8 Issues for Physicians to Keep Top of Mind in 2017

By Karen Appold
Coping with uncertainty related to ACA’s repeal

“The uncertainty looming with the ACA’s future is a front-burner issue for primary-care physicians because of the significant impact of repealing and replacing it. For example, key infrastructure costs to maintain profitability,”

— Timothy Hoff, PhD, professor of management, healthcare systems, and health policy at D’Amore-McKim School of Business, School of Public Policy and Urban Affairs, Northeastern University in Boston, Mass.

In the event that ACA is repealed, some primary-care practices may need to redesign their care delivery and reduce infrastructure costs to maintain profitability. Within a short period of time, a growing number of primary-care practices might churn through multiple insurance offerings, and existing patient relationships could be disrupted. Within a short period of time, a growing number of primary-care patients might churn through multiple insurance offerings, and existing patient relationships could be disrupted.

Many primary-care practices have had to make additional investments in technology and infrastructure to deal with increased patient demand. If that demand is negatively affected by ACA’s repeal, some primary-care practices may need to redesign their care delivery and reduce infrastructure costs to maintain profitability.
Embracing MACRA Legislation

"MACRA legislation [will likely] survive mostly intact, so primary-care physicians will need to adapt to new incentives and requirements rolling out in 2017. Doctors in small groups will need to think about how to partner with other practices for the purposes of reporting and performance verification. This may involve virtual grouping and strategic alliances with local competitors. Doctors working for large groups and big systems as employees will face a new era of documentation, reporting, and performance measurement requirements—driven by their employers and threatening to further impact their job satisfaction, workload, and autonomy. MACRA implementation may also spawn additional health care delivery innovations that physicians must adopt in areas such as health information technology, quality, and work redesign."

— Hoff
Deciding whether to become employed

"A flood of governmental regulations have increased physicians' workload, while decreasing reimbursement. Physicians' efficiency has decreased as they spend more time performing data entry. As a result, most primary-care physicians have left private practices and are now employed by large multi-million dollar institutions, hospitals, and insurance companies. Because of this, the number of small independent practices—which used to be the core of the practice of medicine in the United States—is at its lowest number ever. I expect this trend to continue in 2017."

— Ralph Nobo, OB/GYN, board member of the Physicians Foundation in Bartow, Fla.
While the ACA has an uncertain future, issues regarding primary care access will also have to continue to be thought about opening up their practices in new and different ways for patients who want timely service delivery. Given increased competition from disruptive innovations such as urgent care centers and retail clinics, physicians will have to think about whether to accept new patients. Decisions about which access innovations to pursue will grow in importance. Physicians will also have to think about opening up their practices in new and different ways for patients who want timely service delivery.
Facing a shortage of primary-care physicians

"Primary care continues to face a shortage of doctors in many areas of the country. As such, recruitment for doctors is highly competitive. Primary-care practices looking to recruit and retain providers have to be part of a successful talent management program within primary-care practices, because that is increasingly the things that young doctors want. Those primary-care practices vying to fill positions must be creative in the types of job structures and benefits they offer when looking to recruit and retain providers. Shared work arrangements, part-time jobs, and benefits that include adequate time off and personal growth opportunities have to be part of a successful talent management program within primary-care practices, because that is increasingly the things that young doctors want." — Hoff
Learning to work as a team

Many non-physicians are claiming pieces of primary-care territory, such as immunizations, preventative care, screening tests, and chronic disease management. In some cases, this is appropriate, particularly if the services provided by the non-physicians are integrated with and complement physician services. But without coordination, care can become fragmented, disconnected, and uncoordinated. Particularly for complex and vulnerable individuals, this may result in medication errors, duplicated services, and unnecessary or potentially harmful care.

Primary-care physicians choose their field because of their appreciation for holistic, longitudinal care. This type of care can be achieved with a team approach, but it cannot be achieved without members of the team communicating regularly among themselves and with the patient. This continuity of care is essential for appropriate, partitcularly for complex and vulnerable individuals. In some cases, this is preventative care, screening tests, and chronic disease management. In some cases, it is primary-care territory, such as immunizations.

—Patricia Czapp, family physician, chair of Clinical Integration at Annapolis, Md.-based Anne Arundel Medical Center
Helping patients navigate their health insurance plans

“More patients with consumer-directed health plans (CDHP) will be coming to see primary-care physicians, as part of providing more consumer-oriented care, need to become more involved with helping their patients navigate their insurance. This may even present new business opportunities for the typical primary-care practice and attract greater patient loyalty.”

—Hoff
Competing with perks of larger practices

"The main consumers of healthcare—employers—are looking for better value for their healthcare dollars. Often, they turn to narrow network solutions that offer their employees limited choices of physicians, but lower premiums and co-pays. The narrow networks often attract even more business, such as evening and weekend hours, patient education classes, integrated behavioral health services, care management, virtual visits, urgent care facilities, and self-scheduling. Small practices cannot compete with these bells and whistles. Small practice physicians have to decide whether to join a network in order to maintain access to patient populations or do something different from what they're doing now in order to stay viable. Small practices cannot compete with these bells and whistles. Small practice physicians have to decide whether to join a network in order to maintain access to patient populations or do something different from what they're doing now in order to stay viable.

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