Family Medicine for America's Health:

Transforming the Specialty and the System to Make Health Primary

FAMILY MEDICINE *for* AMERICA'S HEALTH

Health is Primary

BROUGHT TO YOU BY AMERICA'S FAMILY PHYSICIANS

America’s Family Physicians are working together to transform our health care system

FAMILY MEDICINE FOR AMERICA’S HEALTH

Family Medicine for America's Health

AMERICAN ACADEMY OF FAMILY PHYSICIANS

STRONG MEDICINE FOR AMERICA

ADFM Association of Departments of Family Medicine

VISION, VOICE, LEADERSHIP

AMERICAN ACADEMY OF FAMILY PHYSICIANS FOUNDATION

AFMRD Association of Family Medicine Residency Directors

American Board of Family Medicine

North American Primary Care Research Group

acofp American College of Osteopathic Family Physicians

Advocacy • Education • Leadership

STFM Society of Teachers of Family Medicine

Spending is Out of Control and America's Health is Failing

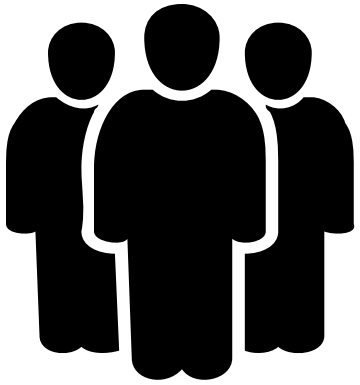
America's health care spending is more than double that of other industrialized countries, yet we rank 24th out of 30 in life expectancy.

The Balance is Off Between Prevention and Treatment

Only three percent of our health care spending is tied to prevention and public health.

75 percent of our health care costs are spent treating preventable disease.

We've Lost Our Focus On Patients—and Health



Our system is treating conditions and disease, not patients. Much of the care patients receive is fragmented and uncoordinated.

Family Medicine Leading the Charge

We are launching a **communications campaign** and a **strategic implementation effort** to deliver on the Triple Aim:

Better Care

Better Health

Lower Costs

FAMILY MEDICINE *for* AMERICA'S HEALTH

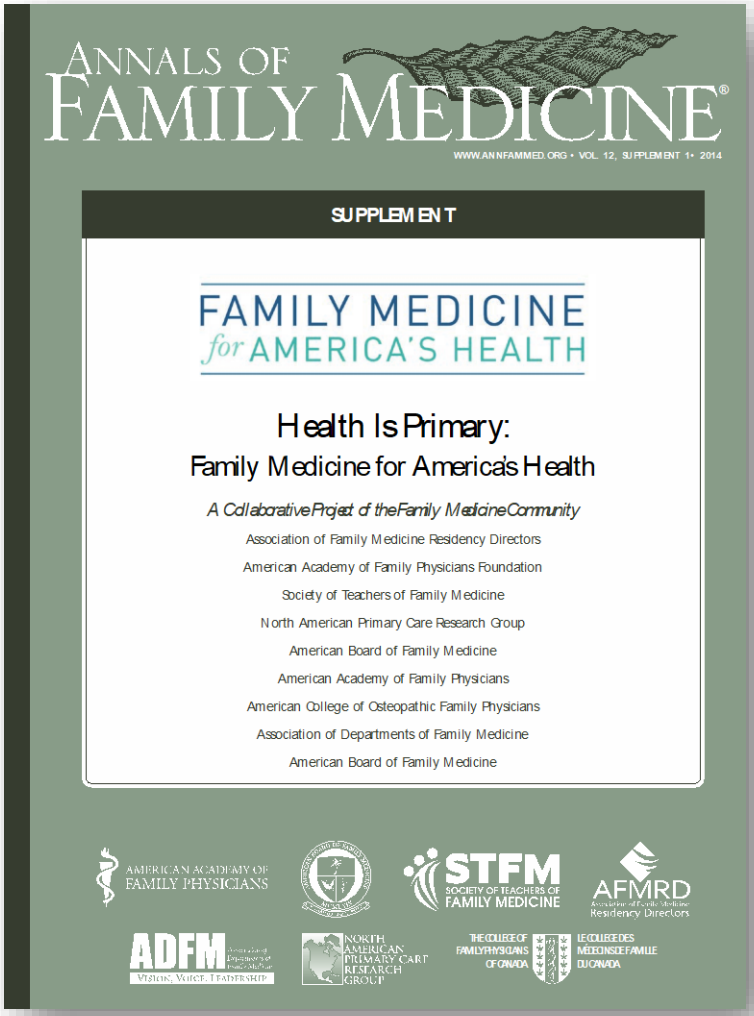
Leading a broad strategic effort focused on:

