



# March Network News

March 15, 2023

# Housekeeping Reminders

- This is a Zoom webinar
- All webinar participants are automatically muted, and your video is not displayed
- If you would like to ask the presenters a question, please use the **Q&A** function on the task bar
- Use the **chat** feature to introduce yourself – name, organization and location, share resources, etc.
- If you have any questions following the webinar, please reach out to [contact@civitasforhealth.org](mailto:contact@civitasforhealth.org)

# Agenda

- **Welcome and Civitas Updates** – Lisa Bari, Chief Executive Officer and Jolie Ritzo, Senior Director of Network Engagement
- **Civitas Member News** – Lisa Bari and Jolie Ritzo
- **Civitas Workgroup/Council Feature** – Social Determinants of Health and Interoperability Workgroup (Lance Butler), Health Data Research Workgroup (Eliel Oliveira)
- **Spotlight Presentation** – American Academy of Family Physicians – Moving from Volume to Value and Guiding Principles for Primary Care Payment, Karen Johnson, Vice President, Practice Advancement

# Civitas Updates

# Welcome Sarah Stein!

**Sarah Stein** is the new **Executive Coordinator for Civitas Networks for Health**. Sarah has more than ten years of experience in various executive assistant roles, performing a wide variety of complex, specialized administrative support functions for nonprofits, higher education institutes, and high-level government officials. She recently worked as an administrative assistant for educational outreach at the American Immunization Registry Association.



# Civitas Speaking Engagements



# Civitas at ViVE and HIMSS



## Meet up with us at ViVE!

- Civitas member discount code for registration: 23vive\_Civitas150 for \$150 off!
- Lisa Bari and Jolie Ritzo will be in attendance, please reach out to Executive Coordinator Sarah Stein ([sstein@civitasforhealth.org](mailto:sstein@civitasforhealth.org)) if you'd like to connect!

## Meet up with us at HIMSS!

- Civitas member discount code for registration: HIMSS23C for a \$210 savings
- Lisa Bari, Jessica Little, and Jolie Ritzo will be in attendance, please reach out to Executive Coordinator Sarah Stein ([sstein@civitasforhealth.org](mailto:sstein@civitasforhealth.org)) if you'd like to connect!

**POLL Questions:** Are you or someone from your organization attending ViVE? Are you or someone from your organization attending HIMSS?

# Interoperability Rule Comments

- Civitas officially submitted comments on the CMS Proposed Interoperability Rule on March 13 – visit the [Advocacy Page on our website](#) to view the submission.
- Thank you to all members who contributed feedback!



# Upcoming Events



- Join us on Tuesday, March 21 from 12:00 - 1:00 p.m. ET for the third session of the Civitas Member Roundtable on Sensitive Health Data. [Register Now!](#)
- Civitas will be hosting the first Quarterly Public Policy Briefing of 2023 on April 4 from 12:30 - 1:30 p.m. ET. [Register Here!](#)
- Keep an eye out for registration information for our Collaboratives in Action event focusing on our Health Data Utility Framework. This event will take place April 13 from 3:00 – 4:30 p.m. ET.
- Please note we will not be holding Network News in April due to the HIMSS conference. Our regular cadence will resume on Wednesday, May 17.

# SB&T Partnership Procurement Guide

Civitas is in the process of creating a new and improved version of our Partnership and Procurement Guide found within the Civitas [Member Area](#).

The updated version will have increased technical functionality to help display our SB&T member's offerings more clearly.

If you are a Civitas SB&T member, please [complete or update the information form](#).

If you have any questions reach out to Nadim Choudhury, [nchoudhury@civitasforhealth.org](mailto:nchoudhury@civitasforhealth.org)

# REGISTRATION IS OPEN!

**THE CIVITAS NETWORKS FOR HEALTH  
2023 ANNUAL CONFERENCE  
IN PARTNERSHIP WITH CHESAPEAKE  
BAY REGION MEMBERS**



**Public-Private  
Partnerships that  
Inspire Health  
Transformation**

*In Partnership with Chesapeake Bay Region Members*

**August 20-23  
National Harbor, MD**

# KEYNOTE SPEAKERS ANNOUNCED!



**Public-Private  
Partnerships that  
Inspire Health  
Transformation**

*In Partnership with Chesapeake Bay Region Members*



**Judith Monroe, MD**

**CEO of the CDC  
Foundation**



**Brian Castrucci,  
DrPH, MA**

**CEO of the deBeaumont  
Foundation**



**Anne Zink, MD**

**Chief Medical Officer  
of the Alaska  
Department of Health  
and President of  
ASTHO<sup>12</sup>**

# CALL FOR PROPOSALS NOW OPEN

## The Civitas Networks for Health 2023 Annual Conference

August 20-23 | National Harbor, MD



Public-Private  
Partnerships that  
Inspire Health  
Transformation

*In Partnership with Chesapeake Bay Region Members*

# Annual SDOH Data Survey

- A subgroup of the SDOH and Interoperability workgroup has drafted and launched the 2023 Annual SDOH Data Survey.
- We ask all Civitas members working on SDOH data capture, exchange, and use to [please respond to the Annual SDOH Data Survey here.](#)
- Civitas aims to close the survey and begin compiling submissions early this summer. This will be the third iteration of this survey.

