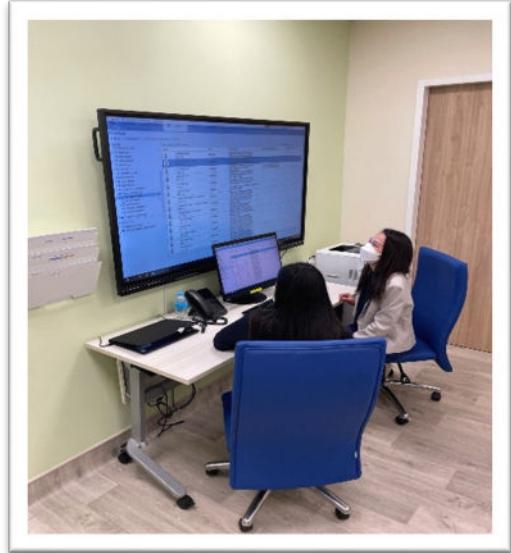


Happy Spring! We are excited to update you on all the latest CPV happenings!



LATEST NEWS



Andrew's Trip to Singapore:

Andrew Bazemore recently returned from a visit to Singapore as a Fulbright Specialist, where he was afforded the opportunity to meet with a dizzying array of leaders, scholars and executives from across the Singaporean health system. These included executives, educators, researchers and senior clinical leaders of the three national polyclinic groups (public sector primary care delivery groups), the national health clusters, the medical schools, the College of Family Physicians, multiple senior leaders in the Ministry of Health, as well as the architect of the current major national health reform "Healthier SG" and his team. He was asked to deliver the Keynote presentation at Singapore's first ever national Primary Care Conference in front of over 700 attendees, followed by joining health systems leaders in a 5-person panel

critiquing "Healthier SG". Extending the work of the CPV, he also conducted a daylong Workshop + Symposium for 60 attendees from all three health clusters on "Developing Measures that Matter for Primary Care".

Over the course of the visit, he prepared and delivered 18 presentations followed by discussions with the leaders noted above in a variety of formats, each generally leading to leadership conversations about a big idea that could reshape national policy or health care delivery in Singapore as it takes on health care reform. Topics included: Tenets of Effective Primary Care, Measuring What Matters in Primary Care, Assessing & Benchmarking Primary Care Investment at the Health System Level, Teams & Teamlets in Primary Care, Social Risk Payment Adjustment, Tools for Assessing Population Health, Building & Supporting Primary Care Research, Digital Health Frameworks in Primary Care, Comprehensive Medical Management in Primary Care, Workforce & Training Issues in Primary Care, Screening for Social Determinants, Continuous Lifelong Learning & Certification, and several others. He was also able to visit the University system, as well as the newest

Primary Care Polyclinic for each of the three major health care groups - coming to better understand and offer input on their design and delivery processes as Singapore moves towards opening 30 such polyclinics across the island by 2030.

