



JUNE 11, 2021

Greetings, colleagues!

We hope you and your family are well and that you have some fun and respite planned for the summer. We have had quite a busy spring here at the CPV, from the rollout of the NASEM Report, “Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care,” where Bob served as committee co-chair, to publishing numerous important and impactful articles, to successful measures submissions. We cannot wait to share each of these with you in more depth below.

FEATURED REPORT

Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care



“If we increase access to robust primary care, more people and more communities will be healthier, and no other part of health care can make this claim—making primary care a common good is essential to improving health equity in this country”, says committee co-chair Robert Phillips, MD, MSPH, founding Executive Director of the Center for Professionalism and Value in Health Care.

High-quality primary care is the foundation of the health care system. It provides continuous, person-centered, relationship-based care that considers the needs and preferences of individuals, families, and communities. Without access to high-quality primary care, minor health problems can spiral into chronic disease, chronic disease management becomes difficult and uncoordinated, visits to emergency departments increase, preventive care lags, and health care spending soars to unsustainable levels.

A new report just released by The National Academies of Sciences, Engineering, and Medicine – *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care* – offers an evidence-based plan with actionable objectives and recommendations for implementing high-quality primary care in the United States. This is the first report in 25 years that builds upon the recommendations from the 1996 Institute of Medicine report, “Primary Care: America's Health in a New Era.” The implementation proposal balances national needs for scalable

solutions while allowing for adaptations to meet local needs. NASEM recommendations carry the weight of the highest science organization in the country.

“The pandemic was telling for the lack of focus on primary care as part of the solution and this report calls for an organizing home within the federal government so that it is not neglected again”, says Dr. Phillips. “It also calls for increased investment in primary care, training where people live and work, and IT solutions that support us in caring for people.”

Unequal access to primary care remains a concern, and the COVID-19 pandemic amplified pervasive economic, mental health, and social health disparities that high-quality primary care might have reduced. Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes. For this reason, primary care is a common good, which makes the strength and quality of the country’s primary care services a public concern. The pandemic also revealed the fragility of primary care payment and lack of an accountable federal champion for primary care.

Download the report and learn more: <http://bit.ly/NASEMprimarycarestudy>

As a follow up to the release, there have been numerous webinars, interviews as well as podcasts. So far, this one is our favorite, and not just because it quotes Bob numerous times throughout:

Report: **[Report: Increasing investment, access will help restore ‘weakening’ primary care system](#)**

NASEM Webinars Every Tuesday in June

Each webinar unpacks one of the report's five objectives, all take place 11 AM - 12:30 PM ET, and all are recorded. Join us!

- JUNE 1, 2021 [Implementing High-Quality Primary Care Webinar Series: Reforming Payment *Video Available*](#)
- JUNE 8, 2021 [Implementing High-Quality Primary Care Webinar Series: Ensuring Access *Video Available*](#)
- JUNE 15, 2021 [Implementing High-Quality Primary Care Webinar Series: The Future Workforce](#)
- JUNE 22, 2021 [Implementing High-Quality Primary Care Webinar Series: Digital Health](#)
- JUNE 29, 2021 [Implementing High-Quality Primary Care Webinar Series: Accountability](#)

Recent Publications

Antono B, Willis J, **Phillips RL**, **Bazemore AW**, Westfall JM

The Price of Fear: An Ethical Dilemma Underscored in a Virtual Residency Interview Season

Journal of Graduate Medical Education, 2021

The residency application process has gone down a behavioral economics rabbit hole, where fear and uncertainty are unnecessarily driving up applications, despite evidence of no benefit to applicants or programs. In this article, we contextualize the growing problem of application inflation, describe contributing drivers including those introduced by virtual interviews, raise concerns about a conflict of interest for the application steward, and discuss potential solutions.

Funk KA, Sorge LA, Bazemore AW, Sorensen TD, Roth McClurg MT, Carroll JK.

