

June 2016 Update

Health is Primary Panel At National Conference. The *Health is Primary* campaign will host a main stage panel discussion at the AAFP's National Conference for Students and Residents on Thursday, July 28 in Kansas City. Speakers include Jen Brull, M.D., Natasha Bhuyan, M.D., and a surprise "celebrity" guest. (Did we get your attention?) T.R. Reid will moderate the discussion. Register [here](#) to attend the conference.

Health is Primary Participates in the Medical Home Summit. Glen Stream, M.D., president and board chair of Family Medicine for America's Health, presented at the Medical Home Summit, which was held in early June in Washington, DC. Dr. Stream's talk focused on the need to ensure that patients have a regular medical home and the need to connect the medical home with the medical neighborhood to facilitate coordinated care. Click [here](#) to learn more about upcoming *Health is Primary* events and panel discussions.

Look for Health is Primary Series in Medical Economics. Glen Stream, M.D., is authoring a monthly column for Medical Economics, which will focus on key themes of the *Health is Primary* campaign. The articles will focus on the monthly campaign topics that are outlined in the campaign calendar. Here is a [link](#) to the first three articles.

June is Fitness and Nutrition Month. *Health is Primary* will focus on fitness and nutrition in primary care during June. The campaign will release patient education materials and promote stories of integrating fitness and nutrition into the primary care setting through the campaign's social media channels.

High Demand for Health is Primary Public Service Announcements. In the past few months, *Health is Primary* public service announcements (free advertising) have appeared in and online issues of *Fortune* magazine, *Women's Day* and *Dr. Oz: The Good Life*. To date, the campaign has garnered \$6 million in free advertising.

Update from the Tactic Teams

Pathways to Payment Transformation.

The Payment Team has completed its first wave of interviews with physicians whose practices are working in a comprehensive payment framework. Rebecca Malouin, Ph.D., Katherine Harnes, M.D. and Thomas Weida, M.D. presented findings from the first wave of interviews at the STFM Conference on Practice Improvement on April 1 in Minneapolis, MN. The team is now scheduling its next wave of interviews. If you are currently being paid a comprehensive payment for primary care and would like to participate, please let us know. We would like to learn about your experience. If you are interested in learning more about this project, let us know that too. To contact the Payment Team, write to Aaron Glickman at aglickman@cfar.com.

The team has defined comprehensive primary care payment (CPCP) as “a fixed, periodic payment for services delivered over a period of time” (e.g., Per Member, Per Month). The CPCP differs from primary care capitation and bundled fee for service payments in that the physician is rewarded for completeness of preventive care and chronic care goals for each patient rather than achieving utilization and financial targets. The comprehensive payment model represents a new investment in primary care, with substantial increases in payment over current levels within the fee-for-service environment, commensurate with the level of accountability for performance and outcomes, as well as support for team-based infrastructure.

Effective Payment for Primary Care: An Annotated Bibliography. The Payment Team is collaborating with Stephanie Gold, M.D. and the Research Team to support her development of an annotated bibliography that explores different forms of primary care payment in accessible and practical ways. This is one of the many useful offerings coming out of the recent Starfield Summit described in the [May Monthly Update](#). The bibliography is expected to be available next month.

Calculating the Cost of Comprehensive Primary Care Payment (CPCP). The comprehensive payment Calculator Team is finalizing a request for proposals (RFP) that it will be sending to actuarial firms and other appropriate organizations to test and validate a formula that payers and practices can use to calculate comprehensive primary care payment for patients in the population they serve. Firms that will receive the RFP will be identified over the next two weeks, and the RFP will be distributed toward the end of the month.

The calculator is one of the tools that the team, in collaboration with Mike Tuggy, M.D., the vice-chair of the FMAHealth Board, will be using to meet with payers and employers to help demystify comprehensive primary care payment, and encourage more experiments around the country to test the value of comprehensive payment as a way to improve quality, reduce cost, and improve population health.

The Engagement Team Welcomes a New Member. The Engagement Team has welcomed a new member to the team, Lisa Stewart, M.A. Ms. Stewart is an Engagement Officer at the Patient-Centered Outcomes Research Institute (PCORI) and she is a terrific addition to the team. She has been a patient advocate for a long time, first on behalf of her two children, and later as a patient navigator at a leading pediatric hospital. The team would like to thank Winifred Quinn, Ph.D. for all of her contributions to the Engagement Team. Winifred had to step away due to increased responsibilities at the AARP and her co-leadership of a national campaign dedicated to improving health care through nursing, the Future of Nursing: Campaign for Action.

Engagement Team Collaborating with the Patient Centered Primary Care Collaborative (PCPCC) to develop Shared Principles of Primary Care. The Engagement Team and the Patient-Centered Primary Care Collaborative have begun a deliberate process to identify a set

of Shared Principles of Primary Care that can be endorsed by diverse health professionals, consumers, and other organizations and groups committed to a strong primary care sector in the U.S. health system. The process has been initiated with a commitment to engage diverse stakeholders in the process of identifying consensus principles. Together, FMAHealth and the PCPCC are obtaining input from the eight national family medicine organizations sponsoring FMAHealth, other national primary care organizations, and other important stakeholder organizations about the essential principles of high performing primary care and the development of a consensus document.

The goal of the Shared Principles of Primary Care will be to help all stakeholders committed to vibrant primary care in the U.S. speak with a unified voice about the importance and commonality of these shared principles. The document will not replace any existing joint principles. Rather, it will codify a set of principles that can be agreed to broadly. The process of getting organizations to discuss, participate in, contribute and agree is intended to broaden the inclusiveness of stakeholder involvement in these consensus principles. For more information about this project, contact Aaron Glickman at aglickman@cfar.com.

Family Physicians are Engaging Patients in Innovative Ways. The Engagement Team continues to identify and interview physicians who are engaging patients in their practice in innovative ways – from shared decision making, to the redesign of care and care teams in ways that put patients at the center, to other ideas the team has yet to learn about. The team, led by Susan Hogeland, CAE, the Executive Vice President of the California Academy of Family Physicians, is collaborating on this project with the Department of Family and Community Medicine at the University of California San Francisco.

The team is always on the lookout for innovative practices around the country. If you know of a practice that is engaging patients in creative ways, please contact Aaron Glickman at aglickman@cfar.com.

FMAHealth Workforce Diversity Resources. The Workforce Education and Development team has gathered free and accessible resources from a variety of sources that can help institutions determine the needs of their communities, develop a plan to improve diversity, and effectively educate all learners on cultural competency and unconscious bias. These have been compiled into a Workforce Diversity Resource flyer which contains links to various resources that will help increase awareness of the importance of workforce diversity and will empower individuals to have a discussion about workforce diversity at their institution. The resources also provide information about recruiting practices, strategic planning, and effective educational methods to teach all learners cultural competency and unconscious bias. The flyer is available for download on the [FMAHealth webpage](#).