



MARCH 29, 2021

Hello and Welcome to the first CPV Newsletter!

This is the first edition of our new quarterly newsletter, designed to keep you informed on the work we're doing, including the latest publications, events, convenings and other activities.

Articles Published First Quarter 2021

[Primary Care in the US: A Chartbook of Facts and Statistics \(in part with the Robert Graham Center\)](#)

[Primary Care Physicians and Spending on Low-Value Care Annals of Internal Medicine](#)

[Primary care perspectives on pandemic politics](#)

[Primary Care in the COVID-19 Pandemic: Essential, and Inspiring](#)

[A Cross-Sectional Study of Factors Associated With Pediatric Scope of Care in Family Medicine](#)

[The Essential Role of Family Physicians in Providing Cesarean Sections in Rural Communities](#)

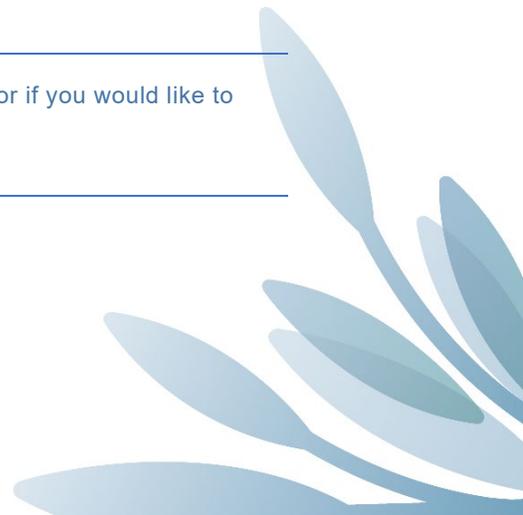
[Quality Changes among Primary Care Clinicians Participating in the Transforming Clinical Practice Initiative](#)

[Estimated Effect on Life Expectancy of Alleviating Primary Care Shortages in the United States](#)

[Developing measures to capture the true value of primary care](#)

[Uniting Public Health and Primary Care for Healthy Communities in the COVID-19 Era and Beyond](#)

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



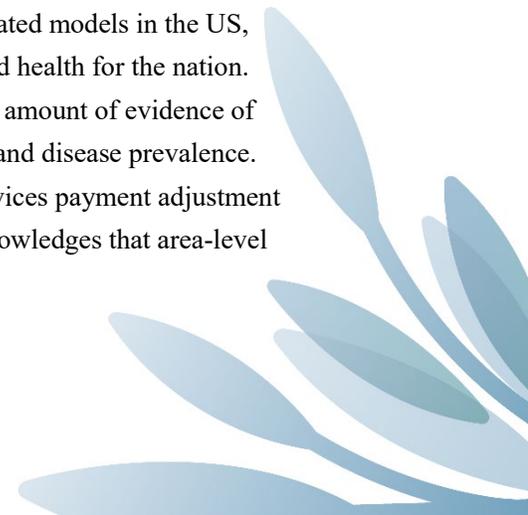
First Quarter 2021 Convenings

Adjusting Payments for SDOH – January 11, 2021

On January 11th, the ABFM & Center for Professionalism & Value hosted a one, full-day brainstorming event to design a future state CMS payment system that incorporates social risk in a sustainable, equitable way entitled “Designing Future State to Account for Social Risk in CMS Payments | The Center for Professionalism and Value in Health Care”. This convening of CMS, ASPE, safety net health plan, clinician, state, and patient stakeholders provided the unique opportunity to collaboratively design potential new approaches to risk adjustment for the Medicare and Medicaid programs.

A mix of social, environmental, occupational, and economic factors collectively labelled the social determinants of health (SDOH) have a greater combined influence on the morbidity and mortality of our patients than the services we deliver in traditional medical care. Addressing SDOH can prevent illness and unnecessary services and produce better health. And yet, U.S. health care payments do not typically adjust for these factors to support related needs and services and do not support the teams or delivery redesign needed to adequately address SDOH. Therefore, health plans that serve members with disproportionately higher SDOH needs have significantly higher resource demands and require significantly higher reimbursement. The current reimbursement scheme based on Hierarchical Condition Category (HCC) risk adjustment does not take into account SDOH and perpetuates systematic disparities for the most vulnerable patients and the health plans that serve them.

