



WHITE PAPER

# Prevention is Where Primary Care Should Start



# Are the benefits of preventive care worth it?

Preventive primary care keeps people healthier by detecting risks before they develop into more serious illnesses. That keeps costs down by eliminating the much more costly treatments later. In fact, preventive care is one of the most beneficial features of primary care in the U.S. However, we invest far too little in this important area of health care.

First, we need to understand what preventive primary care means, how we have underpaid for it, and how primary care is biased toward sick care.

Preventive primary care falls into three categories: primary prevention, secondary prevention, and tertiary prevention. This paper focuses on the role and value of primary and secondary prevention since this is where disease prevention and early detection of disease occur. (The definitions of the types of prevention from the National Institutes of Health are included for reference.<sup>1</sup>)

## The current state of preventive care:

- 1 Preventive care is under-utilized. Primary care spending is well below other Organization for Economic Cooperation and Development nations (OECD), which accounts for key outcome differences.
- 2
- 3 Our current approach to primary care is overly weighted toward sick care, leaving less resources for the preventive care that adult populations desperately need.

### Primary Prevention

Aims to prevent a disease from ever occurring. Its target population is healthy individuals. Activities include limiting risk exposure or increasing the immunity of people at risk to prevent a disease from progressing. For example, immunizations are a form of primary prevention.

### Secondary Prevention

Emphasizes early disease detection. It targets healthy-appearing individuals with pathologic changes, but no obvious symptoms that are diagnosed in a doctor's visit. Secondary prevention often includes screenings.

### Tertiary Prevention

Targets both the clinical and outcome stages of a disease. Patients who show symptoms with the goal of reducing the severity of the disease as well as of any illness that can occur as a result. While secondary prevention seeks to prevent the onset of illness, tertiary prevention aims to reduce the effects of the disease once it has occurred.



## Prevention is neglected in the U.S.

When the Affordable Care Act was passed in 2010,

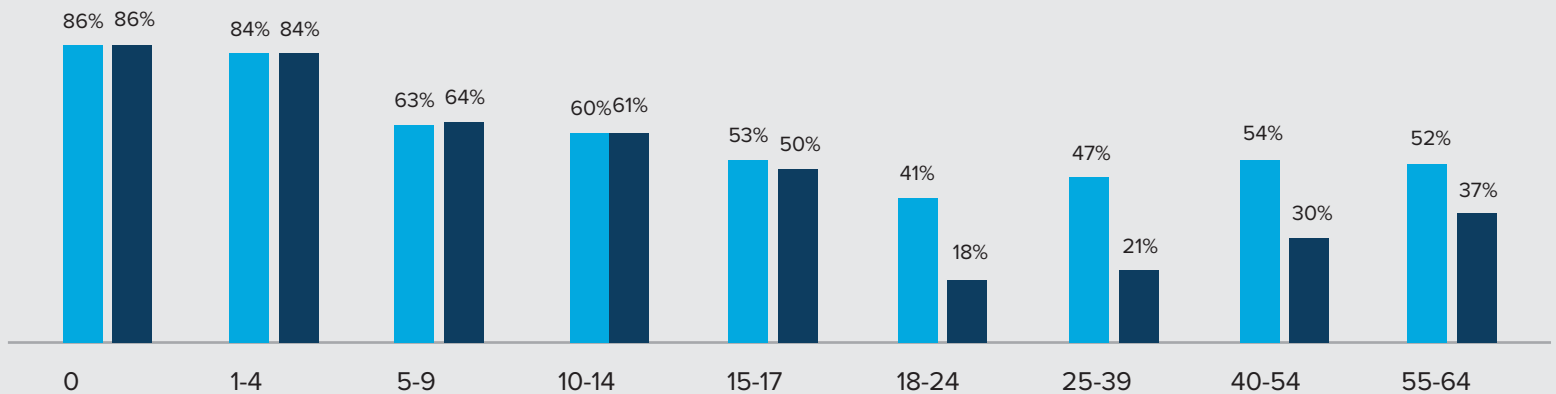
the law required medical plans to cover preventive care at 100%,

meaning no out-of-pocket expenses for members when they seek preventive care. By covering preventive services at 100%, we expected that people would regularly see their primary care physicians to assess their health, perform routine screenings, and take appropriate action. Few would argue that the best primary care begins with preventive care, but the reality is that there's a decline in prevention when adulthood begins.

