Family Medicine for America’s Health

Building Support and Capacity for a Strong Primary Care Foundation in America

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Why We Are Doing This

PATIENT DISSATISFACTION
HIGH TURNOVER
INADEQUATE RESOURCES
LESS TIME WITH PATIENTS
INSUFFICIENT WORKFORCE
IMBALANCE BETWEEN PREVENTION AND TREATMENT
DECLINING HEALTH
PUSH FOR QUANTITY OVER QUALITY
MORE PAPERWORK
DISJOINTED CARE
RISING COSTS
EHR USABILITY AND INTEROPERABILITY ISSUES
What We Want Instead
7 Core Strategies

In collaboration with patients and other primary care professionals:

1. Show the benefits of primary care
2. Every person will have a personal relationship with a trusted family physician or other primary care professional, in the context of a medical home
3. Achieve the triple aim
4. Reduce health care disparities
5. Lead the continued evolution of the patient centered medical home
6. Ensure a well-trained primary care workforce
7. Move primary care reimbursement away from fee-for-service and towards comprehensive primary care payment
...Created to Achieve
The Core Strategies

Practice Team
Enable family physicians and other primary care professionals to provide patients and families with optimal and affordable care at the right place and right time.

Workforce Education Team
Increase the number of high quality students going into family medicine and strengthen the supports required for sustaining student, resident, and practicing physician training and interest in primary care.

Technology Team
Influence changes in Health IT to facilitate PCMH implementation, and use new and emerging technologies to strengthen relationships between patients and their healthcare team.

Research Team
Promote further research on the value of primary care and the role of the PCMH, the efficacy of comprehensive payment, and common clinical issues. Engage clinicians, patients, and researchers in learning together to produce high quality research for primary care practice.

Payment Team
Enable physicians and their care teams to provide the highest quality care to their patients by helping them make the transition from fee-for-service to comprehensive payment. Build the business case needed to help patients, employers, and payers see the value of making that transition.

Engagement Team
Demonstrate the value of primary care and the critical role of family medicine by unifying and amplifying the voices of patients and patient advocates and collaborating with other national and local primary care professionals and stakeholders.
Enable family physicians, and other primary care professionals, to provide people with the right care at the right place at the right time at the right cost. In order to do this:

- Build on success of the PCMH and chart a course for the evolution of primary care practice over the next five years—including a plan to support implementation.
- Champion a metrics framework that recognizes and supports the value of patient-centered primary care and advances health.
- Develop and execute a plan to ensure everyone in the country has an ongoing relationship with a family physician or other primary care professional.
Workforce Education Development Team

Increase the number of students going into family medicine and primary care.

Strengthen supports for increasing and sustaining student interest in family medicine and primary care.

Provide medical school and residency action learning curriculum for skills physicians need to be successful in the future, including (but not limited to):

- “Living” the EPAs
- Providing population based care
- Practicing in a comprehensive payment system
- Leading interprofessional care teams
Technology Team

Improve health for all individuals and support care teams by using technology to provide a patient and family centered care experience – by building a vision for how technology can support value-based primary care and then removing barriers to getting there.

Support family physicians, and their inter-professional teams, in using technology to strengthen relationships with patients and families.
Promote further research about specific issues including:

- The value of primary care and the role the PCMH can play in delivering that value
- The efficacy of comprehensive payment for primary care
- Prevention, chronic illness and population health

Equip patients and primary care professionals with health information they can act on and give them the means to contribute useful information about their health that can feed into ongoing research.
We cannot transform primary care by ourselves. This team needs to:

- Bring together a coalition of like-minded primary care professionals and patients speaking with one voice for the value of primary care.
- Engage the family medicine community, other primary care professionals and consumer organizations around the goal of providing outstanding person-centered care.
- Strengthen advocacy for primary care at national, regional, and local levels.
- Test our assumptions and embrace influential stakeholders some of whom are as yet unknown.
Provide the highest quality and lowest cost primary care to people throughout the country. To make this possible:

- Build the business case needed to help patients, family physicians, employers and payers transition to a comprehensive primary care payment model as quickly as possible.
- Cultivate partnerships with small and large employers, health and hospital systems, and third party payers.
- Collaborate with other tactic teams to help physicians and practices make the transition to a comprehensive primary care payment model.
Groups with Critical Roles

FM Organizations and their Boards
- Receive regular updates
- Provide a consult to FMAHealth Board members
- Provide capacity for Tactic Teams
- Collaborate with Tactic Teams on projects with overlapping goals

Chapters
- Support the work of FMAHealth as a network of ambassadors for implementing the plan
- Provide input
- Collaborate on city tours and mini-campaigns

Departments of Family Medicine & FM Residency Programs
- Engagement on key implementation tactic areas
- Local engagement around city tours

Physicians Practicing on the Ground
- Mobilize efforts in each of the key implementation areas
- Cornerstone for sustained changes

Policy Making and Advocacy Groups, and Sponsors
Engagement on issues related to the key implementation areas

Patient and Family Advisory Groups
Advocate with family physicians to implement FMAHealth’s strategic objectives

Other Primary Care and Other Specialty Organizations
Collaborate to drive strategy forward

Other Health Professional Organizations
Engagement on key implementation areas
Health is Primary

Brought to you by America's Family Physicians
Defining Primary Care

...where health is primary
Building Awareness Through Communications

Owned Media

Social Media

Earned Media

Paid Media
Authenticating the Movement: Stories of Innovation and Transformation
The City Tour Effort: Collecting and Amplifying the Local Stories of Innovation and Transformation

