



Building Blocks of High-Performing Primary Care

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The *Annals of Family Medicine* encourages readers to develop a learning community of those seeking to improve health care and health through enhanced primary care. You can participate by conducting a RADICAL journal club and sharing the results of your discussions in the *Annals* online discussion for the featured articles. RADICAL is an acronym for Read, Ask, Discuss, Inquire, Collaborate, Act, and Learn. The word *radical* also indicates the need to engage diverse participants in thinking critically about important issues affecting primary care and then acting on those discussions.¹

HOW IT WORKS

In each issue, the *Annals* selects an article or articles and provides discussion tips and questions. We encourage you to take a RADICAL approach to these materials and to post a summary of your conversation in our online discussion. (Open the article online and click on "TRACK Comments: Submit a response.") You can find discussion questions and more information online at: <http://www.AnnFamMed.org/AJC/>.

CURRENT SELECTION

Article for Discussion

Bodenheimer T, Willard-Grace R, Ghorob A, Grumbach K. The 10 building blocks of high-performing primary care. *Ann Fam Med*. 2014;12(2):166-171.

Discussion Tips

This report uses the authors' experience in practice and in observing high-performing practices around the US to identify elements they believe are associated with high performance in primary care. The article provides a springboard for considering how multiple ingredients can come together to improve practice.

Discussion Questions

- What question is asked by this analysis and why does it matter?
- How does this analysis advance beyond previous research, anecdote, and informal observations on this topic?

- How strong is the observational and analytic approach for answering the question?
- To what degree can the observations be accounted for by:
 1. How high-performing practices were selected?
 2. How information was ascertained about the high-performing practices and how they were deemed to be high-performing?
 3. Preconceptions and blind spots on the part of the authors and the current zeitgeist in which they and we are operating?
 4. How the observations were synthesized and interpreted?
 5. The authors' assumptions and the theoretical framework used to guide the assessment?
- What are the main findings?
- What is your judgment about the primacy of the "foundational elements" compared to the other building blocks?
- What is missing?
- Does the analysis do justice to the complex interrelationships among the building blocks?
- How relevant are the high-performing practices to you and your practice? How transferable are the observations and conclusions to your setting?
- What contextual factors are important for interpreting the findings?
- How might this analysis change your practice? Policy? Education? Research?
- What might the intended and unintended consequences be of applying these recommendations on the local and national level?
- Who are the constituencies for the findings, and how might they be engaged in interpreting or using the findings?
- What are the next steps in interpreting or applying the findings?
- What researchable questions remain?

References

1. Stange KC, Miller WL, McLellan LA, et al. *Annals Journal Club: It's time to get RADICAL.* *Ann Fam Med*. 2006;4(3):196-197. <http://annfammed.org/cgi/content/full/4/3/196>.