

March 2016 Update

***Health is Primary* Releases Patient Materials on End of Life Care.** The *Health is Primary* campaign has released patient-focused tear sheets that discuss and provide guidance on key issues surrounding End of Life care including palliative care, advanced directives and caregiver support. The End of Life tear sheets add to the campaign's portfolio of consumer education materials that includes information on Fitness and Nutrition, Chronic Disease Management, Immunizations and Smoking Cessation. Later this year, *Health is Primary* will focus on Mental Health, Healthy Aging and Caregivers. Tear sheets can be viewed and downloaded [here](#).

***Health is Primary* in Fortune magazine.** The March issue of Fortune magazine ran a two-page public service announcement on the *Health is Primary* campaign. This marks the second time this year Fortune magazine has donated advertising space to the *Health is Primary* campaign.

Help Promote *Health is Primary*. Organizations that would like to promote *Health is Primary* and the message of primary care are invited to use our tool-kit, which includes posters, social media cards and campaign advertisements for use in journals and other publications. These materials can be found [here](#).

***Health is Primary* Seeks Stories of Primary Care Innovation.** Health is Primary is collecting stories of primary care innovation and transformation. This year, the campaign will focus on California, Georgia, Kansas and Missouri, New Jersey and Kentucky. Please forward stories from those states (or anyplace else in the country!) to info@fmahealth.org.

Tweet us if you see us. *Health is Primary* ads and public service announcements are running in malls, supermarkets and billboards. Ads in cinemas around the country will begin running next month.

This edition of the Monthly Update features the work of the Engagement and Payment Tactic Teams.

Engagement Team Update

Many thanks to those of you who have sent in stories about exceptional patient engagement in your practices across the United States. The team is continuing to gather your stories in order to identify where innovative and effective ways of working with patients and families as partners in health and health care are already at work. If you haven't done so already, please send us your story.

Here's how to do it:

In a paragraph or two, describe an experience you have had working with a patient/family that you believe was truly patient centered – and what you learned from that experience.

As you describe your experience, let us know:

- What are the 2-3 most important things that you, and/or your patient, did that made that experience person/patient centered?
- What are 1-2 ways in which making changes to become more patient-centered has been rewarding? How has it been challenging?

Please send your stories to aglickman@cfar.com. The Engagement Team is compiling responses as part of a larger project to identify best practices in patient engagement and to spread ways that family physicians are making their practices increasingly patient-centered.

Payment Team Update

The Payment Team is currently working on two major projects:

- The first project is a collaboration with the Practice Team to develop pathways to transforming practice and payment. As a first step, members of the team are interviewing physicians who have made the transition away from fee for service payment and are currently being paid a comprehensive payment for primary care. Interviewees to date include independent direct primary care practices and some employed physicians, as well. The team is also looking for healthcare systems that are well on their way toward moving from fee for service to comprehensive payment.

The team has developed a working definition of comprehensive primary care payment (CPCP). CPCP is defined as “a fixed, periodic payment for services delivered over a period of time” (PMPM). 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.

If you are interested in participating in this study, please let us know by writing to aglickman@cfar.com.

- The Payment Team is also in the early stages of building a “calculator” that can be used by physicians, insurers and others to determine the cost of covering a patient and panel or patient population through a comprehensive primary care payment (CPCP). The project team includes practicing family physicians, researchers, members of health systems and those who work with payers. The goal of this work group is to create an actual comprehensive payment model to be used by both payers and providers.

If you are interested in participating in this project, make sure to let the team know by going to the following link: <http://cfarsurveys.poll daddy.com/s/fmahealth-engagement>.