



Greetings, colleagues! We hope you and your family are well and staying healthy. We have had a busy summer here at the CPV, still mostly virtual and with the rising COVID numbers, doing so for the foreseeable future. We cannot wait to share our latest happenings with you in more depth and hopefully (fingers crossed) collaborate in person soon.



PUBLICATIONS

Please visit our website and read our recent publications [here](#).

Grumbach K, Bodenheimer T, Cohen D, **Phillips RL**, Stange KC, Westfall JM.

[*Revitalizing the U.S. Primary Care Infrastructure*](#)

N Engl J Med. Published online August 25, 2021

This article by the Primary Care Center Round Table, which includes the CPV, organized this thoughtful plea for a Secretary's Council for Primary Care—a recommendation of the 2021 National Academies of Sciences, Engineering, and Medicine Implementing High-Quality Primary Care report. It contextualizes the importance of having this organizing, federal infrastructure to address many of the coordinating and policy needs of primary care. This timely article landed in the middle of efforts to convince the HHS Secretary to create this inter-agency working group.

Bazemore A, Grunert T.

[*Sailing the 7Cs: Starfield Revisited as a Foundation of Family Medicine Residency Redesign*](#)

Family Medicine 2021;53(7):506-515.

Family Medicine residency guidelines are currently being revised with a vision for producing FPs best suited to serve future population needs. In this commentary, the authors propose a conceptual framework built on a foundation of the core functions that Barbara Starfield suggested might explain primary care's salutary effects. The authors revisit these "4C's"—first Contact, Continuity, Comprehensiveness, and Coordination—and how they might inform design thinking in primary care GME guideline revision. Authors propose the addition of Community engagement, patient-Centeredness, and Complexity. Training residents to deliver on these "7C's," functions critical to the delivery of high-performing primary care, is essential if family medicine residency graduates are to serve the quadruple aim for US health care: improved patient experience and population health at lower costs while preserving clinician well-being. The authors highlight and illustrate examples of four critical enablers of these 7C core functions of primary care that must be accommodated in training guidelines and reform, suggesting a need for resident competencies in Team-based, Tool- and Technology-enabled, Tailored ("4T's") care of patients and populations.

Dai M, Peterson LE, **Phillips RL**.

[*Quality Changes Among Primary Care Clinicians Participating in the Transforming Clinical Practice Initiative*](#)

Journal for Healthcare Quality 2021;43(4):64-69.

The authors used quarterly measure performance data from 2016 to 2018 on two NQF-endorsed measures from 1,981 primary care clinicians enrolled in the PRIME Registry to assess whether clinician's participation in TCPI practice transformation networks (PTNs) was associated with changes in quality of care. Performance of PTN clinicians on controlling high blood pressure and use of imaging studies for low back pain was equivalent to that of non-PTN clinicians during the first 3 years of the TCPI. Findings suggest that the changes in quality of care, for the measures studied, among PTN clinicians in the first 3 years of the TCPI were attributable to temporal trends rather than participation in PTNs.

Davis C, Krishnasamy M, Morgan ZJ, **Bazemore A**, Peterson LE.

[*Academic Achievement, Professionalism, and Burnout in Family Medicine Residents*](#)

Family Medicine 2021;53(6):423-432.

Authors used a sample of 2,509 residents' data from a cohort of graduating family medicine residents registering for the 2019 American Board of Family Medicine initial certification examination with complete data from registration questionnaire, milestone data,

in-training examination (ITE) scores, and residency characteristics to determine whether burnout in residency is associated with the attainment of critical educational milestones. They found significant association between self-reported burnout and failing to meet expectations for professional conduct and accountability, but no relationship between burnout and medical knowledge as measured by lower ITE performance.

Henry T, Rich E, **Bazemore A**

[Comprehensiveness—the Need to Resurrect a Sagging Pillar of Primary Care](#)

J Gen Intern Medicine 2021

The COVID-19 pandemic highlighted both the importance of primary care and the fragility of its current infrastructure in the United States (US). Within its first 2 months, stark reminders of racial injustice, unaddressed health disparities, and grossly inequitable access to healthcare further underscored the current lack and future importance of universal access to high performing primary care. At the start of the pandemic, fewer than 1 in 5 Americans could identify a personal usual source of healthcare.¹ In this time of uncertainty, many patients went without timely care due to a myriad of difficulties. Perhaps chief among these was the lack of an accessible, trusted personal clinician capable of and committed to delivering personalized advice and comprehensive care at a time of unprecedented medical and public health uncertainty.

