

# FMAHealth: Strategy Implementation

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Working Party Summer Meeting

August 17, 2018

FAMILY MEDICINE  
*for* AMERICA'S HEALTH

# Introduction and Overview

- FMAHealth Focus during this Working Party Meeting:
  - **This morning** – Final report from the Health Is Primary campaign.
  - **This afternoon** – Discuss Working Agreements for projects launched by the Health Equity, Payment, and Practice Tactic Teams
  - **Tomorrow morning** - The Interactive Resource Center.
- As you recall, four of the seven Tactic Teams sunsetted at the end of 2017, and the other three will be winding down at the end of 2018. The FMAHealth Board will support continuation and transition of FMAHealth initiatives through May, 2019.
  - Thanks to your leadership, implementation of the seven, broad strategic objectives for the specialty that you developed in 2014 will continue after FMAHealth, LLC ends its part of the work.

# Objectives For Our Work Together

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Discuss ways in which each of the family medicine organizations would like to participate in Health Equity Team projects

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2

Identify family medicine organizations with an interest in participating in and/or leading selected Practice and Payment Team projects in 2019.

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Discuss the value of designing, building and maintaining an Interactive Resource Center for the specialty.

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Provide an update on FMAHealth's Fiscal Year Budget

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Seek guidance from sponsoring organizations as FMAHealth looks ahead to the end of the calendar year and into 2019.

# Seven Core Strategies, ratified by the 8 FM Boards in 2014, set the strategic direction for the specialty as a whole

## Core Strategy 1:

Engage patients/consumers/people as partners in transforming primary care practices and the healthcare system at large to achieve an optimal patient experience, to better community health, and reduce costs.

## Core Strategy 2:

Family medicine will work to ensure that every person in the US understands the value of, and has the opportunity to have a personal relationship with, a trusted family physician, or other primary care professional, in the context of a medical home.

## Core Strategy 3:

Family medicine will, in collaboration with our primary care partners, be accountable for increasing the value of primary care for the patients we serve.

## Core Strategy 4:

Family medicine will collaborate with national stakeholders to reduce health disparities in the United States.

## Core Strategy 5:

Family medicine will lead, through ongoing outcomes-based research, the continued evolution of the Patient Centered Medical Home to ensure it is the best way to deliver comprehensive, patient-centered care to the patients, families, and the communities we serve.

## Core Strategy 6:

Family medicine will work to ensure that the country has the well-trained primary care workforce it needs for the future through expansion and transformation of training from pipeline through practice.

## Core Strategy 7:

In order to give patients the comprehensive and coordinated care and attention they deserve, family medicine commits to moving primary care reimbursement away from fee-for-service and toward comprehensive primary care payment as quickly as possible in coordination with its primary care colleagues.

