

# How Are Care Teams Evolving to Fill Primary Care Gaps?

It's predicted that by 2034, the U.S. may face a **shortage of up to 124,000 physicians**.<sup>1</sup> Due to these labor shortages, hospitals are relying more on contract staffing, resulting in the total **expense of contract labor skyrocketing 257.9%** from 2019 to 2022.<sup>2</sup>

At the same time, we're seeing a greater demand for high-touch care than ever, due in part to an aging population with more chronic conditions. People age 65+ are expected to reach 22% of the U.S. population by 2040.<sup>3</sup> And approximately 85% of older adults have at least one chronic health condition, while 60% have at least two chronic conditions.<sup>4</sup> The treatment of chronic and mental health conditions makes up 90% of the nation's healthcare spending.<sup>5</sup>

We're beginning to see a response to these changes, with an industrywide move toward value-based care models. These payment models reimburse providers for quality patient outcomes rather than the number of services rendered, promoting lower costs and better quality care. McKinsey & Company calculates that value-based care investment quadrupled during the pandemic.<sup>6</sup> Such changes have added new incentives to work together across organizations.

But in response to such intense pressure, the care team must continue to evolve.

## Key findings

- Growth in PCPs has flattened, prompting the need for care team evolution.
- Gaps in primary care make it harder for patients to access care.
- Pharmacists have opportunities to fill gaps in primary care.
- The industry can help pharmacies expand access to primary care.

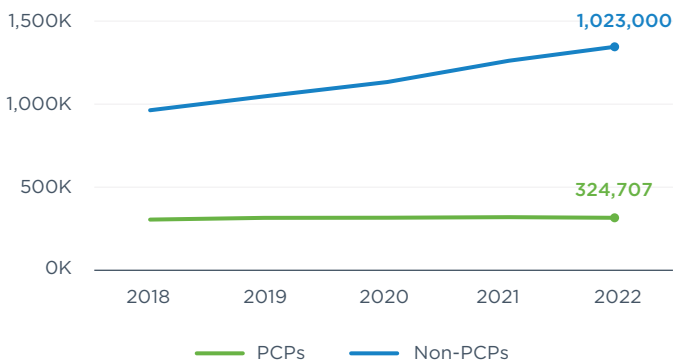
One way to expand the care team would be through greater integration of pharmacists. Pharmacies are already convenient for most patients, with **9 in 10** Americans living within five miles of a pharmacy.<sup>7</sup> And the pandemic made clear that pharmacists have the skills—and the desire—to do much more than fill prescriptions. We saw them take on the tasks of testing for COVID-19, providing immunizations, prescribing certain medications, checking vital signs and health indicators, and adjusting dosages. These duties would ordinarily fall to physicians, physician assistants or nurse practitioners, but by expanding the role of pharmacists within the care team, traditional primary care providers (PCPs) gain back time to see patients who need more in-depth or time-consuming care. Plus, physicians and nurse practitioners are already anticipating a shift in how primary care is provided: **72%** of them expect **pharmacists will be regularly included in care teams** by 2030.<sup>8</sup>

When we analyze prescriber activity on the Surescripts network, we see many opportunities to support the evolving care team and address primary care gaps. In the following pages, we'll examine trends at the national level and county-by-county opportunities to improve access to care.

## Growth in PCPs has flattened, prompting the need for evolution

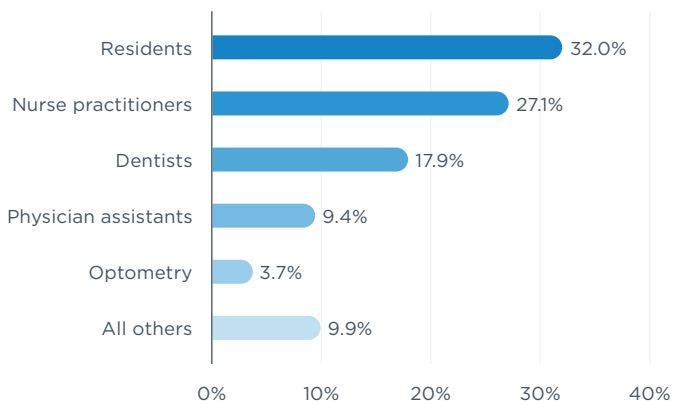
Trends of provider shortages are visible on the Surescripts network. When we look at new e-prescribers on the Surescripts network, average annual growth rate between 2018 and 2022 among PCPs has flattened at just **0.6%**. (We define PCPs as prescribers working in family practice, internal medicine and pediatrics.) In contrast, growth among non-PCPs continues to increase, with an average annual rate of **12.1%**.

