

SEPTEMBER 7, 2022

Greetings, colleagues! The CPV is sending their best wishes on the arrival of fall, as we all get ready for this amazing season! We have been quite busy here at the CPV. Below are all the latest happenings, news, and updates.

LATEST NEWS

Starfield Summit V - Advancing and Improving Measurement and Value in Primary Care: In much appreciated partnership with ABFM Board member Beth Bortz & Virginia Community Health Innovations, and funding from the Agency for Healthcare Research & Quality, we've just completed a four part series, the [5th Starfield Summit on Advancing and Improving Measurement and Value in Primary Care](#). This incredible assemblage of 50 Advisors (federal & state policy leaders, academics & measurement experts, payors, clinician leaders, patients) has embarked on a journey to refine Low Value Care measurement in primary care and the pursuit of value in health care delivery. Over four working sessions, the group explored why it is important to focus on reducing low-value care, the potential pitfalls, unintended consequences, how they might be addressed, priorities for measurement, and development of a future research agenda.

Technical Expert Panel (TEP): An impressive Technical Expert Panel (TEP) was convened in July as part of our Robert Wood Johnson Foundation grant for 2021-2023, "Testing the predictive power of social determinants of health indices on outcomes to improve Medicare payment," a collaboration between the ABFM Foundation, Stanford Center for Population Health Sciences, and the U.S. Census Bureau. Specifically, this project aims to develop and test neighborhood measures of social risk for 1) their ability to predict health outcomes; 2) their usefulness for clinicians to identify patients with social needs; and, 3) their utility in adjusting healthcare payments to meet social needs. The TEP participants included policy experts, researchers from leading institutions, and practice primary care clinicians. The large and small-group discussions yielded high-value recommendations that will help us identify the best area-based socioeconomic measure or measures for clinical, public health, and policy purposes.

HEALTH POLICY FELLOWS



Welcome to the CPV-GWU Health Policy Research Fellow 2022-2023, **Madeline Taskier, MD!**

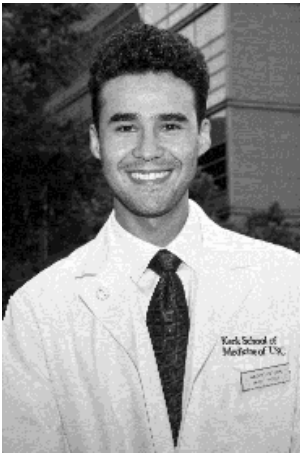
Dr. Taskier is a family medicine physician and health policy research fellow at the Center for Professionalism and Value in Health Care at the American Board of Family Medicine. She completed her residency training in Philadelphia at Thomas Jefferson University Department of Family and Community Medicine in the urban underserved clinical track at a local FQHC. Her clinical and research interests center around women's health and behavioral health integration in primary care. During residency she served as an American Academy of Family Physician Emerging Leaders Fellow where she expanded the integrated behavioral health program at Jefferson Family Medicine.

She attended George Washington University School of Medicine and Health Sciences where she served as the director of the student-run free clinic, the Healing Clinic, and helped to develop the clinical public health curriculum.

Prior to starting her career in medicine, she worked in global women's health increasing provider training in safe abortion care in sub-Saharan Africa through the University of Michigan Department of OBGYN. She recently had a new baby daughter and is excited to be returning home to DC.



VISITING SCHOLARS



We had the pleasure of hosting **Alberto Ortega** for the month of August. Please read more about Alberto below and the amazing project he is currently working on.

Alberto Ortega, a 2021 Pisacano Scholar, is an MD/MBA dual degree candidate at the University of Southern California. Prior to medical school, Alberto spent over 10 years working in the healthcare space as an Emergency Medical Technician, professional Spanish interpreter, and health educator. His dynamic work experiences informed his unique perspective on healthcare injustices, which in turn deepened his commitment to serve marginalized communities as a family physician. Alberto enjoys spending quality time with his family and friends, especially if it involves hiking, going to the beach, or cheering on the Dodgers.

Project for month at CPV:

Using ABFM survey data, Alberto is working on a study to describe language concordance between family physicians and Spanish speaking patients. The study builds off two previous briefs:

<https://www.jabfm.org/content/jabfp/35/1/5.full.pdf>; <https://www.aafp.org/pubs/afp/issues/2022/0600/p654.html>.



