STARFIELD SUMMIT
...where primary care research inspires policy and practice

Starfield Summit Issue Brief

DISCUSSION TOPIC:

- What is Effective Payment Reform for Primary Care?
- How should payment for primary care reward clinicians and practices for fulfilling the key functions of primary care to patients and populations?

Why This Is Important *(brief description)*:

- Five features conceptualized by Starfield and the Institute of Medicine remain essential for primary care practice: accessible (first contact) care, continuous care, comprehensive care, coordinated care, and accountable/whole-person care. Primary care accepts any and all clinical problems from people of any age or background, and is thus, one of medicine's most complex functions. There remain diverse longstanding barriers, including insufficient and misaligned payment policies, to providing these five features in US practice. Under current payment models, for example, generalist clinicians can minimize time and effort by documenting patient problems and referring to specialists rather than delivering comprehensive care at their practice. Other financial barriers have persisted for accessibility, continuity, and coordination in primary care. Primary care awaits payment policies that support and encourage its full implementation of all the features of primary care measure primary care performance by RVUs

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

- Numerous studies have confirmed the central role of primary care in a well-organized health system.[i] [ii] [iii]
- Each of the five features of primary care practice are necessary, but not alone sufficient, to assure high quality primary care. [iii]
- Primary care practices can vary on these key features and such variations can signal adapting to local burdens of illness and capacities, but they also can be linked to important differences in efficiency, quality and costs of care.[iii] [iv]
- Misaligned payment incentives within the US FFS reimbursement for physician services has not resulted in a sufficient foundation of primary care in the US. [v]
- A plethora of metrics including condition-specific quality performance measures and various HIT requirements seems to have further complicated getting to effective primary care.[vi] [vii]
- PCMH recognition/accreditation aims to address performance on the 5 defining features of primary care, especially comprehensiveness,[viii] but practices meeting PCMH standards have not necessarily benefited financially for having done so.

Citations (on next page)…

QUESTIONS FOR GROUP DISCUSSION *(PRECONFERENCE)*

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

1. What are the preferred options for payment sufficient to assure the 5 features of primary care and how could they fit within MACRA?
2. What is it that justifies continued delay in investing in robust primary care?

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

1. Stop the proliferation of reporting requirements for primary care, starting with those that do not measure performance on key primary care features.
2. Double the 2015 spend on primary care by 2018.
3. Invest in defining and implementing data models and management tools that permit continuous assessment and improvement in primary care. may be required for such feedback to seem actionable).

Important Unanswered Questions & Ideas Worthy of Research Community Attention

1. What are the strengths and weaknesses of primary care payment schemes with a substantial component based on narrowly focused performance measures?
2. What do patients know and think about these features of primary care? Will they look for or demand these features in their primary care? Whose role is it to educate/encourage patients about these features and their value?

[i] Starfield B. Primary care: Balancing health needs, services and technology. New York: Oxford University Press; 1998.

[ii] Institute of Medicine. Primary Care: America's Health in a New Era. Donaldson, Molla S et al., eds. Committee on the Future of Primary Care Services. ISBN 0-309-05399-4. 1996 National Academy of Sciences.

[iii] O'Malley AS, Rich EC, Maccarone A, DesRoches CM, Reid RJ. Disentangling the Linkage of Primary Care Features to Patient Outcomes: A Review of Current Literature, Data Sources, and Measurement Needs. J Gen Intern Med. 2015 Aug;30 Suppl 3:S576-85.

[iv] Bazemore A, Petterson S, Peterson LE, Phillips RL Jr. More Comprehensive Care Among Family Physicians is Associated with Lower Costs and Fewer Hospitalizations. Ann Fam Med. 2015 May-Jun;13(3):206-13.

[v] Berenson RA, Rich EC. US Approaches to Physician Payment: The Deconstruction of Primary Care. Journal of General Internal Medicine. 2010;25(6):613-618. doi:10.1007/s11606-010-1295-z.

[vi] Rich, Eugene, O'Malley AS. "Measuring What Matters in Primary Care." 2015. Available at http://healthaffairs.org/blog/2015/10/06/measuring-what-matters-in-primary-care/.

[vii] Berenson, R.A., Rice T. "Beyond Measurement and Reward: Methods of Motivating Quality Improvement and Accountability." *Health Services Research*, vol. 50, 2015, pp. 2155–2186.

[viii] O'Malley AS, Rich EC. Measuring Comprehensiveness of Primary Care: Challenges and Opportunities. J Gen Intern Med. 2015 Aug;30 Suppl 3:S568-75.