

FAMILYCARE PRESENTATION TO
THE HOUSE COMMITTEE ON
BEHAVIORAL HEALTH AND HEALTH
CARE



**Investing in Oregon's Primary Care Providers: Challenges and
Opportunities to Improve Access and Equity – June 5, 2023**



ACCESS to health care is fundamental to good health.

In health care, like everywhere else, you get what you pay for.

**Primary care, both medical and behavioral, are time-based services.
If you don't pay for the time, you don't get the time.**

**Medicare and Medicaid pay about 50 cents on the dollar for
Primary Care medical services. They pay even less for Behavioral
Health services.**

**Medicare and Medicaid restrict and prevent access to services
that are fundamental to:**

Prevention, education and timely treatment of disease.

FamilyCare History



- ❑ Oregon conversion factors - 2013
Medicaid = \$39, Medicare = \$37, Commercial = \$65

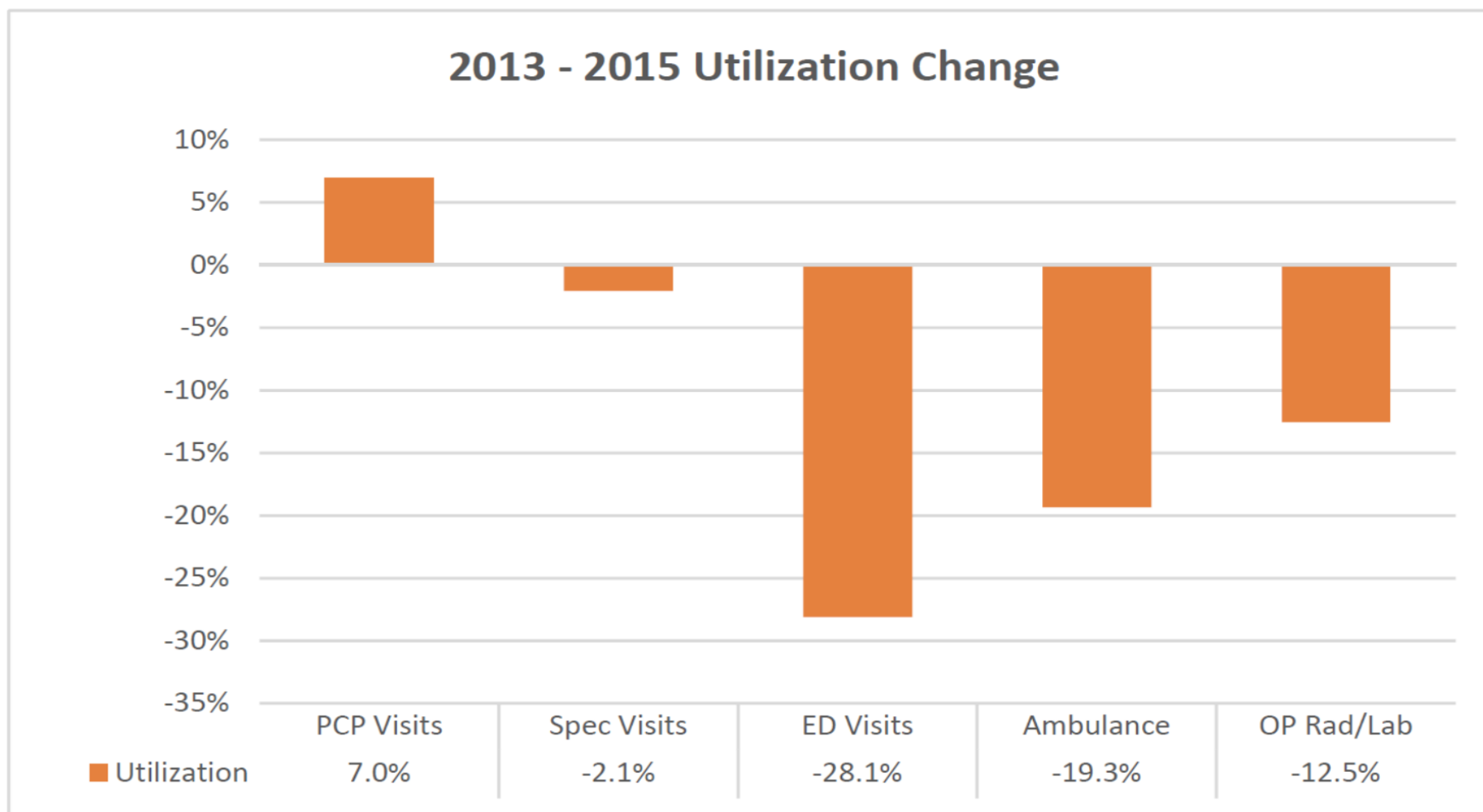
- ❑ FamilyCare reimbursement for:
 1. Primary Care (physicians and RNPs) = **\$65**
 2. Time based specialty care (generally E&M and consult codes) = **\$65**

- ❑ **Net Cost Increase = \$0 over 5 years**
 1. Lower ED visits, lower referrals to specialists, less imaging, less lab services.

