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3 **Title: Increase Primary Care Access Through Coordination of Care**

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5 **Introduced by: Raghu Elluru, MD, for the Kalamazoo County Delegation**

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7 **Original Author: Kenneth A. Fisher, MD**

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9 **Referred to: Reference Committee A**

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11 **House Action:**

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14 **Whereas, there is now a national effort to increase primary care in the**
15 **United States so as to provide better coordination and delivery of evidence-**
16 **based care tailored to the needs of each individual, and**

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18 **Whereas, present plans to correct the primary care deficit because of the**
19 **protracted training times will, at best, take decades to bear fruit, and**

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21 **Whereas, there are now more physicians/100,000 population in the U.S.**
22 **than ever before with projections for that trend to continue¹ and it is clear we do**
23 **not have an overall physician shortage; in reality we have a maldistribution of**
24 **physician activity, and**

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26 **Whereas, all internal medicine/pediatric sub-specialists have undergone**
27 **general medicine/pediatric training and have passed general internal**
28 **medicine/pediatric board certification; therefore be it**

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30 **RESOLVED: That MSMS encourage internal medicine and pediatric sub-**
31 **specialists to assume primary care responsibility for their patients with sub-**
32 **specialty complex problems who do not have a primary care relationship with**
33 **such care supervised by the sub-specialist, but performed by ancillary**
34 **personnel who would require adequate compensation, with the goal of**
35 **increasing primary care activity for the population, greatly alleviate the primary**
36 **care shortage, and provide better and more efficient care for the seriously**
37 **chronically ill; a population that consumes a disproportionate percentage of our**
38 **health care dollars.**

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41 **WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE**

¹ New England Journal of Medicine April 17, 2008 p1658-1661 & 1741-1749