How Comprehensive Medication Management Contributes to Foundational Elements of Primary Care

Journal of the American Board of Family Medicine 2021;34(2):420-423.

Pharmacists are more often being recognized as a critical component of the primary care team. Previous literature has not clearly made the connection to how pharmacists and comprehensive medication management (CMM) contribute to recognized foundational elements of primary care. In this reflection, we examine how the delivery of CMM both supports and aligns with Starfield's 4 Cs of Primary Care. We illustrate how the delivery of CMM supports first contact through increased provider access, continuity through empanelment, comprehensiveness by addressing unmet medication needs, and coordination through collaborating with the primary care team and broader team. The provision of CMM addresses critical unmet medication-related needs in primary care and is aligned with the foundational elements of primary care.

Phillips RL, McCauley LA, Koller CF.

Implementing High Quality Primary Care: A Report From the National Academies of Sciences, Engineering, and Medicine

Journal of the American Medical Association 2021

A new consensus report by the National Academies of Sciences, Engineering, and Medicine³ emphasizes that while primary care in the US provides more than one-third of all health care visits and more than half of all outpatient visits, it receives a relatively small proportion of resources, has no federal coordinating capacity, has no dedicated research support, has a declining workforce pipeline, and remains inaccessible to large portions of the population.

Phillips RL, Ostrovsky A, Bazemore A

Adjusting Medicare Payments For Social Risk To Better Support Social Needs

Health Affairs Blog, 2021

Social determinants of health have greater influence on health than does health care, yet Medicare and most other payers have yet to adjust payments to better support the capacity of health care providers to address social needs. The goal of social-needs payment adjustment is to use a reliable, defensible, and transparent mechanism to increase resources to clinics based on the social risk of their patient population, and to align this mechanism with processes that enables clinics to identify at-risk patients who can benefit from those resources. To advance these goals and seek consensus around a policy use case for incorporating social risk into federal payment systems, we convened a diverse group of stakeholders for a policy design workshop. The workshop produced consensus on a demonstration model for a payment adjustment based on a census-tract social deprivation index.

Measures that Matter Happenings

The Center for Professionalism and Value in Healthcare (CPV) Measures Team is collaborating with external partners, including the Larry A. Green Center, the Robert Graham Center, and Mount Sinai Health System, on the Measures That Matter Initiative. The initiative includes the development of a suite of four clinical quality measures that the American Board of Family Medicine endorses for simplifying and improving measurement of Primary Care. The quality measures include:

- **Person-Centered Primary Care**
- **Continuity of Care**
- **Comprehensiveness of Care**
- **Low Value Care**

These measures are intended for use across multiple levels of the health care system, including for use in national payment programs and improvement activities, as well as for use in CMS MIPS Value Pathways as part of Maintenance of Certification.

The Person-Centered Primary Care measure (PCPCM) and the Continuity of Care measure are the furthest along in the measure development lifecycle. The PCPCM is fully developed and tested and is simultaneously going through the National Quality Forum (NQF) endorsement process and the CMS Measures Under Consideration

Interested in partnering with us on this exciting new work?

We are always looking for collaborators throughout the measure development lifecycle: conceptualization, implementation, testing and use of our quality measures!

[More on the CPV website.](#)

(MUC) process. We are excited to share with you that it is on track to be endorsed by NQF in July 2021 and approved by CMS for national use in the MIPS Quality Payment Program (QPP) in January 2022. Our Continuity of Care measure is also fully developed and tested and is currently going through the NQF endorsement process - it is on track to be endorsed by NQF in December 2021. Continuity of Care was just recently submitted to CMS for the MUC process and will be available for national use in the MIPS QPP in January 2023. Both the Person-Centered Primary Care and the Continuity of Care measures are approved by CMS for QCDR use and are being used by clinicians in the PRIME Registry.

The Comprehensiveness of Care and Low Value Care measures are both in the early phases of conceptualization and are scheduled to receive NQF endorsement in Spring 2023 and national uptake in MIPS QPP in January 2025. ■