

## November 2015 Update

**Health is Primary Announces Joint Effort with CVS Health.** *Health is Primary* announced a joint effort with CVS Health to educate consumers about the medical neighborhood. Fifty percent of patients who visit the CVS Minute Clinic do not have a regular primary care doctor and CVS Health is working to refer these patients to a medical home. The effort was kicked off at a panel event at the National Press Club in Washington, DC on November 13. Former Surgeon General, Dr. Regina Benjamin, moderated the event, which featured Dr. Andy Sussman from CVS Health, Dr. Michael Rabovsky from the Cleveland Clinic and Dr. Richard Wender from the American Cancer Society. Click [here](#) to watch the launch event.

There have been some questions about why FMAHealth would partner with a retail clinic. We believe patients will continue to use retail clinics as an entry point to the health care system and we believe the CVS Health model of collaboration and referral is best for patients and will reinforce the medical home. Following are highlights of Dr. Andy Sussman's remarks:

- *Our model is to provide walk-in care, seven days a week, using nurse practitioners and physician assistants, who practice on evidence-based guidelines, for relatively routine conditions. ... That model has been popular; it helps address issues around access, quality and cost. On an access basis, one-half of the patients we see are on evenings and weekends, times when it may be otherwise difficult to get in to see a physician – and in that way, we can be complementary and support the medical home.*
- *We do not see MinuteClinic ever replacing the primary care physician. Quite the contrary. We see our role complementing and supporting the role of the physician in the medical home – the larger medical neighborhood.*
- *We provide a list of physicians who are taking new patients; it's regional, in each community, so that folks have a way to follow up and get continuity care. We don't see ourselves taking that role; we are in fact a portal of entry into the traditional system.*
- *There are many things that MinuteClinic doesn't treat. Our model is to anchor in the medical home. In fact, we do not refer to specialists. We send all of our patients back to primary care physicians or get them a primary care physician,*

*because that collaboration is the model that we believe in.*

- *All of our providers have a medical director colleague, even in states where it's not required, because that team approach is what we think is in the best interest of the patient.*

**November is Smoking Cessation Month.** *Health is Primary* kicked off its smoking cessation mini campaign in November, which coincides with the American Cancer Society's Great American Smokeout. The campaign released English and Spanish-language tear sheets with patient information about tobacco cessation. Click [here](#) for more information and to access the tear sheets.

***Health is Primary Holds Final City Tour for 2015.*** Detroit was the final stop on the *Health is Primary* City Tour. The event featured eight stories of innovation and transformation in primary care, including initiatives by the Greater Detroit Area Health Council, Blue Cross Blue Shield of Michigan and the Community Health and Social Services Center (CHASS), among others. Click [here](#) to learn more about the event or [here](#) to watch the video.

The day before the Detroit City Tour, the Michigan Academy of Family Physicians (MAFP), in collaboration with the Wayne State University family medicine department, invited FMAHealth to lead a focus group discussion with medical students and residents. The discussion focused on identifying challenges facing medical students and residents and ways to address them. It became clear through the conversation that the millennial generation of students and residents are ready to take up leadership roles in healthcare, and some are doing so already.

The MAFP held its Board meeting on the evening of the City Tour. On the agenda was the question of how to follow through on the excitement generated by the City Tour event earlier in the day. MAFP Board President, Dr. Kim Yu, and Chief Executive Officer, Debra McGuire, MBA, invited FMAHealth to lead a discussion with the Board about how to align the work of the six FMAHealth Tactic Teams with the four pillars of the MAFP strategic plan. The result: A set of concrete actions and projects that MAFP will implement to move its strategic plan forward. And what the MAFP learns as it follows through will inform the work of the FMAHealth Workforce, Practice and Engagement Tactic Teams.

**FMAHealth Releases Annotated Bibliography of Primary Care's Value.** FMAHealth commissioned a bibliography of research that demonstrates the capacity of primary care to improve America's health care system. The research team interviewed more than 30 primary care experts to inform their literature search. Relying on these interviews and supplementary literature review, the research team created the following three-part resource.

- Establish the value of primary care to America's health care system.
- Explore the current primary care landscape.
- Present evidence that clearly demonstrates the positive impact primary care has—and will continue to have—on the Triple Aim of improving patients' experience of care, reducing costs and improving population health.

You can view the annotated bibliography on the Robert Graham Center website [here](#).

**FMAHealth Highlights Successes this Month.** This month we'd like to highlight the work of two FMAHealth Tactic Teams: Payment and Workforce.

As many of you know, CMS will soon release details on Medicare Access and CHIP Reauthorization Act (MACRA) legislation. You can learn more about it [here](#). The AAFP, ABFM, PCPCC and others have written responses to a Request for Information (RFI) that CMS posted to learn what MACRA should require of, and offer to, those who receive Medicare payments for their services.

FMAHealth worked with the AAFP on the payment portion of its response to the RFI, which makes clear that the alternative payment models introduced in the MACRA legislation will be a helpful step in enabling primary care physicians to provide high quality care to their patients. At the same time, their response to the RFI makes it clear that alternative payment models are just one step along a longer path toward what primary care physicians need in order to fully care for their patients, i.e., comprehensive payment for primary care.

The FMAHealth Workforce Core Team is building a collaboration of student organizations whose missions and objectives are to help create a diverse physician workforce. By working together, we hope to leverage resources across the organizations to maximize their collective impact and strengthen their voice on issues of diversity in the primary care workforce.

**Join more than one hundred individuals** who have stepped up to help the strategy implementation Tactic Teams get real work done on the ground. FMAHealth recognizes that those working locally around the country can do better than anyone else in achieving the goals of the initiative. And it's not only family physicians, chairs and faculty, medical students and residents who are joining FMAHealth. One Doctor of Nursing Practice (DNP) from Illinois, in her statement of interest, said, "Being on a local hospital board in a rural community reinforces the current struggle for recruitment and retainment of competent primary care providers... I recognize the only way to improve the health of America is to build a strong primary care infrastructure." Please use the link below to sign up to join the effort and let your networks know how they can join too.  
<http://cfarsurveys.poll daddy.com/s/fmahealth-engagement>