- ❑ **Outcomes:** Unrestricted access, provider satisfaction, patient satisfaction, increased quality metrics

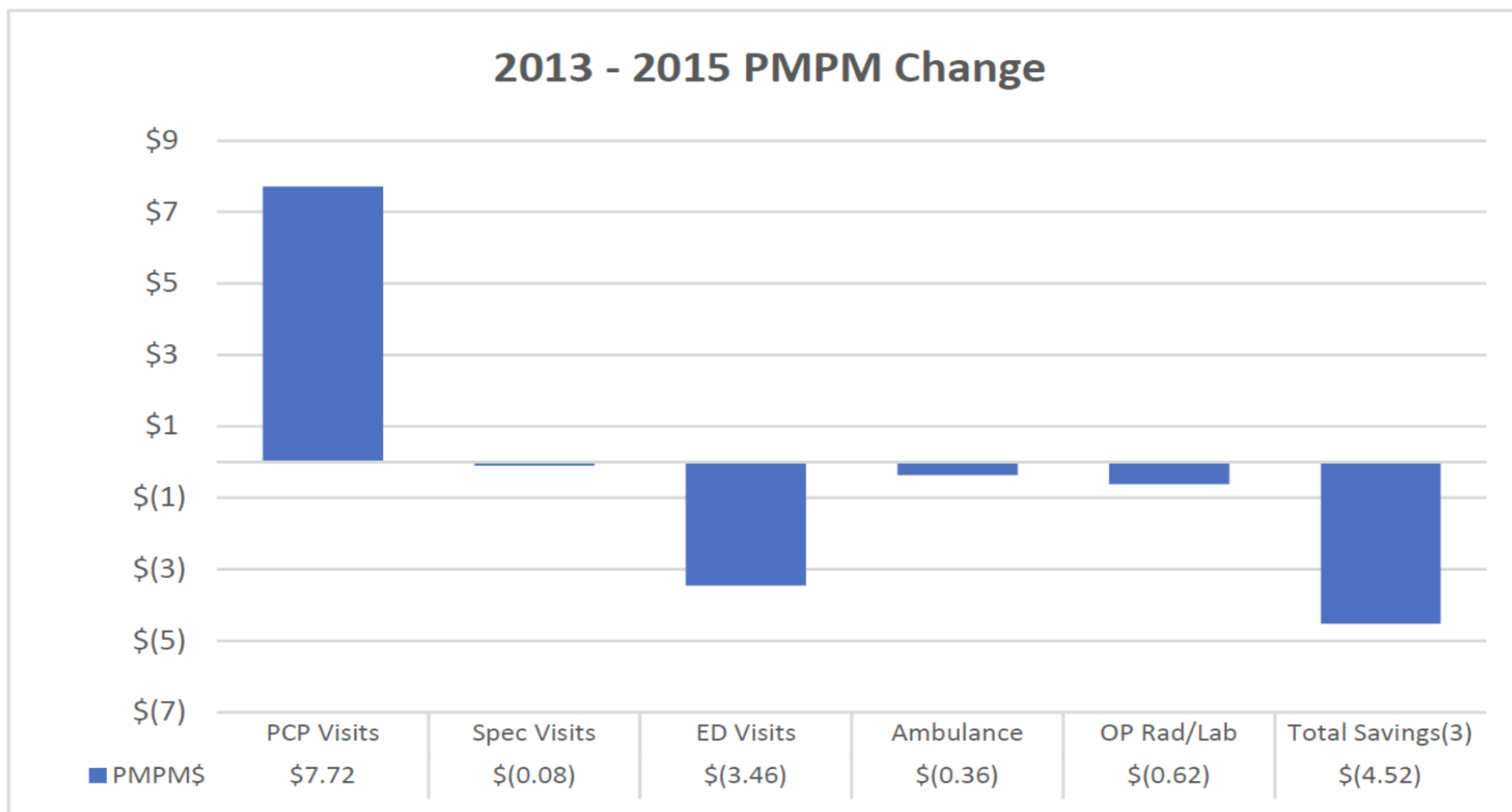


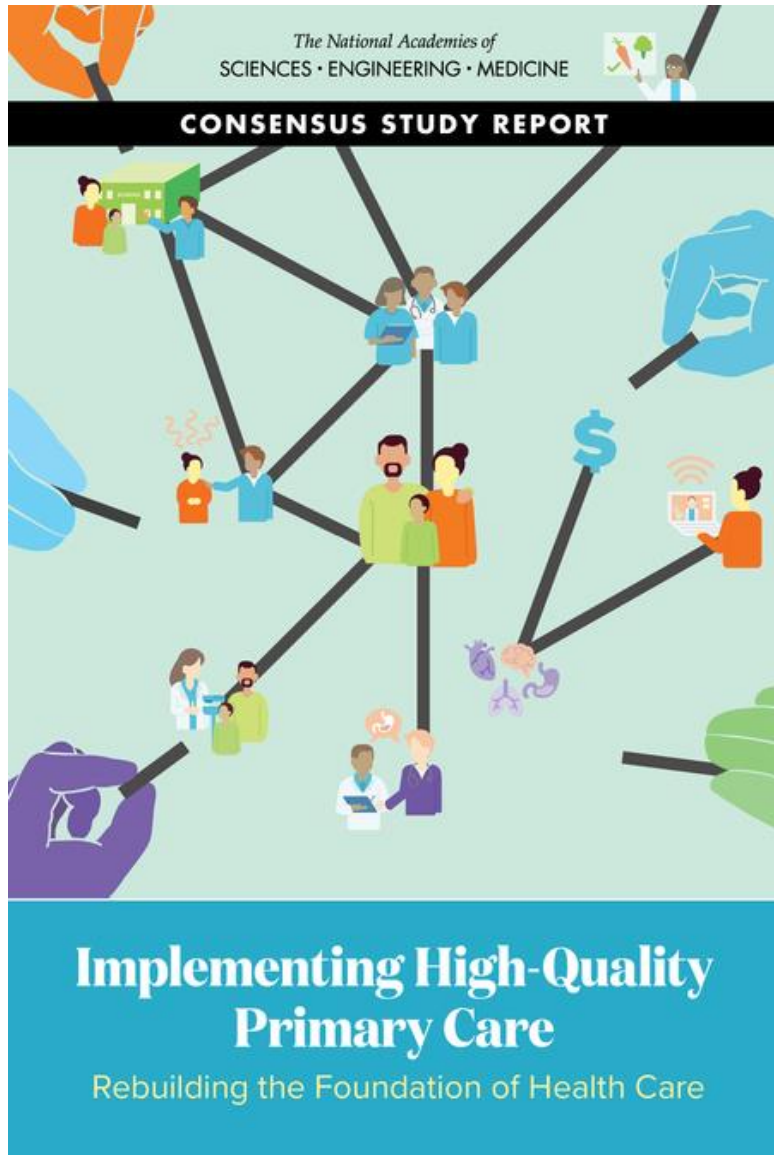
FamilyCare Experience





FamilyCare Experience





2021 National Academies Report



“Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes. For this reason, primary care is a common good, which makes the strength and quality of the country’s primary care services a public concern.”

The Health of US Primary Care: A Baseline Scorecard Tracking Support for High-Quality Primary Care

Robert Graham Center - 2023



“The United States is systemically underinvesting in primary care.”



“The primary care physician workforce is shrinking and gaps in access to care appear to be growing.”



“The percentage of adults reporting they do not have a usual source of care is increasing.”



“Too few physicians are being trained in community settings, where most primary care takes place.”



“There is almost no federal funding available for primary care research.”



What does the research say?

Primary care is the first line of defense for prevention and management of minor and chronic illness for patients.

A robust primary care system promotes equity with longitudinal physician-patient relationships that foster trust and minimize stereotypes.

Enhanced accessibility and continuity in primary care yields better self-reported physical and mental health, and a reduction in disparities for overall health between higher and lower income communities.

Family physicians deliver a disproportionate share of primary care services to disadvantaged populations, which bear the greatest burden of morbidity.

An increase in the supply of primary care physicians is associated with increasing life expectancy.

Increasing Medicaid reimbursement to commercial levels eliminates access disparities for children on Medicaid and reduced access disparities by 75% for adults, yielding better self-reported health.

Higher primary care reimbursement in Medicaid has spillover effects for behavioral health. The research suggest that outcomes improve for beneficiaries.

Regions of the U.S. with higher numbers of primary care physicians relative to the total population had much lower total health care costs.

Studies have repeatedly shown that more supply of PC physicians is associated with lower mortality from heart disease, cancer, or stroke, as well as higher birth weights and lower infant mortality.

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