### E-prescribers on the Surescripts network



A significant share of new e-prescribers in 2022 came from non-physician roles, such as nurse practitioners and physician assistants.<sup>9</sup> This indicates that other roles are taking on responsibility for writing prescriptions in a day-to-day care setting. It's evidence that non-physician roles are central to the care team today.

### Share of growth in e-prescribers by role or specialty

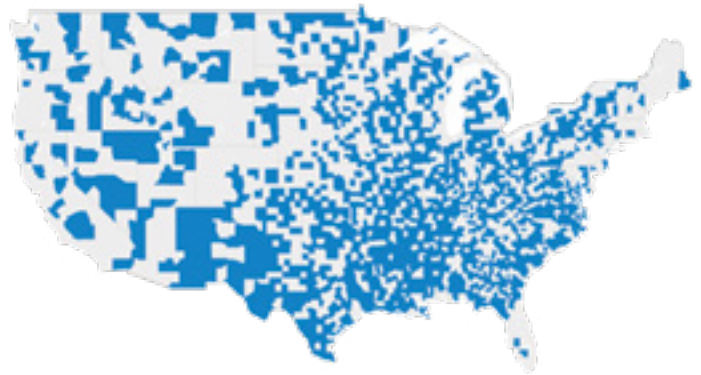


## Gaps in primary care make it harder for patients to access care

We looked more closely at the PCPs on our network to better understand where they are hardest to find. We found that **nearly half of all counties** in the U.S. represent a relative PCP shortage area, with just **one PCP for every 1,500 people**. The 1,500 threshold is a cutoff point for relative shortage of PCPs compared to the national average.<sup>10</sup>

As the number of people per PCPs rises, patients may have a harder time finding providers who are taking new patients and scheduling timely appointments.

### U.S. counties with relative PCP shortage



County with a relative PCP shortage	3,233	Counties in the U.S.
	1,535	U.S. counties with a relative PCP shortage

Counties in Alaska, Hawaii, Puerto Rico and U.S. Territories are not shown, but data from these states/territories are included in analysis and findings.

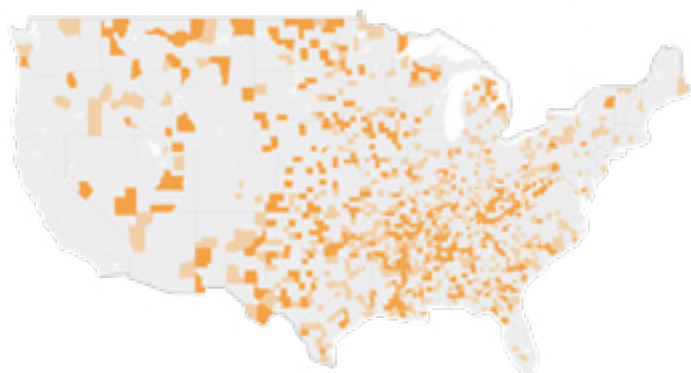
## Pharmacists have opportunities to fill gaps in primary care

When we look at counties with a relative PCP shortage, then identify those with a high number of pharmacies compared to their population, we see that pharmacists could play a significant role in closing the gap in many areas.

For each U.S. county, we calculated the ratio of the number of pharmacies to the population and divided them into terciles.

We then identified high opportunity counties as those with a relative PCP shortage that fell in the top tercile for pharmacy-to-population ratios (66.7th percentile). Medium opportunity counties were identified as those with a relative PCP shortage that fell in the middle tercile for pharmacy-to-population ratios (between 33.3rd and 66.7th percentile).

## Opportunities for retail pharmacists



● High opportunity    ● Medium opportunity

- 3,233 Counties in the U.S.
- 1,535 U.S. counties with relative PCP shortage areas
- 444 Counties with high opportunities for pharmacists
- 494 Counties with medium opportunities for pharmacists

Counties in Alaska, Hawaii, Puerto Rico and U.S. Territories are not shown but data from these states/territories are included in analysis and findings.

Based on this analysis, **61% of counties with a relative PCP shortage** also have a **high or medium opportunity** for pharmacists—with many in rural areas of the Midwest and South.

Finally, we ranked the counties with high and medium opportunities by population. Highly populated counties with relative PCP shortages and a high volume of pharmacies represent the greatest opportunities to impact patients.

