

# **Demand for Coordinated Team-Based Care Intensifies In the Age of the Affordable Care Act**



Victoria S. Kaprielian, MD, FAAFP  
Pamela M. Dean, MBA

## Demand for Coordinated Team-Based Care Intensifies In the Age of the Affordable Care Act

The U.S. is on the verge of a major expansion of its healthcare system when new provisions of the Patient Protection and Affordable Care Act (ACA) become effective in January 2014. While the ACA is designed to make primary care more accessible, expansion of coverage will strain the current healthcare infrastructure, potentially overloading facilities and providers trying to deliver high quality care at an affordable cost.

Specifically, three simultaneous events are coming together in the next year that could lead to extended waiting times for primary care as millions of people become newly insured.

1. All individuals without health insurance through an employer or the government will be required to purchase health insurance or be fined. Online Healthcare Exchanges will serve as a marketplace for these individuals to compare and purchase insurance. Expectations are that from 2016 on, between 23 million and 25 million people will purchase coverage through the exchanges,<sup>1</sup> averaging 60 new patients for each primary care physician in the United States.<sup>2</sup>
2. Medicaid coverage will expand in 23 states and the District of Columbia, and six states are still considering expansion.<sup>3</sup> The Congressional Budget Office estimates over 10 million<sup>4</sup> people will be enrolled through expansion programs, averaging an additional 39

new patients per primary care physician.<sup>5</sup>

3. Every day, 11,000 new seniors become eligible for Medicare,<sup>6</sup> many of whom have multiple, chronic conditions that require ongoing treatment.

Couple these statistics with a shortage of 66,000 primary care physicians over the next decade-- predicted by the Association of American Medical Colleges--and it is easy to envision long waits for routine and non-emergency care.

Physicians will not and cannot shoulder the challenge alone. The ranks of other health care professions are growing to fill the gap. For example, demand for physician

assistants (PAs), already widely recognized as one of the fastest growing professions in the U.S., will grow by another 30% from 2010-2020, according to the U.S. Bureau of Labor Statistics.<sup>7</sup>

“Increased access on paper via an insurance card is a start, although many of these previously uninsured individuals currently access the system through emergency rooms and urgent care clinics,” says Wells

“ The ACA seeks to transition individuals from one-off emergency visits to **continuous, complete care**, including preventive and chronic care. This **requires well supported teams...**”

-- Wells Shoemaker, MD,  
Medical Director of the  
California Association of  
Physician Groups

<sup>1,4</sup> [Estimates for Insurance Coverage Provisions](#), Congressional Budget Office, 2012, 13

<sup>2,5</sup> [Primary Care Physicians by Field](#), Kaiser Family Foundation, November, 2012

<sup>3</sup> [State Decisions on Health Insurance Exchanges and Medicaid Expansion](#), Kaiser Family Foundation, June 20, 2013

<sup>6</sup> [Senior Boom](#), Melanie Hunter, CNSNEWS.com, June 11, 2012

<sup>7</sup> [Physician Assistants](#), U.S. Bureau of Labor Statistics, March 29, 2012

Shoemaker, MD, Medical Director of the California Association of Physician Groups. “The ACA seeks to transition individuals from one-off emergency visits to continuous, complete care, including preventive and chronic care. This requires well supported teams, integrated with local community medical systems, so newly-covered patients can experience coordinated care—not just more episodic, band-aid care.”

The ACA has also accelerated this sense of responsibility for overall population health. For example, a pediatrician may be proud of the percentage of her patient population that is immunized. However, now she is challenged to consider the children in her community who are *not* seen and *not* immunized. “The ACA pushes us to look at the broader population, and that is where real reform lies,” adds Shoemaker.

Many physicians agree that the real change is more than just the overwhelming numbers of people entering the healthcare pipeline. It is about care transformation, through data sharing and coordination of services.

Thus, Accountable Care Organizations (ACOs) have emerged as groups that include hospitals, private practices, health clinics and ancillary services, with a focus on prevention, avoiding duplication and error, and improving outcomes. Right now there are 428 ACOs established in 49 states,<sup>8</sup> focused on keeping patients out of hospitals and coordinating care to those who *are* admitted, aiming to achieve the best outcomes and reduce re-admittance rates.

“Taking care of entire populations cannot be done without an ACO’s wide array of

systems that enable coordinated care,” says Shoemaker. “Coordinated care requires effective team care, with all members of the team working to the maximum capability granted by their licensure and expertise.

“Physician assistants are expressly trained in team care—that’s what they do,” adds Shoemaker. “It’s not just a matter of manpower and time. PAs and physicians have complementary talents that make each other better.”

Timely access can also be improved when PAs and nurse practitioners (NPs) are members of the team. According to a study published in the June 2013 issue of *Health Affairs* using data from the Association of American Medical Colleges’ Consumer Survey, a majority of patients would actually prefer to see a physician assistant or nurse practitioner in one day rather than waiting three days to see a physician.<sup>9</sup>

Physician assistants are licensed medical providers, certified through a rigorous national exam. They perform roles within a scope of practice established by the supervising physician in accordance with state regulations. Certified PAs obtain medical histories; examine, diagnose and treat patients; order and interpret diagnostic tests; and develop and implement treatment plans for the wide range of human illnesses and injuries. They can perform minor surgery and assist in major surgery, instruct and counsel patients, order or carry out therapy and prescribe medications.

Nurse practitioners focus on health promotion, disease prevention, and health education and counselling. NPs assess

<sup>8</sup> [Continued Growth of Public and Private Accountable Care Organizations](#), Health Affairs Blog, David Muhlestein, February 19, 2013

<sup>9</sup> [Report Shows Patients Would Consider a Greater Role for Physician Assistants and Nurse Practitioners for Timely Access to Care](#), Association of American Medical Colleges, June 3, 2013

patients, order and interpret diagnostic tests, make diagnoses, and initiate and manage treatment plans – including prescribing medications. They are also licensed and can be nationally certified.

