

December 2016 Update

2017 Campaign Calendar Is Now Available. *Health is Primary* has released its 2017 calendar, which includes recommendations on how to be a primary care champion. A strong primary care system is critical to a high functioning, cost effective health care system, and we need your voice – share your story with the campaign, write an op-ed or engage on social media. The electronic version of the calendar can be found [here](#).

December is Patient Engagement Month. The campaign has an infographic on the value of patient engagement [here](#). Click [here](#) to see more of the campaign's patient information sheets; and to learn more about Patient Engagement Month, check out AAFP's coverage [here](#).

2017 Focus on Policymakers – With health care on top of the agenda for policymakers in 2017, the *Health is Primary* campaign will focus on educating new and existing members of Congress and the Trump Administration on the value of primary care in delivering better health at a lower price. Stayed tuned for more information on 2017 campaign activities. As part of this effort, *Health is Primary* sponsored the Alliance for Health Reform's postelection symposium. Click [here](#) to view a video from the event.

Update from the Strategy Implementation Team

Identifying Innovative Patient Engagement Practices. The Engagement Team is moving into the second stage of a project focused on identifying innovative ways in which family physicians engage their patients and families in the design and delivery of care. We have been impressed with the number of physicians who are including their patients in creative ways in both advisory and shared decision-making capacities. The team has begun to write up case studies that describe these innovative practices in ways that can be spread and replicated by other family medicine practices across the country. The first wave of brief, practical case studies will be available in the spring of 2017. They will be designed in ways that make these innovative practices easy to replicate and in ways that show the value to family medicine practices of engaging patients as members of the team.

Contact Jason Ring at jring@cfar.com to let us know about innovative practices that should be considered for this project.

Creating a Shared Set of Person-Centered Primary Care Principles. The Engagement Team of Family Medicine for America's Health (FMAHealth) and the Patient-Centered Primary Care Collaborative (PCPCC) co-hosted a summit Nov. 11 with the goal of identifying a set of Shared Principles of Primary Care that can be endorsed by diverse primary care professional organizations as well as consumers and other stakeholders. Over 100 people from almost as many organizations attended the Summit. The Summit is part of family medicine's charge to the

Engagement Team: to strengthen the ability of all those with a stake in primary care to speak with one voice about its importance to the health and health care of people throughout the U.S.

The Steering Committee for the Shared Principles of Primary Care Summit is working now to digest the work of those who participated in a survey leading up to and during the Summit. The committee's members will compose a draft of shared principles for review by the FMAHealth Board and the eight family medicine organizations that are sponsoring FMAHealth. This draft will also be reviewed by the PCPCC Board and by many other stakeholders before it is finalized. To learn more about family medicine's leadership of this important work, contact Jason Ring at jring@cfar.com.

Update from the Payment Core Team. The Payment Core Team has continued its work on the Calculator Project, and has hired Health Data Decisions to develop the Calculator. The Calculator will be designed to calculate the cost of, and demonstrate the value of, comprehensive primary care payment. The team will begin development in early December, and is expected to have the Calculator ready by mid-2017. The Calculator will be a critical component of building the business case for comprehensive primary care payment for family physicians, employers and insurers.

The qualitative study of those family physicians and their practices that are being paid in a comprehensive primary care payment framework is nearing the completion of its second round of interviews. The project team is continuing to gather and analyze findings from the first and second wave of interviews, and is beginning to draft and submit the findings for publication and presentation in 2017.

Tactic 1.5 – a qualitative study of employed physicians and the value they provide within a comprehensive primary care system – is in the process of completing approval from the institutional review board (IRB) at the University of Alabama. The project's objective is to help employed family physicians, and their practice teams, receive adequate compensation for the value they provide the health systems and physician groups that employ them. The project team will conduct interviews with health system executives and employed physicians beginning in 2017.

To learn more about these projects, please contact Jack Janson at jjanson@cfar.com.