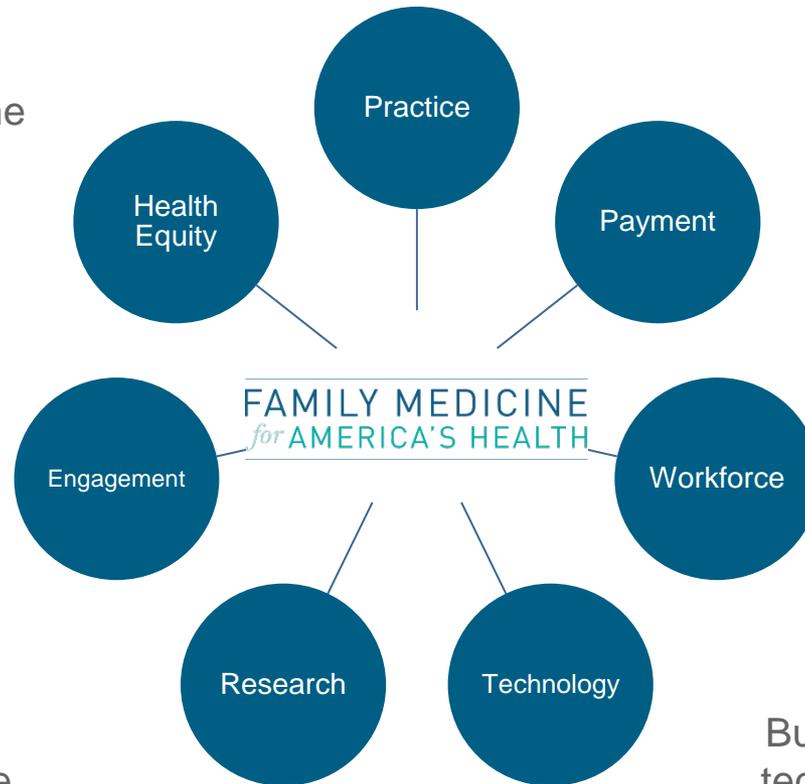
# The Work of the Seven Tactic Teams

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

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

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

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

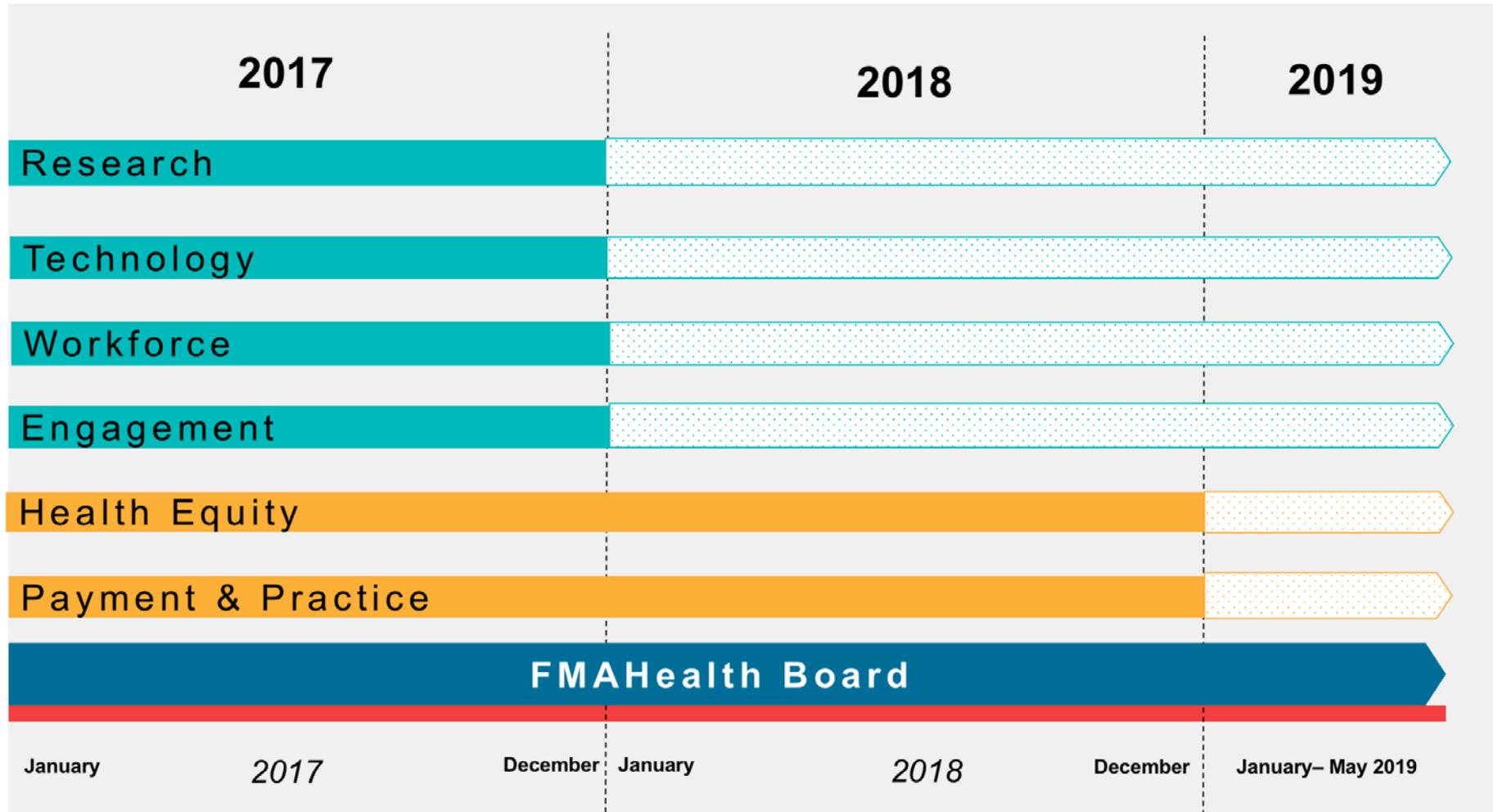


