The U.S. Primary Care Workforce:

*Current and Prospective Roles of Licensed CAM Disciplines and Related Issues for Educators*

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Presentation Summary

- Current needs & trends
- ACCAHC Primary Care Project
- Findings
- Recommendations
Primary Care in the US: The Broader Context

A shortage of providers

US HHS: 17,000 more PC MDs needed now, 46,000 by 2025

Expanded role of non-MDs

IOM reports: Public Health 1988

Still, no accepted definition of PC

IOM, WHO, AAFP, Nurse Practitioner, PPACA, Vanderbilt ...
Opportunity Knocks? Opening to Non-MDs

IOM Future of Nursing (2010)

- Advanced practice nurses endorsed as independent practitioners and leaders

- IOM/RWJF weigh in on breaking the hold of MDs/DOs on primary care
  - AAFP, others still holding on against ARNPs leading medical homes ...

New era of pluralism in primary care?
Opportunity Knocks? Additional Trends

- Patient-centered care: what will it mean?
  - Self-care and direct access elevated
- Expanded teams in PPACA
- Institute for Alternative Futures Primary Care 2025 Scenarios
- Cost issues promote non-MDs

“I am my own medical home”
“Focus on individual & community”
Primary Care:
What roles for the licensed integrative health disciplines?
Key Collaborators

www.accahc.org

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Project Co-Leads
ACCAHC Primary Care Project

Endorsed by ACCAHC Board 2009
ACCAHC Primary Care Project

Product, Process & Charge to Authors

• Process/history of the project
  – Interview 7 Board members (9/09), Exec Bd. Discussion (10/09)
  – Councils of Colleges, name teams, agree on scope, focus, template, charge (03/10)

• Product: white paper
  – Intro, 4 sections, analysis and summary (MG/JW)
  – *Not a consensus statement*

• Charge to authors
  – *Use existing definitions (what PC means to the larger society, in one of its iterations)*
  – Follow template - 15 areas

• Get section endorsement by partner organizations
• Publish widely as resource for decision-makers
Author Teams & Org. Partners

• Acupuncture & Oriental Medicine
  – Belinda (Beau) Anderson (lead), Steven Given, Anne Jeffries, William Morris

• Chiropractic
  – William Meeker (co-lead), Joe Brimhall (co-lead), Glenn Bub, Marion Evans

• Midwifery (direct-entry)
  – Jo Anne Myers Cieko, Marla Hicks, Suzy Myers

• Naturopathic Medicine
  – Rita Bettenburg (co-lead), Bruce Milliman (co-lead), Erica Oberg, Elizabeth Pimentel, Jamey Wallace
From the Papers:

Primary Care is Core to the Identity of Each

Self-definition

- Midwifes: “primary maternity care providers.”
- NDs: “a distinct method of primary health care.”
- DCs: “primary care chiropractic physician”
- AOM: “range of ailments for which patients commonly visit primary care medical doctors”

US DoE Accredited Education Standards

- Treatment ranges across diagnosis, treatment, acute, chronic, management, referral, co-management
- Prevention, wellness, health promotion

Direct patient access in key ...
A Primary Relationship with Patients

No Gatekeepers* with a few exceptions in AOM
In a *pure* patient-centered model, these professions are each already servings as “primary providers of care” for significant groups of citizens.
Explicitly “primary care” in some states
- AOM in 3, DCs in 2, NDs in 7, midwives broadly for maternity care (not for expanded women’s health)

Included in state primary care programs
- Underserved area/rural health – midwives (WA), NDs (WA, OR, VT)
- PCMH initiatives – NDs (WA, VT)

The pilot initiatives offer an opportunity to examine how these licensed integrative health practitioners are already providing primary care
From the Papers:

(Some) Challenges

• Some in each prefer to be specialists with focused populations
  – Is primary care for a limited population really PC?
    • Some examples in conventional medicine (Dentistry, OB-GYN)
  – Others prefer to not engage headaches/costs of EMR, 24/7 on-call
  – NDs are the only field unified in pushing for the option of primary care physician designation
    • Yet many NDs also prefer working as specialists