# Public Health Workgroup Launching in April

- Civitas will be launching our new Public Health Workgroup on **Monday April 10th from 4:00 – 5:00 p.m. ET!** If you have indicated interest in the past, you should already be on our distribution list to receive the invite. If you are interested in joining, and have not already filled out the interest form, please do so [through this link](#).
- Please reach out to Kate Kroell with any questions or concerns, [kkroell@civitasforhealth.org](mailto:kkroell@civitasforhealth.org).
- This group will meet bi-monthly on the second Monday of the month from 4:00- 5:00 p.m. ET.
- Our Member Co-Chairs are:
  - Britteny Matero, Vice President, Innsena
  - Kathy Miller, Chief Operating Officer, Bronx RHIO
  - Stacey Schiller, Director of External Affairs, Delaware Health Information Network

# Civitas Member News



# Member News

- [Big Sky Care Connect \(BSCC\)](#) has selected the Rhapsody Interoperability Suite from [Lyniate](#) to leverage their health solutions as a key component of BSCC's architecture to connect, classify and cleanse data from its partners.
- The Milbank Memorial Fund released an issue brief describing how the [Camden Coalition](#), a regional health hub, serves as a bridge between the Medicaid agency and the providers who serve Medicaid beneficiaries in different parts of the state.
- [CRISP](#) will provide managed care organizations with data on patients whose Medicaid enrollment must be re-evaluated.
- Through support from [HITRUST](#), the Health Sector Coordinating Council (HSCC) Cybersecurity Working Group and the U.S. Department of Health and Human Services (HHS) jointly released the Cybersecurity Framework Implementation Guide.

# Member News

- [Hawaii Health Information Exchange \(HHIE\)](#) has selected [4medica](#) to work both with the HIE and with contributing data sources such as hospitals, labs, and health centers to improve their data quality.
- CSO and founder of [Innsena](#), Kat McDavitt, CEO of [CyncHealth](#), Jaime Bland, and SVP, GM of [PointClickCare](#), Mandira Singh, recently spoke about their collaboration on a pilot maternal health program in Nebraska on the HIT Like a Girl Podcast.
- [KC Health Collaborative \(KCHC\)](#), is working in partnership with the Kansas City Learning and Action Network on developing comprehensive strategies and action plans to dismantle medically discriminatory systems that perpetuate health inequities for people of color.
- [Louisiana Health Care Quality Forum](#) just launched its newsletter feature focused on healthcare safety, quality, and interoperability. They deploy the Cerkl tool also used by Civitas and several other members.

# Civitas Workgroups/Councils Updates

# Social Determinants of Health and Interoperability Workgroup

- Co-chaired by Lance Butler (MyHealth Access Network) and Tracy Carver (Comagine Health)
- The group recently launched the [Annual SDOH Data Survey](#)
- We have had guest presentations from the Gravity Project, the CDC Diabetes Prevention Program, EMI Advisors and ONC on the recently released SDOH Information Exchange Toolkit
- During future meetings we aim to explore the following topics: federal funding/focus/agency alignment, addressing SDOH in rural communities, furthering engagement with social service providers, etc.

# Health Data Research Workgroup

- Co-chaired by Eliel Oliveira (Connxus) and Larra Petersen-Lukenda (CyncHealth)
- Recent meetings have included presentations from members to better understand each other's work
  - Creating survey to catalog research capabilities
- Upcoming presentations: Shaun Grannis, Regenstrief Institute-NC3 (April 3), Tom Carton, LPHI-PCORnet/REACHnet (May 1), Shawn Murphy and Kavishwar Waghlikar, Harvard Medical School-i2b2/SHRINE (June 5), and Anjum Khurshid, Harvard Pilgrim-FDA Sentinel (July 10)

# Spotlight Presentation

Karen S. Johnson, PhD, Vice President of Practice Advancement at  
American Academy of Family Physicians

# An Update from the Primary Care Front

## Civitas Network News

Karen S. Johnson, PhD  
Vice President, Practice Advancement  
March 15, 2023



# From Volume to Value: Progress, Rationale, and Guiding Principles

KAREN JOHNSON, PhD, AND DIANE RITTENHOUSE, MD, MPH

**To achieve further progress in the shift from volume to value, payment models must be consistent with certain guiding principles.**

The call for the movement “from volume to value” in health care has resounded for many years, but progress toward a payment system that recognizes and rewards value — especially for primary care — has been slow.

The Health Care Payment Learning and Action Network (HCPLAN) created a framework for assessing payment progress across commer-

built on FFS architecture, and just 7% of payments were made in the most advanced APMs that rely on shared savings or risk, bundled payments, and other population-based payments.<sup>1</sup> For context, in 2015, 62% of payments were in FFS with no link to quality and 23% were in some type of APM. (See the graph on page 6.)

