

## **What's Crazy About Primary Care in Rhode Island?**

By Michael Fine

Actually, only that we don't have enough of it.

First some good news! The Rhode Island General Assembly passed two bills and created a study commission that helps us start getting better access to primary care in Rhode Island.

Bill 2024-S 2716A establishes a primary care training sites program, which has been funded with \$2.7 million in the 2025 state budget bill. Bill 2024-S2717A added \$500,000 to the state Wavemaker program to help defray the costs of student loan repayment for primary care physicians, nurse-practitioners, and physician assistants who practice primary care in Rhode Island.

Then, the Rhode Island State Senate created a 21-member commission to study and analyze the state's health care workforce as it pertains to educating and retaining primary care physicians, including the potential of establishing a medical school at the University of Rhode Island.

All good. Why? Because every dollar we spend on primary care is likely to generate twelve dollars in downstream savings. And the more primary care clinicians we have, the better our general health becomes – we'll have longer life expectancies, less infant mortality, less cancer mortality, less heart disease mortality, and so forth. Why is that? Because primary care clinicians and practices are the places that remind you to do what works to prevent heart disease, diabetes, stroke and cancer – the places that bug you to have a mammogram or a colonoscopy or to check your blood pressure, and if people don't have and use a primary care practice regularly, they are much less likely to do the things that prevent disease. And give you a place to go beside a hospital emergency department when you get sick, understanding that hospitals do a great job with life-threatening illnesses, but lead to unnecessary cost and procedures for people who have routine illnesses, when they chose to be treated in an emergency department instead of by their primary care doctor of practice.

We don't know how many Rhode Islanders have and use primary care regularly. While about ninety percent of our kids have primary care, only about half of adults, nationally, have and use primary care, and there is no reason to suspect the numbers are any better here, given the difficulty that many people experience finding a primary care doctor, nurse

practitioner or PA. There are about 800,000 Rhode Islanders over 18. That means that about 400,000 people likely don't have primary care – and that we may be short as many as 400 primary care clinicians today, assuming each one can take care of 1000 people. (The shortage is probably larger than that, because most Rhode Island clinicians take care of closer to two thousand people and are doing the work of two or three people, which is why so many of our doctors, PAs and NPs are burning out.)

The good news is that the \$3.2 million we are investing now will likely lead to close to \$40 million in savings down the line. The bad news is that Rhode Island spends about \$4 billion on health care, so that \$40 million is just a drop in the bucket. If we invested more, we'd save more. How much could we save? Something like \$2 billion a year. But we'd have to invest more – a hundred million a year of more, to get that kind of savings.

A \$3.2 million investment sounds like a safe, cautious, conservative investment in primary care. And \$100 million sounds a little crazy.

But that means we are leaving something like \$2 billion dollars on the table. Is \$100 million investment worth it, if all we get longer lives, less disease, and a healthier workforce? And get a \$2 billion return on that investment? You tell me.

Some people think we'd be crazy to spend \$100 million on primary care.

I think we'd be crazy not to.

Originally published on What's Up Newport on July 12, 2024