



Practice Transformation:

Why Medical Students
and Family Medicine Residents
Will Save America

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Summer 2017

An update from the Practice Transformation Core Team of
Family Medicine for America's Health (FMAHealth)



Topics to cover

- What's up with FMAHealth these days?
- Why is person-centered care important?
- Why is change hard and what can we do about it?
- The function of the "change agent"
- How can I be prepared for what will be asked of me?

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"The Working Party"



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FAMILY MEDICINE
for AMERICA'S HEALTH



Seven Core Strategies

In collaboration with patients and other primary care professionals:

- | | | |
|--|--|--|
| 1. SHOW THE BENEFITS OF PRIMARY CARE | 2. EVERY PERSON WILL HAVE A PERSONAL RELATIONSHIP WITH A TRUSTED FAMILY PHYSICIAN OR OTHER PRIMARY CARE PROFESSIONAL, IN THE CONTEXT OF A MEDICAL HOME | 3. ACHIEVE THE TRIPLE AIM |
| 4. REDUCE HEALTH CARE DISPARITIES | | |
| 5. LEAD THE CONTINUED EVOLUTION OF THE PATIENT CENTERED MEDICAL HOME | 6. ENSURE A WELL-TRAINED PRIMARY CARE WORKFORCE | 7. MOVE PRIMARY CARE REIMBURSEMENT AWAY FROM FEER-FOR-SERVICE AND TOWARDS COMPREHENSIVE PRIMARY CARE PAYMENT |

What is the work of the seven Tactic Teams?

Build a practice transformation framework that meets family physicians where they are and helps them get ready for the value-based world on the horizon.

Collaborate with primary care organizations, with medical schools across the U.S., and other stakeholders to reduce health disparities.

Work with patients and other primary care professionals to improve the value—and extend the benefit—of primary care.

Galvanize the research community to demonstrate primary care's ability to meet the Triple Aim.

Cross Tactic Team on Health Equity

Practice

Payment

Workforce

Technology

Research

Engagement

FAMILY MEDICINE AMERICA'S HEALTH

Help physicians, employers and insurers make the transition to comprehensive payment for primary care.

Increase medical student choice of family medicine, recruit, retain, and develop faculty and preceptors.

Build a vision for primary care technology in the value-based world and work on identifying and overcoming the barriers to getting there.

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Practice Team

Enable family physicians, and other primary care professionals, to provide people with the right care at the right place at the right time at the right cost. In order to do this:



Build on success of the PCMH and chart a course for the evolution of primary care practice over the next five years—including a plan to support implementation.



Champion a metrics framework that recognizes and supports the value of patient-centered primary care and advances health.



Develop and execute a plan to ensure everyone in the country has an ongoing relationship with a family physician or other primary care professional.

Practice Team Initiatives

Elevator Pitches for multiple stakeholders

Practice Readiness Project

Pathways to Practice Transformation & Payment Reform

Measures That Matter Project

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Payment Team

Provide the highest quality and lowest cost primary care to people throughout the country. To make this possible:



Build the business case needed to help patients, family physicians, employers and payers transition to a comprehensive primary care payment model as quickly as possible.



Cultivate partnerships with small and large employers, health and hospital systems, and third party payers.



Collaborate with other tactic teams to help physicians and practices make the transition to a comprehensive primary care payment model.

Payment Team Initiatives

Qualitative study of physicians and practices working in a comprehensive payment framework.

Make the business case for comprehensive payment—calculator project—to calculate the cost of comprehensive care for an individual patient and a patient population.

Project to help primary care physicians and care teams participating in healthcare systems and group practices receive payment commensurate with the value they provide

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Pathways to Transformation

Blend the work of the Payment and Practice Core Teams to prepare the "family" of Family Medicine to launch beyond PCMH:



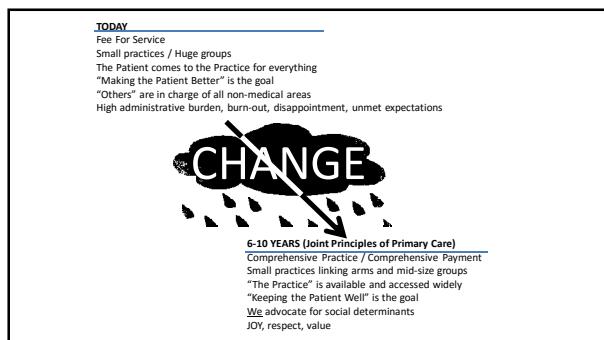
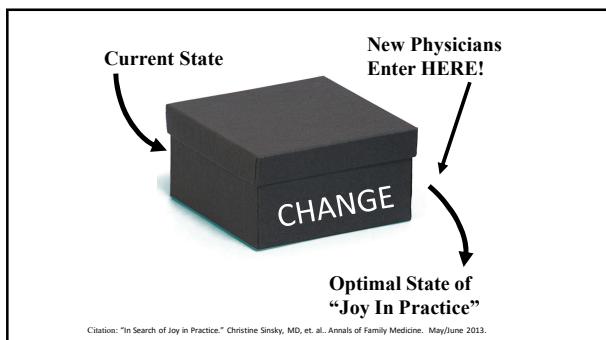
Help practices re-tool their processes to provide more person-centered care

