THE CENTER FOR
PROFESSIONALISM & VALUE
IN HEALTH CARE

Changing the Environment for Health Care

Bob Phillips, MD MSPH
Executive Director

The Center's work aims to shape the clinical environment so that delivering care is **more meaningful and effective**, done with **more joy**, and where **professionalism is supported**

To align your values with how you are valued

THE CENTER FOR PROFESSIONALISM & VALUE IN HEALTH CARE

We're working to effect change through:

Measures That Matter to Primary Care

Re-establish professionalism as a proud, supported aspiration rather than a source of burnout and moral injury

Making Care and Population Health Easier, Better

Create accountability for training and workforce outcomes

PRIME Registry

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Does my clinic environment support me *and* good care?

"Current leveraging of professionalism is a path to burnout and the alternative is to create a built environment for good care that also supports professionalism rather than taking advantage of it."

COMMENTARY

The Built Environment for Professionalism

Robert L. Phillips, Jr, MD, MSPH

The social contract between the public and health professions is fraying, challenged by changes in the organization and financing of health care, and by a collective failure to meet some of the expectations of society. It is timely for family medicine to acknowledge the social contract, to accept responsibility for its the role in renegotiating this contract, and to partner with other practice communities in doing so. Human behavior is strongly directed by our environment and risk aversion rather than rational decision making and it is possible to design our practice environment to "nudge" clinician behaviors purposefully toward professionalism. Current leveraging of professionalism is a path to burnout and the alternative is to create a built environment for good care that also supports professionalism rather than taking advantage of it. There are good examples to draw on, and further experimentation, partnerships, policy, and facilitation of practice redesign are needed to get there. (J Am Board Fam Med 2020;33:S57–S61.)

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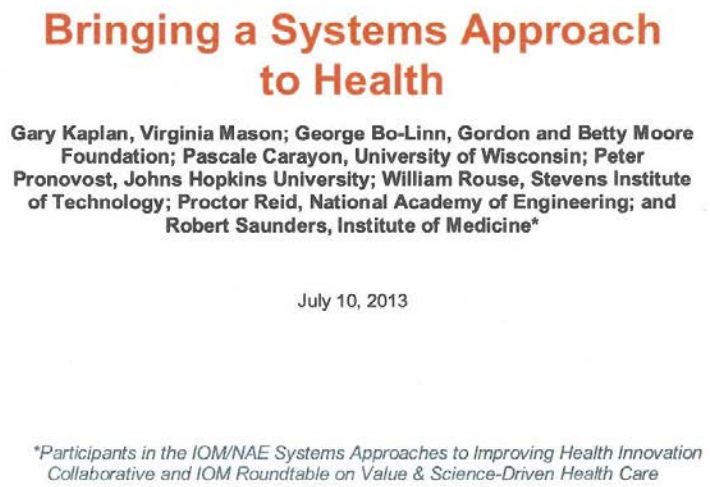
"The problem is not with the individuals working in the health care enterprise, but with the design and operation of the multiple systems in health care.



Bringing a Systems Approach to Health

Gary Kaplan, Virginia Mason; George Bo-Linn, Gordon and Betty Moore Foundation; Pascale Carayon, University of Wisconsin; Peter Pronovost, Johns Hopkins University; William Rouse, Stevens Institute of Technology; Proctor Reid, National Academy of Engineering; and Robert Saunders, Institute of Medicine*

July 10, 2013

*Participants in the IOM/NAE Systems Approaches to Improving Health Innovation Collaborative and IOM Roundtable on Value & Science-Driven Health Care

"As currently designed, these systems depend on the heroism of clinicians to ensure patient safety and promote care quality."

"At the same time, they add unnecessary burdens to clinical workflows, silo care activities, and divert focus from patient needs and goals." 2013

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Measures That Matter to Primary Care

The Center is developing a suite of clinical quality measures aimed at simplifying & improving measurement of primary care, reducing burnout and burden

What are Primary Care's most valuable functions?

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Measures That Matter to Primary Care

- Continuity of Care
- Comprehensiveness of Care
- Person-centered Primary Care
- Trust
- ~~Low Value Care~~

Because $15/year is not worth fretting about

Measures That Matter to Primary Care

Scan to learn more about the Measures that Matter to Primary Care Initiative

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PRIME Registry

Every Day, Every Day, Every Day, Every Day I write the book—Elvis Costello

We estimate that you write the equivalent of 150 full novels each year in your EHR

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PRIME Registry

PRIME turns your hard-entered EHR data into value

PRIME delivers a suite of Health Information Technology tools to support every aspect of primary care

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PRIME Registry

Why in the world does the ABFM run a registry???

