

OPINION

Delaware is hurting for primary care doctors, but there's a solution (opinion)

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There are not enough primary care doctors.

Underscoring this truth is a recent report from Kaiser Health News stating that “the percentage of primary care positions filled by fourth-year medical students was the lowest on record” in this year’s National Resident Matching Program.

[Pay is relatively low for primary care](#) and medical school loan balances are high. Incentives matter, and many future physicians are steering themselves where they feel they can get a reasonable return on their investment in themselves and their medical education.

This means a challenging national situation is not going to get better as even fewer future primary care providers are entering the pipeline that will produce tomorrow’s practitioners in family and internal medicine and pediatrics.

Earlier this year, The News Journal stated that [“primary care doctors aren't easily found in the right places.”](#) in summarizing a Department of Health and Social Services survey commissioned from the University of Delaware.

Good access and use of primary care by everyone is necessary to help people have the healthiest lives they are capable of living. A robust primary care system is also a prerequisite for ensuring emergency departments are used for true emergencies — and that hospital stays are less frequent through better avoidance and management of chronic conditions.

We have problems with access to primary care. Given the most recent match results, the future does not look brighter.

What is being done to improve primary care access in Delaware?

The best responses are: value-based contracting, more residency programs and a student loan repayment program.

The long-term answer to develop the primary care resources needed by the friends and neighbors we serve is a movement to value-based care.

Value-based contracts change incentives for health care providers by making them financially accountable for quality outcomes and for the use of health care resources by the patients we serve. These forms of contracts differ from the traditional and still widely used fee-for-service payment models that basically pay based on how many procedures are performed — the more procedures, the bigger the payment.

Under value-based contracts, providers get penalized for bad quality and higher use of expensive health care resources. Providers also get to share in savings if quality improves and use decreases. (The linking of quality and use ensures savings do not come at the expense of skimping on needed services.)

These incentives help to ensure a robust primary care system because they place a strong financial incentive on having primary care available. Primary care access helps manage patient health and prevent the kinds of conditions like diabetes, obesity and other chronic diseases that tend to land people in hospitals.

Value-based contracting will drive increased investment in ensuring adequate primary care is readily available.

Happily, the transition away from fee-for-service contracting to value-based contracting is underway. Our hospital members are participating in a federal Accountable Care Organization that is progressively instituting risk-taking with Medicare reimbursements. Christiana Care, our largest health system, has announced the signing of two value-based contracts with insurers just this month.

Other discussions between hospitals, allied providers and insurers regarding new contracting arrangements are underway. The future looks bright in having the right kind of environment to incentivize a strong system of primary care.

The other longer-term solution is expansion of Delaware based residency programs in primary care specialties (internal medicine, family medicine and pediatrics).

Christiana Care Health System's more than 100 years' experience with postgraduate medical education features among its more than one dozen residency program opportunities in family medicine and internal medicine. Nemours/Alfred I duPont Hospital for Children also has a strong existing residency program in pediatrics, and Saint Francis Healthcare has hosted residents in family medicine for a number of years.

Bayhealth announced this spring their [new residency and medical education program](#) will begin in 2021. Their residency programs will start with family medicine and internal medicine (with general surgery and emergency medicine to follow in subsequent years). Beebe Healthcare has applied for a federal grant for seed money to start a residency program for internal medicine and family practice.

Doctors tend to practice near where they received their medical education and residency, so this expansion of training in primary care specialties bodes well for Delaware as the supply of locally educated practitioners will grow.

A more immediate and ongoing need is incentivizing newly available primary care providers and those who will soon be licensed to both commit to primary care and do so in under-served areas of Delaware.

The Delaware Healthcare Association, working in collaboration with the Delaware Healthcare Commission, our state's Federally Qualified Health Centers, the Medical Society of Delaware, Highmark and the Delaware Academy of Medicine, has proposed a state medical loan repayment initiative.

The loan repayment initiative would offer up to \$200,000 to pay off the outstanding medical education loans for a primary care specialist who agrees to locate in an under-served area of the state for a minimum of four years.

Happily, Rep. David Bentz and Sen. Nicole Poore have teamed up to [sponsor House Bill 257](#) to enact this medical loan repayment program. They are joined as sponsors by Reps. Bryan Shupe, Valerie Longhurst, Ruth Briggs-King, Bill Carson, Kevin Hensley, Michael Smith and Sen. Colin Bonini.

A loan repayment initiative can address the financial concerns of medical practitioners entering the market and make the practice of primary care in Delaware a lot more attractive. The loan repayment program also has the potential to produce more primary care practitioners between now and the time we see value-based contracts shift investment toward primary care, and new residents at Delaware hospital programs emerge ready to heal and lead patients to better health.

It will also serve to increase the financial incentive for these future practitioners to choose primary care as a career and do so in Delaware.

While the short term looks challenging, positive change is in the works that will lead to a better future for access to primary care in our state.

<https://www.delawareonline.com/story/opinion/contributors/2019/08/28/heres-how-delaware-can-get-more-primary-care-doctors-opinion/2122517001/>