Help physicians, employers and insurers make the transition to comprehensive payment for primary care.

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

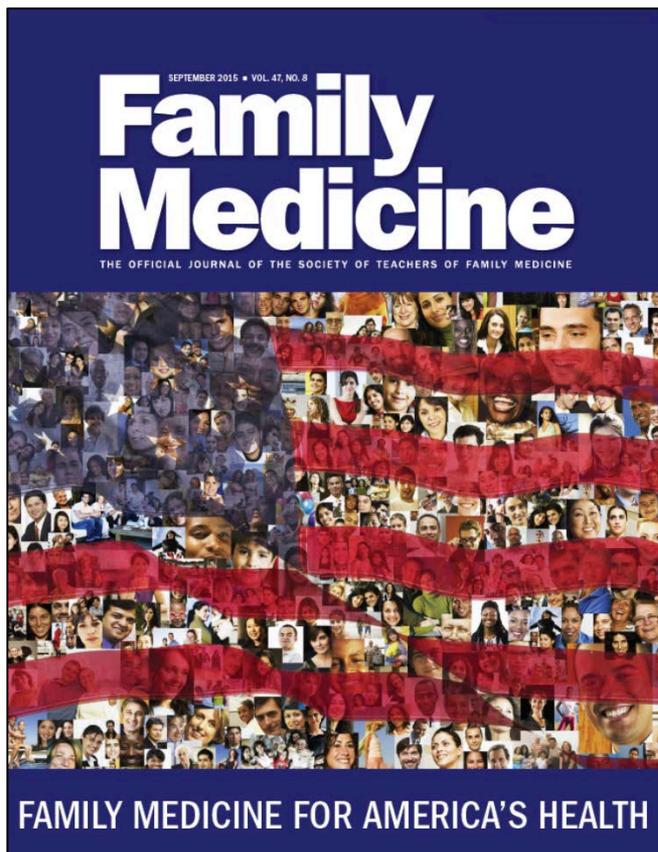
Build a vision for primary care technology in the value-based world and work on identifying and overcoming the barriers to getting there.