1) No one else would do it
2) To give Family Medicine control of how it is measured
3) To turn your EHR data into information that could solve your problems, patients' problems

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PRIME Registry

Our promise:

We will not monetize you and we will not harm you

That's what every other registry wants to do

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PRIME Registry Tools Include:

Quality Performance Dashboard

Group Performance Dashboard

MIPS Dashboard

Care Gap

Patient Reported Outcomes

Report

PHATE

We support every Medicare Demonstration so your EHR is not a barrier

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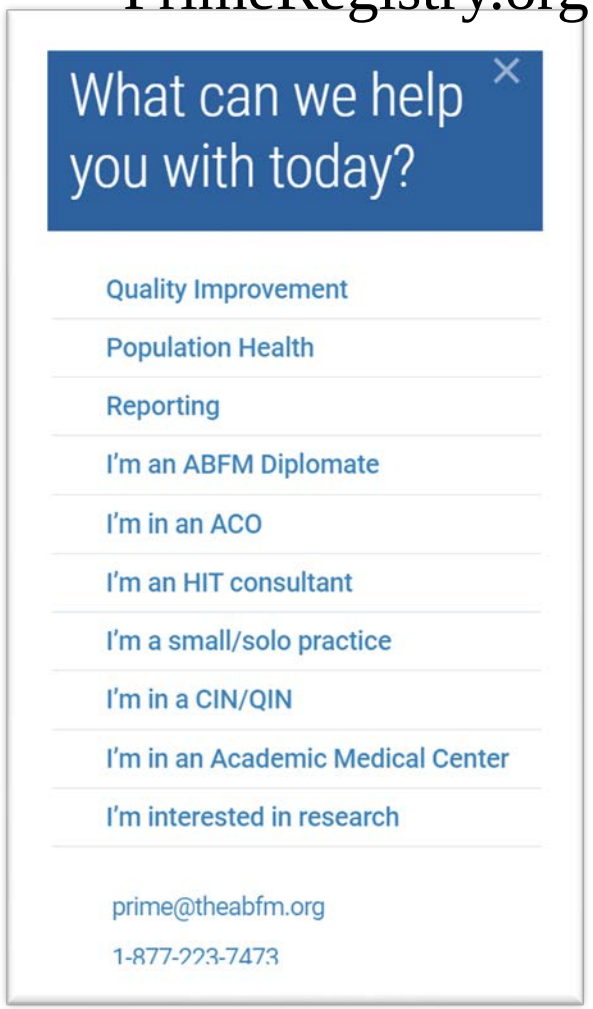
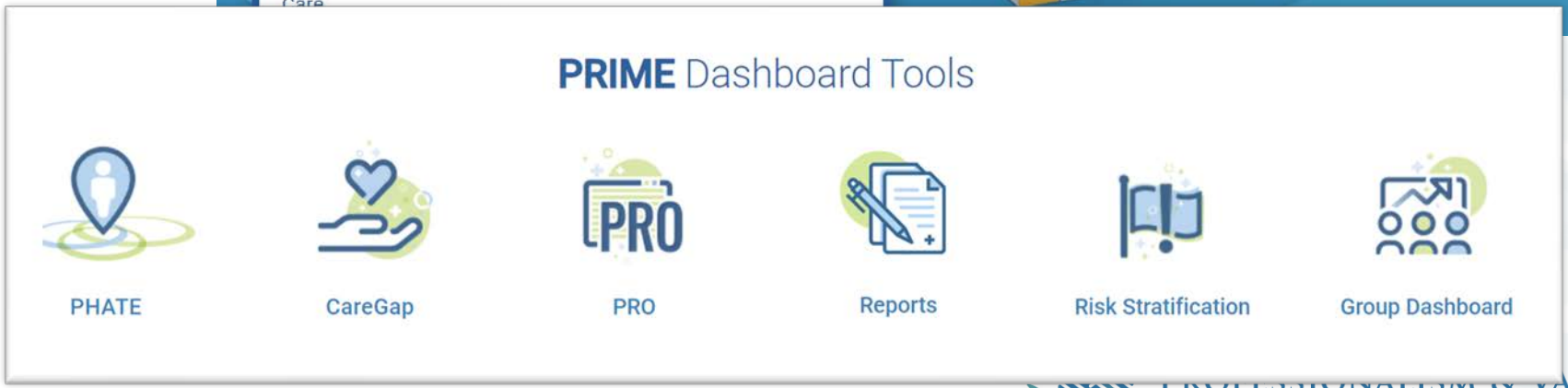
PRIME Website

