We utilized experience of faculty members, supplemented by information from resident reflections, to inform lessons learned from the first 10 years of resident capstone projects, which include:

- Identify markers of success early in the process
- Manage expectations early in the program's development
- Appreciate the intrinsic value of project topics
- Develop tools and resources that are resident focused
- Expect that baseline experiences of residents vary
- Residency time is inconvenient
- Flexibility about project topics is paramount to resident buy-in
 - Steven R. Brown, Jessica Haugen, Teresa Ku-Borden, Yeri Park, Cesar A. Gonzalez, Matthew R. Meunier, Joe Skariah

References

- 1. Accrediting Council of Graduate Medical Education. Common Program Requirements. Accessed May 6, 2023.https://www.acgme.org/globalassets/ pfassets/programrequirements/cprresidency_2023v3.pdf
- Newton WP, Magill M, Biggs W, et al. Re-Envisioning family medicine residencies: the end in mind. J Am Board Fam Med. 2021;34(1):246-248. 10.3122/jabfm.2021.01.200604
- 3. The jamovi project (2022). jamovi (Version 2.3) [Computer Software]. <u>https://</u> www.jamovi.org



Ann Fam Med 2023;21:379-380. https://doi.org/10.1370/afm.3026

THE PRIMARY CARE CENTERS ROUNDTABLE: TRANSLATING RESEARCH INTO IMPACTFUL POLICY

In the 1990s, the Institute of Medicine (IOM) produced 2 reports aiming to strengthen primary care in the United States.^{1,2} Few of the reports' recommendations have been fully implemented,³ and while primary care has languished, the health of the US population has worsened.⁴ Several recent efforts have shifted the discourse from *wby* primary care infrastructure is needed to *how* to accelerate action and bridge the research-to-policy chasm. For example, The Starfield Summit series^{5,6} facilitated conversations among leaders in primary care research and policy that were intended to galvanize participants and enable research and policy agenda setting and dissemination.⁵

To complement these large and resource-intensive gatherings, there was a need for a smaller-scale, continuous thread of coordinated momentum and national activity. Thus, in 2017, a group of primary care research and policy center directors gathered informally at the North American Primary Care Research Group's annual meeting in Montreal to discuss how we might better bridge research and policy, and The **Primary Care Centers Roundtable** (henceforth, the Roundtable) was created.⁷ A culminating and energizing moment for those involved in launching the Starfield Summits, the Roundtable, Family Medicine for America's Health, and similar efforts, was the release of the 2021 report, entitled "*Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*" by the National Academies of Sciences, Engineering, and Medicine (NASEM).³ This report re-confirms the evidence for *wby* a strong primary care foundation is important and outlines a robust implementation roadmap for *how* to strengthen primary care. While some stakeholder groups viewed this report as the conclusion of an arduous journey, the report accelerated the Roundtable's efforts; our work was just beginning.

Who We Are: The Roundtable

The Roundtable is a volunteer collective of primary care research and policy centers from across the United States. Our members are dedicated to driving research and informing policy to promote widespread access to high-quality primary care. Center leaders are frontline primary care clinicians, researchers, and thought leaders. Information about the Roundtable, its efforts, and its 10 centers can be found <u>here</u>.⁷

The mission of the Roundtable is to maintain a continued focus on the evidence necessary to advance primary care and to foment a primary care movement. As collaborators, the Roundtable identifies activities where we can accomplish more by working together than separately, eg, joint research, education, dissemination, advising, convening, and presentations. The Roundtable prioritizes initiatives that support translating existing research and generating new policy-relevant evidence that will inform positive change.

What We Are Doing: Our Past and Current Work

Initially, the Roundtable identified ways to provide evidence to the NASEM committee that produced the 2021 report, including serving on and presenting to the committee. After its public release, the Roundtable shifted focus to informing the report's implementation. Although all recommendations are top priorities, the Roundtable emphasized the importance of establishing federal leadership on primary care⁸ within the US Department of Health and Human Services (HHS). This will increase the likelihood and feasibility of implementing many of the other recommendations, especially those where the federal government is the principal actor in creating lasting change and building accountability, eg, payment reform, workforce development, information technology redesign, research investments. We also described a path for coordinating this leadership.⁹ Other Roundtable publications include articles about the current primary care crisis,¹⁰⁻¹¹ a commentary demonstrating the important role primary care clinicians fulfill in caring for the whole person,¹² what happens when care is highly specialized and fragmented,¹² and several commentaries suggesting different paths toward rebuilding primary care.¹³⁻¹⁵

More broadly, the Roundtable organizes regular meetings with sponsors of the NASEM report to collaborate on efforts to inform its implementation. This includes members who participated in the creation of the nation's <u>first scorecard</u> <u>for primary care</u>,¹⁶ as well as efforts to examine the methods and approaches to measure primary care spending in the United States.

What Do We Plan to Do: Our Future Work

Moving forward, the Roundtable will continue to elevate understanding about primary care and its value, potential, and needs among policy makers and other key stakeholders, as well as to support implementation of the 2021 NASEM report recommendations. The Roundtable will further our goals by engaging one another, new primary care research and policy centers that emerge, and international primary care partners to:

• Generate and/or synthesize new, policy-relevant evidence to inform primary care on multiple fronts, including payment, delivery, workforce, access, and quality

• Translate primary care evidence for policy makers and other decision makers through policy briefs, infographics, blog posts, and the like, to be strategically shared in meetings, webinars, and via testimony

• Convene key leaders committed to improving primary care

• Provide technical assistance where applicable

We also seek new and innovative ways to communicate more broadly with the primary care workforce, patients, policy makers, and change agents about why they need primary care and what they can do to help strengthen it.