Kinder K, **Bazemore A**, Taylor M, Strydom S, George J, Goodyear-Smith F.

[Integrating Primary Care and Public Health to Enhance Response to a Pandemic](#)

Journal Primary Health Care Research & Development 2021;22(27):1-7.

A survey of PC stakeholders (clinicians, researchers, and policy-makers) from 111 countries revealed many of the challenges encountered when facing the pandemic without a coordinated effort between PC and PH functions. Participants' responses to open-ended questions underscored how each of the key actions could have been strengthened in their country and are potential factors to why a strong PC system may not have contributed to reduced mortality. By integrating PC and PH greater capacity to respond to emergencies may be possible if the synergies gained by harmonizing the two are realized.

Lucas J, Marino M, Fankhauser K, **Bazemore A**, Giebultowicz S, Cowburn S, Kaufmann J, Ezekiel-Herrera D, Heintzman J.

[Role of Social Deprivation On Asthma Care Quality Among A Cohort of Children in US Community Health Centres](#)

BMJ Open 2021 [E-Pub Ahead of Print]

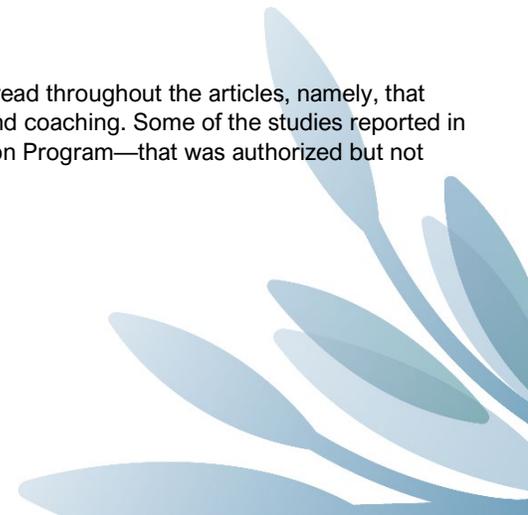
Social deprivation is associated with worse asthma outcomes. The Social Deprivation Index is a composite measure of social determinants of health used to identify neighbourhood-level disadvantage in healthcare. Our objective was to determine if higher neighbourhood-level social deprivation is associated with documented asthma care quality measures among children treated at community health centres (CHCs). Logistic Regression was conducted to examine the odds of problem list documentation of asthma and asthma severity, and negative binomial regression for rates of albuterol, inhaled steroid and oral steroid prescription adjusted for patient-level covariates. It was found that higher neighbourhood-level social deprivation was associated with more albuterol and inhaled steroid prescriptions among children with asthma, while problem list documentation of asthma and asthma severity varied little across neighbourhoods with differing deprivation scores.

Phillips R.

[The Need for Coaches in the Clinical World](#)

Annals of Family Medicine 2021;19:194-195.

This editorial framed a special issue on practice transformation and sought to capture a thread throughout the articles, namely, that change is not easy and there is good and growing evidence that practices need support and coaching. Some of the studies reported in this issue were enabled by a clause of the Affordable Care Act—the Primary Care Extension Program—that was authorized but not funded. The hope is that this growing evidence may provide support for its enactment.



Phillips RL, Holmboe ES, Bazemore AW, George BC.

[*Purposeful Imprinting in Graduate Medical Education: Opportunities for Partnership*](#)

Family Medicine 2021;53(7):574-577.

Some have referred to imprinting as a “hidden curriculum” that exists in both medical school and graduate medical education (AGME), and early studies suggest its effects are significant and enduring. This commentary explores the significant effects imprinting has on practice, and hence, on the health of our society. It implores GME funders to recognize their strong incentive to measure training outcomes and for joining accreditation and certification bodies in influencing training environments. Finally, it notes that imprinting can be positively harnessed by implementing changes in educational clinical settings and highlights partnerships available to work on this important driver and outcome of medical education.

Phillips JP, Morgan ZJ, Bazemore AW, Peterson LE.

