

**Working Agreements for Discussion at August Working Party**  
July 27, 2018

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We are looking forward to working with you during the Working Party Meeting on August 17-18. Attached you will find an agenda for FMAHealth focused portions of the meeting.

- On Friday afternoon discussion will focus on Working Agreements that relate to the work of the Health Equity Team and the combined Practice-Payment Team. Please read through and discuss the draft Working Agreements below – and decide in advance whom you would like to represent your organization at each of the breakout sessions.
- On Saturday morning discussion will focus on the proposed Interactive Resource Center. Please prepare for that discussion by watching the brief summary video [here](#). We look forward to hearing your questions, innovative ideas and recommendations.

**AGENDA**

**FRIDAY**

**11:15am-12:00pm Health is Primary Update**

**2:00pm-3:30pm FMAHealth Strategy Implementation**

**Pre-Work**

- Please review Health Equity and Practice & Payment Team Working Agreements
- Family medicine executives, please decide in advance which breakout discussions representatives from your organization will attend.

2:00-2:10pm: Introduction / Overview from Glen Stream

2:10-2:20pm: Quick Overview: Health Equity Working Agreements

Quick Overview: Payment & Practice Working Agreements

2:20-2:55pm: Two Breakout Groups (Payment/Practice and Health Equity) - Simultaneous sessions each focused on providing a brief overview of each project / Working Agreement and answering specific questions.

2:55-3:05pm: Sponsoring organization representatives huddle to update each other on breakout discussions and identify any questions to raise during the closing plenary.

3:05-3:30pm: Closing Plenary / Look to Future

**SATURDAY**

**8:00-8:45am Interactive Resource Center**

**Pre-Work:**

- Please review IRC video clip created for focus group discussions

8:00-8:15am: Introduction of the Interactive Resource Center from Glen Stream

8:15-8:30am: Update on results of market research and development estimates to date from Doug Henley.

8:30-8:45am: Plenary discussion

### **WORKING AGREEMENTS** **(For Discussion on Friday Afternoon)**

#### **Purpose:**

The draft Working Agreements are designed to serve at least two functions:

- ▶ To clarify expectations, roles, tasks and responsibilities between FMAHealth and the sponsoring organization that will be taking on leadership responsibility (the “R” role) for specific Health Equity and Payment & Practice Team projects.
- ▶ To clarify expectations, roles, tasks and responsibilities between the family medicine organization that takes the “R” role for specific Health Equity and Payment & Practice Team projects and the other family medicine organizations that would like to collaborate on that project in either a consultative (“C”) or an informed (“I”) role.

Each agreement outlines recommended core responsibilities, parties involved and dates of key deliverables. These are *draft* Working Agreements intended to foster productive discussion during the August Working Party meeting and afterward to help ensure successful transitions by the end of 2018.

The FMAHealth Board retains accountability for supporting all projects and deliverables through the end of May 2019. As agreed in prior Working Party meetings, this is in no way intended to challenge the authority of a partnering organization re: the timing and tasking of a project for which they have the “R.”

At the same time, in taking on leadership responsibility (the “R” role) for the work, the partner organization will be asked to continue to work with the FMAHealth Board, keeping them informed of progress and ensuring completion of key milestones, along the way along with any requests for support, through May of 2019.

Each of the attached draft Working Agreements identifies recommended key contacts from within FMAHealth including the Board Liaison, Core Team leader, and Project leader (if there is one). If you are interested in learning more about any of the projects and/or in taking on a leadership role beginning in January, 2019, we would welcome a representative of your organization on the project team for the remainder of 2018.

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## Working Agreement for AAFP & FMAHealth Health Equity Fellowship Health Equity Tactic Team

Draft as of July 27, 2018

### Brief Description of Project:

To support its overlapping missions, the AAFP's Center for Diversity and Health Equity (CDHE) and FMAHealth have partnered to establish the Health Equity Fellowship Program, aimed at creating a cohort of family physicians that can communicate prolifically to many different stakeholders the impact of social determinants on the health of patient populations and the role of primary care professionals in advancing health equity.