Jennifer E. DeVoe, Lauren S. Hughes, Deborah J. Cohen and the Primary Care Centers Roundtable, <u>Center for Community Health</u> <u>Integration</u>, Kurt Stange, <u>Center for Excellence in Primary Care</u>, Tom Bodenheimer and Kevin Grumbach, <u>Center for Primary Care</u>, Russ Phillips, <u>Center for Primary Care Research and Innovation</u>, Deborah J. Cohen and Jennifer DeVoe, <u>Center for Professionalism and</u> <u>Value</u>, Andrew Bazemore and Robert L. Phillips, Jr, <u>Farley Health</u> <u>Policy Center</u>, Lauren S. Hughes and Shale Wong, <u>Larry A. Green</u> <u>Center</u>, Rebecca Etz and Kurt Stange, <u>National Center for Primary</u> <u>Care</u>, Anne Gaglioti and Dominic Mack, <u>Primary Care Research</u> <u>Center for Healing People and Communities</u>, Carlos Jaen, and <u>Robert Graham Center</u>, Alison Huffstetler and Yalda Jabbarpour

References

- Institute of Medicine, Donaldson M, Yordy K, Vanselow N. Defining Primary Care: An Interim Report. The National Academies Press; 1994. 10.17226/9153
- Institute of Medicine, Donaldson M, Yordy K, Lohr K, Vanselow N. Primary Care: America's Health in a New Era. The National Academies Press; 1996. <u>10.17226/5152</u>
- 3. National Academies of Sciences, Engineering, and Medicine. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care.* The National Academies Press; 2021. <u>10.17226/25983</u>
- National Research Council, et al. U.S. Health in International Perspective: Shorter Lives, Poorer Health. The National Academies Press; 2013. <u>https://doi.org/10.17226/13497</u>
- 5. Starfield Summit. Accessed Jun 1, 2023. https://www.starfieldsummit.com/

- Doohan N, Coutinho AJ, Lochner J, Wohler D, DeVoe J. A paradox persists when the paradigm is wrong: Pisacano Scholars' reflections from the inaugural Starfield Summit. J Am Board Fam Med. 2016;29(6):793-804. <u>10.3122/</u> jabfm.2016.06.160228
- 7. Primary Care Centers Roundtable. Accessed Jun 1, 2023. <u>https://www.primary</u> carecentersroundtable.com/
- Grumbach K, Bodenheimer T, Cohen D, Phillips RL, Stange KC, Westfall JM. Revitalizing the U.S. primary care infrastructure. N Engl J Med. 2021;385(13): 1156-1158. <u>10.1056/NEJMp2109700</u>
- 9. Phillips RL, Koller CK, Chen AHM. The path to coordinated federal leadership to strengthen primary health care. Published Nov 4, 2022. Accessed Jun 1, 2023. https://www.milbank.org/publications/the-path-to-coordinated-federal-leadership-to-strengthen-primary-health-care/
- 10. Etz R. Opinion: primary care in crisis, a prescription for recovery and resilience. *Modern Healthcare*. Published Sep 6, 2022. Accessed Jun 1, 2023. <u>https://www.modernhealthcare.com/opinion/primary-care-crisis-prescriptionrecovery-and-resilience</u>
- 11. Koller CK, Etz R. Too critical to collapse: today's primary care crisis. *The Hill*. Published Mar 3, 2023. Accessed Jun 1, 2023. <u>https://thehill.com/opinion/</u> healthcare/3883168-too-critical-to-collapse-todays-primary-care-crisis/
- 12. Cohen D. Primary care clinicians are the glue to health and wellness. Their shortage spells trouble. Stat. Published Feb 4, 2022. Accessed Jun 1, 2023. https://www.statnews.com/2022/02/04/primary-care-clinicians-essential-health-wellness/
- Grumbach K. Forging a social movement to dismantle entrenched power and liberate primary care as a common good. Ann Fam Med. 2023;21(2):180-184. <u>10.1370/afm.2950</u>
- 14. Stange KC. Time for family medicine to stop enabling a dysfunctional health care system. *Ann Fam Med.* 2023;21(3):202-204. 10.1370/afm.2981
- Hughes LS, Cohen DJ, Phillips RL Jr. Strengthening primary care to improve health outcomes in the US-creating oversight to address invisibility. JAMA Health Forum. 2022;3(9):e222903. 10.1001/jamahealthforum.2022.2903
- 16. Health of US Primary Care Scorecard. *Millbank*. Accessed Jun 1, 2023. <u>https://</u> www.milbank.org/focus-areas/primary-care-transformation/health-of-usprimary-care-scorecard/



Ann Fam Med 2023;21:380-381. https://doi.org/10.1370/afm.3022

LEADERSHIP CONFERENCE TOWN HALL

Town Hall Addresses Well-Being, Protecting FPs, Other Key Issues

AAFP officers and members discussed the Academy's work on the biggest issues family physicians are facing—including burnout and well-being, protecting physicians from legislative interference, and opportunities to lead change—in a Town Hall meeting May 10 at the 2023 AAFP Leadership Conference in Kansas City, Missouri.

Cutting Major Causes of Burnout

AAFP President Tochi Iroku-Malize, MD, MPH, MBA, said the Academy is actively working with Congress and

ANNALS OF FAMILY MEDICINE * WWW.ANNFAMMED.ORG * VOL. 21, NO. 4 * JULY/AUGUST 2023