- Expanding access to the patient-centered medical home;
- Advancing the use of technology in a way that supports and strengthens doctor-patient collaboration;
- Ensuring a strong primary care workforce; and,
- Shifting to comprehensive primary care payment.

Strategic Plan for Family Medicine

- Designed to be used as a guide to help family medicine realize its goal of achieving the Triple Aim and meeting health needs of the American people.
- Seven core strategies with specific implementation tactics executed by six key tactic teams.
- We cannot do this alone—tactic teams will include broad representation from across the specialty and our primary care colleagues.

How We Got Here—And Where We're Going



Find it here:

http://annfammed.org/content/12/Suppl_1

Seven Core Strategies

In collaboration with patients and other primary care professionals:

1. Show the value and 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

Six Tactic Teams

…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.

Practice Team

Core Team Members: Jason E. Marker, MD, MPA (Leader)
Rebecca Etz, PhD; Amy Gibson, RN, MS; Samuel M. Jones, MD; Jay W. Lee, MD, MPH; Michael L. LeFevre, MD, MSPH
Board Liaison: Robert L. Phillips, Jr., MD, MSPH

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 and Development Team

Core Team Members: Christina Kelly, MD (Leader),
Constance Goldgar, MS, PA-C, Calvin Gutkin, MD, CCFP, FCFP,
Rick Kellerman, MD, Judith Pauwels, MD
Board Liaison: Michael Tuggy, MD

- 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

Core Team Members: Steven E. Waldren, MD, MS (Leader); Jewell Carr, MD; Deborah J. Cohen, PhD; Ciarán Anthony DellaFera, MD; Jacob Reider, MD
Board Liaison: Jen Brull, MD

- 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.

Research Team

Core Team Members: Lars Peterson, MD, PhD (Leader),
Andrew Bazemore, MD, W. Perry Dickinson, MD, Alex H. Krist, MD, MPH,
Ronna New, DO
Board Liaison: Jennifer DeVoe, MD, D. Phil.

- 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.

Payment Team

Core Team Members: Thomas J. Weida, MD (Leader),
Erica Bliss, MD, Stanley Borg, DO, Steven D. Kamajian, DO, CMD,
Rebecca A. Malouin, PhD, MPH, MS
Board Liaison: Paul Martin, DO

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.

Engagement Team

Core Team Members: Ted Epperly, MD (Leader);
Kevin Grumbach, MD, Susan Hogeland, CAE, Marci Nielsen PdD, MPH
Winifred V. Quinn, PhD; John (Jack) Westfall, MD, MPH
Board Liaison: Lauren Hughes, MD, MPH

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.

Year One Milestones—FMAHealth Strategy Implementation

December	April-May	June	Summer/Fall 2015	Ongoing
Tactic Teams meet to launch 5- year strategy implementation effort	Tactic Teams finalize work plans for the coming year	Tactic Teams begin to engage members of family medicine organizations and chapters in the work of the six Tactic Teams	Tactic Teams engage medical students, residents and young leaders around the country as scouts – and begin to engage other primary care professionals	Tactic Teams meet monthly to move outcomes driven work forward

