

# **The U.S. Primary Care Workforce:**

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

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**ICECIM - October 24, 2012**

# Presentation Summary

- Current needs & trends
- ACCAHC Primary Care Project
- Findings
- Recommendations

# Primary Care in the US: The Broader Context

## A shortage of providers

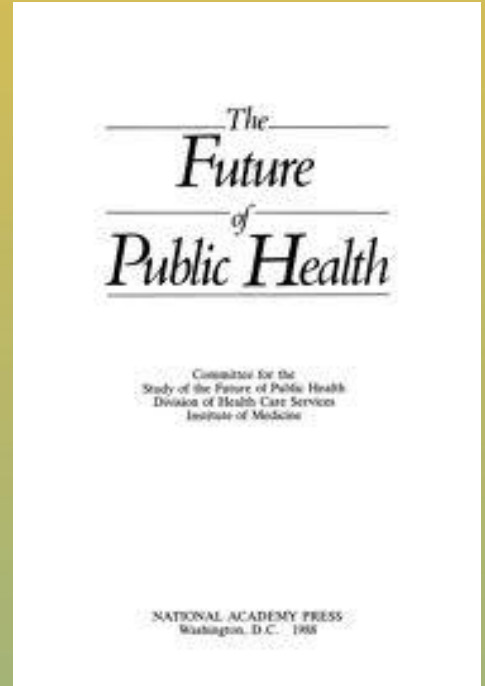
US HHS: 17,000 more PC MDs needed now, 46,000 by 2025

## 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*



**New era of pluralism  
in primary care?**

### **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 ...

## *Opportunity Knocks? Additional Trends*



**“I am my own medical home”**

**“Focus on individual & community”**

- 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

# Primary Care:

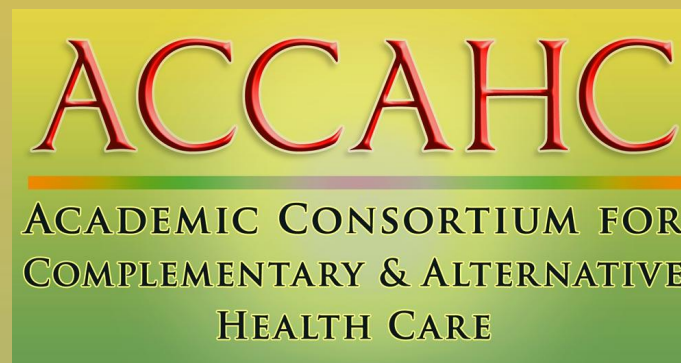
**What roles for the licensed  
integrative health  
disciplines?**

# Key Collaborators

[www.accahc.org](http://www.accahc.org)



**Michael Goldstein, PhD**



**John Weeks**

## **Project Co-Leads ACCAHC Primary Care Project**

Endorsed by ACCAHC Board 2009

# 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

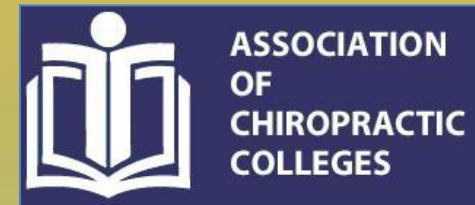
- **Acupuncture & Oriental Medicine**

- 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 Ciekko, Marla Hicks, Suzy Myers



- **Naturopathic Medicine**

- Rita Bettenburg (co-lead), Bruce Milliman (co-lead), Erica Oberg, Elizabeth Pimentel, Jamey Wallace



# Primary Care is Core to the Identity of Each

## Self-definition

- Midwives: “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”



DC, ND “primary care” in  
approved accreditation standards

## US DoE Accredited Education Standards

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



DC, ND as “primary care” in  
Dept. Labor descriptions

Direct patient access in key ...

# A Primary Relationship with Patients

**“First Entrance”<sub>ND</sub>**

**“First Choice”<sub>ALL</sub>**



**“First Contact”<sub>AOM</sub>**

**“First Access”<sub>DEM</sub>**

**“Portal of Entry”<sub>DC</sub>**

***No Gatekeepers\****

*with a few exceptions in AOM*

## A Present Fact of Life in US Health Care

In a *pure* patient-centered model, these professions are each already serving as “primary providers of care” for significant groups of citizens

## Significant but Limited Formal Recognition as Primary Care

- **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)



Includes midwives, NDs in state  
loan forgiveness program

**The pilot initiatives offer an opportunity to examine how these licensed integrative health practitioners are already providing primary care**

## (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**

## **“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?**



## Making Some Sense of It All: An Outsider View

### 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.
6. Measure and improve performance.

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 ...

## So, as we think about this...

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***

## 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*

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**Thank-You!**

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