### Working Smarter in ACOs

Beth Grivett, PA-C, is leading change at Premier Physicians Medical Group, owned by Monarch Healthcare, one of the original organizations participating in the Pioneer program, an initiative of the Centers for Medicare & Medicaid Services (CMS) to support ACOs.

“If we keep doing the same things we have always done, we will not have enough providers, we will have too many patients and we will always be reacting,” says Grivett. “A sustainable business model demands that we consider whether a patient’s needs are best handled by a physician, PA, NP, or another member of the team, such as a diabetes educator or medical assistant.”

“If we keep doing the same things we have always done, we will not have enough providers, we will have too many patients and we will always be reacting.”

-- Beth Grivett, PA-C, Premier Physicians Medical Group

In addition to seeing patients, Grivett has assumed an administrative role at Premier and created a complete preventive program for

seniors based on the Medicare Annual Wellness Visits--care paid for by CMS at no cost to the patient. This is not a typical physical but a more expansive discussion of history, risk factors, functional abilities,

safety, and even end-of-life planning. She developed procedures for proper coding, created EMR workflows, and educated other team members regarding prevention for seniors.

“Premier has the resources that allow me to develop and deliver patient programs that I would not have in a single office environment. In the ACO model PAs can lead team projects, implement whole programs, and monitor quality measures that lead to improved outcomes. It is a natural role for us, and I see PAs becoming much more involved in setting up these types of programs.”

### The Patient in Charge

It is clear the Affordable Care Act is requiring hospitals and providers to be more accountable and ACOs and other looser alliances of hospitals and physicians’ groups are responding with a commitment to data sharing and improved outcomes.

Even so, patients also have to be accountable for their own health.

“The ACO model is patient-centered, and our training aligns well with that,” says Nicole Pitzer, PA-C, who works for Family Care Medical Group, a participating provider in an ACO. “As PAs, we advocate for our patients, educate them, and help them to understand they need to be informed and responsible for making decisions about their own care.”

Patients may have little experience with ACOs, but Pitzer says her patients like what they see. “The ACO enables our multiple locations to work cohesively to coordinate care, and our patients see the value in that.

They routinely say ‘we want all our providers on the same page’ because they realize this improves outcomes and decreases costs.”

### Meeting the Demand for Providers in a Fully-Insured World

The Affordable Care Act does attempt to offer relief to an overburdened primary care workforce by including in the definition of “primary care practitioner” both PAs and NPs, in addition to physicians in primary

care specialties.

The ACA also offers funding to increase the number of healthcare providers and incentives to work with Medicare patients. Specifically the ACA:

“As PAs, we **advocate** for our patients, **educate** them, and help them to understand they need to be informed and responsible for **making decisions about their own care.**”

-- Nicole Pitzer, PA-C, Family Care Medical Group

- Allocated \$61 million for PA and NP training programs and financial incentives for students. Results will come quickly; more than 1200 additional PAs and NPs are projected to be fully trained by 2015 through this program.<sup>10</sup>
- Set aside \$1.5 billion over five years to expand the National Health Service Corps. This supports scholarships and loan forgiveness for primary care health professionals who practice in a Health Professional Shortage Area (HPSA).
- Introduced the Primary Care Incentive Payment Program, making primary care

practitioners eligible for a 10% bonus if their primary care services account for 60% of their allowed Medicare charges.

As the agency overseeing the administration of Medicare and Medicaid, CMS continues to support the PA and NP roles. Recently, CMS proposed changes that would allow them to order fecal occult blood tests and to bill for transitional care after patients are discharged from a hospital stay. At the same time, the proposal requires healthcare professionals performing “incident-to” services to meet state licensure and certification requirements; it also demands an increase in quality measures that providers would be required to report under the 2014 Physician Quality Reporting System. The proposal goes to the heart of the ACA’s goal of improving outcomes.

Other agencies are also considering easing restrictions on non-physician providers. The Substance Abuse and Mental Health Services Administration (SAMHSA) is considering revised guidelines that would allow PAs and NPs to assess, diagnose and admit patients with opioid addiction into opioid treatment programs, increasing access for individuals abusing prescription drugs.

### A Win-Win for Patients and Providers

The ACA/ACO paradigm ties reimbursement to quality outcomes and cost-containment. The best chance for keeping costs down and improving outcomes is focused care coordination, and it will take a team of primary care providers to coordinate timely access to services and specialists.

<sup>10</sup> [Improving Access to Adult Primary Care in Medicaid: Exploring the Potential Role of Nurse Practitioners and Physician Assistants](#), Kaiser Family Foundation, March 2011, 6

PAs and NPs will play a growing role in primary care as the number of physicians cannot keep pace with a burgeoning patient population, and utilizing them allows physicians to focus on the more complex patients.

As patients, all Americans are stakeholders in the promise of healthcare reform, and it will take the full utilization of both physician and non-physician providers to deliver on this promise.

---

### About the authors

**Victoria S. Kaprielian, MD, FAAFP**, is Associate Dean for Faculty Development and Medical Education and Professor of Family Medicine at the Campbell University School of Osteopathic Medicine in Buies Creek, North Carolina. She is also Professor Emerita of Community and Family Medicine, Duke University, Durham, NC.

**Pamela M. Dean, MBA**, is chief operating officer and acting CEO of the National Commission on Certification of Physician Assistants (NCCPA). Dean earned her master's in business administration from the University of Georgia and her bachelor's degree from Southern Polytechnic State University in electrical engineering technology.