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# It's Past Time To Get Serious About Transforming Care

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**W**ith the dawn of 2013, the nation is only 11 calendar pages away from the coverage expansion that will provide millions more Americans with health insurance, many of them for the first time. Surely we can't now fail to make that coverage real by guaranteeing that an insurance card truly means access to care.

Hence this month's issue of *Health Affairs*, largely devoted to transforming care delivery. Although we've regularly featured reports on islands of innovation, it's time to turn these archipelagos into an entire continent.

## BLOWING UP SHORTAGES

We begin, as we should, with primary care, and with Linda Green and coauthors tackling the alleged "shortage" of primary care physicians. As Green and colleagues explain, most "shortage" estimates are based on simple ratios, such as the presumption that 1 physician is needed for every 2,500 patients. But such formulas are built on assumptions that the way care has long been provided is the only way it can be: one patient and one in-person visit to one doctor at a time, Monday through Friday, 9 to 5.

Blow up this model, however, and the calculus changes dramatically. By extrapolating from shifts already under way—such as the proliferation of team-based care using nurse practitioners, physician assistants, and others, as well as use of electronic communications in place of many in-person visits—Green and colleagues show that the supposed primary care physician shortage could easily be eliminated. This perspective might be dismissed as



fantasy, were it not already true that an increasing number of health systems now contemplate panels of 1 primary care physician for every 10,000 patients as the more appropriate new norm.

## DEMANDING 'TRIPLE AIM' CARE

One eternal mystery of US health care is why patients and payers have been loath to demand attributes they take for granted in other sectors of the economy, such as convenience, price transparency, and reasonable costs. This seems downright un-American, but as Ann O'Malley notes, the multinational survey we published in November 2011 shows that only 29 percent of US primary care physicians offer after-hours care, compared to 95 percent in the United Kingdom and 94 percent in the Netherlands. (In these other countries, it should be noted, government, as a major payer, demanded the change.)

Once again, Craig Blackmore and colleagues describe how Seattle's Virginia Mason Medical Center has got religion on the subjects of convenience and costs, this time revamping care for women with benign breast conditions, such as cysts. Instead of channeling all these women deemed at low risk of

breast cancer to be seen by breast surgeons, primary care providers referred them to a separate breast clinic staffed by a nurse practitioner—shaving the time to diagnosis by 75 percent and cutting costs by one-fifth. Employer-payers experience less absenteeism and "presenteeism" of workers fearful that they may have something far worse than benign breast disease.

## BETTER TOOLS

Let's admit that transforming care is hard work—and that some of the tools and techniques for reengineering it haven't always been up to par. Andrew Ryan and coauthors describe how small physician practices in New York needed sustained and ongoing technical assistance to use electronic health record (EHR) systems to boost the quality of care they provided.

Arthur Kellermann and Spencer Jones revisit a pivotal 2005 article we published on the potential of EHRs, noting that we've so far come short of the mark. Unless these systems become interoperable and easier to use, and providers genuinely reengineer care processes to take advantage of them, the nation will simply have added costs and inefficiencies to a health care system that hardly needed more.

Lest we need any further reminders of the urgency attached to care transformation, consider the analysis in this issue of health spending in 2011, conducted by the Office of the Actuary at the Centers for Medicare and Medicaid Services. Although spending growth overall remained slow, there were signs of acceleration—raising questions once more about a spending rebound as the economy expands and broader coverage takes hold.

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