Developing an Action Plan to Implement High-Quality Primary Care

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National Academies of Medicine
Committee on Implementing High-Quality Primary Care
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Five Messages

1. Stay focused on the study's goal: create an action plan for implementation

2. Be careful not spend a lot of time chronicling the value of primary care

3. Embrace a forward-thinking vision of primary care

4. Be informed by data, but not bound by it

5. Build on implementation lessons from the past 10+ years
1. Stay Focused on the Goal

Challenges and options to improve primary care are well documented. What's needed is an action plan for implementation.

(National Academies, Future of Primary Care meeting, July 2018)
2. Avoid Chronicling the Value of Primary Care

Contribution of Primary Care to Health Systems and Health

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Evidence of the value of primary care is accumulating every year, but efforts to document the value of primary care are typically lacking. This paper reviews the literature on the contribution of primary care to health systems and health, with a focus on the impact of primary care on health outcomes, health care costs, and health care quality. The authors argue that primary care is a critical component of a high-quality health care system, and that efforts to document the value of primary care are crucial for advancing the field.

Primary Care: A Critical Review Of The Evidence On Quality And Costs

By Mark W. Friedberg, Peter S. Hussey, and Eric C. Schneider

Review Article

The Impact of Primary Care: A Focused Review

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The 10 Building Blocks of High-Performing Primary Care

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ABSTRACT

Our experiences studying exemplary primary care practices, and our work assisting other practices to become more patient centered, led to a formulation of the essential elements of primary care, which we call the 10 building blocks of high-performing primary care. The building blocks include engaged leadership, data-driven improvement, empowerment, and team-based care—that assist the implementation of the other 9 building blocks—patient-team partnership, population management, continuity of care, prompt access to care, comprehensiveness and care coordination, and a template of the future. The building blocks, which represent a synthesis of the innovative thinking that is transforming primary care in the United States, are both a description of existing high-performing practices and a model for improvement.

3. Embrace Forward-thinking Vision of Primary Care

- Multidisciplinary Teams
- Integration of Digital Health Tools
- Integration with Behavioral Health, Public Health, and Health-Related Social Needs
- Patient, Family and Community Engagement
Challenges to Wrestle With

- How will you reconcile the traditional tenets of primary care with the profusion of alternative models that are sprouting up everywhere (first contact v. continuity)?

- Provide guidance to the field about how we should meet the country’s PC needs while accommodating innovation

- Role of private equity
  - “Easy” to be led astray by the market
  - Tempting to focus on “high-cost” patients or “easiest to serve” patients
  - Also tempting to criticize the investors, but we need the innovation
The Netherlands has universal health insurance — and it’s all private

How the Dutch harnessed the market to cover everybody.

By Dylan Scott | @dylaniscott | dylan.scott@vox.com | Jan 17, 2020, 8:00am EST

Photographs by Marlena Waldthausen for Vox
4. Be Informed by Evidence, Not Bound by It

Graphic Source: CMS Wire, “Is Your Company Data-Driven or Data-Informed” May 21, 2019
5. Build on Implementation
Lessons from the Past 10+ Years

Questions?

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Attributes of High-Quality Primary Health Care for Low-Income Populations: What Does the Evidence Suggest?

- Multidisciplinary teams with community health workers\(^1,2\)
- Integration of primary health care with public health, social services, and behavioral health\(^3\)
- Mobile or digital health\(^4,5\)
- Proactive patient and family engagement to address physical, social, and cultural barriers to care\(^6,7\)
- Active use of data to manage and improve patient care and system performance\(^8,9\)
- Geographic empanelment, including appropriate risk stratification and targeting\(^10\)
- Medical home capabilities as a foundation\(^11\)