We are making progress, but not nearly fast enough or at a scale large enough to meaningfully advance toward achieving the quadruple aim for health care — improving the work life of clinicians and staff — in addition to the original aims of improving the patient experience and health of populations while decreasing the cost of care.<sup>2</sup> Further real progress

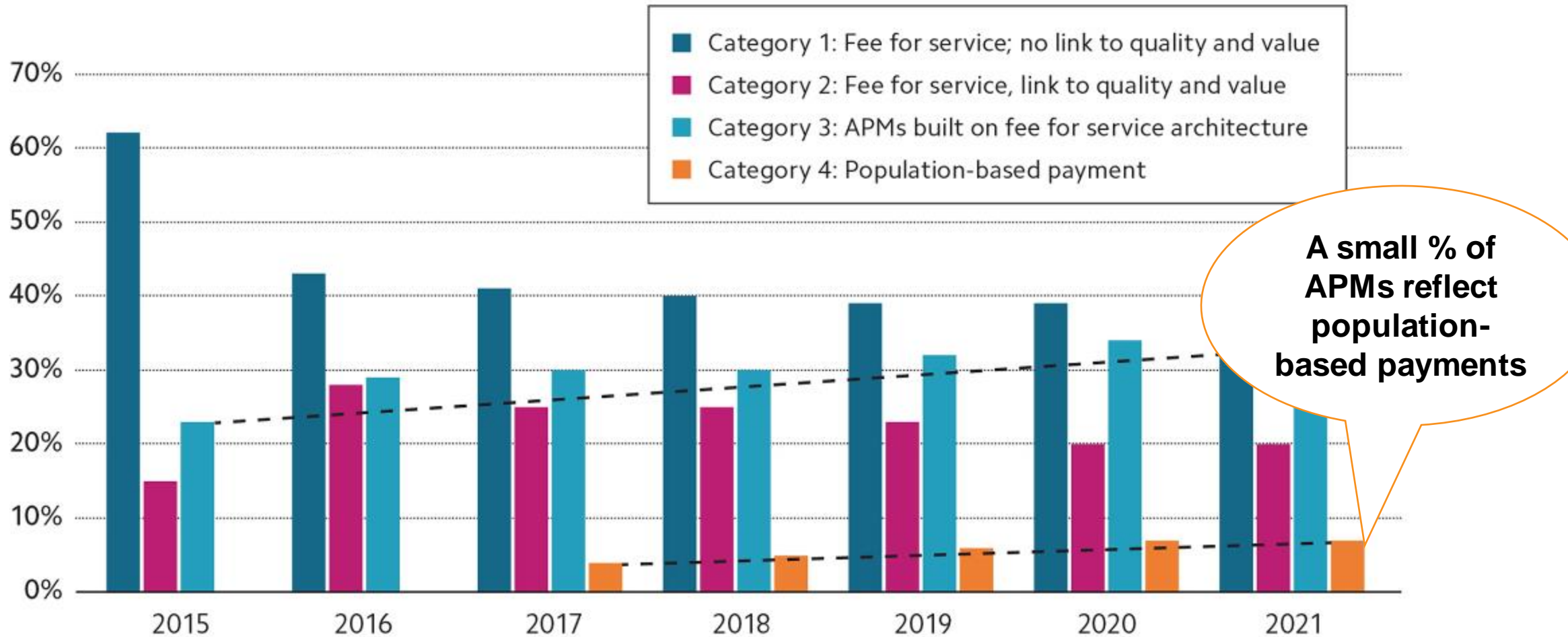
whole-person primary care — much of which is not visit-based and not easily captured or paid under FFS. To adequately support primary care’s unique role in caring for the whole person, payments need to shift away from the predominant reliance on FFS toward prospective payment sufficient to support a comprehensive array of primary care services delivered by physicians and care teams. One study estimated that more than 60% of a primary care practice’s revenue needs to be prospective to sustainably support comprehensive, team-based primary care.<sup>3</sup>

A critical review of how evolving payment models influence primary care and its impact on the quadruple aim also identi-



