Care for the Common Good

The Physician Agenda

Trinity Health is one of the largest not-for-profit, Catholic health care systems in the nation, serving diverse communities across 27 states. We advocate for public policies that promote care for the common good and advance our mission, including fair payment, a strong workforce, coverage for all that bridges social care, and total cost of care payment models.

America's health system will function at its peak only when physicians are empowered to spend time delivering patient care instead of responding to underpayment and burdensome regulations.

The partnership with physicians is critical to Trinity Health's success as an organization. Physicians deliver better care, better health and lower cost to advance the triple aim. They lead in the training of residents and fellows, develop care delivery practices and provide physician governance and leadership for medical groups. However, more than 40% of active physicians in the United States will be 65 years or older with the next decade and the estimated shortage of physicians is expected to be between 37,800 and 124,000 by 2034.[1]

The problem is even more severe in primary care with only about 25% of physicians practicing internal and family medicine.[2] These shortages are impacting access to care. Across the nation, 27% of U.S. adults reported no usual source of care or reported that the emergency room was their usual source of care in 2020, compared to 23.6% in 2010.[3]

Trinity Health employs 8,200 providers – physicians and advanced practice professionals – and partners with 28,000 affiliated physicians across the system. Our 15 medical groups care for more than 2.2 million patients.

Trinity Health's 17 Clinically Integrated Networks (CINs) are accountable for approximately two million lives across the country through alternative payment models. We recognize the importance of keeping our doctors in the communities they serve. Trinity Health has more than 150 graduate medical education (GME) programs in 60+ specialties, including primary care and subspecialty fellowships.

What Can Policymakers Do?
Ensure Fair Payment
- Increase Medicare rates across payment systems to cover the cost of delivering care.
- Oppose Medicare cuts that would reduce physician payment.
- Increase the number of medical residency slots eligible for Medicare funding.
- Provide financial stability through a baseline positive annual update reflecting inflation in practice costs and eliminate, replace or revise budget neutrality requirements to allow for appropriate changes in spending growth.
- Permanently extend telehealth flexibilities.

Physician Burden is Leading to Burnout

In 2021, nearly 63% of physicians reported symptoms of burnout, up from 38% in 2020.

While many factors contribute, the burnout epidemic is often associated with system inefficiencies, administrative burden and increased technology and regulatory requirements.

- The average physician practice completes 45 prior authorizations per physician, per week; doctors and staff spend nearly two business days a week completing such authorizations.
- 94% of physicians report care delays while waiting for insurers to authorize necessary care.
- For every eight hours that office-based physicians have scheduled with patients, they spend more than five hours in the electronic health record.

*Source: American Medical Association

[1] IHS Markit Ltd. (June 11, 2021). The Complexities of Physician Supply and Demand: Projections From 2019 to 2034. Association of American Medical Colleges. https://www.aamc.org/news-insights/press-releases/aamc-report-reinforces-mounting-physician-shortage.
[2] Rosenthal, E. (September 8, 2023). The Shrinking Number of Primary Care Physicians is Reaching a Tipping Point. KFF Health News. https://kffhealthnews.org/news/article/lack-of-primary-care-tipping-point/
[3] Jabbarpour Y., Petterson S., Jetty A., Byun H. (February 22, 2023). The Health of US Primary Care: A Baseline Scorecard Tracking Support for High-Quality Primary Care. The Milbank Memorial Fund and The Physicians Foundation. https://www.milbank.org/publications/health-of-us-primary-care-a-baseline-scorecard/iii-access-the-percentage-of-adults-reporting-they-do-not-have-a-usual-source-of-care-is-increasing/

The Physician Agenda

Address Physician Shortages
- Allow states to request J-1 visa waivers for foreign physicians to work in federally designated shortage and underserved areas, increase state allocations of visa waivers and provide flexibility to expand the number of waivers in states where demand exceeds the limit.
- Provide flexibility to recruit foreign trained physicians that have the equivalent training and experience.
- Advance policies that strengthen workplace safety for all clinicians.
- Support efforts to facilitate physician care delivery across states including expansion of licensure reciprocity.
- Provide funding for educational loan pay-downs for physicians across the care continuum.
- Reauthorize the Health Resources and Services Administration (HRSA) Titles VII and VIII workforce programs.
- Provide grants to expand, modernize and support schools of medicine, especially in rural and underserved areas.
- Establish grants for cultural and linguistic competency training in medical residency programs.

Grow Population Health through Alternative Payment Models
- Design population-based payment models that support care coordination and hold providers accountable for total cost of care.
- Design models with different levels of accountability or risk to allow providers with varying experience with value-based care arrangements – small, rural, and safety net providers including critical access hospitals – to participate.
- Advance models that hold providers accountable for outcomes with meaningful, uniform quality and performance measures.
- Ensure models targeting rural providers account for challenges unique to rural settings.
- Require federal and commercial payers provide access to all administrative claims data to health care providers.

Improve Physician Well-Being by Reducing Unnecessary Burdens of Practice
- Standardize, simplify and align prior authorization requirements and processes (additional details found in [Ensuring Fair Coverage for Patients and Providers](#) policy card).
- Simplify coding rules to align with appropriate documentation and clinical care.
- Standardize methods of electronic data exchange between health systems and payers.
- Align and simplify payer quality initiatives beginning with Medicare and Medicaid.
- Enact confidentiality laws that protect physicians seeking help for wellness, burnout and fatigue, and remove inappropriate, stigmatizing questions on physician licensure and renewal applications.

Mission
We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

Core Values
Reverence • Commitment to Those Experiencing Poverty
Safety • Justice • Stewardship • Integrity

Trinity Health