The program will cultivate family physician leaders to champion health equity on behalf of the AAFP's CDHE, FMAHealth, and the specialty of Family Medicine. During their fellowship, the Fellows will learn from leading experts in the fields of medical education, research, public health and health care policy. They will be asked to demonstrate their passion and growing expertise through a capstone project whose results will be delivered at the end of the fellowship year.

The AAFP's Center for Diversity and Health Equity (CDHE) will take on the "R" role for developing the Health Equity Fellowship.

In a supporting role, members of the FMAHealth Health Equity Tactic Team will provide guidance to the AAFP CDHE in the development of the program curricula and key learning objectives. They will also serve on the selection committee and mentor the Fellows based on their interests, including periodic 1-on-1 virtual meetings throughout the duration of the Fellowship.

### Key Contacts:

- ▶ FMAHealth Board Liaison: Jane Weida
- ▶ FMAHealth Core Team Leader: Viviana Martinez-Bianchi
- ▶ Sponsoring Organization Appointee on the FMAHealth Board: Reid Blackwelder
- ▶ Sponsoring Organization Liaison to the Tactic Team and Project Leader: Danielle Jones

### Financial Responsibility:

- ▶ Funding allocated by the FMAHealth Board through May of 2019: \$20,000 to supplement the AAFP CDHE's investment in the Health Equity Fellowship Program.

### Key Dates and Milestone Deliverables:

	Milestone Deliverable	Metrics of Success	Anticipated Date of Completion
1	Reach agreement on the need for a family medicine Health Equity Fellow	▶ AAFP CDHE staff develops draft Health Equity Fellowship program description, based on successful Vaccine Fellow model and begins to refine based on Health Equity Team feedback	▶ April / May 2018

	Milestone Deliverable	Metrics of Success	Anticipated Date of Completion
2	Finalize program content & structure	<ul style="list-style-type: none"> <li>▶ Program curricula, learning objectives, and structure agreed upon by AAFP CDHE staff and Health Equity Tactic Team</li> </ul>	<ul style="list-style-type: none"> <li>▶ July / August 2018</li> <li>▶ <i>Update on Fellowship program by AAFP / FMAHealth at August 2018 Working Party meeting</i></li> </ul>
3	Call for applications	<ul style="list-style-type: none"> <li>▶ Call for applications opens on August 27</li> <li>▶ Recruitment of candidates</li> <li>▶ Competitive applications received by September 28 deadline</li> </ul>	<ul style="list-style-type: none"> <li>▶ Selection committee meets in late September / early October to review applications of qualified candidates</li> </ul>
4	Successful enrollment of first Fellows	<ul style="list-style-type: none"> <li>▶ Fellowship positions offered and accepted</li> </ul>	<ul style="list-style-type: none"> <li>▶ Offers extended to potential Fellows by October 5, 2018</li> <li>▶ First cohort of Fellows announced at FMX – October 2018</li> <li>▶ First cohort anticipated launch: November 1, 2018 (with early November orientation)</li> </ul>
5	Successful completion of Fellowship Program (first cohort)	<ul style="list-style-type: none"> <li>▶ 12-month program concludes</li> <li>▶ Fellows deliver / present final capstone project</li> </ul>	<ul style="list-style-type: none"> <li>▶ Fellowship (first cohort) concludes on October 31, 2019</li> </ul>
6	Evaluation of Fellowship program (first cohort) and planning for future	<ul style="list-style-type: none"> <li>▶ Program evaluated</li> <li>▶ Based on lessons learned from first cohort, planning begins for next cohort of Fellows</li> </ul>	<ul style="list-style-type: none"> <li>▶ TBD</li> <li>▶ <i>Update on Fellowship program by AAFP / FMAHealth at August 2019 Working Party meeting</i></li> </ul>

## **Working Agreement for a Health Equity Summit Follow-Up Health Equity Tactic Team**

Draft as of July 27, 2018

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### **Brief Description of Project:**

In collaboration with the AAFP Center for Diversity and Health Equity (CDHE) and other interested stakeholders, the Health Equity Tactic Team will co-sponsor a summit dedicated to health equity as a follow up to the successful Starfield Summit II hosted in April 2017, in Portland, OR.