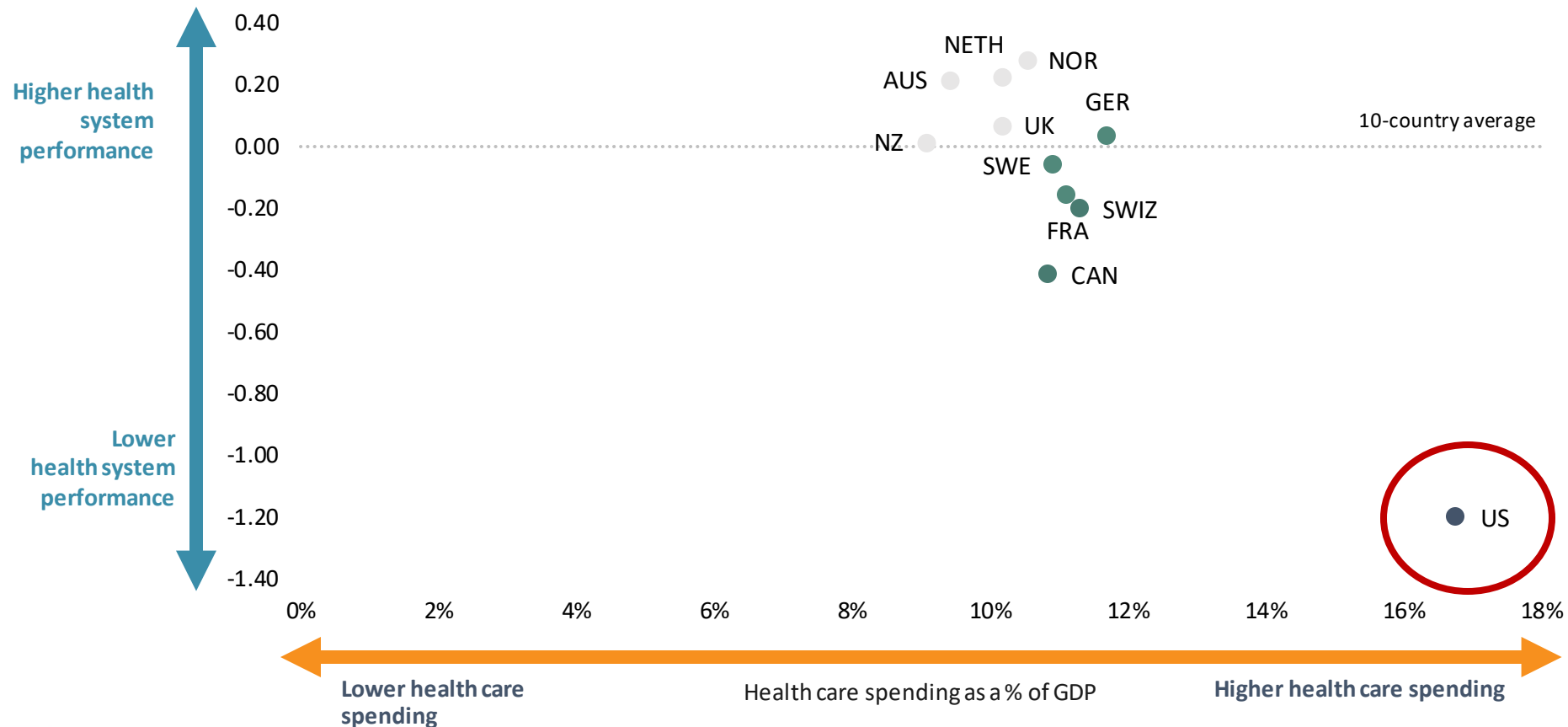


# Most “Value-Based” \$ is Fee-for-Service

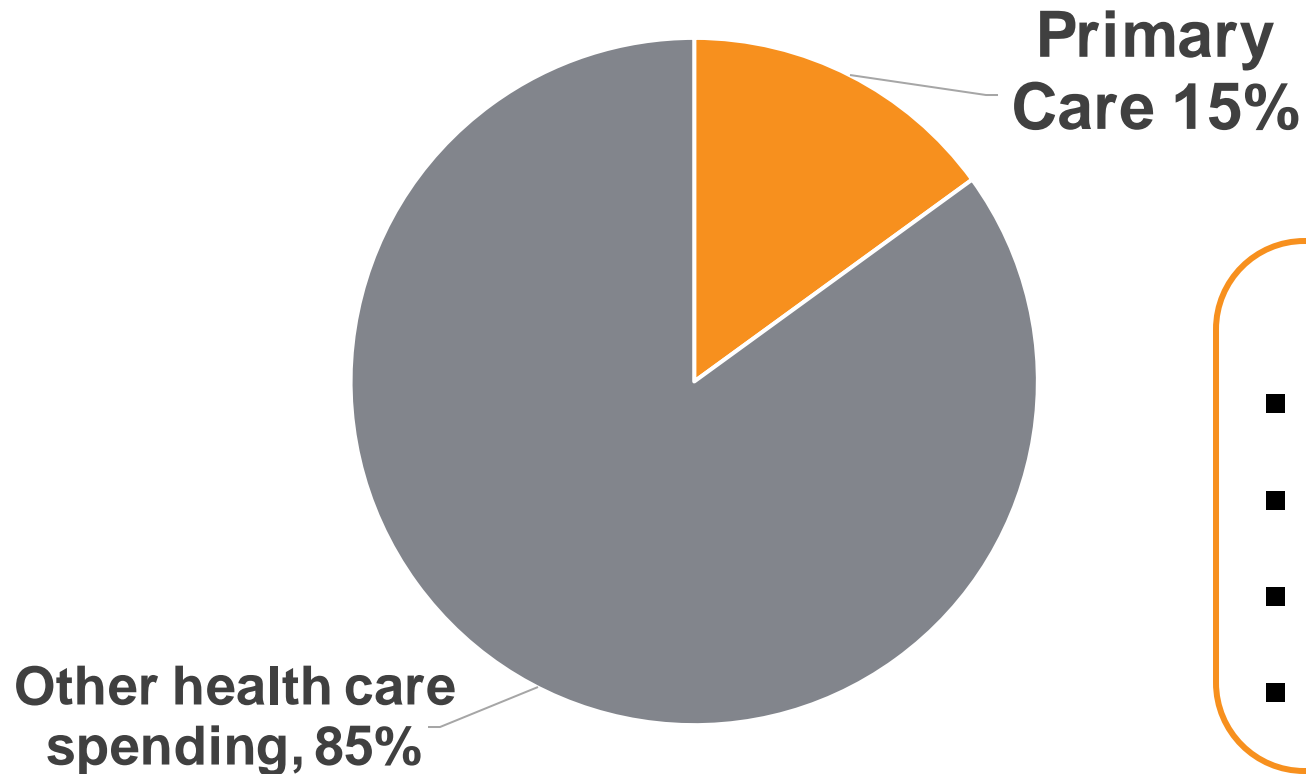


\*Health Care Payment Learning and Action Network Annual Measurement Survey

# High-Performing Health Systems...and