Example Health Policy Assignment for

Margolius D, Bodenheimer T. Transforming Primary Care: From Past Practice to the Practice of the Future. Health Affairs, 29, no.5 (2010): 779-784

1 – This paper describes the decline of primary care and rise in specialty care in the United States healthcare system. Underlying drivers of this change have been the rise of biomedical science, payment systems and the development of academic medical centers with robust research focus. Rebalancing the system to include a stronger primary focus will require changes in reimbursement rates, practice structure and performance measurements, and an increased number of primary care providers.

2 – The most compelling data supporting the shift to specialty care are the disparities in reimbursement rates and the formation of 3rd party payers in favor of specialists. Under the current system a PCP is reimbursed $94 for a follow up visit, a gastroenterologist receives $203 for a colonoscopy and an ophthalmologist receives $670 for a cataract extraction, each of which requires about 30 minutes. In 2004 radiologists’ salaries were 260% of family practitioners; invasive cardiologists, 253%; and gastroenterologists, 218%. Specialty decision-making is also influenced by education based primarily in academic medical centers with teaching and mentoring done primarily by specialists.

3 – I think the authors chose to study this topic due to the current state of our healthcare system and the ongoing debate about healthcare reform. These authors clearly have an interest in rebalancing the system to include more primary care and believe the current system is skewed too heavily toward specialists. The authors come from a variety of backgrounds and current career positions. One author works for a health insurance group, one is an adjunct professor of family medicine, one is a professor of health policy and the 4th is executive vice president of a national nonprofit geared toward improving healthcare quality.

4 – This paper describes in some detail the reasons why specialty care blossomed at the expense of primary care. It makes arguments for how to rebalance the system toward primary care. It does not, however, detail how such a rebalancing would reduce cost, improve quality or increase access for patients.

5 – I agree with the basic premise of the paper that our current system is unbalanced in favor of specialty physicians, and that our current system is incentivized to those who provide procedural and specialist care. I also agree with several of the driving factors mentioned in the paper, namely the reimbursement disparities and academic learning environment. Our comparatively underdeveloped primary care system is a contributing factor as to why we lag behind many other industrialized nations in key health metrics. The 5 points of the new “Primary Care Charter” appear to be a strong basis for improving primary care as our system continues to be reformed.