Figure 1. (2018)

### Preventive Care Utilization by Age and Gender

Female Male



For simplicity, we'll focus on adults ranging in age from 18 to 65 years old (this represents more than 206 million Americans). Most of this group (roughly 155 million) receive their health insurance through their employer. In addition to patients, who clearly benefit from preventive primary care, employers stand to gain the most from promoting the health of these populations as they represent not only members of their workforce, but also some of the highest cost groups in their medical plans.

Many carriers report annual wellness visit rates in the low to mid 30% for adults. Figure 1 shows the low utilization of prevention that starts in adulthood and highlights the significant differences between men and women.<sup>2</sup> This means that adults don't see a doctor until a health issue occurs. That is a huge problem.

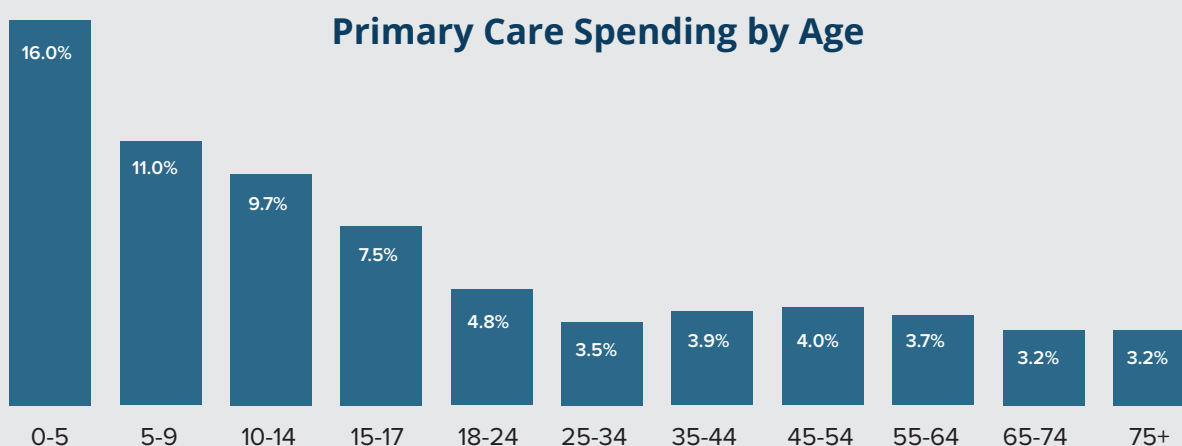
Benefit design alone has not moved the needle enough on prevention. In fact, high deductible health plans may be making things worse because people avoid care when they need it because of the costs.<sup>3</sup>

Even when preventive care is delivered, it is not complete. Older adults (i.e., ages 40 years to 64 years) experience incomplete preventive services for basic cancer, diabetes, and heart disease screenings where early detection and intervention can reduce mortality and morbidity risks.<sup>4</sup> A recent research study found that primary care physicians would need 14 hours a day to perform recommended preventive care for a typical primary care physician's patient population. That number does not address the time required for other areas primary care physicians need to support, such as patients with chronic care needs, acute care needs, documentation and managing emails.<sup>5</sup>

Prevention in primary care is critical, but even with no out-of-pocket costs, not enough adults are receiving the recommended care, and primary care physicians are challenged to deliver it. When faced with a choice between addressing a current medical need when one is ill or injured versus making time for prevention,

adult primary care is forced to emphasize treating illness over preventing it.