The summit will be designed to promote the building of collaborative partnerships among family medicine organizations and thought-leaders representing primary care clinicians and their organizations, public health experts, educators, researchers, trainees, advocates, policy experts, social service organizations, patients, and community members. The summit's purpose will be to develop collective action plans and identify ways in which these partnerships can make reducing health disparities and achieving health equity a strategic priority within and across all participating organizations & partnerships.

The summit will coincide with the scheduled World Rural Health Conference, October 11-15, 2019 in collaboration with partners from the AAFP Center for Global Health, WONCA Rural Health and the National Rural Health Association. The agenda will include a full day Pre-conference and health equity track emphasizing the development of problem-based learning skills within the context of the global health environment.

The AAFP CDHE will assume the "R" Role in the planning of the Summit as well as looking to the members from the FMAHealth Health Equity Tactic Team to be an integral part of a Planning Group tasked with developing a theme, identifying partner organizations, presentation speakers, break-out activities, and the overall framework of the summit.

### **Key Contacts:**

- ▶ FMAHealth Board Liaison: Jane Weida
- ▶ FMAHealth Core Team Leader: Viviana Martinez-Bianchi
- ▶ FMAHealth Project Leader: TBD
- ▶ Sponsoring Organization Appointee on the FMAHealth Board: Reid Blackwelder
- ▶ Sponsoring Organization Liaison to the Tactic Team: TBD

### **Financial Responsibility:**

- ▶ The FMAHealth Board has allocated \$20,000 through May of 2019 to support the planning and execution of the Health Equity Follow-Up Summit.

**Key Dates and Milestone Deliverables:**

	<b>Milestone Deliverable</b>	<b>Metrics of Success</b>	<b>Anticipated Date of Completion</b>
1	Identify project leader and team members	<ul style="list-style-type: none"> <li>▶ Establishment of the Project management team tasked with advising on the development and execution of the Summit project plan.</li> </ul>	▶ July / August 2018
2	Develop summit objectives	<ul style="list-style-type: none"> <li>▶ Summit leadership team develops draft objectives for summit</li> </ul>	▶ October 2018
3	Establish workplan	<ul style="list-style-type: none"> <li>▶ Assign key responsibilities and roles for members of the project team</li> <li>▶ Establish a timeline for key deadlines</li> </ul>	▶ October 2018
4	Determine funding sources for summit	<ul style="list-style-type: none"> <li>▶ Summit sponsors/vendors identified and funding secured</li> </ul>	▶ TBD
5	Invite Key Stakeholders	<ul style="list-style-type: none"> <li>▶ Identify potential speakers and attendees</li> </ul>	▶ TBD
6	Call for Abstracts	<ul style="list-style-type: none"> <li>▶ Distribute and promote the call for abstracts through communication channels</li> </ul>	▶ TBD
7	Abstract Review Committee	<ul style="list-style-type: none"> <li>▶ Review abstracts and accept those that align with the objectives</li> </ul>	▶ TBD
8	Agenda finalized	<ul style="list-style-type: none"> <li>▶ Speakers identified</li> <li>▶ Materials needed identified</li> <li>▶ Communications plan (before, during and after) outlined</li> </ul>	▶ TBD
9	Summit held	<ul style="list-style-type: none"> <li>▶ Summit successfully held – variety of stakeholders engaged to meet summit objectives</li> <li>▶ Action plans established and new coalitions / partnerships formed</li> </ul>	▶ October 11-15, 2019

**Working Agreement for the Health Equity Curricular Toolkit**  
**Health Equity Tactic Team**  
Draft as of July 27, 2018

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**Brief Description of Project:**

The Health Equity Curricular Toolkit is intended to provide a framework for facilitating ongoing conversations to confront persistent health inequities and improve equitable outcomes within our communities locally and nationally. It is geared for clinical and public health learners as well as primary care faculty who would like an opportunity to further explore this area that often has not been intentionally and adequately prioritized in past medical school and residency curricula. Through learning modules designed around Starfield II Summit themes and an accompanying facilitators guide, the toolkit will provide a framework, outline resources, and pose thought-provoking questions to stimulate conversations for those interested in learning more about health equity topics.

