# MAXITIA PROJECT INC

## NEWS BULLETIN

**December 14, 2024**

The United States is experiencing a primary care crisis, with a shortage of primary care physicians (PCPs) and underfunding of primary care systems, which include Community Health Centers (CHCs).

Maxitia Project Inc. through its community education programs and collaboration with community-based organizations, such as Vision Urbana Inc in New York City and the hope and Esperanza Community Health Center in Newark New Jersey, is helping stem the impact of poor access to quality primary care. Our educational programs are aimed at increasing community awareness on issues that impact on the health of community members. The community is educated and guided to becoming more adept in managing its needs.

More than One-Third of U.S. Primary Care Physicians plan to Stop Seeing Patients. They make up the largest number of providers in the healthcare safety net. The health care safety net is a patchwork of programs and providers that deliver healthcare to people with low incomes, no private insurance, and special medical needs.

A PCP is a healthcare provider who helps you manage your health. They are the first person you talk to when you have a health issue or medical problem that is not an emergency. PCPs are usually doctors. But some Nurse Practitioners and Physician Assistants also provide primary care.

At the core of the crisis is the fact that there are insufficient PCPs to meet patient demand and patients reporting difficulty finding and keeping primary care providers. Fewer physicians are entering the field and instead choosing other higher-paying specialties. By 2036, the U.S. is estimated to have a shortage of 68,020 PCPs.

Other factors include workload, administrative burden, and moral distress. These are making it less attractive for professionals entering the field of PCPs. The U.S. Surgeon General warns that burnout can affect the mental and emotional well-being of providers, leading to depression, stress, and early retirement. It can also have systemwide impacts, like excessive health care costs resulting from turnover and diminished quality of care.

Cultural factors, such as politicization of science, demoralization among physicians, misinformation, and limited autonomy, contribute to shaping health workers' views of the health system. Making primary care a less attractive option. This flies in the face of the established fact that quality primary care is the cornerstone of preventive health care.

Ultimately, primary care is associated with improved health outcomes, reduced use of costly and avoidable hospitalizations and other services, and reduced healthcare disparities. The patient benefits and society benefits.

The significant access and supply challenges facing primary care are cause for concern. Leaders at every

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**Bringing Community Together Through Education**

level of the health system has an opportunity to strengthen our primary care system by prioritizing the well-being of PCPs.

Community health centers are organizationally independent health care providers that offer primary care to vulnerable and low-income U.S. residents. They average about 27 million patients seen annually. They provide care regardless of their ability to pay, and many CHC patients have complex medical conditions and a high need for social services. CHCs receive higher reimbursements from Medicare and Medicaid to support these populations, and most centers receive funding through the Health Resources & Services Administration (HRSA) Health Center Program.


To better meet patient needs, CHCs collaborate with primary care providers and hospitals. CHCs often find it difficult to work with hospitals, including safety net hospitals. The CHC mission is to provide primary care services to predominantly indigent populations, while hospitals often serve a more economically diverse population. This makes the coordination of outpatient and inpatient care complicated at times.

The difficulties that PCPs face with the financial and resource limitations they face, make access difficult for the disadvantaged community members.

Social determinants of health (SDOH), which may explain up to 80% of the differences in population health, have become a major focus in primary care. The SDOH are well known to also impact the outcomes in health care. Most PCPs and CHCs serve populations with high social needs and are an ideal environment in which to address SDOH. CHCs are more likely than other providers to screen for SDOH, and some CHCs provide social services on-site.

On-site provision of social services is associated with higher health care quality. CHCs strive to provide these services, PCPs have limited capacity to address them.

CHCs, like other health care providers, are increasingly attentive to addressing social determinants of health. CHCs have historically been a bridge to services provided by community organizations. The trend is now for the CHCs to integrate services directly to increase delivery of social services and reap the associated benefits to quality of care. The end goal is to stem the increase in morbidity and mortality seen in the disadvantaged populations.

A lack of quality primary care can lead to significantly increased morbidity and mortality rates, as it means individuals may miss opportunities for early disease detection, preventive care, and timely treatment of health issues, ultimately resulting in more severe illnesses and higher death rates; this is particularly true for chronic conditions that require ongoing management.

**Key points about the impact of poor primary care:**

- **Delayed diagnosis and treatment:**

Without regular checkups and screenings, diseases like

cancer, diabetes, and heart disease can progress to advanced stages before diagnosis, leading to poorer outcomes and higher mortality.

- **Poor chronic disease management:**

Individuals with chronic conditions who lack access to quality primary care may not receive necessary medication management, lifestyle counseling, or monitoring, leading to complications and increased morbidity.

- **Increased hospitalizations:**

Lack of preventative care and early intervention can result in more frequent and severe health issues requiring hospitalization.

- **Disproportionate impact on vulnerable populations:**

Individuals from disadvantaged communities often face greater barriers to accessing quality primary care, leading to exacerbated health disparities and higher mortality rates.

- **Missed opportunities for preventive care:**

Routine screenings for conditions like hypertension, cholesterol, and certain cancers can be neglected without a primary care provider, leading to preventable illnesses.

**Key points about the benefits of quality primary care:**

Primary care providers can develop personalized treatment plans for chronic conditions, promoting better health outcomes.

- **Patient education and health promotion:**

Primary care providers can educate patients on healthy lifestyle choices to prevent disease.

- **Continuity of care:**

Having a consistent primary care provider fosters trust and allows for better coordination of care over time.

**Some financial considerations:**

Based on analysis of several high-cost diseases (e.g., breast cancer, diabetes, colorectal cancer, asthma, cardiovascular disease) it is determined that health inequities cost the U.S. $320 billion a year. *Consider these two examples:*

- ***Diabetes:*** The US spends $327 billion a year treating diabetes. Black adults are 60% more likely than white adults to be diagnosed with diabetes and two to three times more likely to have complications. Racial inequity often contributes to a late diagnosis and comorbidities. ***Avoidable costs:*** **$15 billion a year.**
- ***Asthma:*** The US spends $5.6 billion a year treating asthma. Misdiagnoses, late diagnoses, and challenges related to accessing the appropriate care and treatments account for 4.3% of total spending. ***Avoidable costs:*** **$200 million a year.**

**While not everyone is directly affected by health inequities, the avoidable costs can affect us all.**

*How much?* About $1,000 per person per year, according to estimates. And if health inequities are not addressed

soon, this unnecessary spending could triple to $3,000 a year by 2040. For a family of four, this is essentially a $12,000 health care tax. In addition to the avoidable costs directly tied to disease, health disparities account for roughly $42 billion in lost productivity per year, not including additional economic losses due to premature deaths.

The US spends more than $3.8 trillion dollars a year on health care, or nearly 18% of the gross domestic product, according to the US Centers for Medicare & Medicaid Services Office of the Actuary. If left unaddressed, health inequities could add $1 trillion to overall health spending by 2040. Much research has been done to study the impact of the steps that should be taken to stabilize or even reverse current health care spending trends. A report by Deloitte Consulting LLC, *Breaking the cost curve*, shows how the current health care spending trajectory could be altered, resulting in $3.5 trillion in savings by 2040. Addressing equity was found to be an important lynchpin in all interventions.


Maxitia Project Inc. with its sister organizations, DA Medical Services, Performance Health NYC and The Performance and Health Institute of New Jersey, have developed and are developing programs to help address the needs of all communities in the U.S.

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