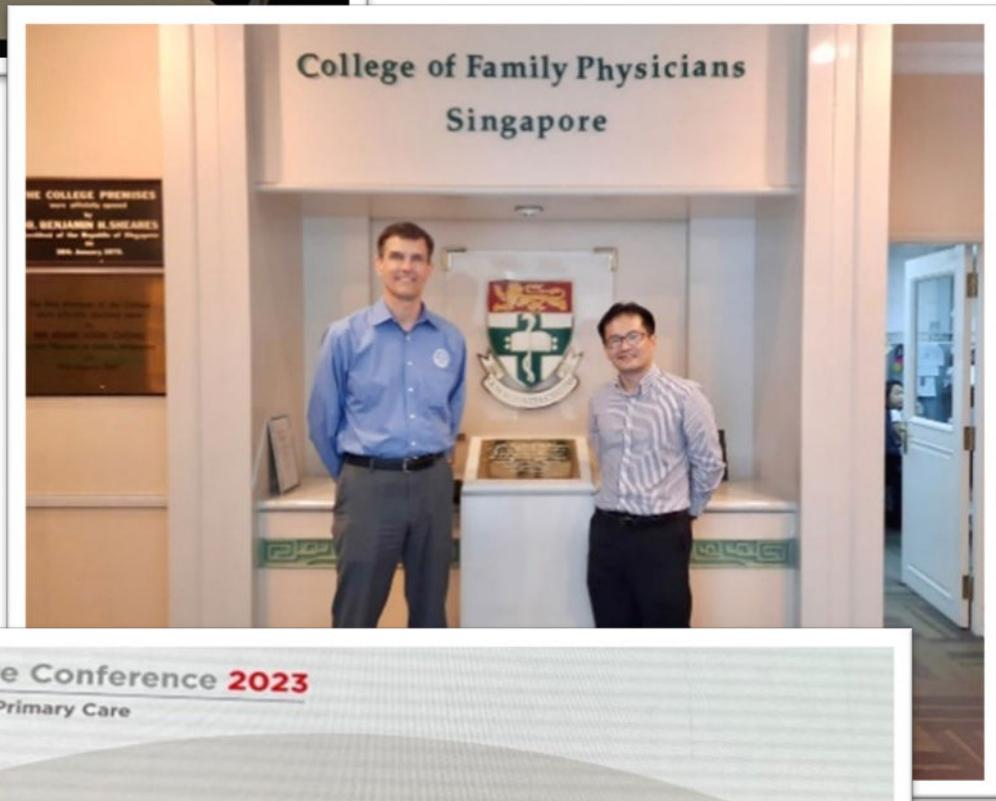
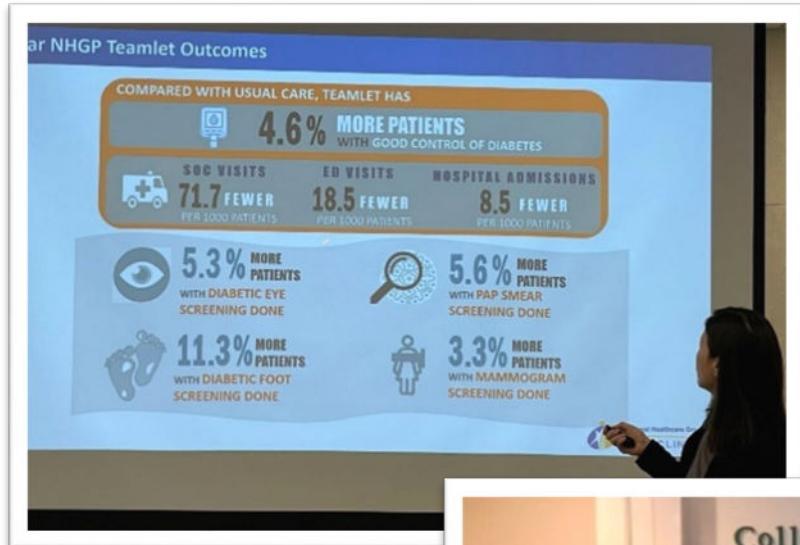
Arriving as Singapore embarks on a major national health care reform emphasizing primary care and prevention was serendipitous, providing an exceptional opportunity for impact and sharing of ideas. The

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Singaporean leaders encountered were open to discussion and adoption of best practices, and eager for outside perspectives. Visiting at the outset of a major national health care reform focused on primary care couldn't have been predicted, but opened a door for high levels of interest and engagement in conversations at the highest levels of Ministry and health system leadership and a sense of real impact on departure. Several new colleagues have expressed interest in a follow up visit to the CPV, possibly as a Visiting Scholar.



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COVID-19 RESEARCH

Nathaniel Hendrix, data scientist at the CPV, has been awarded a grant through the National COVID Cohort Consortium's Public Health Answers to Speed Tractable Results (PHASTR) program. This is an innovative approach to producing quick results on emerging questions by contracting with scholars at research institutions. The focus of this work will be on whether reinfection with COVID differs in severity from initial infection. This question has been top of mind for patients, physicians, and policy makers as they assess the ongoing risks of the pandemic. Nathaniel designed a study to answer this question using causal inference methods, which was selected in a competitive application process. He is both the primary investigator and the sole analyst on this work, which marks CPV's first collaboration with the National Center for Advancing Translational Sciences.



HEALTH POLICY FELLOWS



We are thrilled to announce Martha Esparza will be joining us as the 2023-2024 Health Policy Research Fellow!

Martha Esparza, MD, MPA is a family medicine physician with a background in policy analysis and program evaluation focused on the medically urban underserved, adolescents and pre-k education. She completed her residency training in Tucson at the University of Arizona Department of Family and Community Medicine in the integrative medicine and community medicine clinical track. Her clinical and research interests include Latino adolescent and women's obesity reduction and cardiac health promotion in the primary care setting with an integration of behavioral health.