**Key Contacts:**

- ▶ FMAHealth Board Liaison: Jane Weida
- ▶ FMAHealth Core Team Leader: Viviana Martinez-Bianchi
- ▶ FMAHealth Project Leader: Jennifer Edgoose
- ▶ Sponsoring Organization Appointee on the FMAHealth Board: Reid Blackwelder
- ▶ Sponsoring Organization Liaison to the Tactic Team: Danielle Jones

**Financial Responsibility:**

- ▶ Funding allocated by the FMAHealth Board through May 2019:
  - \$24,000 approved by the FMAHealth Board in January, 2018 for the dissemination and distribution of the Health Equity Toolkit and accompanying materials.

**Key Dates and Milestone Deliverables:**

	<b>Milestone Deliverable</b>	<b>Metrics of Success</b>	<b>Anticipated Date of Completion</b>
<b>1</b>	First draft of modules based on Starfield II Summit themes completed by module writing groups	▶ Content for 11 theme modules submitted to project leaders / advisors for initial review and feedback	▶ April 2018
<b>2</b>	Health Equity Team explores options for dissemination and publishing with AAFP CDHE staff	▶ Next steps for development of dissemination plan identified	▶ April 2018 (Health Equity Team / AAFP CDHE meeting in Kansas City, MO)
<b>3</b>	Second drafts of modules based on	▶ Project leaders / advisors complete initial review and	▶ May 2018

	Milestone Deliverable	Metrics of Success	Anticipated Date of Completion
	Starfield II Summit themes completed by module writing groups	<ul style="list-style-type: none"> <li>provide feedback to module writing groups</li> <li>▶ Module writing groups make edits based on feedback</li> </ul>	
4	Development of an evaluation plan	<ul style="list-style-type: none"> <li>▶ Project leaders work with AAFP NRN staff to think through key evaluation and dissemination questions – including plan for IRB review / approval</li> <li>▶ Evaluation plan developed by Project Team</li> </ul>	▶ June / July 2018
5	Final drafts of modules based on Starfield II Summit themes completed by module writing groups	<ul style="list-style-type: none"> <li>▶ IGNITE speakers review modules and provide feedback to project leaders and module writing groups</li> <li>▶ Module writing groups / project leaders make edits based on feedback</li> <li>▶ Engage editor to review Toolkit content in total</li> </ul>	▶ June / July 2018
6	Development of dissemination plan	<ul style="list-style-type: none"> <li>▶ Project Team prepares dissemination and publishing proposal with Core Team and other interested stakeholders.</li> <li>▶ <i>Other success measures TBD</i></li> </ul>	▶ July / August 2018
7	Evaluation of Health Equity Toolkit	<ul style="list-style-type: none"> <li>▶ IRB review / approval</li> <li>▶ Evaluation of Toolkit – including pilot of materials – begins (phases / details TBD)</li> </ul>	▶ TBD
8	Toolkit finalized for dissemination and publishing	<ul style="list-style-type: none"> <li>▶ Toolkit content finalized</li> <li>▶ Dissemination of Toolkit begins... (<i>steps / metrics for success TBD</i>)</li> </ul>	<ul style="list-style-type: none"> <li>▶ TBD</li> <li>▶ Dissemination ongoing</li> </ul>
9	Transfer of responsibility for Toolkit dissemination to CDHE	▶ TBD	▶ TBD

## Working Agreement for The Business Case for Health Equity Project Health Equity Tactic Team Draft as of July 27, 2018

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### Brief Description of Project:

- ▶ The primary objective of the project is to create a business case, supported by employer stories and data, that demonstrates a return on investment to place-based businesses that implement and promote programs and policies that improve health equity for their employees, and by extension for their communities.
- ▶ In addition to summarizing research demonstrating the impact of health equity on metrics that matter to businesses, the project will conduct interviews to capture stories of employers who are seeing a positive return on investments they've made in their employees' health.
- ▶ Together the literature search and findings from interviews will be used to create a set of "executive summaries" that tell stories supported by data that demonstrate how health equity interventions can yield a ROI that is meaningful to a specific business's needs. The four overall aims of the project are outlined below.

### Four Aims:

- ▶ 1. Identify drivers and barriers to existing projects in which businesses have seen a positive response from investing in employees' health. (Interview businesses)
- ▶ 2. Find and summarize research demonstrating the impact of health equity on metrics that matter to businesses. (Literature search)
- ▶ 3. Create a set of "executive summaries"- tailored to a few different types of businesses - that tell stories supported by data that demonstrate how health equity interventions can yield a ROI that is meaningful to a specific business's needs.
- ▶ 4. Learn how to secure interest and funding for the next phases of this project (2019 and beyond)

### Key Contacts:

- ▶ FMAHealth Board Liaison: Jane Weida
- ▶ FMAHealth Core Team Leader: Viviana Martinez-Bianchi
- ▶ FMAHealth Project Leader: Brian Frank
- ▶ Sponsoring Organization Appointee on the FMAHealth Board: Reid Blackwelder
- ▶ Sponsoring Organization Liaison to the Tactic Team: Danielle Jones

### Financial Responsibility:

- ▶ Funding allocated by the FMAHealth Board through May 2019 includes:
  - No funding has been allocated to this project by the FMAHealth Board as per April, 2018.
  - The fourth aim of Phase 1 of the project (above) is to get far enough along in 2018 to secure external project funding to continue making the Business Case for Health Equity in 2019.

**Key Dates and Milestone Deliverables:**

	<b>Milestone Deliverable</b>	<b>Metrics of Success</b>	<b>Anticipated Date of Completion</b>
1	Conduct 5-7 employer interviews	<ul style="list-style-type: none"> <li>▶ Identify 10 or more companies of differing size and in a few industries.</li> <li>▶ Create and test interview guide and protocol with 2 companies</li> <li>▶ Complete employer interviews, transcribe them and complete initial round of coding</li> </ul>	▶ Mid-October 2018
2	Conduct Literature Search	▶ Complete literature search and initial draft of key findings	▶ October 2018
3	Analyze data from employer interviews and literature search	▶ Complete analysis, including identifying a typology of employers that will guide crafting of “executive summaries”	▶ Late October, early November 2018
4	Craft first draft of executive summaries	▶ Complete first draft and get feedback from employers and the Advisory Group	▶ November-December 2018
5	Secure funding for Phase 2 of project	▶ Identify possible funding sources and dates by which proposals need to be submitted in order to secure funding for work in 2019	▶ Ongoing throughout 2018
6	Transition responsibility for this work to the CDHE	▶ Complete transition of Business Case for Health Equity to the CDHE – including role of current project members in the future	▶ January 2019
7		▶	▶
8		▶	▶

## Working Agreement for the CPCP Calculator Project Payment Tactic Team Draft as of July 27, 2018

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### Brief Description of Project:

The Comprehensive Primary Care Payment (CPCP) Calculator project team developed a Calculator designed to create specific examples for both practices and payers to better understand how CPCP may be implemented. Physicians, payers, and self-insured employers can now explore new options for developing PCMH payment frameworks and/or replace existing capitation and FFS contracts.

The Calculator is a starting point for discussions about CPCP with a practice, payers, and employers. Further, it is one example of how health plans and physicians might deploy a CPCP strategy. As the Calculator is a starting point to explore CPCP, it is expected that stakeholders will modify the proposed methodology for specific markets and contractual relationships as needed.