PrimeRegistry.org





PRIME Registry Supports practices and ACOs with

- eCQM reporting
- Medicare Alternative Payment Models
- Primary Care First (PCF) Model Options
- Merit-Based Incentive Payment System (MIPS)
- Making Care Primary
- MIPS Value Pathways
- Quality Improvement
- Care Gap Tracking and Reporting
- Social Determinants/Social Deprivation Risk Scoring
- Reports to Payers

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PHATE

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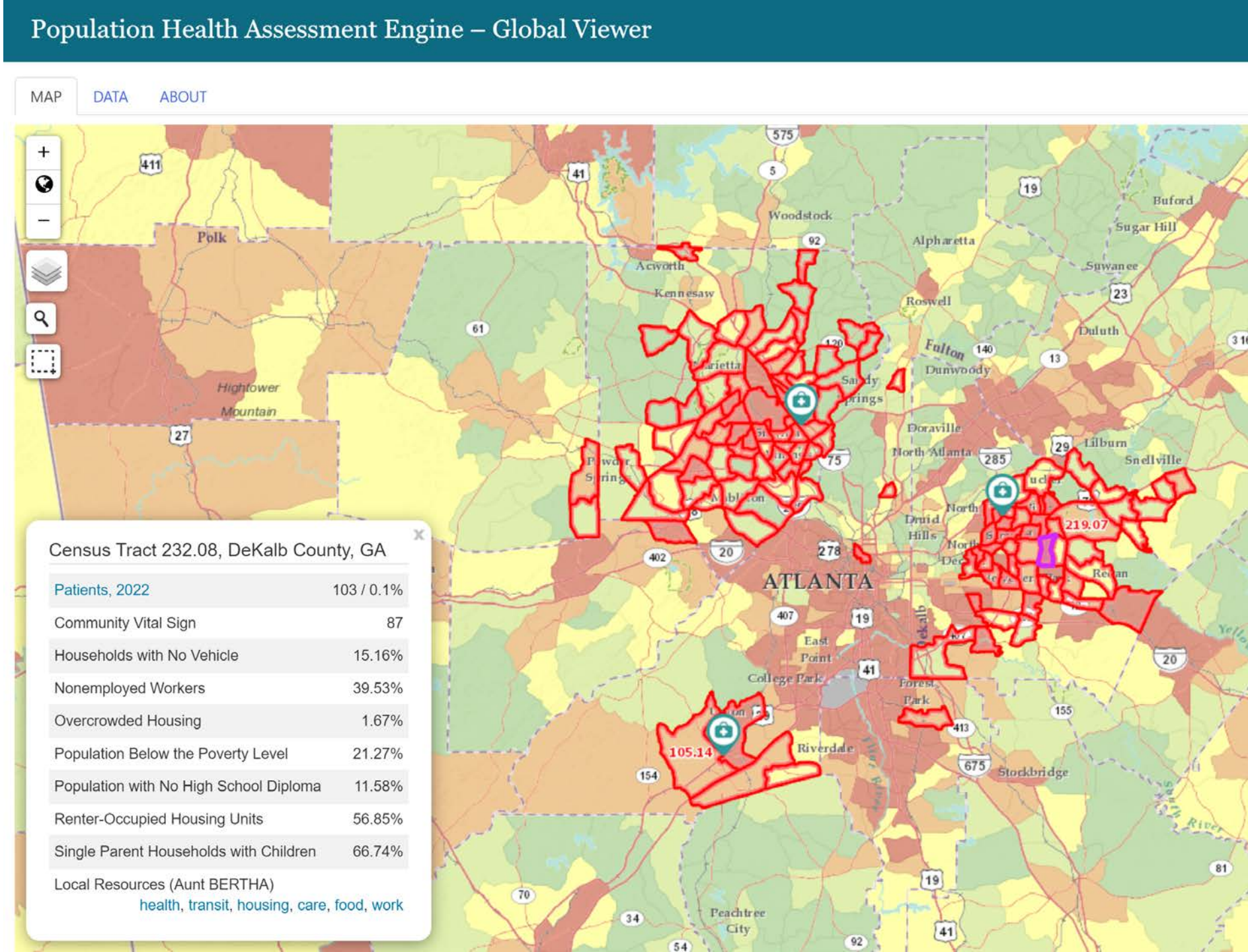
What neighborhoods do I serve?