### Top 10 high impact counties

County	Population	Number of pharmacies	Population per PCP 2022
Hudson, NJ	634,266	235	1,724
Robeson, NC	144,918	38	1,907
Morgan, AL	126,494	43	1,664
Ascencion, LA	107,399	29	1,557
Guaynabo, PR	102,781	28	2,507
Marshall, AL	98,770	31	1,674
Rockingham, NC	91,562	24	1,948
Saint Landry, LA	88,317	31	1,549
Elmore, AL	85,618	23	3,567
White, AR	80,341	21	1,960

## How we're advancing healthcare interoperability

Surescripts is keeping pace by simplifying workflows, building innovations and forging partnerships so everyone who shares in a patient's care can work at the top of their license as one team. For example, Clinical Direct Messaging lets care teams reliably send information—like immunization records—across multiple care collaboration scenarios within their existing workflows.

Real-Time Prescription Benefit lets pharmacists access patient-specific benefit and cost information within the pharmacy system, reducing the amount of time they spend on the phone with prescribers and benefit plans. By implementing Real-Time Prescription Benefit, one group of pharmacies eliminated 7-10 phone calls to address coverage issues with providers and benefit plans each day—adding up to roughly \$50,000 in annual labor costs savings per location.<sup>11</sup>

Specialty Medications Gateway helps specialty pharmacists retrieve missing data directly from the prescriber's electronic health record. With Specialty Medications Gateway, one specialty pharmacy decreased average time to fill by nearly two days, reduced phone calls to prescribers for missing data by 44% and improved their dispense rate by 14%.<sup>12</sup>

In 2022, 823,000 individuals and organizations—including more than 23,000 pharmacies—sent **174.8 million clinical messages**, an increase of 21.4% over 2021.<sup>13</sup>

# The industry can help pharmacies expand access to primary care

There are many opportunities to help everyone who shares in a patient's care work as one team. New policies, payment reform and products are also needed to help expand access to primary care.

- Policy is already evolving to support pharmacists in delivering more clinical care. For example, almost every state has laws permitting collaborative practice agreements between physicians and pharmacists that allow pharmacists to provide clinical care.<sup>14</sup> And a majority of Americans agree that keeping COVID-19 public health emergency policies that make it easier for patients to access healthcare from pharmacists and other pharmacy team members—including vaccinations—should be kept in place.<sup>15</sup>
- Reimbursement is seeing a shift toward value-based care models, which can align pharmacists and traditional PCPs to work as one care team. To better support the integration

of value-based care, organizations are embracing systems that can measure quality and performance, such as the Centers for Medicare & Medicaid's 5-star quality rating system and the HEDIS performance measure standard.

- Enhanced technology is needed to support changing models of care and embrace interoperability. For example, systems must be able to exchange and use information easily and securely. Collaboration and communication tools must seamlessly bring providers together. And new tools should replace time-consuming actions such as phone calls and faxes, helping pharmacists focus on working at the top of their license.

Together, we can harness this era of massive change and expand access to care across America so that patients get the treatment and support they need.

Learn more about how Surescripts is supporting the evolving care team with interoperability at [engage.surescripts.com/interoperability](https://engage.surescripts.com/interoperability).

## About the data

Surescripts conducted an analysis of providers actively prescribing on the Surescripts network and electronic prescriptions sent via the network from January 2018 through December 2022. Pharmacy locations were also obtained from the Surescripts network. County population data was obtained from the U.S. Census.

The healthcare industry has used various approaches to identify areas experiencing provider shortages. For example, the Health Resources and Services Administration (HRSA) designates geographic areas, populations and facilities as primary care health professional shortage areas (HPSAs) using the following criteria: population-to-provider ratio, percent of population below the federal poverty level, and travel time to the nearest source of care outside the HPSA designation area. HRSA's approach to designating primary care HPSAs does not include nurse practitioners and physician assistants.<sup>16</sup>

In our analysis, we identified counties experiencing PCP shortages relative to a population-to-PCP ratio of 1,500:1, a threshold based on the national average population-to-PCP ratio of 1,429:1.<sup>17</sup> We define PCPs as physicians, nurse practitioners and physician assistants specializing in family/general practice, internal medicine and pediatrics.

Recommended citation: Surescripts, "Data Brief: How Are Care Teams Evolving to Fill Primary Care Gaps?," April 2023.

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