The Calculator is one tool that is part of a broader strategy to educate practices, payers, and employers about the concept of Comprehensive Primary Care Payment. As part of that strategy the following areas are target areas for dissemination:

- ▶ Meeting with employers/payers
  - The Payment and Practice teams hope to use the Calculator as part of an evidence base that can be used to share the value of comprehensive primary care payment and subsequently work with payers to increase the percent of the health care dollars spent on primary care.
- ▶ Targeted stakeholder publications
  - In order to reach key stakeholders outside of FMAHealth and within the greater primary care community, the Payment and Practice teams will work to publish articles about CPCP in a variety of publications targeting the family medicine community as well as the health care industry to highlight the Calculator, CPCP and the benefits of making the transition from fee-for-service to comprehensive primary care payment.
- ▶ Conference presentation opportunities
  - To further engage with key stakeholders, the Payment and Practice teams will distill their learnings from FMAHealth and disseminate them through conference presentation opportunities within and outside of the primary care community to raise awareness regarding the Calculator and buy-in around its practical uses.

### Key Contacts:

- ▶ FMAHealth Board Liaison: Reid Blackwelder
- ▶ FMAHealth Core Team Leader: Tom Weida
- ▶ FMAHealth Project Leader: Stan Borg
- ▶ Sponsoring Organization Appointee on the FMAHealth Board: Reid Blackwelder
- ▶ Sponsoring Organization Liaison to the Tactic Team: Bethany Burk

### Financial Responsibility:

- ▶ Funding allocated by the FMAHealth Board through May 2019 includes: \$17,000 for ongoing expenses, including travel, related to the Calculator's dissemination.

**Key Dates and Milestone Deliverables:**

	<b>Milestone Deliverable</b>	<b>Metrics of Success</b>	<b>Anticipated Date of Completion</b>
1	Completed CPCP Calculator	<ul style="list-style-type: none"> <li>▶ Share Calculator with, and get feedback from, the AAFP.</li> <li>▶ Receive an edited and finalized CPCP Calculator from HDD for use in conversations with key stakeholder</li> </ul>	▶ June 2018
2	CPCP White Paper	<ul style="list-style-type: none"> <li>▶ Complete work on the value proposition for CPCP and the Calculator, and begin circulating, including via publication</li> </ul>	▶ August 2018
3	CPCP Calculator Tools and Resources Bundle	<ul style="list-style-type: none"> <li>▶ Successfully disseminate a bundle of tools and resources from the Calculator project (including the Calculator, CPCP Methodology, and CPCP White Paper) via publications and conference presentations</li> <li>▶ Hold discussions with selected payers and employers, including some self-funded employers – and summarize findings from these discussions</li> </ul>	▶ May – December 2018
4	Transition responsibility for CPCP education and Calculator introductions to appropriate sponsoring organization or other partner organization	<ul style="list-style-type: none"> <li>▶ Identify sponsoring organization or other partner organization interested in extending the reach of the Calculator and continuing to discuss the value of CPCP with employers and payers.</li> <li>▶ Complete agreement with that organization to carry on this work.</li> </ul>	▶ December, 2018

## Working Agreement for Project to Increase Compensation for Employed Primary Care Physicians

Draft as of July 27, 2018

### Brief Description of Project:

The goal of this project is to increase compensation (financial and other) of employed primary care physicians commensurate with the value they provide the health systems/physician groups that employ them. Failure to financially recognize and reward primary care physicians and narrow the income gap between primary care and specialty physician income presents a serious threat to the future supply of greatly needed primary care physicians.

### Key Contacts:

- ▶ FMAHealth Board Liaison: Paul Martin
- ▶ FMAHealth Core Team Leader and Project Leader: Tom Weida
- ▶ Sponsoring Organization Appointee on the FMAHealth Board: Reid Blackwelder
- ▶ Sponsoring Organization Liaison to the Tactic Team: TBD

### Financial Responsibility:

The Board has allocated \$15,000 for this project to be used for travel to conduct the interviews, dissemination of results, and other discretionary items. There is \$14,289.74 remaining for this project.