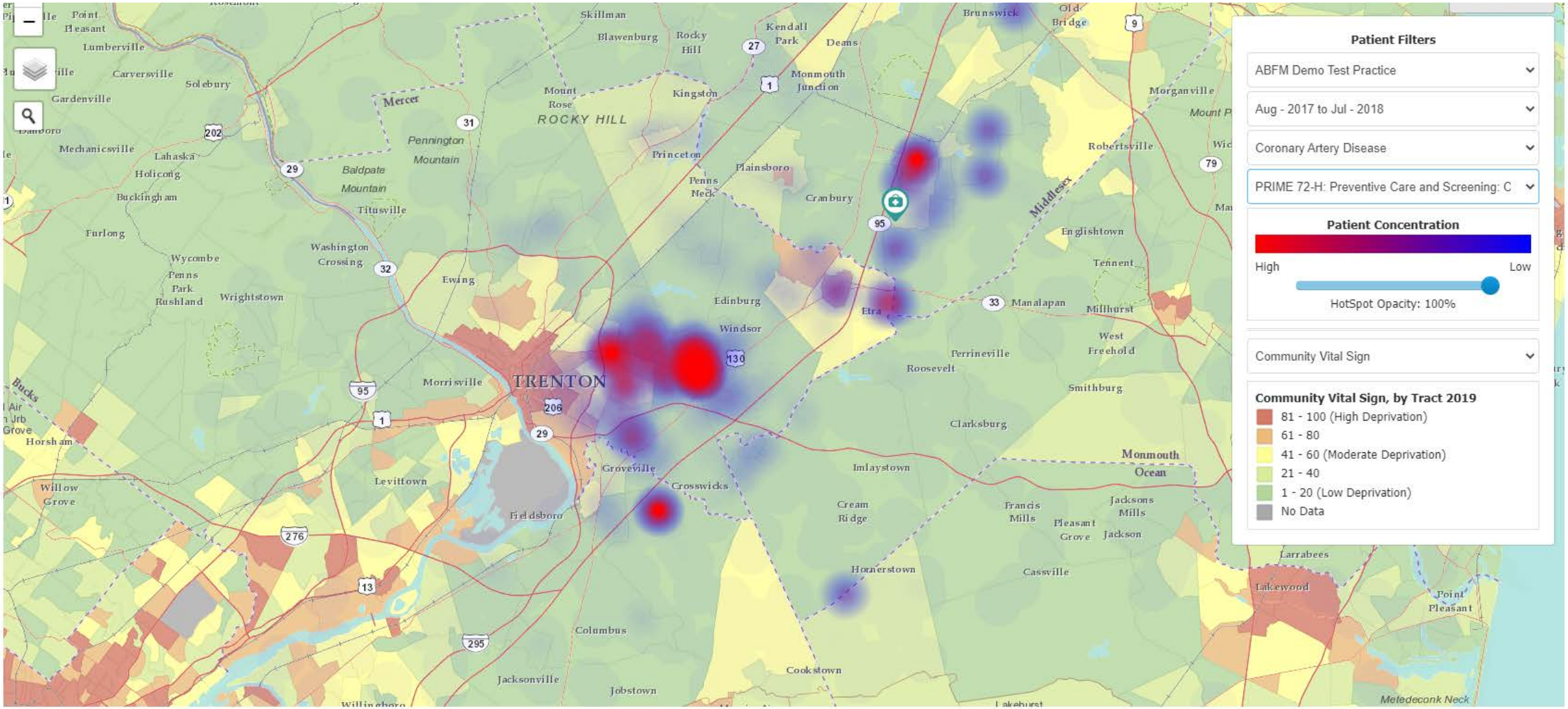
Which of my patients have high social risk?

Who can I send patients to when they have social needs?