[*Debt of Family Medicine Residents Continues to Grow*](#)

Journal of the American Board of Family Medicine 2021;34(3):663-664. (policy brief)

Educational debt is a growing concern in the U.S., possibly thwarting entry into lower paying health careers and changing location and other choices of those that do. Using data from 20,104 graduating residents registering for the ABFM certification exam from 2014 to 2019, the authors found that the proportion of residents with \geq \$250,000 in self-reported educational debt increased from 26% in 2014 to 47% in 2019. Such a rapid rise in high indebtedness is concerning, given known associations with resident distress. Previous research has also shown that highly indebted residents are less likely to choose academics, geriatrics, and service-oriented career paths.

Phillips RL, Peterson LE, Fang B, Palen TE, Fields SA, Parchman ML, Johannides J.

[*Clinical Quality Measure Exchange Is Not Easy*](#)

Annals of Family Medicine 2021;19(3):207-211.

The first of three articles reporting on our findings from the TRADEMaRQ (TRial of Aggregate Data Exchange for Maintenance of certification and Raising Quality) study. This was an AHRQ-funded study that explored the option of a “passive” arm of the PRIME Registry, ie, one that was able to take quality measures from health systems with mature quality monitoring and use these to help Diplomates improve care. Finding: passive exchange is not yet viable because quality measurement in health systems is rife with errors, because no one is routinely using them.

Tong S, Morgan ZJ, Eden AR, Bazemore AW, Peterson LE.

[*Practice Patterns of Family Physicians with and without Addiction Medicine Board Certification*](#)

Journal of the American Board of Family Medicine 2021;34(4):814-819.

The authors identified 492 ABFM certified physicians with Addiction Medicine certification in March 2020 and compared their practice profile to other ABFM Diplomates using data from the Graduate Survey and Continuing Certification Examination Registration Questionnaire. Dually certified physicians were more likely to practice in federally qualified health centers, be faculty, provide HIV/AIDS and hepatitis C management, and provided newborn care, obstetric deliveries, inpatient adult medicine care, and intensive care at comparable rates to other Diplomates. The authors conclude that dually certified physicians disproportionately serve vulnerable populations while retaining broad scope of care.





MTM & COVID UPDATES

Efforts to Advance Measurement of Continuity of Care: An Update

Continuity of Care, where the physician assumes ongoing responsibility for a patient, is one of the pillars of [high quality primary care](#) essential to a high functioning health care system. Decades of research have demonstrated physician-patient continuity improves myriad [patient outcomes and clinician well-being](#), [decrease hospitalization risk and decrease levels of spending](#). Unfortunately, existing payment programs [presume quality primary care is the sum of an overwhelming array of quality measures](#) for individual diseases and health screenings. The national [Measures That Matter](#) initiative from [ABFM](#) is creating a suite of new clinical quality measures aiming to simplify and improve measurement of Primary Care, including several Continuity of Care measures. This research involves an array of data, including the [PRIME Registry](#), Medicare claims, & state All-Payor Claims datasets, and outstanding partners such as the [AAFP's Robert Graham Center](#), [Stanford University's Division of Population Health](#), and [Harvard University's Center for Primary Care](#). This work will produce [peer-reviewed publications](#), [resources](#), [bibliographies](#), and endorsed measures.

Covid Updates:

[Follow-up survey on international COVID-19 primary care pandemic response study: report](#)

In our previous study, we revealed a disconnect in the early phases of the pandemic between primary care strength at a national level and early mortality rates from COVID-19, but also widespread and shared perceptions of limited investment in, coordination with, and engagement of primary care in pandemic response. This follow up one year into pandemic confirms nearly 80% of respondents felt that primary care providers are insufficiently remunerated to provide remote access services. In general, countries where primary care has been integrally involved in vaccine delivery appear to have better vaccination rates, but this is also influenced by the availability of vaccine. Having a coordinated response between public health and primary care also appears to be an effective strategy. The vast majority of respondents affirmed the need for greater integration of and coordination between public health and primary care. And on a personal level, 85% reported experiencing some degree of personal mental health difficulty over the preceding year. More positively, respondents felt that the primary care sector had learned from the pandemic, and would be in a better position to respond to the next one. Specifically, they noted that primary care providers have acquired an increased capacity for using technology in delivering primary care services as a result of COVID-19.





