

NEWSLETTER

JUNE 24, 2022

Greetings, colleagues! Summer means happy times and warm sunshine; we hope you are all getting to enjoy both. We have been quite busy here at the CPV, please see below all the latest happenings, news, and updates!



MTM UPDATES

The American Board of Family Medicine (ABFM) has been awarded funding by the Gordon and Betty Moore Foundation to demonstrate that continuity is related to better diagnosis, and to specifically demonstrate how a clinician-level Continuity of Care measure is a valid and robust measure that can be associated with reduced diagnostic errors and improved quality of care. We hope to demonstrate this relationship not only in the diagnosis of cardiovascular disease and its risk factors (e.g., Diabetes and Hypertension), but also for Cancer and Infectious Disease, two other core areas of interest for the Foundation. Second, we submitted the Physician-Level Continuity of Care quality measure to the 2022 CMS Merit Based Incentive Payment System (MIPS) Quality Payment Program (QPP) for broad use among family physicians.

The Institute of Medicine labeled continuity of care a defining characteristic of primary care, one that Barbara Starfield and others demonstrated as essential to primary care's positive impact on health equity, cost reduction, and improved quality of care. Described as an implicit contract between physician and patient in which the physician assumes ongoing responsibility for the patient, continuity frames the personal nature of medical care, in contrast to the dehumanizing nature of disjointed care. Building on the idea that knowledge, trust, and respect have developed between the patient and provider over time, allowing for better interaction and communication, continuity at the patient level is associated with a host of benefits.

The Measures Team and the Research Team are working with a multidisciplinary Technical Expert Panel (TEP), consisting of primary care physicians, researchers, patients/caregivers, etc., to help ABFM better understand the relationship between continuity of care and diagnostic excellence, whether patients/clinicians/payers know and value continuity, and how to balance access with continuity of care.

For more information, visit Measures That Matter | The Center for Professionalism and Value in Health Care or contact Jill Shuemaker at jshuemaker@theabfm.org.



VISITING SCHOLARS

We have had the pleasure of hosting two wonderful Visiting Scholars this summer. Please read more about the scholars below and the amazing projects they are currently working on.



Emerson Frizzell

Emerson Frizzell a current MPH candidate at the Dartmouth Institute for Health Policy & Clinical Research. Originally from North Carolina, she attended the University of Vermont for undergrad. Emerson enjoys yoga, reading, trying new recipes, and spending time with her golden retriever and family.

Work at the Center: Emerson is working on a literature review focused on domestic and international models using whole health, a letter in support of the Teaching Health Center Graduate Medical Education program for COGME, a policy brief about prioritizing and evaluating federal primary care training funding, and updating and adding to the Continuity of Care Bibliography. Her interests include health policy, health economics, and improving rural access to healthcare.

Kade McCulloch

Kade McCulloch is a Montana native and rising senior at Davidson College majoring in Biology with a public health minor. He aspires to be a physician dedicated to combatting barriers to access to care in rural and underserved areas. Kade is a health advisor and a member of Atrium Health's AHEC Scholars Program. He loves to hike, backpack, golf, play basketball, watch sports, and explore new places in his free time. Kade cannot wait to see all that DC has to offer over the summer!



Work at the Center: Kade is looking forward to working on two primary projects during his time at CPV this summer. The first project involves qualitative analysis regarding the promises and pitfalls of artificial intelligence in the primary care setting and his second project will involve studying methods for expanding the rural health workforce in America. He is excited to work under the direction of Davidson alum, Dr. Bazemore (Go Wildcats!), while pursuing topics he is excited to explore throughout his future career in medicine.



PUBLICATIONS

Bazemore AW, Ireland J, Cattoi R, Newton WP

Fostering Generalist Leaders in a Subspecialized World: Congratulations to an Expanded Cohort of New Pisacano Scholars

Journal of the American Board of Family Medicine. 2022;35(1):210-213; doi:

https://doi.org/10.3122/jabfm.2022.01.210457

https://www.jabfm.org/content/35/1/210

As health systems grow in number and complexity, so do their associated leadership roles. And this growing array of opportunities to direct increasingly intricate clinical practice groups, public health systems, academic departments, research enterprises and policy begs for generalists trained to first diagnose problems faced before seeking and applying solutions. Breadth of training and the variety of experience begets competency in facing the unknown and undifferentiated and is the wellspring of innovation. Family physicians receive the broadest training of all physician specialties, and their care remains the most complex by many measures.

