

## Starfield Summit Issue Brief

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### DISCUSSION TOPIC:

- ▶ The Sweet Spot: Ice Cream Sundaes, the Ten Building Blocks and Advanced Primary Care

#### Why This Is Important (*brief description*):

- ▶ Providers are losing joy and burning out. Administrative demands are making clinical practice challenging. Numerous regulations have increased work and expectations. Access to care and care coordination in the medical neighborhood remain points of dissatisfaction for patients. In this reality, new approaches to primary care within the medical home and neighborhood are needed.

#### What We Think We Know (*bulleted evidence + seminal references*):

- ▶ Burnout among PCPs is high<sup>1</sup>
- ▶ Promoting the 4<sup>th</sup> aim of Quadruple Aim is essential to support our workforce<sup>2</sup>
- ▶ Ten Building blocks of high performing primary care provide a framework to achieve the Quadruple Aim, including the importance of team-based care<sup>3</sup>
- ▶ Alternate models of care delivery, including eConsultation, are bridging gaps between primary care-specialty care interfaces, while also improving coordination and patient access<sup>4</sup>
- ▶ Certain systems have successfully integrated newer models (Kaiser, Iora health)

1. Shanafelt TD, Hasan O, Dyrbye LN, et al. Changes in Burnout and Satisfaction With Work-Life Balance in Physicians and the General US Working Population Between 2011 and 2014. *Mayo Clin Proc.* 2015;90(12):1600-1613. doi:10.1016/j.mayocp.2015.08.023.
2. Bodenheimer T, Sinsky C. From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. *Ann Fam Med.* 2014;12(6):573-576. doi:10.1370/afm.1713.
3. Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K. The 10 Building Blocks of High-Performing Primary Care. *Ann Fam Med.* 2014;12(2):166-171. doi:10.1370/afm.1616.
4. Olayiwola JN, Anderson D, Jepeal N, et al. Electronic Consultations to Improve the Primary Care-Specialty Care Interface for Cardiology in the Medically Underserved: A Cluster-Randomized Controlled Trial. *Ann Fam Med.* 2016;14(2):133-140. doi:10.1370/afm.1869.



## QUESTIONS FOR GROUP DISCUSSION (*PRECONFERENCE*)

### Questions for Group Discussion (*add brief answers post-conference*)

- ▶ How can we support these newer models of care through payment alignment?
- ▶ Which of the ten building blocks is the most difficult to implement and scale? How do we overcome these barriers?
- ▶ Who is accountable for ensuring that the ten building blocks are implemented? Payers? Providers?

### Ideas Worthy of Policymaker Attention (*lists ideas for policy preconference, refined ones post-conference*)

- ▶ Insufficient payment reform may stifle innovation in primary care.
- ▶ Shifting from “volume to value” requires significant policy, cultural and structural reforms.
- ▶ Interim solutions are possible, such as: (1) reimbursement for eConsult services under current fee-for-service structure, or expanding the definition of telemedicine for reimbursement of eConsults; and (2) creating CPT codes for services delivered by newer members of the healthcare team, such as health coaches, or in alternative modalities, such as electronic or telephonic patient care.

### Important Unanswered Questions & Ideas Worthy of Research Community Attention

- ▶ Alternative payment models under state-based Medicaid are ripe for research and policy engagement.
- ▶ The impact of newer models of care on delivery, quality, efficiency, satisfaction and cost of care merits research attention.