POLICY EFFORTS



The recommendations from the NASEM Report on implementing high-quality primary care continue to gain traction. The Secretary’s Council for Primary Care was featured in the [New England Journal of Medicine](#) and will be a focus of discussion at the National Academy of Medicine annual meeting. Several philanthropies are backing the idea and it is being discussed within the Department of Health and Human Services. The payment recommendations are getting support from a coalition of primary care advocates and the Primary Care Consortium, both of which are talking to federal leaders. Digital health recommendations will get a boost with a forthcoming JAMA article. Other recommendations for improving access, workforce, and community engagement have fewer champions but the recent [New Yorker article](#) about health in Costa Rica echoes calls in the NASEM report for better integration of primary care and public health. The CPV welcomes collaboration to help turn the NASEM recommendations into reality.

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



PROFESSIONALISM

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Olm M, Roos M, Hapfelmeier A, Schneide D, Gensichen J, Berberat P, Schneider A.
[Increased professionalization and lower burnout scores were associated with structured residency training program: results of a cross sectional survey](#)
 Taylor & Francis Online, 29 July 2021, Volume 26, 20021, Issue 1



The competence centre for Residency Training in Family Medicine Bavaria (CCRTB) was established to improve the quality of postgraduate medical education by offering training and mentoring programmes for residents, and by providing train-the-trainer and mentoring courses for supervisors. Beyond that, regional Residency Training Networks (RTN) on a voluntary basis were developed to facilitate structured and efficient clinical rotation programs. Primary aim was to investigate the burden of burnout and the development of professionalism among CCRTB-residencies within a cross-sectional study. Secondary aim was to evaluate differences between CCRTB-residents with and without participation in a regional RTN. Burnout was determined with the Maslach Burnout Inventory (MBI), comprising the scales emotional exhaustion, depersonalization, and personal accomplishment.

DeCamp M, Sulmasy L, American College of Physicians Ethics, Professionalism and Human Rights Committee
[*Ethical and Professionalism Implications of Physician Employment and Health Care Business Practices: A Policy Paper From the American College of Physicians*](#)

Annals of Internal Medicine, June 2021

The environment in which physicians practice and patients receive care continues to change. Increasing employment of physicians, changing practice models, new regulatory requirements, and market dynamics all affect medical practice; some changes may also place greater emphasis on the business of medicine. Fundamental ethical principles and professional values about the patient-physician relationship, the primacy of patient welfare over self-interest, and the role of medicine as a moral community and learned profession need to be applied to the changing environment, and physicians must consider the effect the practice environment has on their ethical and professional responsibilities. Recognizing that all health care delivery arrangements come with advantages, disadvantages, and salient questions for ethics and professionalism, this American College of Physicians policy paper examines the ethical implications of issues that are particularly relevant today, including incentives in the shift to value-based care, physician contract clauses that affect care, private equity ownership, clinical priority setting, and physician leadership. Physicians should take the lead in helping to ensure that relationships and practices are structured to explicitly recognize and support the commitments of the physician and the profession of medicine to patients and patient care.

Pololi L, Vasiliou V, Bloom-Feshbach, K.

[Midcareer Medical School Research Faculty Perspectives on Vitality and Professionalism During the COVID-19 Pandemic](#)

JAMA Network Open, 2021

As medical faculty have central roles during the COVID-19 pandemic, it is important to study the pandemic's association with the vitality and careers of medical school faculty.

White A, Chanoff D.

Medical Professionalism and Humanitarian Health Care in the American Age of "-isms"

Springer Link, 20 February 2020

The 2003 IOM report Unequal Treatment documented the inferior health care accorded African Americans and Hispanic Americans. Subsequent research has shown that women, the elderly, LGBTQ individuals, and other specific minority groups also receive disparate care. Unequal treatment is often a product of subconscious mental functions including stereotyping and the neurological interconnection of the brain's emotional response and cognitive systems. Because these functions are hard-wired, they are not easily amenable to efforts to eliminate them from our thinking. But identifying and bringing them to light provides the opportunity to counteract them. The ACP-ABIM Professionalism Charter incorporates ameliorative precepts including altruism, moral reasoning, and conscious commitment to equal care. Medical Professionalism and Humanitarian Health Care in the American Age of "-isms" describes how empathetic or humanitarian care not only improves patient outcomes but provides meaning and satisfaction that enhances the well-being of the caregiver and counteracts physician burnout and dropout.

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