Figure 2.



## Our under-spending problem

In the U.S., avoiding preventive care shows up in our poor health outcomes and high costs.

Primary care spending, as a percentage of total healthcare spending, is roughly 5%, while it's as high as 14% in other developed countries.<sup>6</sup> Our low spending has been linked to poor health outcomes, including lower average age at death.

Primary care under-spending is closer to 4% for working age populations as the data in Figure 2 illustrates.<sup>7</sup> In other words, the problem is mainly among adults, where many lifestyle factors contribute to poor health status, often unknown to the patient. At EHE Health, where we focus on delivering comprehensive, evidence-based preventive care, as

many as **80% of the patients we see are unaware they are hypertensive, pre-diabetic, diabetic, or have high cholesterol.** The U.S. approach to primary care is too passive when it comes to identifying patients with illnesses, particularly those where lifestyle plays a role.

Primary care specialties like internal medicine and family practice average around 110% to 120% reimbursement as a percentage of Medicare. This is much lower than other physician specialties such as cardiology, general surgery, and orthopedics, where Medicare reimbursement ranges from 130% to 150% or more. Low reimbursements cause PCPs to load up their practices to operate them profitably. And some primary care physicians stop taking insurance entirely, and the patient pays for access.

Efforts are being made around value-based payment to reward primary care, but we are bogged down in a traditional, fee-for-service model. “Value-based” payment methods reward physicians for delivering quality-based care. Increasing primary care physician compensation by rewarding for the delivery of better health care is well-intentioned, but value-based payments may not be enough to make up the shortfall — it may add only about 7% to revenues.<sup>8</sup>

For these reasons, some fear that overall spending on primary care appears to be declining rather than increasing. Clearly, primary care is under-compensated, and changes are needed to deliver the greatest value.

## Primary care’s focus is too highly skewed to sick care at the expense of preventive care

We’ve talked about the lack of preventive measures taken by adults and how low primary care spending is relative to other physician specialties. Yet we continue to put even more demands on a primary care system that is stretched too thin.

Our low primary care spending still finds PCPs representing 35% of all physician visits, with them spending an average of about 20 minutes with each patient they see. The average primary care physician cares for 2,000 to 2,500 patients a year and sees about 25 patients each day. This is a huge caseload to manage.

Primary care physicians not only see many patients, but they also need to address a lot more. Based on an analysis of National Ambulatory Medical Care Survey data from 2016, the number of different diagnosis codes exceeds 800 unique ICD-10 codes, which is 3 to 4 times as many ICD-10 codes reported by most specialists.<sup>9</sup>

A recent analysis of a PCP’s workday indicates that more than 26 hours each day is required to deliver primary care to a practice of 2,500 patients yearly. Of this total, 14 hours each day was calculated for preventive care alone and another 7 hours for chronic disease care. The remainder (5 hours) is needed for acute care, documentation, and inbox management.<sup>10</sup> As you can see, adult prevention is only a fraction of a primary care physician’s day.

PCPs need more time to spend with patients for the meaningful, unrushed time required to assess their health and how their lifestyle impacts it, engage in shared decision-making on preventive measures and discover disease early before they become seriously ill. This will allow them to shift from a defensive position (waiting for sick patients to present) to an offensive position (more informed, leading to a plan of action). Therefore, preventive primary care is the key to delivering high value primary care, leading to better engagement with the patient and the ability to help them with their health needs more effectively. This is a win-win, bringing better balance to the workday for overworked PCPs while improving population health.

There are best practices in preventive primary care that employers should consider. They highlight strategies to increase engagement and deliver evidence-based care consistently while providing a great patient experience. Learn how EHE Health’s solutions can help you boost employee health, productivity, retention, and your ROI on healthcare investment.

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**Visit:** [ehe.health/for-employers/](https://ehe.health/for-employers/)

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- <sup>6</sup>Source: [oecd.org](https://www.oecd.org)
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