaska Medicare beneficiaries report they have trouble finding anyone who will take them as patients.
 - Except for Community Health Centers
 - Some Urgent Care Clinics
 - Emergency Rooms
- The recent ISER study confirmed this problem.
- A primary care physician usually manages a patient’s overall care. Without a regular primary care provider, care tends to be fragmented and may be delayed until acute and expensive.



WHAT ARE THE UNDERLYING PROBLEMS?

- Complex, interconnected issues
- Growing number of seniors
- Inadequate number of primary care physicians and other health care workers
- High costs of practice; high prices for care
- Medicare itself:
 - Reimbursement rates
 - Rules requiring Medicare as first payer, even if have other insurance, and balance from other insurance only up to Medicare allowable, not full charge
 - Graduate Medical Education (residencies) limited
 - Other complexities



PHYSICIAN CHOICES

- What choices are Alaska primary care physicians making?
 - Take new
 - Keep existing
 - Release some existing to achieve a target percentage
 - “Opt out”
- Why are they making these choices?
 - REIMBURSEMENT
 - Excessive paperwork
 - Slow payment
 - Threat of prosecution and fines
 - Non-covered services
- How are physicians handling the choice to deny or discontinue care for Medicare patients?
 - Feel badly
 - Some outspoken against Medicare
 - Notification often impersonal
 - Deals
 - Some office staff rude, unfeeling



WHAT EFFECT DOES THIS HAVE ON SENIORS AND DISABLED PATIENTS?

- Emotional reactions
- Talk about being “fired” by their doctors, feeling like “second class citizens”
- Most search for another doctor
 - Ask family and friends who they see
 - “Call the phone book”
 - Call senior advocacy organizations for advice
 - Find a nurse practitioner or physician assistant
 - Go to their local community health center
 - Find creative solutions
- Some sit at home, waiting to die



WHAT CAN BE DONE?

- Changes to Medicare itself
- Local solutions under consideration
 - Legislative solutions
 - Workforce development
 - Use of models in place elsewhere
 - Capacity development
 - Service delivery models
 - Financial models
 - Community-based approaches



CAPACITY DEVELOPMENT

- Adding more primary care/clinic capacity
 - Access Group Private Medicare Clinic
 - Anchorage Neighborhood Health Center and other CHC expansion
 - Hospitals and others considering expanding or adding clinics
 - Geriatric Interdisciplinary Team Training - student-involved clinical services model
 - Use of specialists in primary care role
 - Supply/scope of other health professionals (e.g. pharmacists)
 - Required education for students/professionals in primary care and geriatrics



SERVICE DELIVERY CHANGES

- Changing the way care is organized and managed
 - PACE program
 - Chronic Care Management model
 - Effective Clinics, Mini-Practices, other models



FINANCIAL MODELS

- Considering different financial models
 - Medicare Advantage organizations
 - Methods to streamline practices and decrease costs (some borrowed from HMOs)
 - Productivity incentives
 - Capitation
 - Physician staff model
 - Tort reform/malpractice caps



COMMUNITY-BASED APPROACHES

- Organizing and coordinating community-based approaches
 - Pharmacy assistance
 - Home health
 - Anchorage Project Access approach
 - Home-based monitoring using telemedicine
 - Education and support for wellness and self-management of chronic diseases
 - “Hot line” for service referrals; maintain provider and client lists, do follow up to calls
 - Case management/care coordination



The Aging Of Alaska's Population Will Continue To Create A Strong Demand For Health Care Services