During residency, she collaborated with the Pima County Health Department Director and public health policy department to create evidence-based education briefs regarding the importance of Good Samaritan laws in Harm Reduction in opioid overdoses. In addition, she served as a chief resident where she was able to help create new avenues for feedback and implementing changes.

She graduated from The University of Arizona College of Medicine – Phoenix where she volunteered through a student run clinic at an FQHC and completed her clinical training at a safety net and non-profit hospitals, both based in urban underserved areas of Phoenix. Prior to medical school, she earned her MPA with an emphasis

in social policy from the Maxwell School at Syracuse University. She was involved in health research, including efficacy of continuous compressions in out of hospital cardiac arrests, efficacy of diabetes prevention programs incorporating education, physical activity and social support for Latino adolescents, their families and an elderly female cohort. She previously worked on a nationwide DOE grant funded program based at PBS in Alexandria, VA where she once had the opportunity to meet Grover. She looks forward to exploring Washington, DC with her partner, 3-year-old daughter and rescue pup, Dora.

Madeline Taskier, our Health Policy Research Fellow, is in the second half of her year-long fellowship. Currently Madeline is finalizing two research projects examining characteristics of family physicians providing abortion care with respect to a changing abortion restriction policy landscape. She is also examining linkages between providing abortion care and other reproductive health services.

Her federal agency placement is with HHS Office of the Assistant Secretary for Health under the Initiative to Strengthen Primary Health Care, a team tasked with developing an Action Plan to create a federal foundation for primary care. Her individual project within the initiative focuses on identifying policy strengths and barriers to enhance the workforce for integrated behavioral health in primary care. Madeline continues her clinical care at George Washington (GW) Primary Care, serving patients in DC while also teaching preclinical and clinical students at GW School of Medicine.



VISITING SCHOLARS



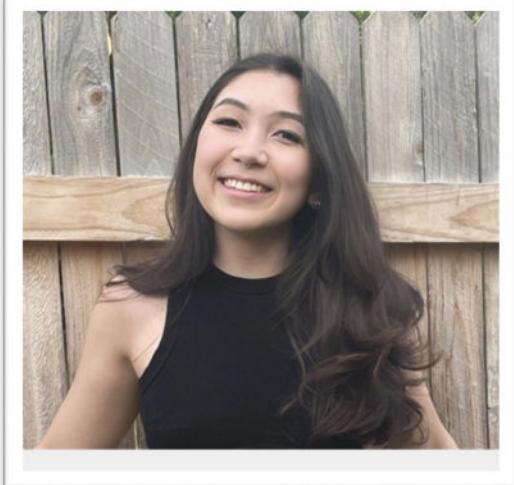
Rishi Vimal Parikh is currently a PhD student in Epidemiology and Population Health at Stanford University. Prior to attending Stanford, he spent several years working on health care-associated infection surveillance at the Centers for Disease Control and Prevention and studying cardiovascular disease epidemiology and health care delivery science at the Kaiser Permanente Northern California Division of Research. Rishi is interested in developing tools and methods for data extraction, risk prediction, and causal inference using electronic health data sources to better understand the social/behavioral, biological, and health system-level factors affecting cardiovascular disease risk. In his spare time, Rishi enjoys scuba diving and photographing the California kelp forests, backpacking in the Sierras, maintaining his solve streak for the NYT crossword puzzle, reading sci-fi novels, and spending time with his wife and newborn son.

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Project at the CPV: Observational data provides an important way of researching the many aspects of the COVID-19 pandemic that cannot be assessed through randomized trials. However, documentation of both acute and long COVID has been highly variable, in part due to changing case definitions, the availability of rapid antibody testing for home use, and delays in implementing novel COVID-specific diagnostic codes within electronic health record systems. Preliminary research suggests that over one-third of patients who receive a COVID antiviral do not have a recorded diagnosis of COVID nor a documented lab positive. Rishi's plan is to use natural language processing to develop a classification system for clinical notes to detect the presence of acute and long COVID in the PRIME database.

Rachel Cunningham is an intern with the American Board of Family Medicine and their Center for Professionalism and Value in Health Care. Rachel holds a bachelor's degree in biomedical science and a minor in Spanish from Texas A&M University. Currently, she is an MPH candidate at the Dartmouth Institute for Health Policy & Clinical Practice. Aside from this, Rachel is from San Antonio, TX, but resides in Hanover, NH, with her Labrador retriever, Meredith.

