

July 2017 Update

Health is Primary launches new print ad focused on value of primary care. The new ad “More for Your Money” is running in print outlets in Washington, D.C. focused on policymakers and can be found in the ad/poster section of the campaign [toolkit](#) at HealthisPrimary.org.

Health is Primary is focused on patient engagement in July – next up is immunizations. This month the *Health is Primary* campaign is focusing on patient engagement. You can download our [monthly toolkit](#) at HealthisPrimary.org. August is National Immunization Awareness Month and *Health is Primary* will be encouraging patients of all ages to get vaccinated and emphasizing the role of primary care in improving immunization rates.

Health is Primary is a co-sponsor of the Alliance for Health Policy’s Future of Health Care Summit on Coordinated Care and Beyond: The Future of Chronic Care. The summit will feature leading health policy experts and health care clinicians who will focus on innovation and transformation in chronic disease management. The event will be held in Washington, D.C. on July 18. Click [here](#) to learn more.

ICYMI – Exciting news in primary care. Oregon recently passed a law requiring coordinated care organizations, Public Employees' Benefit Board and Oregon Educators Benefit Board to spend at least 12 percent of total medical expenditures on primary care by January 1, 2023. The PCPCC released its annual [Evidence Report](#) on the impact of PCMH on cost, quality and utilization. *Health Affairs* ran a [piece](#) on how California is using primary care to improve quality and reduce costs.

Join us on Twitter. *Health is Primary* now has almost 25,000 followers on [Twitter!](#) If you are not already a follower, we hope you will join the conversation about family medicine and the value of primary care in America.

Update from the Strategy Implementation Team

Payment and Practice Tactic Teams Launch Payment & Population Health Initiative

The Payment and Practice Teams are combining results of their project work in 2015-16 on the combined challenge of making it possible for practices around the country to receive comprehensive payment for comprehensive practice. The teams’ combined efforts over the next year and a half will be designed to lead toward a Payment & Population Health Summit (PPHS) in Fall 2018.

Work leading up to the Summit will focus on demonstrating the benefits of increasing investment in primary care, and in comprehensive primary care payment frameworks, in collaboration with selected payers, employers, practices, and other stakeholders. The PPHS team, and its planning committee, is in the process of developing a work plan, as well as a series of learning objectives, that will seek to guide the conference’s development through to its inception.

In the first two years of FMAHealth, the Practice and Payment Teams have focused on research-based projects that have identified “bright spots” in payment and practice

transformation around the country. Results of these and other projects will soon become available for review and use by family medicine physicians, teachers and researchers. The following is an update on some of them:

Comprehensive Payment Calculator

In tandem with the health care analytics firm Health Data Decisions, the Payment Team's Calculator Project has completed phase two of three phases – development of a methodology for determining what comprehensive payment for primary care patient population will cost relative to current Fee for Service investment. The next step is to put the methodology into practice and stress-test the Calculator itself. The Calculator will then be tested with selected payers, employers and practices in order to include initial results as part of the Payment and Population Health Summit.

Compensating Family Medicine Physicians for the Value They Provide (Tactic 1.5)

After completion of the institutional review board (IRB) process at the University of Alabama, the Tactic 1.5 Team is beginning its work with a qualitative study of the value that employed physicians provide to the physician groups and health systems that employ them. Led by Tom Weida, MD, the Tactic 1.5 Project team will interview executive leaders of health systems, physician-led ACOs, and large employer groups to understand how the value of primary care providers is determined by employers. A clear understanding of the value that primary care physicians / practices provide will inform the project's primary objective of helping employed family physicians, and their practice teams, work with their employers to receive adequate compensation, both financial and otherwise, for the value they provide. Interviews are expected to begin in July and initial results will be available by January 2018.

Shared Practice Transformation Themes Emerge Through Physician Readiness and Bright Spots Projects

The Physician Readiness Project, led by Practice Team Leader Jason Marker, MD, has completed four focus groups with physicians who describe themselves in one of four phases relative to practice transformation: Pre-contemplation, Preparation, Action, or Maintenance. Knowing that one approach to practice transformation does not fit all, the team decided to learn more about physician readiness to transform their practices at these different stages of readiness and capability. Information gathered from these discussions will enable the Practice and Payment Teams to tailor practice transformation tools and resources from the Bright Spots Projects (and other projects) to the needs, interests, and concerns of different practices.

The Practice Bright Spots Project, led by Practice Core Team member Jay Lee, MD, is interviewing practices that identify as "bright spots" in advanced primary care practice. The project's primary objective, building on the work of Tom Bodenheimer, MD, and others, is to determine how these advanced primary care practices made the transition from a Fee for Service to a value based primary care payment framework.

The interview team is currently working with advanced primary care practices around the country to learn what tools they found helpful, what resources are required, and how these practices are able to thrive when others struggle to make similar kinds of changes in an environment that can be exhausting and lead to burnout. The team will use findings from this project to develop tools and resources to help others with their own practice transformation

efforts. These tools and resources, along with some of the practices, will be showcased at the Payment and Population Health Summit.

The Primary Care Metrics that Matter Project, led by Practice Team member Rebecca Etz, PhD, is preparing for the upcoming Starfield Summit III Conference in October 2017. This Summit will build on survey work that Dr. Etz and her team have done over the past two years with primary care physicians, employers and patients to learn what they believe are the most important things to measure in primary care practice. It also builds on a series of conversations Dr. Etz has had with the contacts at PCPCC, NQF, NCQA, CMS, HHS, and others. At the end of Starfield III, Dr. Etz and her team expect to be able to report on the consensus of attendees concerning a few essential primary care measures that can and should be reported now, gaps that need to be closed to measure primary care, and some key principles to guide further measurement development.

To learn more about, and/or get involved in these projects, please contact Jack Janson at jjanson@cfar.com.