

Viewpoints: The Health Care Debate
American Academy of Family Physicians President Elect Ted
Epperly
Kaiser Family Foundation
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VICKIE JUDD: Dr. Epperly, thank you for joining me here today.

TED EPPERLY: Thank you.

VICKIE JUDD: You represent family physicians?

TED EPPERLY: I do.

VICKIE JUDD: What in their view is the single most pressing problem in terms of health care?

TED EPPERLY: The biggest issue right now facing the nation is access to health care and what the American Academy of Family Physicians wants to do to help with that is create a system of patient centered medical homes that will allow all patients in America a place to be seen for preventive, acute and chronic care.

VICKIE JUDD: And the patient centered home is something that the association has been talking about I think for several decades now, right?

TED EPPERLY: Yes.

VICKIE JUDD: Why is that the basis, the core of your proposal?

TED EPPERLY: Yes we recognize that there is both quality and lower cost if patients have a relationship with an established personal physician. In that relationship is trust and knowledge so if each patient were to have one place to go with his or her physician and his or her expanded medical team,

then all of those care items can be provided in one place so that's the right place at the right time and the right type of physician, the right type of care, and in that comes health care quality and decreased cost.

VICKIE JUDD: And so the family practitioner in a sense becomes the gate keeper which kind of became a dirty word back in the 90s with HMOs so what is the difference?

TED EPPERLY: Right. Yes. We prefer to see it as a gateway instead of a gate keeper. The whole gate keeper concept was like building a barrier, building a wall so you couldn't get out to see other physicians. What we recognize is the value as a gateway is that it's a focal point where people can come for care.

And then if the patient needs additional care, the physician can help educate the patient and get them onto that next level of care so we don't see it as a wall, i.e., a gate keeper approach as much right now as a gateway, one that facilitates care, one that connects the dots for the patient, one that gets the patient then into the system in an appropriate way.

VICKIE JUDD: I have one very practical question and it seems to me that general practitioners, family practitioners, don't have enough time in the day now, how would they in your proposal, where it would take so much more time and so much more caring and information, where would they find the time?

TED EPPERLY: Excellent question. We are caught on a hamster treadmill right now of face to face visits. The whole concept is to expand the medical team so that we can use nurses, medical assistants, social workers, other members of the team to do much for the patient between patient education, helping them understand certain things so that the physician's time can be leveraged for the most important items in terms of the critical thinking or the diagnosis, the management, the prescription of medications.

So in an expanded team format, we see that we can get more care done for the patient. Now what must come with that then is payment that would be for non face-to-face visit time. Because to integrate and coordinate that care will need to be another payment mechanism, we call it the care management fee that would be so many dollars per patient per month that would come in to allow the practice, to allow the patient centered medical home to provide that non face to face visit time to make sure that our focus on our patients is to keep them healthy as opposed to just react to their sick care, to react to their illness.

VICKIE JUDD: How does that idea fit into the larger picture of health care reform? Is what you just described, can it work in a private public system, must it only be public?

TED EPPERLY: Yes we see it as a shared responsibility that can happen between insurance companies, the federal

government, state Medicaid programs, health insurers, employers. We believe that actually there's synergy in bringing this all together in one complex way that helps focus on this patient centered medical home and getting patients back to that location for the majority of their care.

What countries have found outside of the United States is that when the system is foundational on the medical home and primary care, that it actually saves cost, improves quality and the health care outcomes of the patients are improved. And what America is recognizing now is that if we get back to that type of care system instead of the fragmented chaotic specialty oriented care, that not only will we save cost and improve access, but we'll actually have a healthier country.

VICKIE JUDD: But does the academy have a preference for single payer for public, for private, to make this happen?

TED EPPERLY: No preference for single payer, what we recognize is that we want health care for all and how that all comes together is certainly up to the country to decide. What we're focused on is the concept in general, how it's funded can be left to others to try to sort that out. We recognize though that the strength of America's health care system will not lie in any one area totally. We see more of a synergistic approach by bringing multiple groups together.

VICKIE JUDD: What role then would the federal government have in making this idea of the academies real?

TED EPPERLY: Yes, a couple of things, right now Medicare has in its new legislation and its 2004 Medicare legislation pilot programs for patient centered medical homes so proof of concept.

VICKIE JUDD: North Carolina, is that right?

TED EPPERLY: Well North Carolina was a Medicaid project.

VICKIE JUDD: Okay.