PUBLICATIONS

Datta R, Lucas JA, Marino M, Aceves B, Ezekiel-Herrera D, Vasquez Guzman C, Giebultowicz S, Chung K, Kaufmann J, **Bazemore A**, Heintzman J.

Diabetes Screening and monitoring among older Mexican origin populations in the US

Diabetes Care. 2022 Jul 7;45(7):1568-1573. doi: 10.2337/dc21-2483.

<https://diabetesjournals.org/care/article-abstract/45/7/1568/146995/Diabetes-Screening-and-Monitoring-Among-Older?redirectedFrom=fulltext>

The purpose of the study is to examine diabetes screening and monitoring among Latino individuals as compared with non-Latino White individuals and to better understand how we can use neighborhood data to address diabetes care inequities. These findings reveal novel variation in health care utilization according to Latino subgroup neighborhood characteristics and could inform the delivery of diabetes care for a growing and increasingly diverse Latino patient population. Clinicians and researchers whose work focuses on diabetes care should take steps to improve equity in diabetes and prevent inequity in treatment.

Ganguli I, Mulligan KL, **Phillips RL**, Basu S

How the gender wage gap for primary care physicians differs by compensation approach: a microsimulation study

Annals of Internal Medicine. 2022 Jul 19. doi: 10.7326/M22-0664. Epub ahead of print.

<https://www.acpjournals.org/doi/10.7326/M22-0664>

The physician gender wage gap may be due, in part, to productivity-based compensation models that undervalue female practice patterns. The gender wage gap varied by compensation model, with capitation risk-adjusted for patient age and sex resulting in a smaller gap. Future models might better align with primary care effort and outcomes.

Phillips, RL, George, C, Holmboe, ES, Bazemore, AW, Westfall, JM, Bitton A

Measuring Graduate Medical Education Outcomes to Honor the Social Contract

Academic Medicine. 2022 May 1;97(5):643-648. doi: 10.1097/ACM.0000000000004592.

https://journals.lww.com/academicmedicine/Fulltext/2022/05000/Measuring_Graduate_Medical_Education_Outcomes_to.15.aspx

The graduate medical education (GME) system is heavily subsidized by the public in return for producing physicians who meet society's needs. Under the terms of this implicit social contract, decisions about how this funding is allocated are deferred to the individual training sites. Institutions receiving public funding face potential conflicts of interest, which have at times prioritized institutional purposes and needs over societal needs, highlighting that there is little public accountability for how such funding is used. The cost and institutional burden of assessing many fundamental GME outcomes, such as specialty, geographic physician distribution, training-imprinted cost behaviors, and populations served, could be mitigated as data sources and methods for assessing GME outcomes and guiding training improvement already exist. This new capacity to assess system-level outcomes could help institutions and policymakers strategically address the greatest public needs. Measurement of educational outcomes can also be used to guide training improvement at every level of the educational system (i.e., the individual trainee, individual teaching institution, and collective GME system levels). There are good examples of institutions, states, and training consortia that are already assessing and using GME outcomes in these ways. The ultimate outcome could be a GME system that better meets the needs of society and better honors what is now only an implicit social contract.

Wang T, Amechi C, Anderson AA, Eden AR, **Bazemore AW**

Variation in Scope and Area of Practice by Family Physician Race and Ethnicity

JABFM (policy brief). 2022 May-Jun;35(3):454-456. doi: 10.3122/jabfm.2022.03.210362.

<https://www.jabfm.org/content/35/3/454>

Family physicians who are self-identified members of Black, Hispanic, and American Indian/Alaska Native racial groups are more likely to practice in disadvantaged areas but also tend to have narrower scopes of practice when compared with White family physicians, despite holding the same certification. Considering the established benefits of comprehensive primary care, these results suggest the need for policies incentivizing and supporting broader scopes of practice in disadvantaged areas.

Yang Z, Ganguli I, Davis C, Dai M, **Shuemaker JC**, Peterson LE, **Bazemore, A**, **Phillips RL**, Chung Y. *Physician versus Practice-Level Primary Care Continuity and Association with Outcomes in Medicare Beneficiaries*. Health Services Research. 2022 Aug;57(4):914-929. doi: 10.1111/1475-6773.13999. Epub 2022 May 30. <https://onlinelibrary.wiley.com/doi/10.1111/1475-6773.13999>

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. Primary care continuity of care could serve as a potent value-based care quality metric. Physician-level continuity is a unique value center that cannot be supplanted by practice level continuity.

Please let us know if you are interested in hearing more about our work or if you would like to [collaborate](#) with us.

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