# Tactic Team Transitions—2017 and 2018

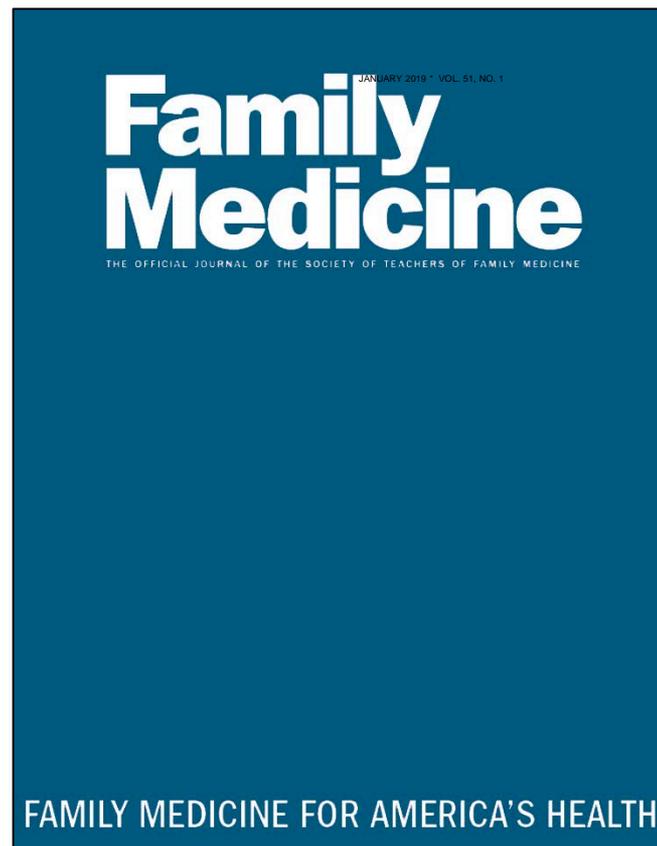


# FMAHealth Theme Issue of *Family Medicine*

Many thanks to STFM for dedicating an upcoming issue of *Family Medicine* to FMAHealth. The theme issue will take stock of the work of FMAHealth and outline implications of that work for the future.



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2019 (Date TBD)

*Over fifteen manuscripts were submitted and are now under peer review.*

# Agenda for This Afternoon

Timing	Topic
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	2 Concurrent Breakout Sessions (Payment+Practice and Health Equity)
2:55 – 3:05PM	Sponsoring organization representatives huddle to update each other on breakout discussions and identify questions to raise during closing plenary
3:05 – 3:30PM	Closing Plenary / Look to Future

# Agenda for Saturday Morning

Timing	Topic
8:00 – 8:10AM	Introduction of the Interactive Resource Center – Glen Stream
8:10 – 8:20AM	Update on results of market research and development estimates to date – Shawn Martin
8:20 – 8:45AM	Plenary Discussion

# Review of Health Equity Tactic Team Projects

# There Are Three Ways to Participate in Each Project

**A** **Accountable**—The organization that has final accountability for the quality of the final result has the “**A**” role. (The FMAHealth Board has the “A” for all projects through May, 2019.)

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**R** **Responsible**—The organization responsible for doing the work and for consulting with other organizations that have knowledge and expertise about the work along the way has the “**R**” role.

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**C** **Consult/Collaborate**—Those organizations who, by virtue of knowledge, expertise, or authority, need to be consulted – and/or want to participate - as work is planned and accomplished, and before recommendations are crafted, have the “**C**” role.

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**I** **Informed**—Those who need to know about the work and about the results of it in order to do their jobs most effectively need to be informed. They have the “**I**” role.

# Brief Overview of Health Equity Team Projects

The AAFP's Center for Diversity and Health Equity (CDHE) will be taking responsibility (the "R") for leading the Health Equity Team's projects in 2019.

- **Health Equity Fellowship:** The AAFP's Center, with support from the Health Equity Team and the FMAHealth Board, has designed a Fellowship program aimed to cultivate a cohort of family medicine physicians who will be considered subject matter experts on the social, institutional and cultural influences that impact health. At the completion of the fellowship, participants will be called upon to act as family medicine leaders capable of impacting change in their local communities and primary care.
- **Health Equity Follow Up Summit:** The AAFP CDHE is collaborating with the Center for Global Health Initiatives to design a Health Equity Track within the main program of AAFP's Global Health Summit in October, 2019. The Health Equity Tactic Team will be an integral part of a Planning Group tasked with identifying partner organizations, presentation speakers, break-out activities, and the overall framework of the summit.

## Brief Overview of Health Equity Projects, Cont.

- **Health Equity Curricular Toolkit:** 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. Through learning modules that build on 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.
- **Making the Business Case for Health Equity:** 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 businesses that implement 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.