PHATE ™ Population Health Mapping

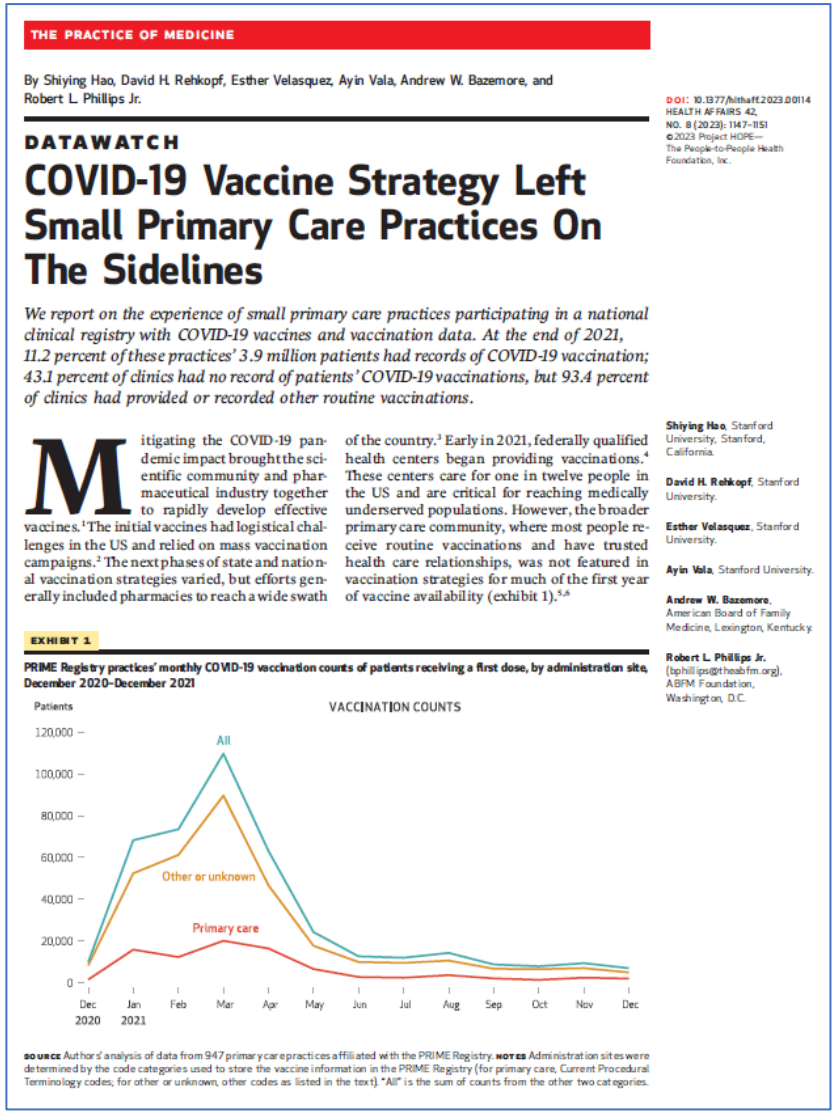


View Community Characteristics and Clusters of Disease with PHATE ™ Population Health Mapping



NEW Publication Referencing PRIME Data

Hao S, Rehkopf DH, Velasquez E, Vala A, Bazemore AW, Phillips RL Jr. COVID-19 Vaccine Strategy Left Small Primary Care Practices On The Sidelines. *Health Aff (Millwood)*. 2023;42(8):1147-1151.



THE PRACTICE OF MEDICINE

By Shiying Hao, David H. Rehkopf, Esther Velasquez, Ayin Vala, Andrew W. Bazemore, and Robert L. Phillips Jr.

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The People-to-People Health
Foundation, Inc.

DATAWATCH

COVID-19 Vaccine Strategy Left Small Primary Care Practices On The Sidelines

We report on the experience of small primary care practices participating in a national clinical registry with COVID-19 vaccines and vaccination data. At the end of 2021, 11.2 percent of these practices' 3.9 million patients had records of COVID-19 vaccination; 43.1 percent of clinics had no record of patients' COVID-19 vaccinations, but 93.4 percent of clinics had provided or recorded other routine vaccinations.

Mitigating the COVID-19 pandemic impact brought the scientific community and pharmaceutical industry together to rapidly develop effective vaccines.[1] The initial vaccines had logistical challenges in the US and relied on mass vaccination campaigns.[2] The next phases of state and national vaccination strategies varied, but efforts generally included pharmacies to reach a wide swath of the country.[3] Early in 2021, federally qualified health centers began providing vaccinations.[4] These centers care for one in twelve people in the US and are critical for reaching medically underserved populations. However, the broader primary care community, where most people receive routine vaccinations and have trusted health care relationships, was not featured in vaccination strategies for much of the first year of vaccine availability (exhibit 1).[5,6]

