

DECEMBER 12, 2022

Happy Holidays from the CPV!



LATEST NEWS



Advisory Board Annual Meeting:

We were finally able to host our Advisory Board in person! It was a successful meeting and even better conversation.

Big thanks to our departing members, Norm Kahn and Sam Johnson and a big welcome to our new members, Julie Schilz and Holly Miller. You can read more about our amazing Board [here](#).

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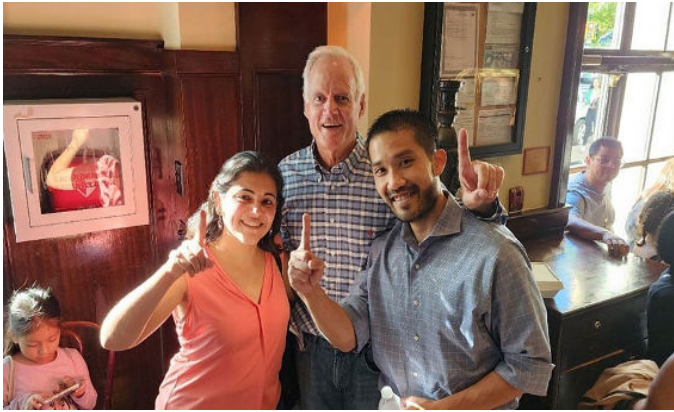
Puffer Celebration:

The [Puffer Fellowship 10th Anniversary Celebration](#) weekend was planned in conjunction with [NAM's 50th Anniversary](#) Meeting, bringing together current and past Puffer Fellows, and other NAM (National Academy of Medicine) members.

Weekend Activities included a welcome event at the CPV for Puffer Fellows, a group dinner at Georgia Brown's, panel presentations by Puffer fellows, invigorating discussions, a scavenger hunt and dine-around, and a great deal of fun.



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VISITING SCHOLARS



Madison McCraney is a graduate student in the Florida State University MPH program and an intern with the Florida Agency for Health Care Administration. Under the mentorship of Dr. Christopher Cogle, Chief Medical Officer for Florida Medicaid. Ms. McCraney's work at the ABFM is focused on repurposing state Medicaid funding of Graduate Medical Education to increase access to care for Medicaid patients and for people living in rural and underserved areas.



David Loxterkamp, MD is nearing retirement after almost 35 years in rural practice and 3 years of teaching in a family medicine residency program. His professional interests include rural medicine, the care of patients with substance abuse, and practice transformation. Dr. Loxterkamp focused on Professionalism in Practice, focusing on Altruism and the Culture of Caring.



FORMER FELLOW WORK



Our 2021-2022 CPV Fellow, [Emmeline Ha](#), authored a wonderful essay sharing her personal journey during covid.

Read this amazingly raw and honest piece [here](#).



POLICY EFFORTS

[The Path to Coordinated Federal Leadership to Strengthen Primary Care Report](#)

The CPV continues to help shepherd the implementation recommendations of the 2021 National Academies' report, [Implementing High Quality Primary Care: Rebuilding the Foundation of Health Care](#). The Milbank Report linked above relates the implementation of a primary care strategy infrastructure within the US Department of Health and Human Services to pressing, national health problems. The HHS (Health and Human Services) Initiative to Strengthen Primary Health Care will hand off its recommendations and priorities to the HHS Secretary before the end of 2022 and should lead to a coordinating council. The National Academies are still taking sponsorship pledges to support an external advisory council but is preparing to launch this in conjunction with the HHS Council. The Milbank Report endorses both of these and also recommends a permanent HHS Office of Primary Care to ensure ongoing federal infrastructure for primary care. The [Primary Care Centers Roundtable](#) recently published a related [JAMA Health Forum Viewpoint](#) and, at the end of November, sent letters to dozens of HHS agency leaders congratulating them on the report to the Secretary and asking for their continued support. The [Primary Care Collaborative](#)'s annual meeting will likewise focus on the report and progress made on its five objectives. The PCC has been spearheading the [Payment recommendations](#) which are making headway with the Medicare Innovation Center's use of the report as a playbook in developing a new [advanced primary care payment model](#). We are currently developing an international meeting to take place in July 2023 that will bring HHS and, hopefully, USAID together to discuss shared learnings about primary health care with developed countries, and how to support it in developing countries.