# Review of the Payment + Practice Team Projects

# Brief Overview of Payment + Practice Team Projects

In 2018, the Payment and Practice Teams joined forces to create the Payment + Practice Coordinating Team. In addition to a number of projects that have been completed, the combined team would like to focus on four projects with you this afternoon:

- **Patient Centered Innovator's Network (PCIN):** The Primary Care Innovators Network (PCIN) is a collaboration among the Family Medicine Education Consortium (FMEC), and FMAHealth. The PCIN works with self-insured organizations and primary care practices to help those organizations make the transition to Comprehensive Primary Care Payment (in this case Direct Primary Care) in order to provide primary care services for those employees.
- **Measures that Matter:** A collaboration among FMAHealth's Practice Team, 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. In October 2017, a diverse body of stakeholders came together to through the Starfield III: Meaningful Measures for Primary Care conference to change the way we evaluate primary care. Conference briefs and summary document are available on the Starfield Summit website. A research fellow funded through FMAHealth, VCU, and the Larry A Green Center will assist in further analyzing conference proceedings and advancing the measures work. The ABFM has agreed to take the "R Role" to continue this work and is looking forward to collaborating with the other family medicine organizations to do so.

# Brief Overview of Payment + Practice Team Projects, Cont.

We would like to learn which family medicine organizations are interested in taking on a leadership role in one or more of these four projects, and which family medicine organizations would like to participate in other ways.

- **Comprehensive Primary Care Payment Calculator:** The Comprehensive Primary Care Payment (CPCP) Calculator is part of the Payment Team's response to one of the core strategic objectives, i.e., to help practices, payers and employers move as quickly as possible from a FFS payment framework to Comprehensive Primary Care Payment (CPCP). The Calculator is designed to help these three stakeholder groups take the mystery out of CPCP and learn how to make the shift. Physicians, payers, and self-insured employers can now explore new options for developing PCMH payment frameworks and/or replace existing capitation and FFS contracts.
- **Tactic 1.5:** The goal of this project (named after an estimate of the downstream health system revenue created by a primary care physician in a year) 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 compensate 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

# An Additional Project: Increasing Investment in Primary Care

- The FMAHealth Board and the Payment + Practice Teams have partnered with the Patient Centered Primary Care Collaborative (PCPCC) on a Workshop dedicated to developing a stakeholder-specific action plan to increase investment in primary care.
- In order to increase investment in primary care, the workshop aims to:
  - Learn from states that have done so, are doing so – and help those that want to do so, learn how to increase investment in primary care as a percentage of overall investment in healthcare.
  - Identify what national stakeholders, e.g., payers, employers, policy makers and providers can do to help increase investment in primary care.
  - Identify key strategies and action steps each type of stakeholder can take over the next 6, 12 and 24 months to help increase investment in primary care.

# Concurrent 30-minute Break Out Sessions

- Sponsoring organization representatives are invited to join one of two break-out sessions occurring simultaneously – one discussing Health Equity Working Agreements and another to discuss Payment + Practice Working Agreements.
- Please ask questions about each project within the context of each Working Agreement, in order to determine your organization's interest in taking up a role to move the work forward in 2019 and beyond.
- The discussions are a way to build understanding in a brief amount of time to determine whether and how your organization would like to be included in future project discussions. (Not asking for a commitment)

# There Are Three Ways to Participate in Each Project

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# Sponsoring Organization Huddle: As You Meet to Discuss Each Project...

- Invite each representative who participated in a project discussion to describe:
  - What s/he learned
  - Their recommendation re: the role that your organization should take on this project team: “R,” “C,” or “I.”
- As questions emerge, note them down in preparation for the plenary discussion that will follow.
- Make a team recommendation for each project about the role that your organization would like to take (“R,” “C,” or “I”). This will be considered an expression of interest – not a commitment – re: taking up that role.
- Begin thinking through what next steps need to be taken in order to finalize or change that recommendation.

You'll find a summary sheet on your table that we would like to collect at the end of the session. Please fill it out and hand it to a member of the CFAR team.

# Closing Plenary Discussion

This is an opportunity to raise questions about the working agreements discussed, project transitions and Working Agreements that describe a recommended path forward for Health Equity and Practice + Payment projects.

## **AND**

To discuss ways in which the Sponsoring Organizations, the FMAHealth Board and transitioning Tactic Teams can work together from today through the end of **2018** to ensure smooth transitions.