Eden AR, Jabbarpour Y, Morgan ZJ, Bazemore A

Informing Equity & Diversity in Primary Care Policy & Practice: Introducing a New Series of Policy Briefs, Commentaries, and Voices in JABFM

Journal of the American Board of Family Medicine. 2022;35(1):190-196. doi:

10.3122/jabfm.2022.01.210439

https://www.jabfm.org/content/35/1/190

Historic (and ongoing), overt (and hidden) systematic oppression of nondominant groups of people, and the related structural determinants of health (including racism, sexism, classism, and heteronormativity), range in impact from individual patient health outcome disparities, to population level health inequities, to health care workforce misrepresentation and discriminatory experiences. This commentary introduces a modest effort to contribute to research towards achieving social justice in medicine in the form of a new series of JABFM policy briefs and accompanying commentaries. We hope to not only inform key issues relevant to equity and diversity in primary care policy and practice, but to apply a critical perspective to these topics and be more inclusive of a diverse array of collaborators and authors.

Liaw W, Westfall J, Williamson T, Jabbarpour Y, Bazemore A.

Primary Care: The Actual Intelligence Required for Artificial Intelligence to Advance Health Care and Improve Health

JMIR Med Inform. 2022;10(3):e27691. doi: 10.2196/27691

https://medinform.jmir.org/2022/3/e27691

With conversational agents triaging symptoms, cameras aiding diagnoses, and remote sensors monitoring vital signs, the use of artificial intelligence (AI) outside of hospitals has the potential to

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improve health, according to a recently released report from the National Academy of Medicine. Despite this promise, the success of AI is not guaranteed, and stakeholders need to be involved with its development to ensure that the resulting tools can be easily used by clinicians, protect patient privacy, and enhance the value of the care delivered. A crucial stakeholder group missing from the conversation is primary care. As the nation's largest delivery platform, primary care will have a powerful impact on whether AI is adopted and subsequently exacerbates health disparities. To leverage these benefits, primary care needs to serve as a medical home for AI, broaden its teams and training, and build on government initiatives and funding.

Peterson LE, Johannides J, Phillips RL Jr.

Physicians' Choice of Board Certification Activity Is Unaffected by Baseline Quality of Care: The TRADEMARQ Study

Annals of Family Medicine. 2022;20(2):110-115. doi: 10.1370/afm.2770 https://www.annfammed.org/content/20/2/110

Physicians' use of self-assessment to guide quality improvement or board certification activities often does not correlate with more objective measures, and they may spend valuable time on activities that support their strengths instead of addressing gaps. Our objective was to study whether viewing quality measures, with peer comparisons, would affect the selection of certification activities.

Phillips RL, Devoe J, Krist AH.

Breakthroughs: What Has the NASEM Report Done for you Lately? Annals of Family Medicine. 2022;20(1):93-95; DOI: https://doi.org/10.1370/afm.2777 https://www.annfammed.org/content/20/1/93

Earlier this year, the National Academies of Sciences, Engineering, and Medicine (NASEM) published the first formal consensus study of primary care in 25 years. The consensus committee's report, "Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care," built on the 1996 Institute of Medicine primary care report. Since the report's launch on May 4, 2021, there have been several efforts to elevate its recommendations as well as some recent breakthroughs in supporting them. Major efforts have included 4 publications in high-impact journals summarizing the report's recommendations; NASEM workshops with high-profile panelists talking about what effective implementation of the recommendations would look like; and dozens of webinars, briefings, and feedback sessions. Here, we report on breakthroughs in 4 major areas and acknowledge a need for champions for report objectives that have not been as successful

Phillips RL Jr.