MTM UPDATES



As part of our [collaboration](#) with The Gordon and Better 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, the 3rd Cohort of Diagnostic Excellence Grantees gathered at Battelle's headquarters in Columbus, OH on October 20 - 21 for the mid-grant meeting. Grantees

shared progress on their work, exchanged ideas, and heard patient perspectives on the diagnostic process. Jill Shuemaker and Denise Pavletic had a wonderful time representing the CPVHC!

In other great news, the ABFM's CPVHC are excited to announce we are developing a **Physician Trust Patient Reported Outcome Performance Measure (PRO-PM)** as part of a suite of measures in ABFM's [Measures That Matter to Primary Care Initiative](#) for use by primary care physicians in federal payment programs and for quality improvement purposes. This suite of measures are those that the ABFM endorses for simplifying and improving measurement of Primary Care. The Center's aim in developing these measures is to better align assessment and payment policies with what patients and clinicians know to be valuable, to reduce burden, and to reduce burnout.

As part of the conceptualization of the Physician Trust PRO-PM, ABFM convened an esteemed Technical Expert Panel (TEP) in October 2022. The panel's objectives were to 1). Define trust and the value it brings to primary care, 2). Define why trust is important to our stakeholders, 3). Define how a primary care clinician can improve trust. ABFM will use the feedback from the TEP to refine the measure before it will be made available for broad use in federal payment programs.



PUBLICATIONS

Phillips RL., Koller C, Chen HM A

[*The Path to Coordinated Federal Leadership to Strengthen Primary Care Report*](#)

Millbank Memorial Fund

As the nation struggles to find a new equilibrium in health care services delivery and financing in the wake of the COVID-19 pandemic, it faces four foundational and interconnected population health challenges: a growing recognition of the toll of health inequities on vulnerable populations, pandemic recovery and future resilience, a resurgent opioid epidemic, and a growing mental health crisis, especially for children and teens. Investment in primary care, which the 2021 National Academies of Science, Engineering, and Medicine (NASEM) report *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care* named a common good, will help the US address each of these challenges. But aligning federal levers will be necessary. The NASEM report recognized that primary care, the largest platform for health care and the only one associated with improved health equity, has no coordinating leadership at the federal level. The report recommended that the U.S. Department of Health and Human Services (HHS) fill this void by establishing a Secretary's Council on Primary Care, which would be advised by a Primary Care Advisory Committee, consisting of stakeholders.

Hughes, LS, Cohen DJ, **Phillips RL.**

[*Strengthening Primary Care to Improve Health Outcomes in the US—Creating Oversight to Address Invisibility*](#)

JAMA Health Forum. 2022;3(9):e222903

Primary care funding and policy making are spread across multiple federal agencies, and these efforts are rarely coordinated. Funding and technical assistance for innovative primary care models are provided through the Center for Medicare & Medicaid Innovation. Safety-net practices and related workforce issues are addressed by the Health Resources and Services Administration. The vast majority of funding for graduate medical education that produces the primary care workforce to care for patients, families, and communities across the US flows from the Centers for Medicare & Medicaid Services. This diffusion of leadership and responsibility for primary care persists without a clear federal role—and the necessary authority and resources to coordinate and integrate policies designed

to strengthen primary care and its ability to solve pressing health problems. This lack of leadership creates the potential for misunderstandings to emerge that can threaten the health and well-being of patients. Potential solutions to these problems were identified in a May 2021 consensus report, “Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care,” produced by the National Academies of Sciences, Engineering, and Medicine (NASEM).³ The prior NASEM report solely dedicated to primary care was published in 1996.⁴ The new report calls for the creation of a Secretary’s Council on Primary Care within the US Department of Health and Human Services (DHHS) that would be tasked with advancing “whole-person, integrated, accessible, and equitable primary care.” This Council would be composed of federal agency representatives and supported by a federally appointed advisory committee of key external stakeholders, including patients.

Dai M, Pavletic D, Shuemaker J, Solid C, Phillips RL.

