Family Medicine Leadership Consortium Minutes Addendum
Breakout Session Notes for Five Areas of NASEM Report
Virtual Meeting – August 13-14, 2021

Advancing the Recommendations from the NASEM High-Value Primary Care Report – Ideation and Harmonizing Family Medicine's Efforts (Part 3)

Participants broke into five groups according to their organization's interest in these areas (payment, access, workforce, digital health, and accountability). The structure was a modified world café format with a focus on building on the tactics planned by the organizations, generating ideas from these activities for new ideas and collaborations. across groups. Each group had a facilitator who served as a reporter. What follows are the shared highlights from these conversations.

1. **PAYMENT:**
    - Need to be realistic and explicit in new payments model. Transition needs to anticipate cashflow issues to inspire confidence.
    - Items to consider:
        - Account for social determinates.
        - Medicaid and Medicaid parity.
        - Pandemic not over, point back to limitation of current structure. Primary care is part of this structure.
    - All organizations are engaging with stakeholders in their own ways.
    - Many ways to communicate about payment.
        - Possibilities: virtual open mic stakeholder session, need for peer-to-peer learning, capitalizing on circle of influence.

2. **ACCESS:**

<u>Provide Access</u>

- Appropriate High-Quality Access – Utilization - Right Care, Right Time, Right Place.
- Define what is the appropriate care for rural – do we need to engage with other providers, urgent care centers.
- Questionable about co-pay for emergency visits for Medicaid visit, lends to more engagement by the patient.
- Convenience care vs. emergent care – no co-pay for primary care.

<u>Create Health Centers</u>

- Foundations could help support free clinics – there are numerous clinics out there looking for funding.
- Increasing funding for FQHC and THC with sustained permanent funding
- Collaboration of family medicine foundations.
- Supporting program directors at Health Centers – focus of AFMRD – keep THC funding stable, advocating for changing GME financing.

<u>Revise Access Health Standards</u>

- Foundations could help support free clinics – there are numerous clinics out there looking for funding. No specific discussion items in this area.

<u>Eliminate Barriers through better Access</u>

- Continue COVID 19 telehealth rule revisions
- Need to make access truly more accessible in rural, underserved areas - make broadband access integral in healthcare

- Ensure audio-only services to be reimbursed at equitable level

Building Relationships

- Work with the community to find out the exact needs of the community. As we move into areas, need to incorporate community health workers.
- Engage community members as joint decision makers, start that in residency training.
- Overall, how do we get information about the research that is being done about these matters disseminated to the rest of the family to be used most effectively. How do we work together between these FMLC meetings to collaborate in our advocacy efforts, community-based programs, patient education efforts? There is strength in numbers!

3. **WORKFORCE:**

Quality of Training – train to the future high-quality needs of communities

- ABFM – concerned about the skill set needed to maintain practice. Engaged in residency redesign – need major redesign. Need to agree we need major change. Can't let this moment pass. Once agree change then use that to guide the details.
  - Many communities need full scope FM – hospital and other settings
- Training in place – need to train in places outside of Academic medical centers
- AAFP – RPS as a resource to help programs strive for excellence
- How to help programs be excellent – not just get accredited.
  - RPS
  - Consortia to support programs and innovation

Training more family doctors

- Reliable funding for programs –
  - THC
  - Rural GME
  - HRSA Title 7
  - GME for primary care – ideally added value
- How to attract students to FM
  - Loan forgiveness
  - Incentives
  - Payment reform – want to do the work
- Enhance reputation of FM to students
  - work life balance
  - it's a respected specialty
  - you will have joy in practice

Training Faculty of Future

- STFM- developing faculty and leadership to do and model the work
  - Focus on developing URM Leadership Development
- AAFP Foundation – student and resident leadership development
  - ELI Program – looking at developing the sometimes-overlooked students/residents

Diversity and representing our communities

- Developing accountability in workforce diversity – developing metrics
- ADFM – partnership further upstream in pipeline to develop future workforce – ex. AHECs and local elementary schools. Peer sharing of innovations and best practices.
- Organizations need to invest in pipeline programs. Ex
  - HOSA – Health Occupation Services of America
  - FMEC engagement with high school programs

4. **DIGITAL HEALTH:**
   - Interoperability of all EHR platforms is essential. Current platforms don't share information in a usable fashion. The concern of the group is that the lack of interoperability is intentional and perpetuated by the vendors.
     - Streamlined information sharing is essential for:
       - Patient safety
       - Cost containment and limiting overuse

        - Capture and report reliable QI data
    - The AAFP is developing a Clinical Continuity Record model to create consistency across platforms to facilitate information sharing.
    - Abe Lincoln quote: *"All railroads have to be the same size".* This principle was essential in building the nationwide railroad and is applicable the EHR.
    - Significant disparities in access to broadband internet connections (rural and disadvantaged urban communities) and other digital platforms. This issue needs to be addressed.
    - Telemedicine will continue to be a significant and important part of primary care.
        - The STFM and AAFP are both developing educational programs to help providers learn to do this well. This is an opportunity for collaboration.
    - Capture data to analyze digital interventions at the point of care.
    - Digital health needs to embed clinical decision support to be used at the point of care.
        - AAFP - Clinical Guidance Updates include AAFP Guidelines for treatment, disparities information and coding.
    - Current and future integration and evaluation of personal digital devices and how the data from these can impact decisions and outcomes.
    - Develop and expand AI platforms such as Tempest, an AI portal that can help provide advanced levels of care in a primary care office and avoid referral to a specialist.

5. **ACCOUNTABILITY:**
    - Set the culture and include stakeholders in conversation. Have voices at the table. Look at primary care research as a way of having that voice.
    - Communicate to Secretary's Council why STFM and ABFM are supporting.
    - GME what is the distribution of workforce? Look at benchmarks like children's health that can be scaled up. Include social accountability in GME.
    - Public health and primary care best done at state and local level.
        - How do we take on academic centers? Find ways to advocate at state level.
        - What about physicians. How to contact?
    - Report recommends funding primary care research. Also consider the important issues of GME and VA.