### Key Dates and Milestone Deliverables:

	Milestone Deliverable	Metrics of Success	Anticipated Date of Completion
1	Phase I: Determine value that primary care physicians contribute to hospitals and health systems	<ul style="list-style-type: none"> <li>▶ Interview selected health system and employer groups to determine how they determine "value" provided by PCPs.</li> <li>▶ Compare to existing data from sources like Merritt Hawkins</li> <li>▶ Write brief summary of findings</li> </ul>	▶ February, 2018
2	Decide on pursuing next steps (Phase II) in light of findings in Phase I	<ul style="list-style-type: none"> <li>▶ Draft set of options and decide on which to pursue</li> <li>▶ Identify target constituencies and support needed over long term to pursue selected options</li> </ul>	▶ June, 2018
3	Lay foundation for Phase II	<ul style="list-style-type: none"> <li>▶ Identify existing data sources, e.g., AMA survey,</li> </ul>	▶ August, 2018

	Milestone Deliverable	Metrics of Success	Anticipated Date of Completion
		<p>and see if access to data is possible</p> <ul style="list-style-type: none"> <li>▶ Draft summary of Phase I and plans for Phase II to discuss with Working Party at August meeting</li> </ul>	
4	Spread the word about the importance of employed physician compensation (financial and other) to future of the specialty	<ul style="list-style-type: none"> <li>▶ Write piece for either Medical Economics, JAMA, Health Affairs</li> <li>▶ Publish piece in FM publications (w/ permission of sponsoring organizations)</li> <li>▶ Fit with the Interactive Resource Center determined</li> </ul>	▶ October, 2018
5	Transfer responsibility for ongoing work on increasing compensation for employed primary care physicians	<ul style="list-style-type: none"> <li>▶ Identify sponsoring organization with passion for taking on the work (knowing that like 25x30 initiative, it requires collaboration among FM organizations to succeed)</li> <li>▶ Work with that organization to create successful transition and collaborative structure</li> <li>▶ Recommend survey of employed family physicians if appropriate (after working with AMA data)</li> </ul>	▶ December, 2018

**Working Agreement for the Measures that Matter in Primary Care Project  
Practice Tactic Team  
Draft as of July 27, 2018**

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**Brief Description of Project:**

In collaboration with the ABFM and Virginia Commonwealth University, the Measures that Matter team is developing a new approach for measuring quality and outcomes meaningful to primary care. This work began with a crowd-sourcing survey effort to identify quality indicator areas of importance to patients, clinicians, and employers. In October 2017, a diverse body of stakeholders came together to through the Starfield III: Meaningful Measures for Primary Care conference. They reviewed and refined the quality indicator areas. The Measures that Matter team then analyzed the work of the conference to develop potential measure items responsive to crowd-sourcing and conference findings.

In conjunction with members of the ABFM and the Larry A. Green Center, members from the Practice Core Team play a critical role by continuing to work toward creating a unified system of metrics that matter for primary care that can be used in a variety of practice settings.

**Key Contacts:**

- ▶ FMAHealth Board Liaison: Bob Phillips
- ▶ FMAHealth Core Team Leader: Jason Marker
- ▶ FMAHealth Project Leader: Rebecca Etz
- ▶ Sponsoring Organization Appointee on the FMAHealth Board: Bob Phillips
- ▶ Sponsoring Organization Liaison to the Tactic Team: **TBD**

**Financial Responsibility:**

- ▶ Funding allocated by the FMAHealth Board through May 2019 includes: \$25,000 for partial funding of a Larry A. Green Center (LAGC) Fellow for Measures in Primary Care at Virginia Commonwealth University (VCU).