TED EPPERLY: But Medicare itself will also be piloting these programs. I'm glad, though, that you mentioned North Carolina because the community care of North Carolina, CCNC Project, did show that a patient centered medical home saved that state \$200 million in its first year and \$250 million in its second year of implementation, again by integrating and coordinating care it kept people unnecessarily out of the emergency rooms, saved hospitalizations. And actually the return on investment was the decreased utilization of ER's and hospitals which is what the savings were.

VICKIE JUDD: If the academy could say to the next president of the United States whether it be McCain or Obama, this is the single thing we would like to happen when it comes to health care reform, what would it be?

TED EPPERLY: It would be to build a new transformed health care system on primary care as its foundation, its solid foundation, with the patient centered medical home being its

basic building block. In that model there would be access for patients to go and be seen for both preventive, acute and chronic care, and in that model we can keep both the nation's work force healthier, we can keep people healthier, we can decrease morbidity, we can decrease mortality and at the same time save cost.

VICKIE JUDD: What you're suggesting though is big and bold.

TED EPPERLY: Yes.

VICKIE JUDD: And given the past 20 years of largely failed efforts, some successes but largely failed efforts in health care reform or change, do you think big and bold is the way to go in 2009 or is it small incremental steps to get where you want to go?

TED EPPERLY: Yes. Big and bold I would say is the best approach right now and the reason I would say is that we have a bit of a burning platform here. We're on the precipice of a health care meltdown. In 2017 Medicare is predicted to be insolvent. Health care in America is bankrupting both many businesses as well as many patient's families and so we've got to get fairly quickly to a transformed health care system now that will lower costs and increase health care outcomes.

Right now that's not happening in America and if you take a look at the projected trends of health care costs, they're only going up and so we're sitting right on top right

now, Jackie, of a ticking time bomb. We must grab hold of this problem now.

VICKIE JUDD: And what is your expectation, not your hope but your realistic expectation that something will happen in congress in the white house in the next several years?

TED EPPERLY: Yes, I remain both persistently positive and aggressively optimistic that this will happen and primarily the reason I do so is I just know the financial imperative that the nation is facing. Winston Churchill once said that America will always do the right thing after it tries every other option.

I think what America is recognizing now what the rest of the world has already recognized is that a return to a health care system that has primary care as its basic foundation and this concept of the patient centered medical home as its basic building block will achieve exactly what America is looking for.

VICKIE JUDD: And if that does happen, how does the life income of the family practitioner change?

TED EPPERLY: Yes. It should increase and the reason it should is that we've never as family doctors, we've cared for many, many patients for many, many years and all of the non-face to face service that we provide which we believe is important for patient care has never in any way been reimbursed. It's never been paid.

What's happening now is that the margins of family medicine practices have become so thin they have no margin to be able to give that back so for instance putting in an electronic medical record or personal health records for patients, there's no margin to do that. We can't pass that cost back to the payer, back to the patient.

And so unless there are incentives, care management fee built into that, we can't get to that, to leveraging that new technology in the information age for patient care. So it's a system in which there must be enhanced payment, there should be for the family doctor.

The other big piece, that I'd like to just mention in that regard, is that what we're seeing with medical students is that they're choosing to go into more lucrative speciality areas because the payment is better.

And so right now in America, 80-percent of the graduating students are going into specialities as opposed to general care such as family medicine, general internal medicine or pediatrics. And what that's doing is it's robbing the nation of the work force that must happen to be able to provide basic primary care to the nation.

So what will happen from the process is that not only will it return care back to the patient centered medical home, back to primary care, but with the payment enhancement, it will also make sure that family physicians can do that. And I think

many, many medical students seeing that it is a positive career, this would be something that I could repay my medical loans by going into this specialty will drive them back in force into family medicine.

VICKIE JUDD: And what does your concept do to the overall medical bill of the nation?

TED EPPERLY: Yes. It lowers it. The reason it lowers it is that by investing with wellness, investing with acute timely care, investing in quality ongoing chronic medical care, with having patients be accessible to that kind of care, it will save them going to the emergency room where care is about 10 times more expensive, or into the hospital that might have been prevented in the first place.

And so by the savings in the system from the back end of care and refocusing that then on more of a wellness health chronic disease management approach, there will be savings in that system and that's what the medical lesson was from North Carolina was by doing that with a high risk population with Medicaid patients it saved that state considerable money.

VICKIE JUDD: Okay thank you so much Dr. Ted Epperly.

TED EPPERLY: Thank you, too, Jackie.

VICKIE JUDD: Appreciate it.

TED EPPERLY: You bet you.

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