The Shared Principles of Primary Care: A Call to Action

PDW and RPS Residency Education Symposium
March 26, 2018

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ACGME Board of Directors
COGME Council Member

“IT WAS THE BEST OF TIMES, IT WAS THE WORST OF TIMES, IT WAS THE AGE OF WISDOM, IT WAS THE AGE OF FOOLISHNESS.”

Charles Dickens
Major U.S. Health Care Problems

- 28.5 Million Uninsured*  
  - (Down from 18% to 9%)
- Wrong Focus  
  - Disease Instead of Health
- Wrong Delivery Model  
  - Not Enough PCP’s  
  - Poor Access
- Staggering Costs
- Quality Problems
- Health Care Insurance Problems
- Chaos in D.C.

http://files.kff.org/attachment/Fact-Sheet-Key-Facts-about-the-Uninsured-Population

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The Washington Post

Once again, U.S. has most expensive, least effective health care system in survey

By Lenny Bergstein  June 13, 2014

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AMERICAN ACADEMY OF FAMILY PHYSICIANS
“INSANITY: DOING THE SAME THING OVER AND OVER AGAIN AND EXPECTING DIFFERENT RESULTS.”

Albert Einstein

“NOBODY KNEW HEALTH CARE COULD BE SO COMPLICATED.”

Donald Trump
February 28, 2017
Why Primary Care?

- Greater Access to Needed Services
- Better Quality of Care
- A Greater Focus on Prevention
- Early Management of Health Problems
- Cumulative Effect of Primary Care to more Appropriate Care
- Reducing Unnecessary and Potentially Harmful Specialist Care
- Decreased Morbidity and Mortality
- More Equitable Distribution of Health in Populations
- Lower Cost of Care
- Better Self-Reported Health
- High Value Care


Primary Care – Should Be The Foundation of All Health Care Systems in the World

- World Health Organization – 2008
- Institute of Medicine – 1994
- Barbara Starfield – 1992
- Commonwealth Fund - 2013
Joint Principles of the Patient Centered Medical Home

- Personal Physician
- Physician Directed Medical Practice
- Whole Person Orientation
- Care is Coordinated/Integrated
- Quality and Safety
- Enhanced Access
- Payment

The effort began when the PCPCC and FMAHealth learned they were heading in the same direction

- Speak with one voice
- Creating a set of principles of primary care that all could share and implement
- PCPCC and FMAHealth decided to work together
A diverse group of stakeholders was assembled to guide the work

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The Steering Committee began by defining its objectives

- **Develop a set of person centered, team based principles of primary care.**
- **Inclusive not exclusive**
- **Vibrant future** of person-centered, team-based, community aligned primary care that will help achieve the **goals** of **better health, better care, and lower costs**.
The Steering Committee decided to take the following steps…

- Research prior work on principles of primary care, including the Joint Principles of Primary Care, in order to build on that work
- Public survey to determine what needed to be included
- Convene an in-person working Summit in November 2016
- Feedback from a large group of patient and family advisors
- Craft a draft set of Shared Principles of Primary Care
- Conduct a final public survey to get feedback on the draft
- Final adjustments to the Shared Principles
- Invite all organizations, large and small, who have a stake in primary care to sign on and support the Shared Principles

The Result:
Seven Principles of Person Centered & Team-based Primary Care

1. Person & Family Centered
2. Comprehensive & Equitable
3. Continuous
4. Coordinated & Integrated
5. Accessible
6. Team Based & Collaborative
7. High Value
Person & Family-Centered

- Primary care is focused on the whole person — their physical, emotional, psychological and spiritual wellbeing, as well as cultural, linguistic and social needs.

- Primary care is grounded in mutually beneficial partnerships among clinicians, staff, individuals and their families, as equal members of the care team. Care delivery is customized based on individual and family strengths, preferences, values, goals and experiences using strategies such as care planning and shared decision making.

- Individuals are supported in determining how their family or other care partners may be involved in decision making and care.

- There are opportunities for individuals and their families to shape the design, operation and evaluation of care delivery.

