The lessons that could be learned were "translated" to the US context.

International Comparisons

Findings from other developed and mainly developing countries were placed against these experiences. In general, PHC was associated with improved efficiency, access, and equity. Lessons learned were the need for consistent PHC policy over time that includes regulations on professional training, and on access to practice, while pursuit of universal health coverage creates opportunities for PHC.

Conclusions

From this, it is recommended to:

- Make sure that policy makers understand the benefits of PHC, and *how* it improves individuals' and populations' health
- Seize moments of crises in health systems to promote PHC
- Connect PHC implementation with the World Health Organization (WHO)'s universal health coverage agenda
- Engage with community leaders, policy makers, and other stakeholders in driving reforms and innovations
- Emphasize that the whole of society benefits from PHC, not only the marginalized or wealthy
- Stress that PHC development is a continuous and not a one-off process of meeting evolving needs of populations

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FAMILY PHYSICIANS CONTINUE MOVE TO NEW PAYMENT MODELS, AAFP SURVEY FINDS

WASHINGTON -- A growing number of family physicians are making the transition to value-based payment models despite some skepticism and obstacles, according to a recent survey (http://humananews.com/wp-content/uploads/2017/11/Data-Brief2017_Value-Base_FINAL4.pdf) conducted by the AAFP.

The survey, which was sponsored by Humana, asked family physicians about their level of participation in value-based payment programs and compared the results to those of a similar survey that was conducted in 2015. Forty-seven percent of respondents in the recent survey said they are actively pursuing value-based payment programs—an increase from 44% in 2015—and 54% of practices are updating their technology systems to prepare to transition to the new payment models. In addition, awareness of the new models is growing, with 60% of physicians saying they are "extremely" or "somewhat" familiar with them, up from 57% in 2015.

A panel discussed the survey results November 29, 2017 during a press briefing on Capitol Hill that was aimed at legislators' staff members.

One attendee asked if the new payment models would prompt physicians to change how they care for certain patients. Amy Mullins, MD, the AAFP's medical director for quality improvement, answered that when she cared for patients in a medical home setting, she did not make note of what insurance each patient carried. "It's not an incentive or a facilitator," she said of new payment models. Instead, value-based payment "allows you to spend time with a patient and get paid for the things you've always been doing that you were not paid for in the past."

For example, Mullins noted that CMS' Quality Payment Program includes a bonus for treating complex patients in recognition of the difficulty of providing such care, even though she had seen no indication that physicians had been dropping these patients. Yet despite the increasing numbers of family physicians who have adopted value-based payment models, barriers to adoption still stand, remaining largely constant between 2015 and 2017. For instance, 90% of physicians cited lack of staff time in 2017, down just 1%

from 2015. In both surveys, 62% of physicians cited a lack of evidence that meeting performance measures leads to better patient care. Other barriers became less frequently noted during that period, including lack of resources, which was cited by 81% of respondents in 2015 and only 74% in 2017, and ability to understand the financial risk, which fell from 80% to 75%.

Another ongoing challenge to wider adoption of value-based payment is finding a way to use nonuniform performance reports from different insurers to bolster patient care. Thirty-seven percent of family physicians said they were paid by 10 or more insurers during 2017. Compounding the problem, not only are data from these insurers often outdated by the time they reach the physician, but IT vendors have yet to integrate their systems so they can exchange the data. "The lack of interoperability is the biggest thing we hear from our members," Mullins said. "We need cooperation from a lot of players. It's the golden ring we're all looking for because it's a huge problem."

A significant change since the 2015 survey is the growing number of physicians who reported hiring care managers (up from 33% in 2015 to 43% in 2017) and behavioral health support (up from 15% in 2015 to 22% in 2017). "More people are employing or engaging behavioral health specialists in their practice," said Roy Beveridge, MD, Humana's chief medical officer. "You have to take care of behavioral health or you can't get the costs down."

Mullins noted that moving to a new payment system is a major adjustment, but continuing the transition is important to training the next generation of physicians because it will instill in students and residents the importance of coordinating care. "Changing how someone gets paid is a big ask," Mullins said. "A lot of physicians are skeptical that value-based payment is not showing evidence (of efficacy), but a lot are still doing it. Even those who are skeptical are moving in that direction."

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TAMMY CHANG, MD, MPH, MS SELECTED AS 2017 NAM PUFFER/ABFM FELLOW

The National Academy of Medicine (NAM) has selected Tammy Chang, MD, MPH, MS as the 2017 James C. Puffer, MD/American Board of Family Medicine Fellow. Dr Chang is an assistant professor in the Department of Family Medicine at the University of Michigan, Ann Arbor. She is 1 of 5 outstanding health professionals selected for the class of 2017 NAM Fellows.

Dr Chang received her undergraduate degree from the University of Michigan with honors in Cellular and Molecular Biology and Zoological Anthropology. She also received her medical degree and master of public health degree in health policy and management from the University of Michigan. Dr Chang completed residency training and served as co-chief resident in the Department of Family Medicine at the University of Michigan and is an alumna of the University of Michigan Robert Wood Johnson Foundation Clinical Scholars program. She has received several national awards including the Academy Health Presidential Scholarship for New Health Services Researchers, the North American Primary Care Research Group Distinguished Trainee Award, and the Society of Teachers of Family Medicine Distinguished Paper Award.

As a Puffer/ABFM/NAM Anniversary Fellow, Dr Chang will receive a research stipend of $25,000. Named in honor of James C. Puffer, MD, president and chief executive officer of the ABFM, the fellowship program enables talented, early-career health policy and science scholars in family medicine to participate in the work of the Academies and further their careers as future leaders in the field. The James C. Puffer, MD/ABFM Fellowship was established under the NAM Fellowship program in 2011.

NAM Anniversary Fellows continue their main responsibilities while engaging part-time over a 2-year period in the Academies' health and science policy work. A committee appointed by the president of the Institute of Medicine (IOM) selects fellows based on their professional accomplishments, potential for leadership in health policy in the field of family medicine, reputation as scholars, and the relevance of their expertise to the work of NAM and the IOM.