Project at the CPV: Her role focuses on developing a bibliography and Zotero library for projects relating to primary health care for developed and developing countries that will eventually become a reference to papers for the International Primary Health Care conference in July and beyond. In addition, as plans for conference papers develop, her project would support the lead authors in their planning and timeline.



Annalise Bickley is a current senior and graduate student at Penn State University. With an undergraduate focus in Biobehavioral Health and working towards her Master of Public Health, she is passionate about helping those around me.

Project at the CPV: Annalise is constructing a research library to help define the differences between public health and primary care. The goal is to outline their importance individually and how they both contribute to attaining the highest quality of care for patients in the United States.



PUBLICATIONS

Bazemore, A, Price D, Phillips RL, Ostrovsky, A, Gilfillan R

[Accounting for social risks in Medicare and Medicaid payments.](#)

Commonwealth Fund., Published February 1, 2023. Accessed February 7, 2023

Growing disparities in health outcomes are driven by social drivers of health and lack of sufficient response. There is policy appetite for payment adjustment to support addressing social drivers of health. Policymakers can learn from the states that have tested approaches — including the Maryland and Massachusetts models mentioned above — to design and test various models, ensure payments are sufficient to address social needs, and develop broader solutions for disadvantaged populations.

Cohen, D, Grumbach K, Phillips RL

[The Value of Funding a Primary Care Extension Program in the United States](#)

JAMA Health Forum. 2023;4(2):e225410. doi:10.1001/jamahealthforum.2022.5410

The Primary Care Extension Program can work synergistically with payment reform, workforce development, and the development of advanced electronic infrastructure to assist smaller practices with workforce redesign and technology implementation as well as create better community linkages that can strengthen vitally important smaller practices and help them implement advanced primary care approaches and remain viable in a tumultuous health care environment.

Anderson A, Morgan ZJ, Olaisen RH, **Bazemore AW**, Taylor MK, Wang T, Eden AR.

[Family Physician Income Disparities by Race and Gender](#)

J Am Board Fam Med. 2022;35(4):859-861. doi:10.3122/jabfm.2022.04.210472 (Policy Brief)

A race and gender salary gap has been well-documented throughout the U.S. economy, but little described in primary care. Using self-reported data on the most widely distributed primary care physician specialty, we reveal lower incomes and hourly wages among Black/African American and female family physicians. The clear gradient in family physician compensation by race and gender demands further study and action to better understand and address the underlying sources of these differences.

Killeen D, Jetty A, Peterson LE, **Bazemore A**, Jabbarpour Y.

[The Association of Practice Type and the Comprehensiveness of Practice of Family Physicians](#)

J Am Board Fam Med. 2022;jabfm.2022.220172R1. doi:10.3122/jabfm.2022.220172R1

Comprehensiveness is a defining principle of primary care and Family Medicine but is declining in some settings. This study explores the relationship between practice setting and comprehensiveness among family physicians (FPs). Our findings revealed significant variation in FP comprehensiveness exists across different practice types. FPs in practice types commonly associated with large health systems had narrower breadth of practice, concerning amid increasing practice consolidation. Given

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associations between comprehensiveness and desirable health care outcomes, policy makers should encourage payment/accountability models that incentivize broader scopes of practice.

Russell DJ, Wilkinson E, Petterson S, Chen C, **Bazemore AW**.

[Family Medicine Residencies: How Rural Training Exposure in GME is Associated with Subsequent Rural Practice.](#)

J Grad Med Educ. 2022;14(4):441-450. doi:10.4300/JGME-D-21-01143.1

This study quantifies associations between the amount of rural training during family medicine (FM) residencies and subsequent rural work. Our findings suggest that rural exposure during FM residency training is associated with a 5- to 6-fold increase in subsequent rural practice, with a positive dose effect for greater degrees of exposure, yet less than 10% of graduates experience any rural training during their residencies. Future research could investigate a broader range of factors (in addition to rural background, rural basic medical education, and rural residency training) that lead to subsequent rural practice location selection, so that policymakers can better understand how to increase the proportion of graduating FM residents choosing rural practice.

Phillips RL, Ostrovsky A, Gilfillan R, Price DF, Bazemore A.

Accounting for social risks in Medicare and Medicaid payments. *Commonwealth Fund*. Available at:

<https://www.commonwealthfund.org/blog/2023/accounting-social-risks-medicare-and-medicaid-payments>.

Published February 1, 2023. Accessed February 7, 2023.

