Commission on Quality and Practice 2017 Annual Report

COMMISSION ON QUALITY AND PRACTICE

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Purpose & Scope of Work

The Commission on Quality and Practice focuses on issues that pertain to the practice environment of family physicians. As one Commission Member aptly put it, the CQP is the "broccoli and peas" of primary care. That is, the Commission handles many issues that fall outside the purview of direct clinical medicine, such as practice transformation, care delivery models, payment methodology, practice management and quality assurance, that are absolutely essential to family physicians' work and family physicians' enjoyment of work, yet are very challenging for the average family physician to grapple with, given the complexity of many of these topics and the lack of training that we receive in these areas. Thus, they can be a large source of stress and confusion for many people. This "broccoli and peas" analogy is especially apt; in the same way that broccoli and peas fortify our health, when these elements of primary care are exemplary, they have the power to transform family physicians' experiences.

Much of the focus of this year's cluster meetings was MACRA, Medicare's payment reform. The Commission spent a great deal of time trying to understand the intricacies of MACRA in order to transmit this information to AAFP members and family physicians at large. The Commission spent a great deal of time talking about the best way to deliver this information to its members, especially those who are immersed in caring for patients and have minimal time to devote to revamping their practice, especially if they have limited resources or are solo providers. These discussions illuminated the tangible benefits that the AAFP strives to provide to its members, particularly around practice management and payment reform.

Given the focus on MACRA, I got to see firsthand how challenging it is to distill complicated legislation and translate it into practice for healthcare providers, which is incredibly valuable for students to do, especially as we think about novel ways to reform healthcare on a large scale.

Another large area of focus for the Commission was minimizing administrative burnout in various capacities. Regardless of practice environment, it was clear that many family physicians are suffering from burnout as a result of time spent doing things other than clinical care. One recent study in the Journal of General Internal Medicine found that for every hour primary care physicians spend doing direct clinical face time, nearly 2 additional hours is spent on EHR and deskwork, including administrative tasks[1]. The Commission on Quality

[1] Sinsky C, Colligan L, Li L, Prgomet M, Reynolds S, Goeders L, Westbrook J, Tutty M, Blike G. Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties Allocation of Physician Time in Ambulatory Practice. Annals of internal medicine. 2016 Dec 6;165(11):753-60.

and Practice talked at length about how the AAFP could support its members in addressing this challenge. These discussions took myriad forms, including topics such as quality measures, improving health information technology, and understanding successful care management models in primary care.

It was a huge privilege to serve on the Commission of Quality and Practice. As the student member, this Commission gave me a glimpse into the window of what it is like to be a practicing family physician in a way that no medical school rotation or extracurricular experience has. Sitting at a table among a diverse group of family physicians with wide ranging experiences that varied from working in a federally qualified health center to practicing direct primary care enabled me to appreciate the breadth of family medicine in a completely novel way. As somebody who is passionate about primary care and health care transformation, this position provided a tremendous opportunity to understand the nuances of how health care transformation truly happens. It is not an overnight process; rather, it requires building relationships and understanding the complexities that exist in our multi-tiered healthcare system that includes influences from individual physicians, health care institutions, political forces, and societal values. This Commission has encouraged me to seek further engagement in primary care transformation in all of the various forms that it takes. I highly recommend that anybody interested in the "*how"* of primary care delivery apply to this commission, as it is a tremendous opportunity to understand the nuances of primary care delivery.