US



# High-Performing Systems Invest in Primary Care

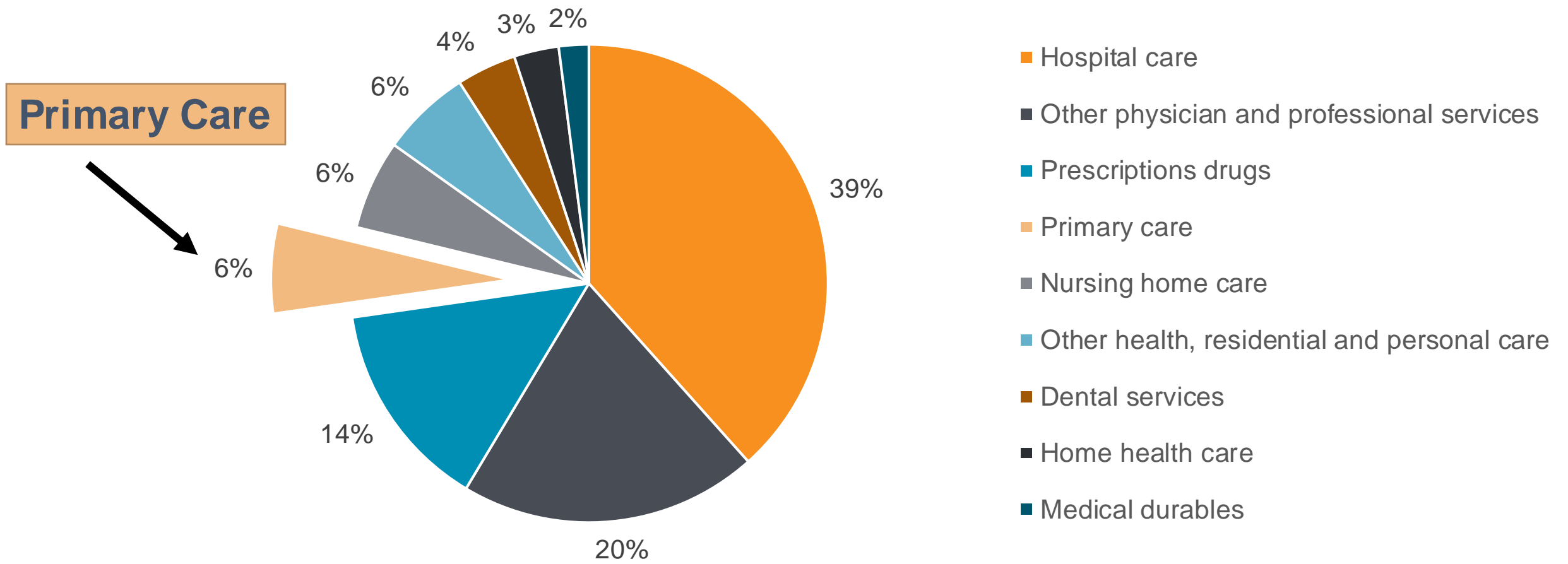


## Clear Vision for Primary Care

- 12-17% of total spending\*
- Aligned patient relationships
- Referral/specialist management
- Workforce development