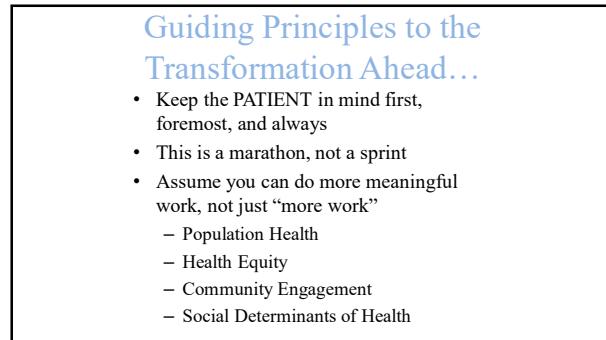
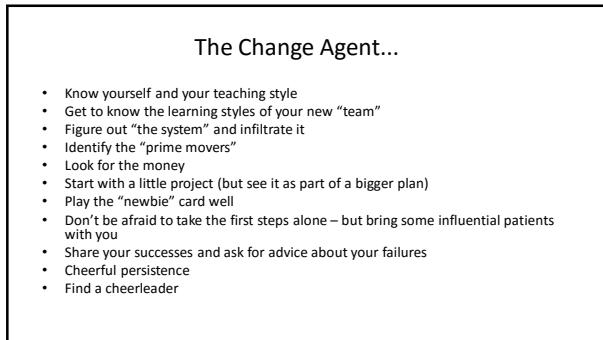
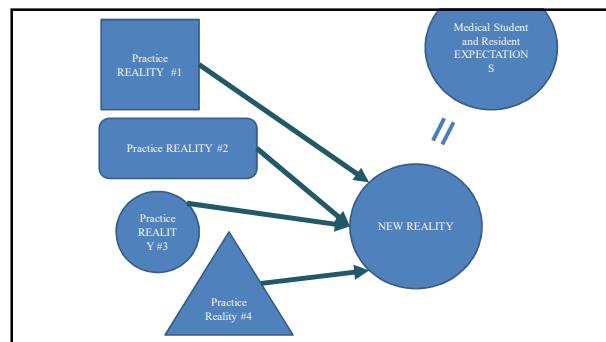
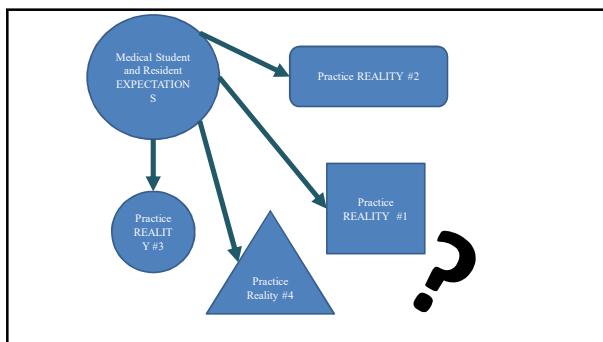
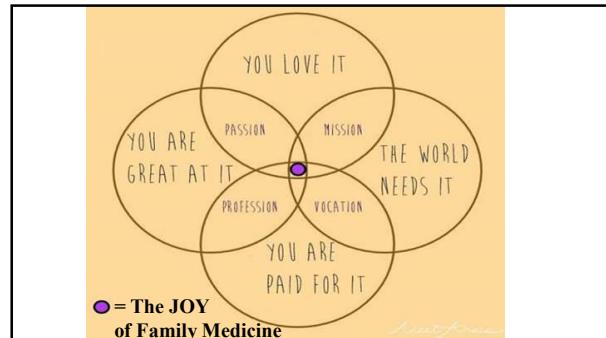
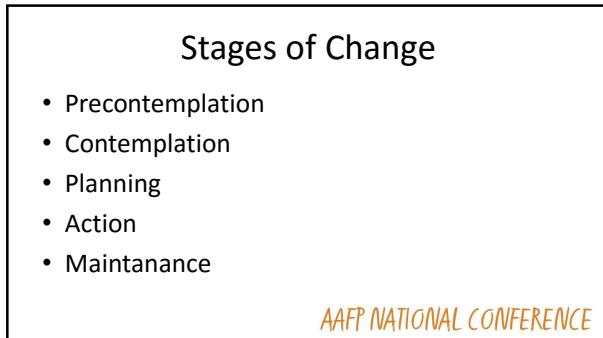


Cultivate partnerships in communities, in practices, in teams, statewide and nationally to assure success



Leverage new payment models (MACRA, DPC, CPC+, Self-insured employers, etc) to provide the capital for success





FIRST STEPS...

- Read about the PCMH
- Read about Tom Bodenheimer's work
- Talk to your patients
- Explore "teams of care"
- Use technology wisely
- Collaborate & Communicate
- Know the Joint Principles of Primary Care

Joint Principles of Primary Care

- Continuous
- Comprehensive
- Person-centered
- Accessible
- Integrated
- Coordinated
- Team-based

Some Quotes to guide you...

- "It isn't 'patient-centered' until the patient says it is 'patient-centered'" – Reid Blackwelder
- "We cannot let our autonomy, responsibility and authority erode from the pressures of 'the system'. If we do, we are turning our backs on our specialty" – Larry Green
- "People who say it cannot be done should not interrupt those who are doing it" – Toby Mac
- "Anxiety is the dizziness of freedom" – Soren Kierkegaard

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Q&A

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