• Missing skill sets/abilities/scope for typical PC
  – Biomedical sciences and Western diagnosis (AOM)
  – Prescribing (DC, AOM, Midwives, some states for NDs)
  – Vaccinations/immunizations? (AOM, DC, DEM)
  – Minor surgery (AOM, DC, DEM)
  – Admitting – though perhaps less necessary w. hospitalists (all)
Other Profession-Identified Challenges

- Licensing in more states needed (ND, DEM, AOM)
- Uneven/limited scope (all)
- Reimbursement limited (all)
- Intra-professional divisions on value or appropriateness of engagement as (conventional) primary care (AOM, DC, ND)
- Recognition in federal programs for broad conditions (all)
  - Medicare, Medicaid, loan repayment, etc.

Covers none as primary care
From the Papers:
“Re-thinking Primary Care”: Profession-Suggested Steps

• Provide health services data policy-makers need (ND)
• Find fit with shifting definitions, including teams/PCMHs (DC)
• Distinguish between primary “health” care and primary “medical” care (DC, ND)
• Clarify distinctions between independent AOM practice and primary care (AOM)
• Make the case for new forms of health-focused contributions to meeting primary care needs (All)

What scenarios will open doors?
Flexner Report (1910):
Competing images of a profession

1. Practitioner (present) dominated vs. educator (future) dominated

2. 2010 Lancet Report *Health Professionals for a New Century*
   - Developed to mark Flexner Centennial (like *Future of Nursing*)
   - Notes shift from producing “experts” (Phase 1) to “change agents”
   - Focus on interprofessional/team skills
   - Stronger link needed to real world needs and public health

3. De-emphasis on skills; more on “rationality-based” judgment and on “leadership attributes” and “transformative role”

*Implications for these disciplines today ...*
Standards for Primary Care Providers

1. Enhance access and continuity.
2. Identify and manage patient population.
3. Plan and manage care.
4. Provide self-care and community support.
5. Track and coordinate care.

These “align with the core components of primary care”
(PPACA for Patient Centered Medical Homes)

Are they aligned with these professions’ training?
Certainly to some degree ...
The issue may be less with having traditional MD PCP skills

– If so, what do **these standards for primary care providers** mean for leaders of the integrative health educational institutions shaping the future of their disciplines?

– What do **these standards** mean for you as leaders of healthcare in shaping the primary care of the future?
Recommendations #1

Language Can Be an Obstacle to Changing Relationships

If we want to improve relationships we should ...

• Stop referring to these professions as “modalities” or “therapies”
  – They are professions, with (self-defined) primary care relationships backed by US-recognized accreditation

• Use a qualifier when we say “physician”
  – Osteopathic ... naturopathic ... chiropractic ... “conventional” (allopathic) ...

We can begin to better recognize the diversity in the post IOM Future of Nursing era
Recommendations #2

To These Disciplines

• For other stakeholders, clarify relationships to elements of conventional “primary care” you lack
  – For example: if you don’t do immunizations, minor surgery, hospital admissions, Western diagnosis, EHRs, typically treat a broad set of conditions. Are you willing to:
    Educate to tested competency to scope (Pew)

• Clarify your primary care/specialist distinctions
  – If only a subset of your profession is interested in PC, set clear boundaries so outside stakeholders can know

• Got a new model of primary care? Make your case to key stakeholders
  – Convene a meeting to clarify discipline-specific approach
Recommendations #3
To Workforce Planners, Policy-Makers, Other Stakeholders

• Conduct health services & epidemiological research on patients whose “first choice” for primary care is a licensed integrative health practitioner
  – What is going on in this “hidden economy of primary care”?

  Learn from states with formal inclusion as primary care

• Include these professions in primary care “health” homes
  – Low risk form of inclusion – examine outcomes
  – Can a “patient-centered health home” not include them?

• Consider in “limited population” primary care strategies
If there was a will, could there be a way to better use these professions to meet primary care needs?

Now is the time to develop pilot projects on the outcomes of integrating these professions in the primary care matrix.
Thank-You!

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