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

State 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

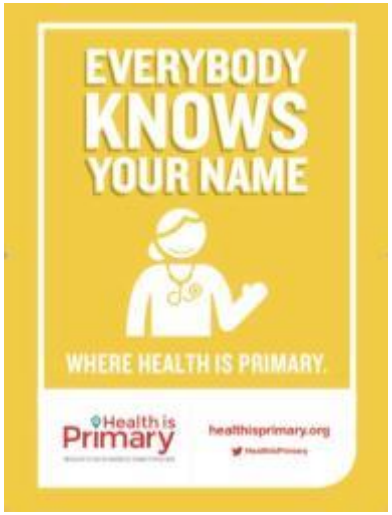
- Engagement on key implementation areas

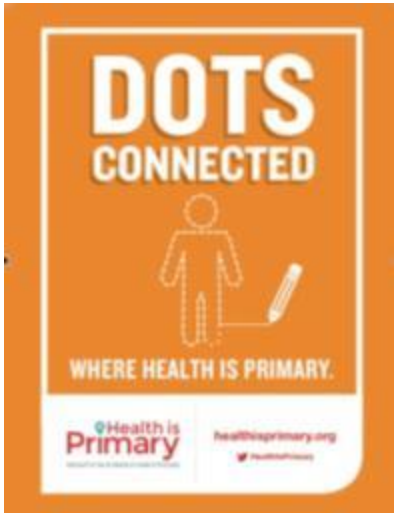
How This is Different from FFM 1.0

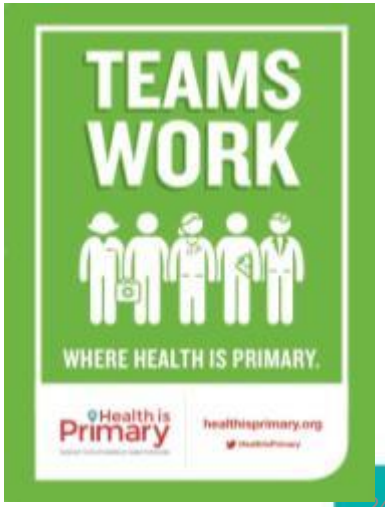
- Learn from previous successes and failures
- Informed by solid market research
- The time is now and the opportunity is ours
- Demands of ACA implementation
- Alignment with Triple Aim
- Enhanced strategy and tactics
- Get over our “Family Medicine Nice”

A communications campaign to advocate for the values of family medicine, demonstrate the benefits of primary care, and drive patient activation.

Promoting Values of Family Medicine and True Primary Care …







… And Our Ability to Deliver on the Triple Aim

BETTER HEALTH

The evidence shows that access to primary care can help us **live longer, healthier lives.**[1]

Studies suggest that as many as **127,617 deaths per year in the United States** could be averted through an increase in the number of primary care physicians.[2]

In areas of the country where there are more primary care providers per person,

death rates for cancer, heart disease, and stroke are lower and people are less likely to be hospitalized.[1,3]

BETTER CARE

Urban and rural communities that have an adequate supply of primary care practitioners experience **lower infant mortality, higher birth weights, and immunization rates at or above national standards despite social disparities.**[4]

An increase of **one primary care doctor per 10,000 people** can decrease costly and unnecessary care:[5]

- **Outpatient visits 5.0%**
- **Inpatient admissions 5.5%**
- **ER visits 10.9%**
- **Surgeries 7.2%**

Evidence also shows that **primary care (in contrast to specialty care) is associated with a more equitable distribution of health in populations,** a finding that holds in both cross-national and within-national studies.[2]

LOWER COST

A primary care-based system may cost less because **patients experience fewer hospitalizations, less duplication, and more appropriate technology.**[4]

U.S. adults who have a primary care physician have **33 percent lower health care costs.**[1]

Medicare spending is less for states with more primary care physicians and yet these states have more effective, higher-quality care.[6]

Campaign Launch—October 2014

"The best solution for the American achievement of the Triple Aim, which is the social need, is clinician-led, patient-engaged, inside-out progress."

"Those who are entrusted with the production of health care in America now have an opportunity to embrace a bigger set of goals: better care, better health, and lower costs."