Comprehensive & Equitable

- Primary care addresses the whole-person with appropriate clinical and supportive services that include acute, chronic and preventive care, behavioral and mental health, oral health, health promotion and more. Each primary care practice will decide how to provide these services in their clinics and/or in collaboration with other clinicians outside the clinic.

- Primary care providers seek out the impact of social determinants of health and societal inequities. Care delivery is tailored accordingly.

- Primary care practices partner with health and community-based organizations to promote population health and health equity, including making inequities visible and identifying avenues for solution.
Continuous

• Dynamic, trusted, respectful and enduring relationships between individuals, families and their clinical team members are hallmarks of primary care.

• There is continuity in relationships and in knowledge of the individual and their family/care partners that provides perspective and context throughout all stages of life including end of life care.

Coordinated & Integrated

• Primary care integrates the activities of those involved in an individual's care, across settings and services.

• Primary care proactively communicates across the spectrum of care and collaborators, including individuals and their families/care partners.

• Primary care helps individuals and families/care partners navigate the guidance and recommendations they receive from other clinicians and professionals, including supporting and respecting those who want to facilitate their own care coordination.

• Primary care is actively engaged in transitions of care to achieve better health and seamless care delivery across the life span.
Accessible

• Primary care is readily accessible, both in person and virtually for all individuals regardless of linguistic, literacy, socioeconomic, cognitive or physical barriers. As the first source of care, clinicians and staff are available and responsive when, where and how individuals and families need them.

• Primary care facilitates access to the broader health care system, acting as a gateway to high-value care and community resources.

• Primary care provides individuals with easy, routine access to their health information.

Team Based & Collaborative

• Interdisciplinary teams, including individuals and families, work collaboratively and dynamically toward a common goal. The services they provide and the coordinated manner in which they work together are synergistic to better health.

• Health care professional members of the team are trained to work together at the top of their skill set, according to clearly defined roles and responsibilities. They are also trained in leadership skills, as well as how to partner with individuals and families, based on their priorities and needs.
High Value

- Primary care achieves excellent, equitable outcomes for individuals and families, including using health care resources wisely and considering costs to patients, payers and the system.
- Primary care practices employ a systematic approach to measuring, reporting and improving population health, quality, safety and health equity, including partnering with individuals, families and community groups.
- Primary care practices deliver exceptionally positive experiences for individuals, families, staff and clinicians.

What Does This Mean For Primary Care in the U.S.?

- Foundational
- Align Health Care Systems around Primary Care and these Shared Principles
- Delivery Model Innovations
- Population and Community Health
- Align Payment Mechanisms
- Value Based Versus Volume Based Payment
- All Rowing in the Same Direction
- All Speaking With One Voice
- Achieves the Triple Aim
Here is where we are now:
A diverse group of over **275** organizations have endorsed the Shared Principles, including:

- Employers
- Payers
- Consumer Organizations
- Physician Organizations
- Academic Organizations, etc.
- Nursing Organizations
- Nurse Practitioner Organizations

➢ Employers
➢ Physician Assistant Organizations
➢ Payers
➢ Dental Organizations
➢ Consumer Organizations
➢ Psychological Organizations
➢ Academic Organizations, etc.
➢ Quality Organizations
➢ Physician Organizations
➢ The Joint Commission
➢ Nursing Organizations
➢ Individuals – Atul Gawande

To learn more and sign-on your organization to the Shared Principles of Primary Care, go to [www.pcpcc.org/about/shared-principles](http://www.pcpcc.org/about/shared-principles)

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Join us in amplifying the voice of primary care throughout the United States

- Discuss the Shared Principles with your board, leadership team and staff members.
- Think concretely about how your organization can put the Shared Principles to work in ways that align with your mission.
- Help all those who value primary care speak with one voice by encouraging your organization to join the every growing list of organizations that support the Shared Principles.

To learn more and sign-on your organization to the Shared Principles of Primary Care, go to [www.pcpcc.org/about/shared-principles](http://www.pcpcc.org/about/shared-principles)
“IF YOU WANT TO GO FAST, YOU GO ALONE. IF YOU WANT TO GO FAR, YOU GO TOGETHER”

*African Proverb*

**Questions**
Please complete the session evaluation.

Thank you.