

COVID-19 TOWN HALL Q&A – May 27, 2020

| QUESTION TOPIC INDEX | |
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| <ul style="list-style-type: none">• Telehealth• Advocacy and Government Relations• Health of the Public and Science• Practice Advancement• Medical Education | |
| MEMBER QUESTIONS | AAFP RESPONSES |
| TELEHEALTH | |
| What is the likelihood telehealth payment and parity from commercial insurers will be made permanent for Medicare? | This question was answered directly by Farzad Mostashari, MD, during the Town Hall session. Please see his response at the 40-minute mark in the video replay. |
| ADVOCACY AND GOVERNMENT RELATIONS | |
| What are legislative advocacy efforts we should be doing for payment reform? | This question was answered directly by Farzad Mostashari, MD, during the Town Hall session. Please see his response at the 43-minute mark in the video replay. |
| If a state approves primary care investment, how should we ask for it to be distributed? | Once a state approves increased investment in primary care, insurers are required to spend more on primary care. In Rhode Island, insurers responded by spending more on patient-centered medical homes (PCMHs), accountable care organizations (ACOs), performance incentives and “common good” services, such as health information technology, practice transformation and loan repayment programs. The American Academy of Family Physicians (AAFP) suggests that insurers invest in alternative payment models (APMs). |
| HEALTH OF THE PUBLIC AND SCIENCE | |
| To reduce the risk of nosocomial spread among known COVID-19-positive patients who need follow-up for their chronic diseases, what is the best recommendation about timing for when they should be seen in the office for routine care? | While understanding about the course of infection and viral shedding continues to change, the Centers for Disease Control and Prevention (CDC) has provided some guidance here and here for discontinuation of isolation, based on testing results and symptom resolution. |
| What are recommendations for outpatient recovery and retesting? | <p>It is difficult to interpret antibody testing at this time, given the limited accuracy of the current tests. This will depend on the prevalence of disease in the area where patients were tested.</p> <p>The following AAFP resources provide assistance about testing and managing the crisis.</p> |

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| How long is the usual course of fever in patients with COVID-19? | Fever is present in the majority of cases, but the average length of fever has not been documented in the medical literature. |
| Should primary care physicians wear masks and eye protection when seeing patients until the COVID-19 pandemic has resolved? | Yes. The CDC states that masks continue to be recommended for all patient care. Other types of personal protective equipment (PPE) are recommended for patients suspected of having COVID-19 or for areas with a high rate of community spread. |
| What are the recommendations for patients who test positive with a polymerase chain reaction (PCR) test persistently over a two-month period with positive antibody testing and show COVID-19 symptoms of fatigue? | There are still unknowns regarding the course of infection and length of viral shedding. Additionally, the PCR tests may be detecting non-infectious viruses. |
| How does primary care help us prepare and be protected for the next pandemic? | Primary care plays an important role in preventive care, immunization administration and disease surveillance. |
| What are recommendations for how primary care can receive more attention in emergency planning environments? | Nationally, the AAFP will continue to communicate and advocate with federal public health agencies on behalf of primary care. Family physicians can increase interaction with their local and state public health officials, especially during non-pandemic/emergent situations, to ensure they are built into their community response plans. |
| PRACTICE ADVANCEMENT | |
| What are alternatives to ACOs for solo physicians who do not live in an area where there is a Comprehensive Primary Care Plus (CPC+) medical home? | This question was answered directly by Farzad Mostashari, MD, during the Town Hall session. Please see his response at the 42-minute mark in the video replay. |
| How can we leverage patients' desires for changes in health care (i.e., telehealth, payment reform, care managers, etc.) to facilitate change in the health care system? | This question was answered directly by Farzad Mostashari, MD, during the Town Hall session. Please see his response at the 51-minute mark in the video replay. |
| What are recommendations to streamline value-based metrics to a reasonable three or four metrics across all payers? | Aligning performance measures across payers is the purpose of the Core Quality Measures Collaborative (CQMC), a collaboration of payers, health care professionals and other stakeholders. The AAFP advocates for harmonized metrics across payers in its advocacy with public and private payers (e.g., Medicare, commercial health insurers). In light of the current public health emergency, it has become obvious that the current approach to performance measurement must change. The AAFP's Vision and Principles of a Quality Measurement Strategy for Primary |

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| | <p>Care states, “There should be a single set of performance measures that are universal, meet the highest standards of validity and reliability, and are derived from data extracted from multiple data sources. The measures should focus on outcomes that matter most to patients and that have the greatest overall impact on better health of the population, better health care and lower costs. At the same time, the burden of measurement on practices should be minimized.”</p> <p>Performance must be examined at the organizational, community, state and national levels instead of at the individual physician level if we expect to make breakthrough improvements. Process measures are most useful for internal improvement efforts.</p> <p>While the exact measures will need to be determined, some possibilities include:</p> <ul style="list-style-type: none"> • The Person-centered Primary Care Measure (PCPM), which is a highly researched measure of the core functions of primary care. The measure is patient-reported and would present a low burden if implemented properly. • Other primary care measures that are currently being researched and tested regarding continuity, comprehensiveness and low-value care. All would be calculated using widely available data instead of individually reported. • Geographically determined outcome measures, such as costs, disparities, rates of procedures, low-value care, etc., using geomapping software and data extracted from existing databases. Such data would be used to identify outliers so communities could focus on real issues hindering access and outcomes. • Electronic data that is critical to reducing burden. Progress is being made on establishing standards that would allow all electronic health record (EHR) systems to gather and exchange a common set of data that could be extracted for calculation of performance measures. <p>Farzad Mostashari, MD, suggested the use of these quality measures: blood pressure, statins and A1c; possibly net promoter score; total cost of care and risk-adjusted hospitalizations calculated using claims data.</p> |
| How can we best serve self-pay patients, and those who belong to systems such as Medi-Share and Samaritan Ministries? | You can best serve patients by providing the same level of continuous, comprehensive, primary care to all your patients, regardless of source of payment. For patients without health insurance, such as self-pay patients and |

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| | those who belong to health care sharing programs, such as Medi-Share and Samaritan Ministries, you will need to collect from them directly. Depending on the patient's ability to pay, this may involve collecting the total amount in smaller increments over time, and in some cases, it may involve waiving or reducing your fees due to financial hardship. |
| Can the AAFP offer advice for a solo physician who does not want to belong to an ACO? | Solo practice remains a viable option for many family physicians, although it may mean altering the practice model in some cases. For instance, some family physicians are able to maintain their solo practice while taking advantage of some of the benefits available through an ACO by voluntarily participating in an independent physician association or clinically integrated network . Another option is the direct primary care model. |
| MEDICAL EDUCATION | |
| What advice would you give to a second-year resident beginning to look at practice opportunities in 13 months, considering all of the changes during the COVID-19 pandemic? | This question was answered directly by Farzad Mostashari, MD, during the Town Hall session. Please see his response at the 47-minute mark in the video replay. |