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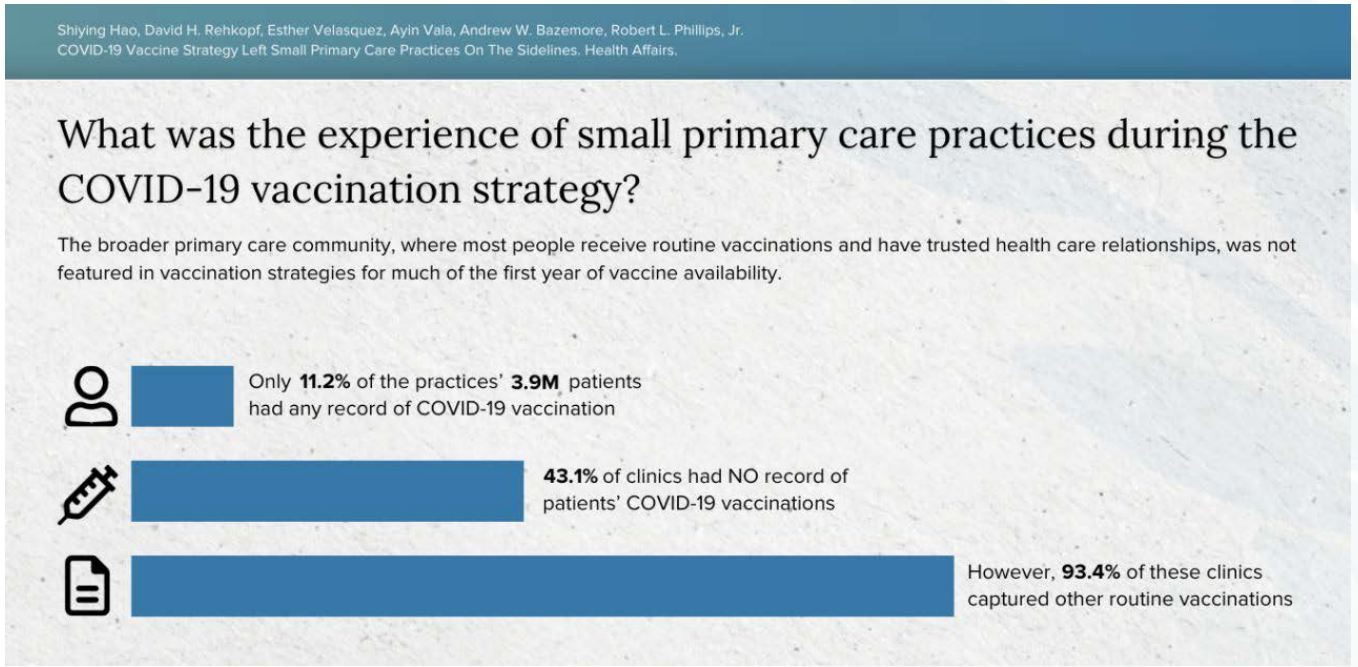
EXHIBIT 1

PRIME Registry practices' monthly COVID-19 vaccination counts of patients receiving a first dose, by administration site, December 2020–December 2021

SOURCE Authors' analysis of data from 947 primary care practices affiliated with the PRIME Registry. NOTES Administration sites were determined by the code categories used to store the vaccine information in the PRIME Registry (for primary care, Current Procedural Terminology codes; for other or unknown, other codes as listed in the text). "All" is the sum of counts from the other two categories.



"This study demonstrates that primary care practices did not get COVID-19 vaccines for most of 2021 and the federal immunization registry did not support most practices in seeing which of their patients were vaccinated. Primary care is where most people have trusted health relationships, and it should be more than a footnote in the nation's epidemic response plans."

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PRIME REGISTRY
Improving America's Health

Research to change Policy

PRIME REGISTRY™
Improving America's Health

With the **CDC**:

- Primary Care should be part of pandemic strategy
- We could have vaccinated high-risk patients faster—because we know them
- Long-COVID looks different in primary care

With **FDA**:

- which medications are safe?
- Which work best in complex patients?
- Will Artificial Intelligence help or harm?

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We're Changing the Environment for Health Care. Join us. Here's how:

- Join PRIME Registry--Join a Movement, Be part of the solution

- Collaborate with us
- Recommend a visiting Scholar (1 month)
- Send us a Health Policy Fellow (1 year)

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Learn more about PRIME Registry and PHATE:

Scan for Recorded demos

Register for a Live Webinar Demo

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