**Key Dates and Milestone Deliverables:**

	<b>Milestone Deliverable</b>	<b>Metrics of Success</b>	<b>Anticipated Date of Completion</b>
<b>1</b>	Submission of CMS application	▶ Successful submission	▶ May 2018
<b>2</b>	LAGC Fellow for Measures in Primary Care	▶ Recruit and hire 1 <sup>st</sup> fellow ▶ Project duties	▶ Recruitment summer 2018 ▶ 1 <sup>st</sup> fellow to start fall 2018
<b>3</b>	Dissemination of pilot measure item findings	▶ Submission of paper for peer review publication	▶ August 2018
<b>4</b>	LAGC website	▶ Website freely accessible online	▶ October 2018

	<b>Milestone Deliverable</b>	<b>Metrics of Success</b>	<b>Anticipated Date of Completion</b>
<b>5</b>	Transfer of FMAHealth responsibility to the Larry Green Center at ABFM	▶ Complete agreement re: transfer of FMAHealth responsibility to ABFM	▶ January, 2019

DRAFT

## Primary Care Innovators Network - Workplan

Draft as of July 27, 2018

### Brief Description of Project:

The Primary Care Innovators Network (PCIN) is a collaboration among the Family Medicine Education Consortium (FMEC), Employer Advantage Health Care Solutions (EAHCS), and FMAHealth. The PCIN works with self-insured organizations and the primary care practices serving their employees to help them make the transition to Comprehensive Primary Care Payment. For more on the PCIN, see <http://www.fmec.net/primary-care-innovators-network>

The PCIN does this in two ways:

- ▶ By enabling self-insured employers to build the systems and supports needed to provide enhanced primary care solutions to their employees.
- ▶ By ensuring that primary care practices working with those employees have the resources and support needed to provide enhanced primary care solutions, using a Direct Primary Care (DPC) payment framework, to those employees.

### Key Contacts:

- ▶ FMAHealth Board Liaison: Mike Tuggy
- ▶ FMAHealth Project Leader: Mike Tuggy
- ▶ Marketing and Sales Leader: Jed Constantz
- ▶ Administrative Support for the PCIN: Family Medicine Education Consortium- Larry Bauer and Shayla Rammel

### FMAHealth Board Financial Investment:

- ▶ The FMAHealth Board voted to allocate \$25,000 to continue work with the Primary Care Innovator Network in 2018. Funds approved to cover both membership costs for calendar year, 2018 (\$10,000) and Dr. Tuggy's travel for PCIN meetings in 2018 (\$15,000).

### Key Dates and Milestone Deliverables:

	Milestone Deliverable	Metrics of Success	Anticipated Date of Completion
1	Hold meetings with interested payers and practices in targeted markets	<ul style="list-style-type: none"> <li>▶ 4-6 meetings in different markets bringing together self-insured employers and primary care practices to increase interest and awareness of both in the value of collaborating to offer DPC to employees.</li> <li>▶ As of August 2018 ½ day meetings have been held in D.C., Pittsburgh, Dallas,</li> </ul>	<ul style="list-style-type: none"> <li>▶ 2017-2018 through December, 2018</li> </ul>

	<b>Milestone Deliverable</b>	<b>Metrics of Success</b>	<b>Anticipated Date of Completion</b>
		Cleveland, Houston and Indianapolis	
<b>2</b>	Develop model for sustainability	<ul style="list-style-type: none"> <li>▶ Marketing plan to develop continued revenue</li> <li>▶ Product offerings for member value outlined</li> </ul>	▶ October, 2018
<b>3</b>	At least one additional project between a self-insured employer and primary care practices to provide care in a DPC framework	<ul style="list-style-type: none"> <li>▶ Secure at least one self-funded employer as a client in addition to Union Hospital.</li> <li>▶ Meet with interested self-funded employers and practice networks to facilitate next steps in collaborative agreements.</li> <li>▶</li> </ul>	▶ December, 2018
<b>4</b>	Organization identified to continue to champion and guide the work of the PCIN beginning in January, 2019	<ul style="list-style-type: none"> <li>▶ Organization identified and agreement secured</li> <li>▶ Ideally this would be an organization that hires Jed Constantz and includes the work of the PCIN in its portfolio of offerings.</li> </ul>	December, 2018

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