This article discusses the need to account for social risks, such as poverty and social isolation, when making payments under Medicare and Medicaid programs. The authors argue that these social factors can have a significant impact on patients' health outcomes and health care utilization, and that failing to address them can result in disparities in care and increased costs. The article outlines several strategies for incorporating social risk factors into payment models, including risk adjustment and value-based payment models that incentivize providers to address social determinants of health.

Price DW, Wang T, O'Neill TR, **Bazemore A**, Newton WP.

[Differences in Physician Performance and Self-rated Confidence on High- and Low-Stakes Knowledge Assessments in Board Certification](#)

J Contin Educ Health Prof. 2023;10.1097/CEH.0000000000000487. doi:10.1097/CEH.0000000000000487

This study investigated how low-stakes and high-stakes assessments in the ABFM's continuous certification program affect physician learning. Two groups of family physicians participated in formative (CKSA) and summative (FMCLA) assessments for a year. The results showed that participants were more accurate but less confident in their responses during the high-stakes (FMCLA) assessments. This pattern persisted for two years and was not influenced by differences in question difficulty between the two platforms. Factors such as time spent answering questions, perceived question relevance to practice, and use of references before answering questions may have contributed to the differences. The results suggest that physicians may be more engaged and reflective during higher-stakes assessments, and these assessments could potentially support physician learning. Future research should explore the generalizability of the findings to other medical specialties and investigate the persistence of confidence-accuracy patterns over time.

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Gaglioti AH, Li C, Baltrus PT, She Z, Douglas MD, Moore MA, Rao A, Cheng Immergluck L, Ayer T, **Bazemore A**, Rust G, Mack DH.

[Interpersonal Primary Care Continuity for Chronic Conditions Is Associated with Fewer Hospitalizations and Emergency Department Visits Among Medicaid Enrollees](#)

J Am Board Fam Med. 2023;jabfm.2022.220015R1. doi:10.3122/jabfm.2022.220015R1

This cross-sectional study examined the impact of interpersonal primary care continuity for chronic condition management on emergency department visits and hospitalizations among Medicaid enrollees with chronic ambulatory care-sensitive conditions (CACSCs). The researchers developed a novel measure of continuity of care in this context and found that patients who had continuity with PCP for chronic condition management were 28% less likely to visit the emergency department and 67% less likely to be hospitalized, after adjusting for medical complexity, demographics, and rural status. The study revealed significant variations in continuity of care across racial-ethnic groups and geographies, suggesting that implementing care models to improve and equalize rates of continuity could potentially support health equity and better chronic disease management. The measure presented in this study can be applied in clinical quality and payment incentive settings, addressing a gap in the literature and meeting the need for holistic measures of care quality and value in primary care.

Hendrix N, Bazemore A, Holmgren AJ, Rotenstein LS, Eden AR, Krist AH, Phillips RL.

[Variation in Family Physicians' Experiences Across Different Electronic Health Record Platforms: a Descriptive](#)

J Gen Intern Med. 2023;1-8. doi:10.1007/s11606-023-08169-5

This descriptive, cross-sectional study investigates the diverse experiences of family physicians utilizing various Electronic Health Record (EHR) platforms. By analyzing data from the 2022 RECERT, the researchers assessed physician satisfaction, EHR usability, and the perceived influence of EHRs on care quality. The results revealed that family physicians who use athenahealth or Epic were most likely to be very satisfied, while physicians using Allscripts, Cerner, or Greenway were the least likely to be very satisfied. The study also found that EHR-specific factors significantly contributed to satisfaction levels, emphasizing the importance of vendors prioritizing usability. Although limited by its cross-sectional nature and focus on family physicians, the study highlights the potential benefits of following the lead of EHRs with higher usability and satisfaction in order to improve physicians' workplace experience.

Reiss-Brennan B, **Phillips RL**, Leykum LK.

[Foundational Collective Actions for Achieving Agile High-Quality Primary Care in the United States](#)

J Gen Intern Med. 2023;1-3. doi:10.1007/s11606-023-08061-2

This article discusses the 2021 NASEM report, which offers recommendations for expanding high-quality primary care in the U.S. The report emphasizes implementation, despite echoing previous calls for action. The authors examine the complexities of supporting interconnected implementation activities

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at the local level. They identify key collective actions, such as establishing an accountable leadership entity, reforming payments, and developing community networks. Additionally, the article underlines the necessity for a monitoring mechanism to evaluate and maintain ongoing action. The successful implementation of high-quality primary care across the nation could significantly impact the most pressing health problems in society.

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