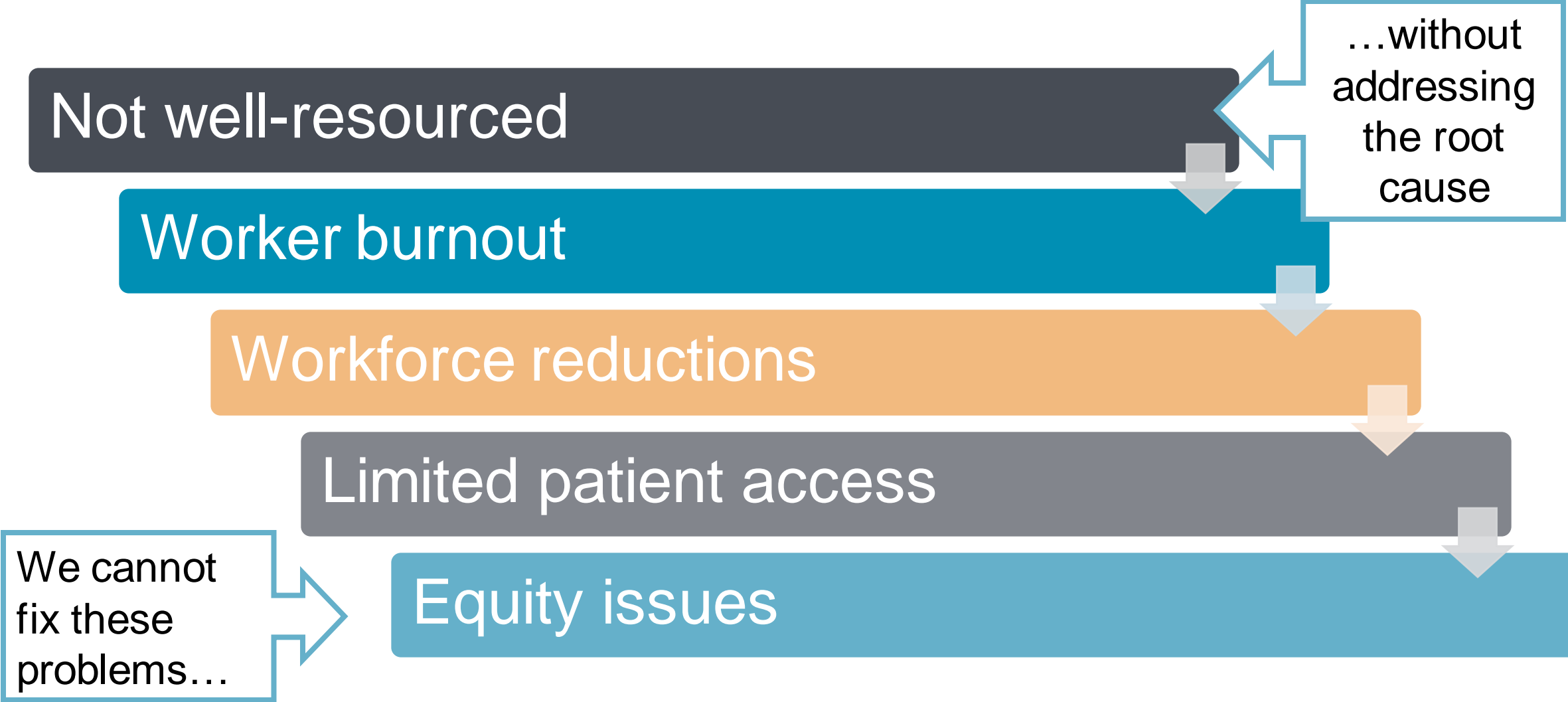
\*Baillieu R, Kidd M, Phillips R, *et al.* The Primary Care Spend Model: a systems approach to measuring investment in primary care. *BMJ Global Health* 2019;4:e001601.

# The Reality of US Spending on Primary Care



Source: Investing in Primary Care: A State-Level Analysis – Primary Care Collaborative’s 2019 evidence-based report

# The Impact of Low Primary Care Spending



# Barriers to Progress

1. Inconsistent Vision for Primary Care



2. Decentralized Decision-Making



3. Business Models Anchored in FFS



# Primary Care as a Common Good



*...primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes. For this reason, **primary care is a common good**, making the strength and quality of the country's primary care services a public concern.*

- Implementing High Quality Primary Care Report, May 2021

<https://www.nationalacademies.org/our-work/implementing-high-quality-primary-care#sectionWebFriendly>