[Measuring the Value-Functions of Primary Care: Physician Level Continuity of Care Quality Measure](#)
[Annals of Family Medicine](#)

The Annals of Family Medicine November 2022, 20 (6) 535-540

Continuity of care is foundational to the clinician/patient relationship in the family medicine context; however, few metrics exist which allow researchers to track continuity of care as a measurement of clinical quality. One metric developed by the American Board of Family Medicine (ABFM) provides researchers with a means of measuring clinical quality in the primary care setting. Called the Physician Level Continuity of Care Measure (or CoC measure for short), the measure only recently received full National Quality Forum (NQF) endorsement. In this paper, researchers present the results of rigorous validity and reliability testing for the CoC measure required for NQF endorsement.

Savage Hoggard, Courtney L. MBE1; Kaufman, Arthur MD; Michener, J. Lloyd MD; Phillips, Robert L. Jr

[Academic Medicine’s Fourth Mission: Building on Community-Oriented Primary Care to Achieve Community-Engaged Health Care](#)

Academic Medicine: October 03, 2022 - Volume - Issue - 10.1097/ACM.0000000000004991

A 2021 article, “Now is our time to act: Why academic medicine must embrace community collaboration as its fourth mission,” by Association of American Medical Colleges (AAMC) authors, including AAMC president and CEO Dr. David J. Skorton, offers 2 aims that are highly related: community collaboration and health equity. The AAMC’s call to prioritize community collaboration and health equity as pillars of the academic medicine mission echo earlier work on community-oriented primary care (COPC) and an even more robust model that builds on COPC, community-engaged health care (CEHC). COPC is a tested, systematic approach to health care by which a health clinic or system collaborates with a community to reshape priorities and services based on assessed health needs and determinants of health. COPC affirms health inequities’ socioeconomic and political roots, emphasizing health care as a relationship, not a transaction or commodity. Communities where COPC is implemented often see reductions in health inequities, especially those related to socioeconomic, structural, and environmental factors. COPC was the foundation on which community health centers were built, and early models had demonstrable effects on community health and engagement. Several academic health centers build on COPC to achieve community-engaged health care (CEHC). In CEHC, primary care remains critical, but more of the academic health center’s functions are pulled into community engagement and trust building.

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Thus, the AAMC has described and embraced a care and training model for which there are good, longitudinal examples among medical schools and teaching hospitals. Spreading CEHC and aligning the Community Health Needs Assessment requirements of academic health centers with the fourth mission could go a long way to improving equity, building trust, and repairing the social contract for health care.

Davis CS, Roy T, Peterson LE, Bazemore AW

[*Evaluating the Teaching Health Center Graduate Medical Education model at 10 years: Practice-based Outcomes and Opportunities*](#)

Journal of Graduate Medical Education 2022;14(5):599–605

Using 2017-2020 data from the American Board of Family Medicine National Graduate Survey, we compared demographics, practice location, populations served, and scope of practice between graduates of THC GME programs and graduates of other family medicine programs. Our sample comprised 8608 (out of 13 465) eligible family medicine graduates 3 years after completion of residency training, for a response rate of 63.9%. THC graduates were significantly more likely than other graduates to practice in a rural location (17.9% to 11.8%), within 5 miles of their residency program (18.9% to 12.9%), and to care for medically underserved populations (35.2% to 18.6%). Their scope of practice was wider than other graduates and more likely to comprise services like buprenorphine prescribing, behavioral health care, and outpatient gynecological procedures. Regression results suggest that THC training is independently correlated with a broader scope of practice. Graduates of THC programs were significantly more likely than graduates of other programs to practice close to their training sites and in rural areas, and to care for underserved patients while maintaining a broader scope of practice than other graduates.

Eden Aimee R., Taylor Leina K and Emmeline Ha

[*Family Physician Racial Identity: An Analysis of “Other” Race Selection and Implications for Future Data Collection*](#)

The Journal of the American Board of Family Medicine October 2022, 35 (5) 1030-1031

Family physicians who report their race as “Other” in a single best option question find the existing categories and forced choice of one category to be problematic. Our analysis of open-text responses in the “Other” race category supports a modification in the way these data are collected to provide more accurate and meaningful ways to understand the workforce and move toward more diverse, equitable, and inclusive policies in family medicine.

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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