Impact of Changes in the Private Practice Model on African American Physicians and Health Disparities

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Figure 6. **Black in Combination Population Distribution by County: 2010**

(Counties with a Black or African American in combination population of at least 1,000 are included in the map. For information on confidentiality protection, nonsampling error, and definitions, see [www.census.gov/prod/cen2010/doc/p194-171.pdf](http://www.census.gov/prod/cen2010/doc/p194-171.pdf))

Source: U.S. Census Bureau, 2010 Census Redistricting Data (Public Law 94-171) Summary File, Table P1.
Impact of Changes in the Private Practice Model on African American Physicians and Health Disparities

NUMBER AA PHYSICIANS 29-69 YEARS OLD AS OF 1/2014
(in thousands)

Source: AAMC Data Warehouse: Minority Physician Database, AMA Masterfile, and other AAMC data sources, as of 1/22/2014.
Black or African American Physicians by Age and Sex, 2013

Note: These data exclude missing sex and inactive physicians.
Source: AAMC Data Warehouse: Minority Physician Database, AMA Masterfile, and other AAMC data sources, as of 1/22/2014.
Black or African American Physicians by Age and Sex, 2013

Source: AAMC Data Warehouse: Minority Physician Database, AMA Masterfile, and other AAMC data sources, as of 1/22/2014.
Afro American Physicians in Patient Care by Sex, 2013

Source: Source: AAMC Data Warehouse: Minority Physician Database, AMA Masterfile, and other AAMC data sources, as of 1/22/2014.
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MED STUDENT EDUCATION DEBT (1978-2014)

NUMBER AA PHYSICIANS (in thousands)

YEAR MED SCHOOL GRADUATION

1971-1975: 445
1976-1980: 2,055
1981-1985: 4,484
1986-1990: 4,926
1996-2000: 6,486
2001-2005: 7,108
2006-2010: 6,680
2011-2015: 3,058
2016-2017: 2,044
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Transformational Change in U.S. Health Industry

• Care Delivery System

• Payment Reform
Total Health Expenditures Have Increased Substantially Over the Past Several Decades

Source: Kaiser Family Foundation analysis of National Health Expenditure (NHE) data from Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group
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“Our goal is to have 85% of all Medicare fee-for-service payments tied to quality or value by 2016, and 90% by 2018. Perhaps even more important, our target is to have 30% of Medicare payments tied to quality or value through alternative payment models by the end of 2016, and 50% of payments by the end of 2018.

Alternative payment models include accountable care organizations (ACOs) and bundled-payment arrangements under which health care providers are accountable for the quality and cost of the care they deliver to patients. This is the first time in the history of the program that explicit goals for alternative payment models and value-based payments have been set for Medicare.”

Sylvia M. Burwell, Secretary Health and Human Services,
NEJM.2015;372:897-899
Healthcare Transformation

- Value-driven
- Care Delivery
- Volume-driven

Payment Model:
- Fee-for Service
- Shared-savings
- Global Payments

Physician Risk
# Impact of Changes in the Private Practice Model on African American Physicians and Health Disparities

<table>
<thead>
<tr>
<th>Fee-for-Service</th>
<th>Alternative Payment Models</th>
<th>Global Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>No link to quality-volume of service driven</td>
<td>Service delivery but opportunity for shared savings or 2-sided risk</td>
<td>Population-based non volume based</td>
</tr>
<tr>
<td>Linked to quality-portion based on quality or efficiency in health care delivery</td>
<td>Accountable care organizations</td>
<td>Responsible for care of beneficiary for long period of time</td>
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<tr>
<td></td>
<td>Medical homes</td>
<td>Eligible Pioneer accountable care organizations</td>
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<td></td>
<td>Bundled payments</td>
<td>Capitated programs</td>
</tr>
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<td>Comprehensive primary care initiatives</td>
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<td>Episode-based</td>
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CMS.gov
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Participation Requires:

- Health Information Technology Infrastructure
  - Electronic health records
  - Reporting and analytics
  - Shared networks

- Increased Staffing Requirements
  - Administrative
  - Case managers

- Clinical Alignment

- Decreased Revenue
  - Shared savings
  - Penalties for missed quality performance metrics
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Challenges for African American Physicians:

- Economic viability of solo/small group practice
  - Alignment with larger groups
  - Decreased patient access
  - Capital for required infrastructure

- Independent practice vs. employment
  - Education debt load
  - Early retirement
Impact of Changes in the Private Practice Model on African American Physicians and Health Disparities

Loss of Access to African American Physicians

- Decreased workforce numbers
- Employed workforce rather than independent practitioners
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Why Does It Matter?
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“All patients are sensitive to the affective climate of the medical encounter; however because of historical and personal experiences with discrimination in health care and in the larger society, African-American patients may be especially sensitive to interpersonal cues from their physician that convey a message of caring, trustworthiness, and partnership.”

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Expertise

• Association of Black Cardiologists – Hydralazine / Isosorbide Dinitrate

• NMA Urology Section and the R. Frank Jones Urological Society – Early Prostate Screening Guideline
Thank You!