Implementing High-Quality Primary Care: To What End?
Annals of Family Medicine. 2022;20(2):107-108. doi: 10.1370/afm.2802. https://www.annfammed.org/content/20/2/107

In May 2021, the National Academies of Sciences, Engineering, and Medicine (NASEM) released Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Linking coordination of primary care to national health priorities was key to the launch of the Initiative to

Strengthen Primary Health Care, which is designing a plan for a federal office or council for primary care.

Taylor MK, Kinder K, George J, **Bazemore A**, Mannie C, **Phillips R**, Strydom S, Goodyear-Smith F. <u>Multinational primary health care experiences from the initial wave of the COVID-19 pandemic: a qualitative analysis</u>

This analysis was done to learn from primary health care experts' experiences from the COVID-19 pandemic across countries. Qualitative thematic analysis was applied to open-text responses from a multinational rapid response survey of primary health care experts assessing response to the initial wave of the COVID-19 pandemic. Respondents' comments focused on three main areas of primary health care response directly influenced by the pandemic: 1) impact on the primary care workforce, including task-shifting responsibilities outside clinician specialty and changes in scope of work, financial strains on practices, and the daily uncertainties and stress of a constantly evolving situation; 2) impact on patient care delivery, both essential care for COVID-19 cases and the non-essential care that was neglected or postponed; 3) and the shift to using new technologies. Primary health care experiences with the COVID-19 pandemic across the globe were similar in their levels of workforce stress, rapid technologic adaptation, and need to pivot delivery strategies, often at the expense of routine care.

Yang Z, Ganguli I, Davis C, Dai M, Shuemaker J, Peterson L, **Bazemore A**, **Phillips R**, Chung YK. Physician versus Practice-Level Primary Care Continuity and Association with Outcomes in Medicare Beneficiaries.

Health Serv Res. 2022 May 6. doi: 10.1111/1475-6773.13999. Epub ahead of print. PMID: 35522231.

This study was done to compare physician versus practice-level primary care continuity and their association with expenditure and acute care utilization among Medicare beneficiaries and evaluate if continuity of outpatient primary care at either/both physician or/and practice level could be useful quality measures. We studied 2,359,400 beneficiaries who sought care from 13,926 physicians. Every 0.1 increase in physician continuity score was associated with a \$151 reduction in expenditures per beneficiary per year (P<0.01), and every 0.1 increase in practice continuity score was associated with \$282 decrease (P<0.01) per beneficiary per year. Both physician- and practice-level continuity were associated with lower Medicare expenditures among small, medium, and large practices. Both physician- and practice-level continuity were associated with lower probabilities of hospitalization, emergency department visit, admissions for ACSC, and readmission.



PROFESSIONALISM

Please be sure to keep up to date on the latest professionalism articles on our <u>Professionalism Library</u>.

The library includes peer-reviewed publications, commentaries/blogs, and issue briefs/reports relating to professionalism. The database is reviewed monthly and updated.

Professionalism: COVID-19 made me do it!

Arunthevaraja Karuppiah , Elizabeth Zhang, Ronsard Daniel, Praveen Dharmapalan Prasanna Current Opinion in Anesthesiology 2022 Apr 1;35(2):195-200

Professionalism in Family Planning Care Workshop

Jody Steinauer, Aliza Adler, Jema Turk, PhD, Jessie Chien, and Uta Landy MedEDPortal, 2022 January

<u>Developing a digitally innovative ethics and professionalism curriculum for neonatal-perinatal</u> medicine fellows: a 3-year multicenter pilot study

G M Geis , H A Feldman, E R Berson , C L Cummings Journal of Perintology, **42**, pages476–482 (2022)

The association of professionalism and systems thinking on patient safety competency: A structural equation model

Edris Kakemam, Masoud Ghafari Mahtab Rouzbahani, Hamideh Zahedi, Young Sook Roh Journal of Nursing Management, January 2022

What is the Foundation of Medical Ethics-Common Morality, Professional Norms, or Moral Philosophy?

Søren Holm

Cambridge University Press, March 2022

<u>Assessment of safety attitudes, professionalism and exploration of medical students' experiences</u> <u>Fatemeh</u> Keshmiri, Mehdi Raadabadi

BMC Medical Education, April 22, Article number: 321 (2022)

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