



Listen up, Washington: Focus on primary care

By Michael Middleton, M.D. | December 12, 2016

When it comes to healthcare policy, this is a time of both turmoil and opportunity. It's also a time for the stakeholders to speak. As Washington mulls the status of the Affordable Care Act and priorities for the future, athenaInsight asked physicians and healthcare executives to share their advice.



Here is the first installment from Michael Middleton, M.D.

On a recent trip to Washington, D.C., I heard plenty of buzz about healthcare, most of it around two topics: the ACA (what is going to happen to it now) and MACRA (its rollout and impact). Sometimes it seems like people forget we had a healthcare crisis long before these acronyms came on the scene.

Healthcare makes up roughly 40 percent of our nation's mandatory spending. For decades, costs have been going up without bringing outcomes and satisfaction with them. Now, add another negative factor to the equation – physician burnout.

There are lots of smart people committed to making healthcare work better. But their efforts must center on the system's biggest hope and need: strong primary care.

Most would agree that good primary care saves money, improves outcomes, and increases patient satisfaction. Therefore, any solutions put forth must promote and protect good primary care while simultaneously addressing the factors contributing to physician burnout.

In the past few years, this hasn't happened. In fact, as an independent primary care provider, I see three ways current trends and regulations have been making things worse:

- **Increasing the cost of delivering healthcare** by increasing the administrative burden.
- **Preventing needed innovation** because the focus and resources of the industry are occupied with meeting the ever-changing regulations.
- **Disproportionately affecting small practices**, which lack the administrative infrastructure to address these regulations in ways required. This leads smaller practices to feel forced to consolidate, further "institutionalizing" the doctor-patient relationship.

Here's how the movers and shakers in Washington can improve healthcare with primary care in mind:

- **Value-based reimbursements:** Move forward with them, but involve practicing, independent primary care physicians in these strategies. Increasing the financial incentives for wellness and cost reduction is our best attempt to simultaneously reduce costs and improve outcomes. This is already happening with shared savings programs and patient-centered medical homes. We can't stop the progress now.
- **Transparency of costs:** As primary care physicians, we already help patients navigate their healthcare options, from specialists to ancillary services. By knowing the costs involved, we can also guide patients to high-quality/lower cost services.
- **Simpler interoperability:** Since primary care physicians provide the medical home for patients, we bare most of the burden of accumulating and assimilating all patient records. And the less various healthcare entities are able to talk to one another, the more "translating" and transcribing we must do. This is another administratively taxing, non-reimbursed burden of primary care.

We have an opportunity now to create meaningful change – and I hope voices from those serving patients in primary care are seen as vital contributors to the discussion.

Otherwise, we might be headed for more of the same.

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