Dr. Donald Berwick
President Emeritus and Senior Fellow, Institute for Healthcare Improvement and Former Administrator, Centers for Medicare and Medicaid Services

"It's clearly a fact—and you can see this around the world and around the country—states or countries that focus on primary care have better population health and lower costs. It's just an iron-clad rule of health care."

"The beauty of this new national campaign is that it's inside-out, it's coming from doctors. And one of the things that I found when I went around this country looking at health care is…there are physicians who aren't waiting for Washington to fix things. They are taking their own steps, they are working on their own…All over the place, there are doctors finding ways to provide good care to their population at lower costs."

T.R. Reid
Author, Documentary Filmmaker and Reporter

Year One Milestones—Health is Primary

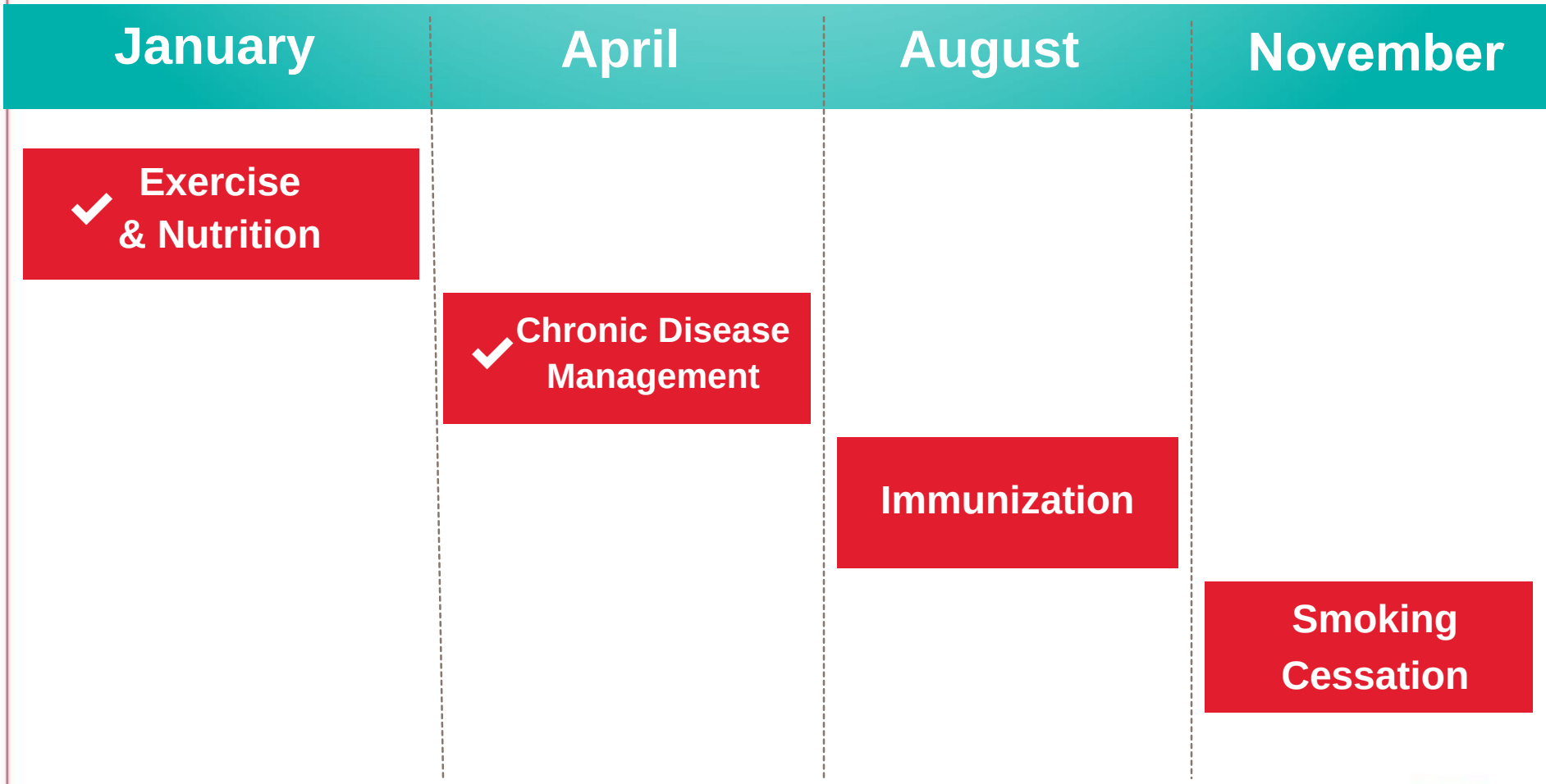
October	January	April	August	Ongoing
National Campaign Launched in DC at AAFP Assembly	Campaign Focus: *Nutrition and Exercise*	Campaign Focus: *Chronic Disease Management*	Campaign Focus: *Immunization*	Campaign City Tour