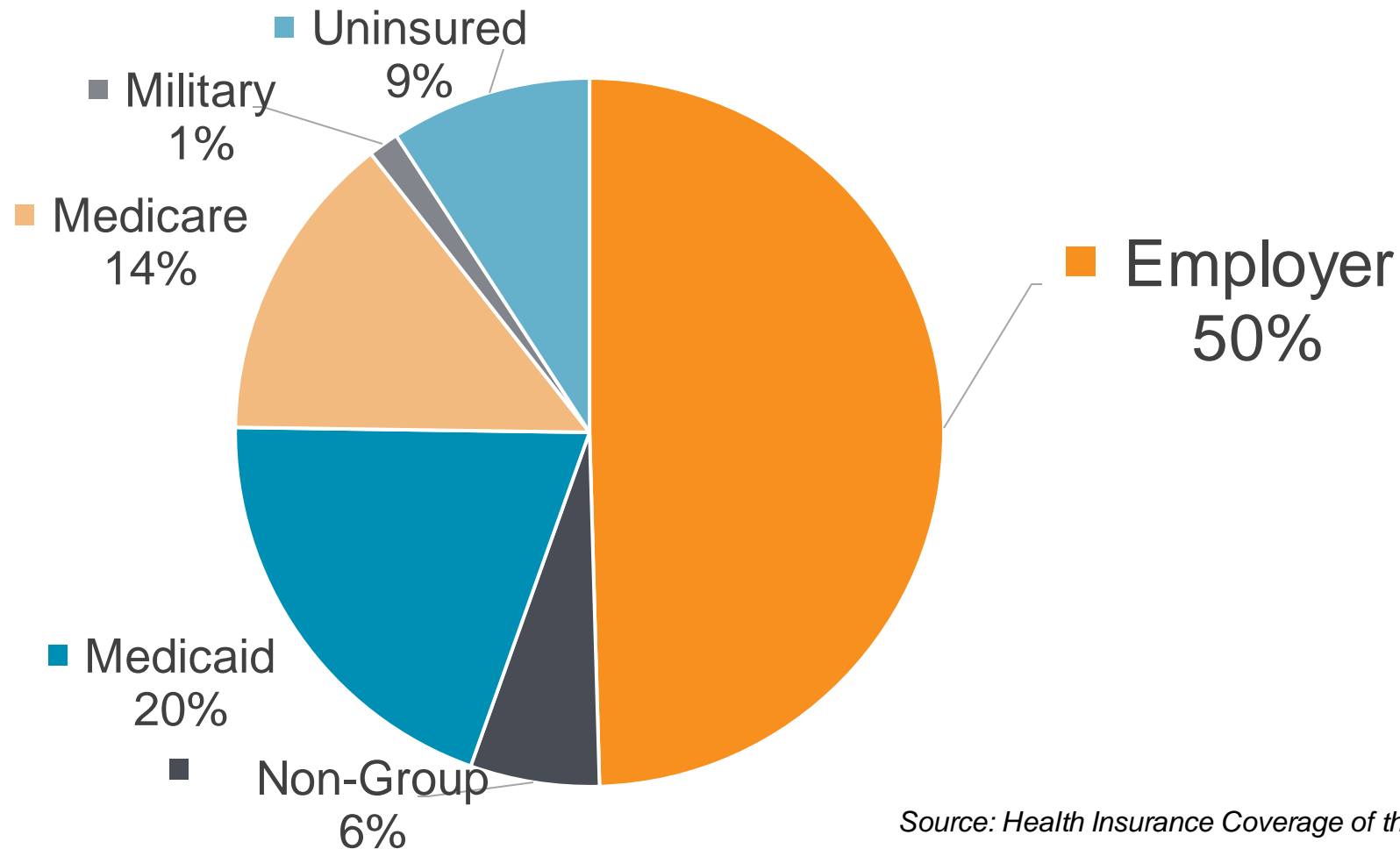
## **NASEM Objective #1**

**PAYMENT**

**Pay for primary care  
teams to care for  
people, not doctors  
to deliver services.**

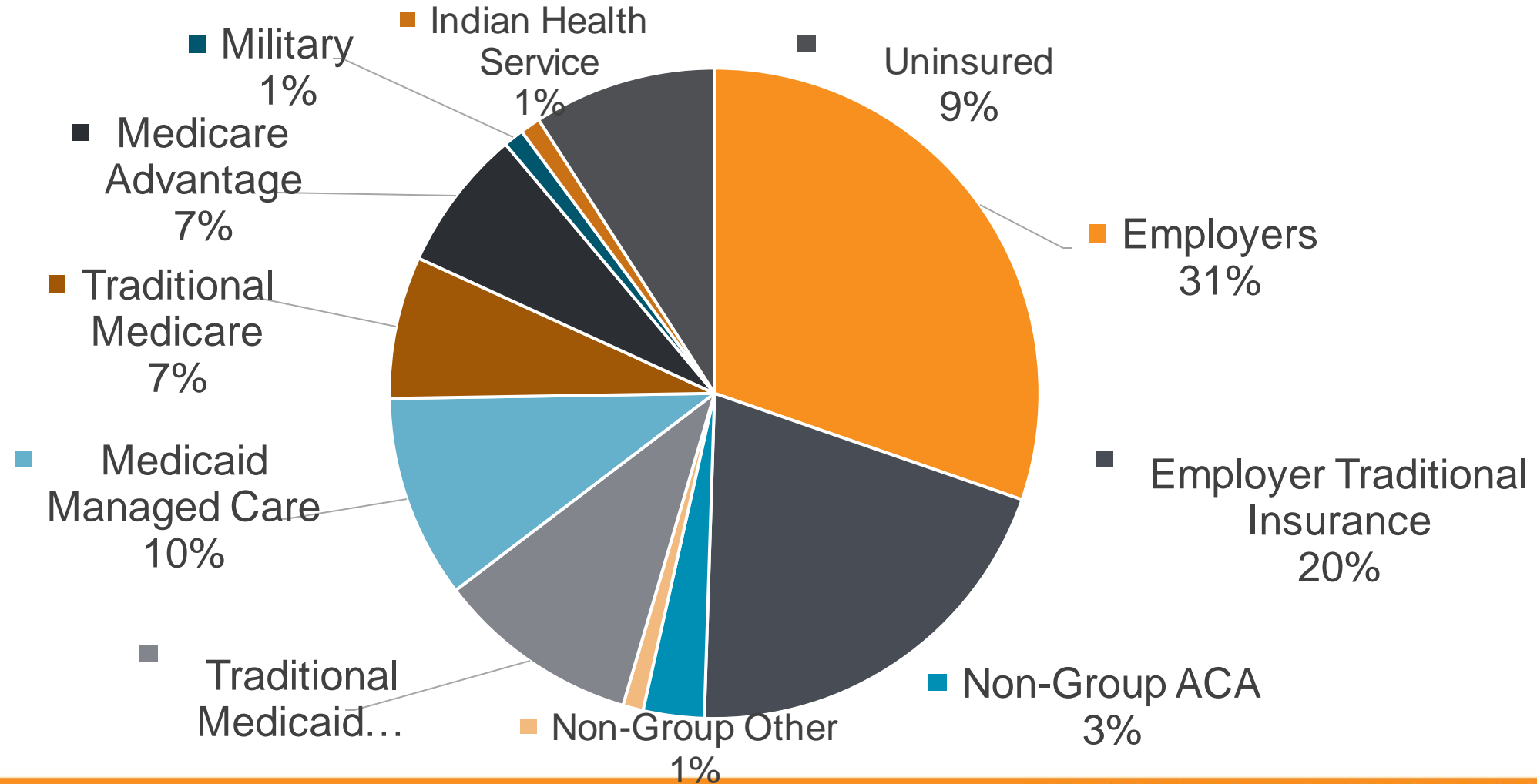


## 2. Decentralized Decision-Making



Source: Health Insurance Coverage of the Total Population, KFF, 2019

# Even more complicated than it looks....



Source: Details represent estimates derived from multiple sources

### 3. Business Models Anchored in FFS

## Physician Compensation Driven by FFS

JAMA Health Forum™

Original Investigation

### Physician Compensation Arrangements and Financial Performance Incentives in US Health Systems

Rachel O. Reid, MD, MS; Ashlyn K. Tom, MPH; Rachel M. Ross, MPH; Erin L. Duffy, PhD; Cheryl L. Damberg, PhD

#### Abstract

**IMPORTANCE** Public and private payers continue to expand use of alternative payment models, aiming to use value-based payment to affect the care delivery of their contracted health system partners. In parallel, health systems and their employment of physicians continue to grow. However, the degree to which health system physician compensation reflects an orientation toward value, rather than volume, is unknown.

#### Key Points

**Question** Do health system physician compensation arrangements primarily incentivize volume or value?

**Findings** This cross-sectional methods study of 31 physician organizations affiliated with 22

## Volume

- # Visits
- Panel Size

## Intensity

- RVU (Relative Value Units)
- RAF (Risk Adjustment Factor)



Pay prospectively to support team-based care



Actively engage patients in the accountable relationship



Risk adjust payment for medical and social complexity



Evaluate what matters to patients and physicians



Equip primary care teams with timely information



Reward year-over-year improvement as well as sustained high performance

AAFP Guiding Principles for Primary Care Payment

# Strengthening primary care payment

Improving fee-for-service

Getting value-based payment right



August 31, 2022

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
PO Box 8016  
Baltimore, MD 21244

**Re: CMS-1770-P; Medicare and Medicaid Programs; CY 2023 Physician Fee Schedule and Other Changes to Part B Payment Savings Program Requirements**

Dear Administrator Brooks-LaSure:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 127,600 family physicians (FPs) and medical students across the country, I write in response to the request for information (RFI) on the Department of Health and Human Services' (HHS) Initiative to Strengthen Primary Care, as noticed in the June 27, 2022, [Federal Register](#). The AAFP is strongly supportive of HHS' Initiative and appreciates the Department's efforts to improve access to comprehensive, high-quality primary care (PC) for all. **To achieve this shared goal, the Department must use its authority to significantly increase our nation's investment in PC, improve patients' access to and connections with PC, grow and diversify the PC workforce, and address the administrative requirements that drive care delays and physician burnout.** Below we provide specific recommendations.