END OF LIFE CARE
VALUE-BASED PAYMENT

INNOVATION
GROUP VISITS

REDUCED HOSPITALIZATIONS
EMPLOYER ROI

PUBLIC HEALTH CONNECTIONS
COMPREHENSIVE, COORDINATED CARE

CHRONIC DISEASE MANAGEMENT
CUSTOMER SERVICE

HOME VISITS

WORKFORCE ISSUES
PATIENT PERSPECTIVE

INTEGRATING BEHAVIORAL HEALTH

TRANSFORMATION
NEW CULTURE OF HEALTH

COMMUNITY HEALTH CENTERS

PATIENT PERSPECTIVE

GROUP VISITS

EMPLOYER ROI

INNOVATION

REDUCED HOSPITALIZATIONS

PUBLIC HEALTH CONNECTIONS

CHRONIC DISEASE MANAGEMENT

HOME VISITS

WORKFORCE ISSUES

INTEGRATING BEHAVIORAL HEALTH

TRANSFORMATION

NEW CULTURE OF HEALTH
Focus on Health Series

Quarterly mini-campaigns to highlight key health issues & primary care value

Patient resources in English and Spanish

Consumer survey as media hook

690,000+ radio, print and online impressions

2015 Topics: Fitness & Nutrition, Chronic Disease Management, Immunization and Smoking Cessation
Enlisting Support from Key Opinion Leaders and External Stakeholders
2015 International Consumer Electronics Show

Panel of FPs gave physician perspective on consumer health technology

Reached key health and technology influencers with 100+ in attendance

Expanding partnership with CES in 2015-2016
Launched campaign to 30+ policy influencers on Capitol Hill

Focus on partnership: primary care, public health, payers

Highlighted data/results, cost-effectiveness
MONTHLY UPDATES TO 8 SPONSORING ORGS
FMAHEALTH.ORG, HEALTHISPRIMARY.ORG

FMA HEALTH BOARD UPDATES AT FM GATHERINGS ACROSS THE COUNTRY

CITY TOUR COLLABORATION WITH CHAPTERS AND OTHER SPONSORING ORGANIZATIONS

REGULAR STORIES IN FM TRADE PUBLICATIONS AND MEDIA

CAMPAIGN TOOLKIT FOR FM ENGAGEMENT
Year in Review

2014

- October 22-23: National Campaign Launch
- Focus on Health Series

2015

- January 6: International Consumer Electronic Show (CES)
- January: Fitness & Nutrition
- April: Chronic Disease Management
- July 30: AAFP National Conference for Residents and Students
- August: Immunization
- November 13: CVS Health Collaboration Announced

City Tour:
- March 19: Seattle
- April 16: Raleigh
- May 19: Chicago
- October 2: Denver
- October 21: Detroit

June – September: Campaign Development

Campus for March 19: Raleigh
National Survey
Methodology & Goals

- **800 adults 18+ years old, with a focus on 25-54 year old moms with children under 18 years of age**
- **Respondents were identified to ensure they have access to the campaign (e.g. use Facebook, Twitter, visit key websites, etc.)**
- **Data collected by online panel July 13-19, 2015**
- **Goals: assess breakthrough and resonance of the messages and advertising**
Early Results Are Strong

- Campaign is hitting target audience – with reach and resonance into broader constituency
- Campaign messages have high believability
- Those who have seen the campaign advertising are more:
  1. Tuned in to campaign
  2. Receptive to messages
  3. Likely to engage with the campaign
Advertising Can Drive Action

- **74%** are more LIKELY to make sure they have a family physician after seeing ads.
- **62%** are more FAVORABLE toward Health is Primary effort after seeing ads.

More Likely To Engage

- 46% will talk to family, friends and others to encourage them to get a family physician.
- 46% will follow Health is Primary on Facebook, Twitter or YouTube.
- 31% will attend an event or meeting to promote Health is Primary.
- 27% will sign an online pledge to make health a priority.
- 10% will write, call or meet with an elected official.

Of those who have seen the advertising...
2016 Key Activities

1. Taking Our Stories to Stakeholders (City Tour Phase II)
2. Running Quarterly Mini-Campaigns
3. Enlisting Corporate Sponsors
4. Promoting Content from Strategy Team
5. Continuing paid and PSA (donated) advertising
2016 City Tour Approach: Telling the Stories of Primary Care and Family Medicine

- Continue to collect and tell stories of innovation and transformation in primary care and family medicine
- Take the story to key stakeholders through direct outreach, partnerships and national events (media, employers, policymakers, payers, patients)
- Provide tools and technical advice for local events hosted by local committee (including interested AAFP and ACOFP chapters, academic leadership)
Do you have stories of innovation in the following areas:

- Patient engagement
- Payment reform/alternative payment
- Technology
- Partnership between PC and public health/community health
- Team based training or care delivery
- Integration of prevention
- Chronic disease management

Do you have data or results to show improved outcomes, satisfaction or cost savings?

Contact us at info@fmahealth.org
Health is Primary Toolkit

Design resources:
- Advertisements
- Infographics
- Patient materials
- Posters
- Web badges

Ideas for engaging with the campaign
Campaign messages, Q&A and sample content

Available at
www.healthisprimary.org/toolkit
Join
The Movement

Sign up to receive updates:
www.healthisprimary.org
www.fmahealth.org

Follow us on Twitter: @healthisprimary
Join us on Facebook: facebook.com/HealthIsPrimary
Contact us to join the effort: info@fmahealth.org