Health is Primary City Tour

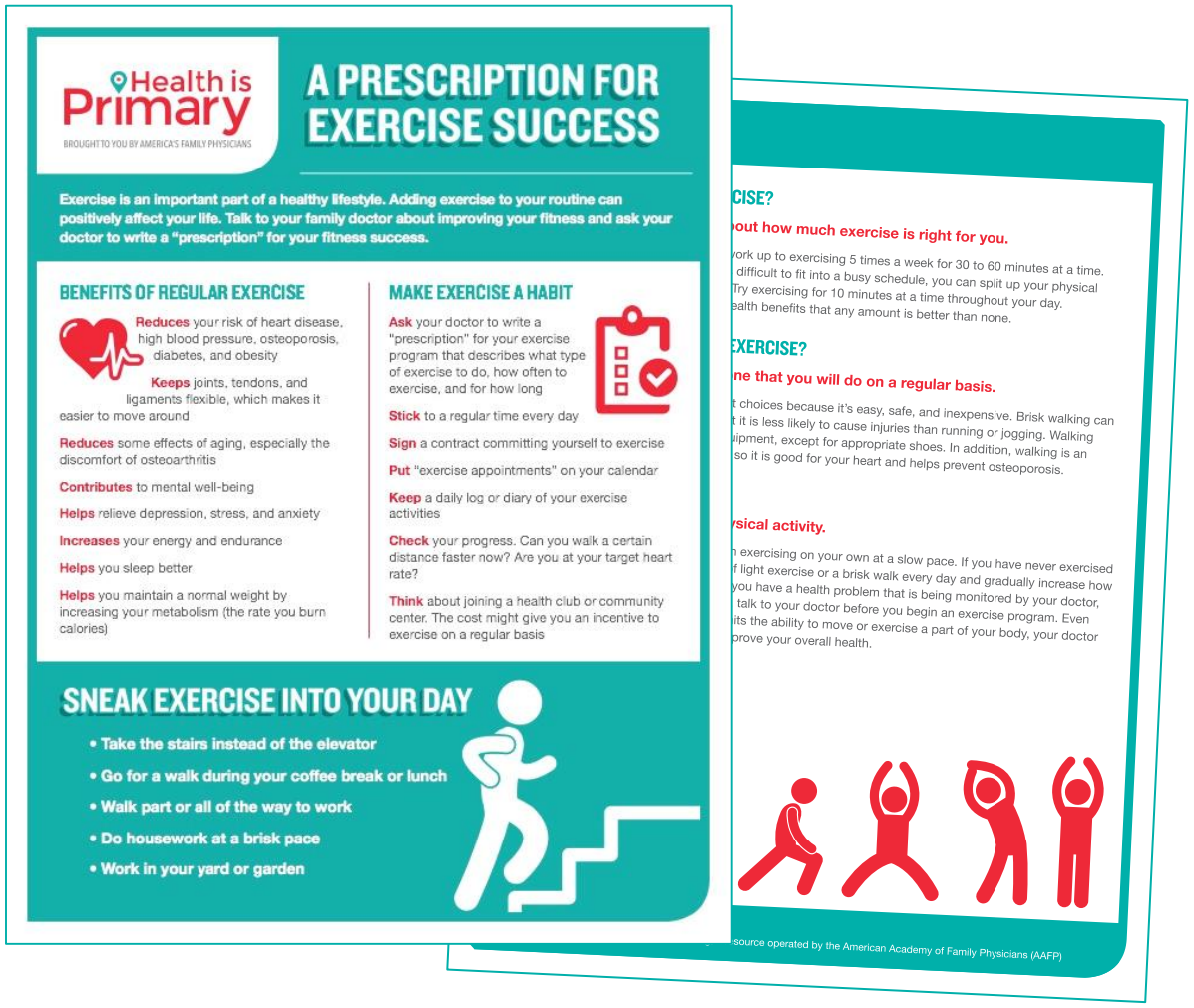
2015 Cities:

- ✓ Seattle, WA
- ✓ Raleigh, NC
- ✓ Chicago, IL
- ❑ Denver, CO
- ❑ Detroit, MI

2015 Health Promotion and Disease Prevention Initiatives



Patient Resources



Health is Primary

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A PRESCRIPTION FOR EXERCISE SUCCESS

Exercise is an important part of a healthy lifestyle. Adding exercise to your routine can positively affect your life. Talk to your family doctor about improving your fitness and ask your doctor to write a "prescription" for your fitness success.

BENEFITS OF REGULAR EXERCISE

Reduces your risk of heart disease, high blood pressure, osteoporosis, diabetes, and obesity

Keeps joints, tendons, and ligaments flexible, which makes it easier to move around

Reduces some effects of aging, especially the discomfort of osteoarthritis

Contributes to mental well-being

Helps relieve depression, stress, and anxiety

Increases your energy and endurance

Helps you sleep better

Helps you maintain a normal weight by increasing your metabolism (the rate you burn calories)

MAKE EXERCISE A HABIT

Ask your doctor to write a "prescription" for your exercise program that describes what type of exercise to do, how often to exercise, and for how long

Stick to a regular time every day

Sign a contract committing yourself to exercise

Put "exercise appointments" on your calendar

Keep a daily log or diary of your exercise activities

Check your progress. Can you walk a certain distance faster now? Are you at your target heart rate?

Think about joining a health club or community center. The cost might give you an incentive to exercise on a regular basis

SNEAK EXERCISE INTO YOUR DAY

- **Take the stairs instead of the elevator**
- **Go for a walk during your coffee break or lunch**
- **Walk part or all of the way to work**
- **Do housework at a brisk pace**
- **Work in your yard or garden**

Q1 Media Plan

Paid

- Print
- Digital
- Out of Home

Public Service Announcements (Donated)

- Print
- Radio
- Out of Home

PSA (Donated) Overview

Out of Home – 3/1 Start
- 220 billboard placements

Radio - 2/17 Mailing/outreach to 1,500 stations nationwide
- 79 airings between 2/17 and 3/22

Print - 2/9 Launch
- 30 In-Person Print Visits to pitch campaign to national magazines
- First placements will appear in Q2

Q1 Total Donated Value:
1,016,665 Impressions
$270,650 value

As of May 27: $727,633

Q1 Paid Placements

- Out of Home
  - Mallscapes (260 units)
  - Supermarket/Pharm (3300 units)
- Print
  - Real Simple
  - Prevention
- Digital
  - Display
  - Mobile

Prevention®

REAL SIMPLE

Total Impressions: 400,000,000

Updated 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

Sign-up and Follow Us

Sign up for regular
email updates:

www.healthisprimary.org

www.fmahealth.org

@healthisprimary

https://www.facebook.com/HealthIsPrimary

We Can't Do This Alone: Let Us Hear From You!

Contact a member of the **Family Medicine for America's Health** Board of Directors directly

OR

email us at info@fmahealth.org

Let's make America a place where