The AAFP shares CMS' goals of advancing health equity, increasing access to preventive health services and integrated behavioral health care, and promoting value-based care. Achieving each of these goals is integral to



July 27, 2022

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
200 Independence Ave SW  
Washington, DC 20201

**RE: Request for Information (RFI): HHS Initiative To Strengthen Primary Health Care**

Dear Secretary Becerra:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 127,600 family physicians (FPs) and medical students across the country, I write in response to the request for information (RFI) on the Department of Health and Human Services' (HHS) Initiative to Strengthen Primary Care, as noticed in the June 27, 2022, [Federal Register](#). The AAFP is strongly supportive of HHS' Initiative and appreciates the Department's efforts to improve access to comprehensive, high-quality primary care (PC) for all. **To achieve this shared goal, the Department must use its authority to significantly increase our nation's investment in PC, improve patients' access to and connections with PC, grow and diversify the PC workforce, and address the administrative requirements that drive care delays and physician burnout.** Below we provide specific recommendations.

## AAFP Guiding Principles for Value-Based Payment

Family physicians deliver most of the primary care in the U.S. It is essential that they and other primary care physicians take a leadership role in the development and practices that facilitate movement away from fee-for-service and toward new advanced primary care payment models along with other key stakeholders including payers, purchasers, union trusts and government (federal and state) agencies responsible for U.S. health care spending.

These principles are intended to be responsive and adaptable to the changing environment and settings in which family physicians work. We encourage other stakeholders to engage with these principles with the understanding that they must be applied in ways that are:

- Payer Advocacy
- Purchaser Engagement
- State Chapters
  - Learning Communities
  - Toolkits for action

# “9” Reasons To Do Value-Based Care

9. It ensures you are paid for ALL of the work that you do
8. It produces additional income that can help you grow (or save) your practice
7. It's rewarding for the whole team
6. It's not one-size-fits all...you can start where you are
5. It brings people and partners together to make it all easier
4. It makes primary care the cornerstone of all care
3. It's better work
2. It works
1. Patients love it!

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AMERICAN ACADEMY OF FAMILY PHYSICIANS

**STRONG MEDICINE FOR AMERICA**



# Discussion / Q&A

**Poll: Did you learn something valuable or new, make a new connection, and/or was this a valuable use of your time?**

## Contact



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