

## PRIMARY CARE

### 1. Notable Accomplishments

Using a report from Kurt Salmon Associates as a launching point, the Primary Care Coordinating Committee conducted an in-depth analysis of primary care and its place in the University of Virginia Health System.

Based on this information the committee found the following:

- Primary care practice is of great importance to the current and future well-being of the UVa Health System.
- Market analysis indicates the key importance of a primary care presence in the Primary Service Area East (PSA-E) which includes Albemarle County, the city of Charlottesville and the 5 surrounding counties of Fluvanna, Greene, Louisa, Nelson and Orange; because of the volume of hospital services, ancillaries, and consultations derived from this area.
- Data suggest that the patient's primary physician is a key determinant of where procedural services occur.
- Interview data support the need for enhanced communications and mutual information exchange by UVa primary care doctors with their sub-specialty colleagues.
- There is a clear need for physician friendly, easily accessible scheduling of consultations and admissions.
- There is agreement about the need for clear and prompt transmission of information from specialists and medical/laboratory tests within UVa Health System to our primary care physicians.
- Currently, primary care is organized and managed through three different structures; provider-based Clinics (UVa Health System), regional primary care (HSF), and community medicine (A UVa LLC). A non-controlling ownership of a physician network in Culpeper is also in place. This location is in the secondary service area that extends from Madison County north to Fauquier County.

In January of 2005, the Primary Care Committee initiated its Phase 1 work to assess the current state of primary care within the University of Virginia Health System. To accomplish this task the following processes were completed:

- Interviews were conducted and market data were analyzed to understand the impact and value of primary care to the UVa Health System and to understand the distribution of practices in relation to competition.
- An assessment of the future developments that potentially can affect the Health System and primary care.

Based upon this Phase 1 work three task forces were convened, led by committee members and composed of participants involved with primary care in the UVa Health System. The following three task forces have been actively working since November of 2005:

- Integration and Finance Task Force, charged with developing a plan for the administrative integration of primary care clinical services and the financing of these services.
- Metrics Task Force, charged with developing benchmarks and standards. The initial task for this group is to recommend metrics for the “value” of primary care to the UVa Health System.
- Communications Task Force, charged with evaluating current and projected communication needs and developing recommendations for information sharing, problem-solving, and decision-making.
- An Information Technology Task Force to serve in an advisory capacity to HSCS is planned but not yet operational.

## **2. Two-Year Goals and Metrics for Success**

- A new administrative system for managing primary care services will be functional.
- A plan for redistribution of primary care services within the primary service area east which includes Albemarle County, the city of Charlottesville and the 5 surrounding counties of Fluvanna, Greene, Louisa, Nelson and Orange will be in place.
- Increase to from 32 percent to 38 percent market share of primary care physicians in the Primary Service Area East and West (includes Augusta County and cities of Waynesboro and Staunton).
- The number of UVa employees receiving care from UVa physicians will increase by at least 10 percent to assist in reaching the overall market share goal.
- Expand capacity to allow 80 percent of clinics to provide new appointment availability within 14 days. This measure is consistent with and in support of the ASC Committee’s established target for new patient appointment availability.
- Evaluate placement of associated services such as pharmacy, radiology and urgent care in primary care office locations.

## **3. Five-Year Goals and Metrics for Success**

- Distribution of Primary Care throughout PSA to enhance access in support of the ASC Committee’s evolving standards and metrics.
- Consistent practice aesthetic so that patient expectations can be consistent practice to practice and that all Primary Care practices can be branded as UVa affiliated.
- One shared billing system.

- Increase to 50 percent market share in the Primary Service Area-East which includes Albemarle County, the city of Charlottesville and the 5 surrounding counties of Fluvanna, Greene, Louisa, Nelson and Orange. This supports to the Health System's proposed bed expansion project.
- UVa Primary Care Physicians drive access standards and implement cutting edge and innovative models for primary care, such as chronic disease management and preventive lifestyle changes.
- All primary care offices engaged in education of students and residents.
- Electronic applications/Electronic Medical Records that enhance preventive care standards and practice guidelines are operational in all offices.
- UVa affiliated urgent care will be functional throughout the primary service area, providing residents access to care within 30 minutes of their home.

#### **4. Resources Needed and Barriers to Success**

- **Derailing nature of perceived access issues**  
Discussions focus on appointment availability, and the ability to quickly transfer and admit a patient. The discussion needs to be moved past these important issues as they are improved.
- **Question of value remains unanswered**  
The overall value of primary care is questioned by the organization and a consistent value metric is neither monitored nor shared. A value metric will be developed.
- **Designated analytical and support resources**  
As the work expands, additional analytic and organizational support will be necessary. Development of a business model will require further support, perhaps including outside consultation.