The 2014 IMPACT Act directed the US Secretary of Health & Human Services to review the evidence linking social risk factors with performance under existing federal payment systems and to suggest policy options. Most US states now require accessing and addressing social determinants in Medicaid contracts but most of these offer insufficient specificity or adjustment tied to accountability. And while there are several research studies and philanthropic demonstrations focused on addressing social determinants, there is little U.S. evidence available on which to build. Other countries, including England, have for decades routinely adjusted payments for health care and social services to account for neighborhood deprivation. These international examples, and related models in the US, have the potential to improve the effectiveness of value-based purchasing and health for the nation. There are several related small-area SDOH indices in the US with a growing amount of evidence of their relationships to important health outcomes, avoidable hospitalizations, and disease prevalence. These indices are potential candidates for meaningful and reliable health services payment adjustment and the second letter to Congress in response to the 2014 IMPACT Act acknowledges that area-level rise may be a viable way to adjust resources to providers.



Consideration of small-area based SDOH indices as a mechanism for payment and quality measure adjustment in response to the 2014 IMPACT Act: Small-area based SDOH indices can also be used as a mechanism for health system and /or neighborhood-level resource allocation, for individual patient-level resource allocation, programmatic targeting, and service eligibility determinations. This latter point can be especially important in promoting increased efficiencies for front-line providers in service-outreach efforts. Precision-Level geographic approaches like these can also naturally enhance synergy and collaboration amongst the multitude of federal, state, local and private agencies that address social determinants of health. [More on the CPV website](#)

Setting a Research Agenda for the use of Artificial Intelligence & Machine Learning in Primary Care – March 18-19, 2021

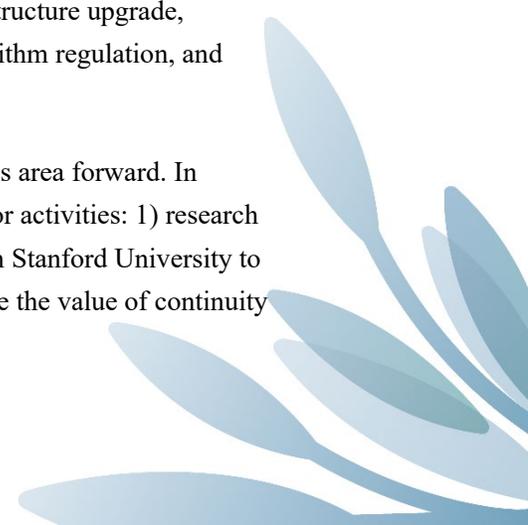
The Center for Professionalism And Value in Healthcare (CPV) collaborated with American Board of Family Medicine (ABFM) and Stanford Center for Population Health Science to convene a virtual meeting titled “Setting a Research Agenda for the use of Artificial Intelligence & Machine Learning in Primary Care” on March 18th to 19th 2021.

Over two days, a small group of top researchers, federal funders, and thinkers across the US with the combined knowledge of primary care, AI, large datasets, and policy gathered virtually to discuss the state of AI techniques, their use in, and influence on primary care. The speakers and participants included academic researchers and thought leaders in primary care and artificial intelligence from Stanford University, Harvard University, Pennsylvania University, Duke University, Oregon Health Sciences University, University of Houston, and UPMC, along with leaders from two big payers (Optum and Humana) and federal agencies (Secretary’s office – HHS, AHRQ and NIH)

As a result, the group declared an IDEAS agenda for research and a priority list of issues that should be considered in the near future. Dr. Zhou Yang is leading a manuscript based on the conference discussion and planning to submit it for publication in 2 weeks.

In specific, the IDEAS agenda summarizes the five domains of integrating AI/ML in primary care practice or research transformation. They are: 1) Information and data infrastructure upgrade, 2) Delivery Transformation, 3) Evaluation method modernization, 4) Algorithm regulation, and 5) Social justice promotion.

Besides the publication, Dr. Zhou Yang will lead the research portfolio in this area forward. In collaboration with CPV and ABFM colleagues, we will engage in these major activities: 1) research project and grant collaboration with academia. E.g. we are collaborating with Stanford University to submit a research grant to Betty and Gordon Moore Foundation to investigate the value of continuity



of care on diagnostic excellence and quality of care 2) Sidebar conversations and small group conversation to actively participate in policy discussion about AI regulation which is in infancy state. E.g. We will follow up with Dr. Christina Silcox of Duke to discuss FDA regulation on AI. 3) networking and physician leader engagement. We will enhance our network with ABFM diplomates, in particular physician leaders, such as Dr. Steven Lin of Stanford, for knowledge exchange and collaborations on both research and demonstration projects in the field to transform primary care with AI technology. [More on the CPV Website](#)



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