



AGENCY FOR HEALTHCARE RESEARCH AND QUALITY



# The Future of Family Medicine in COVID-19 and Beyond

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**Agency for Healthcare Research and Quality**

**January 23, 2021**

# Disclaimer/Disclosure



- My presentation does not necessarily represent the views of AHRQ or the U.S. Department of Health and Human Services (DHHS); therefore, do not interpret any statement in this presentation as an official position of AHRQ or of DHHS.
- No relevant commercial relationships to disclose
- Caveat: I was born inside the Beltway, so tend to speak in acronyms

# Learning Objectives

- Describe the challenges facing primary care and family medicine during COVID-19
- Reflect on the core values of family medicine and their renewed importance now
- Seek opportunities to redesign family medicine practice to provide high quality, high value, patient-centered care



# AHRQ's mission



[www.ahrq.gov](http://www.ahrq.gov)

To produce evidence to make health care safer, higher quality, more accessible, equitable and affordable

To work with HHS and other partners to make sure that the evidence is understood and used



# The Why, What, and How

## Our Vision



**Improve the lives  
of patients**

**WHY**

## Our Aim



**To help healthcare  
systems and professionals  
deliver care that is**

- **High Quality**
- **Safe**
- **High Value**

**WHAT**

## Our Competencies



- **Health Systems  
Research**
- **Practice  
Improvement**
- **Data & Analytics**

**HOW**

# AHRQ and Primary Care



EDITORIAL

Annals of Internal Medicine

## Primary Care: Too Important to Fail

The U.S. primary care system is struggling. Increasing demands and expectations, coupled with diminishing economic margins, have created a challenging work environment. Analysts warn of increasing attrition in the current workforce and diminishing recruitment of new physicians to primary care (1).

As the new Obama administration arrives in Washington, policy prescriptions for health care reform are being dispensed from every side. Many of them emphasize the importance of revitalizing the nation's primary care system. As a foundational element of the health care system, primary care is needed to improve quality, increase access, and contain costs (2). These are the principal goals of health care reform.

A key to the sustainability of primary care will be payment reform coupled with innovative quality measures and value-based purchasing. Although challenging, payment reform seems possible within the larger context of national health care reform, particularly because Congress must act on Medicare physician reimbursement this year. Payment reform alone, however critical, won't revitalize primary care. Payment reform is a maintenance medication and primary care is in need of an immediate rescue. The U.S. primary care system needs a stimulus package that, such as plans for an economic stimulus package, focuses on infrastructure.

As the article by Pham and colleagues (3) in this issue suggests, a primary care infrastructure investment must address t

how dedicated. Primary care teams are a central tenet of the patient-centered medical home, a comprehensive model for delivering primary care. As primary care practices are redesigned to take advantage of the complementary skills of a variety of team members, care coordinators will take their place as indispensable members of the team. Current medical home demonstration projects across the country are experimenting with divided payment models that incorporate per-patient per-month capitated fees to enable practices to make investments in nonphysician team members. A substantial hurdle facing these projects is the costs of transforming the typical small primary care practice into a medical home. Even if payments are robust enough to support the ongoing expenses of a primary care team, they are unlikely to cover the substantial 1-time costs of redesigning workflow, reconfiguring offices, recruiting and training new staff, and retraining the current workforce. If the potential of the medical home is confirmed, our nation must be prepared to make an investment to support the transformation of primary care practice.

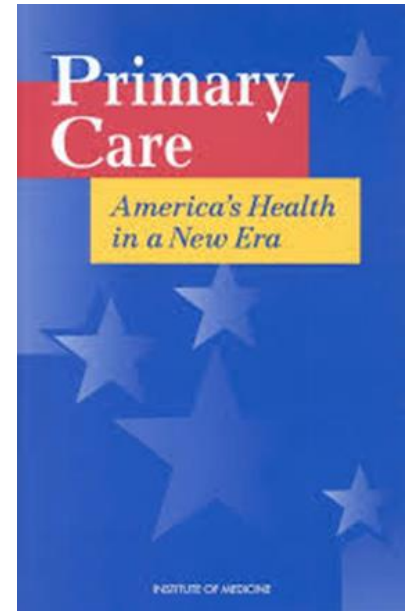
Once we begin to examine how to assist primary care practices in transforming into fully functioning medical homes, we find that few small- or medium-sized practices (more than 75% of primary care practices in 2006 employed 5 or fewer physicians [5]) have any infrastructure to support quality improvement. Small primary care practices are unable to support full-time quality im-

social

Clancy and Meyers, Ann Intern Med, Feb 17, 2009

# IOM definition of primary care

- Primary Care is "the provision of **integrated, accessible** health care services by clinicians who are accountable for addressing a large **majority of personal health care needs**, developing a **sustained partnership with patients**, and **practicing in the context of family and community.**"



Donaldson MS, Yordy KD, Lohr KN, Vanselow NA, Editors. *Primary Care: America's Health in a New Era*. Committee on the Future of Primary Care, Division of Health Care Services. Institute of Medicine. National Academy Press. Washington, D.C. 1996: p. 31.

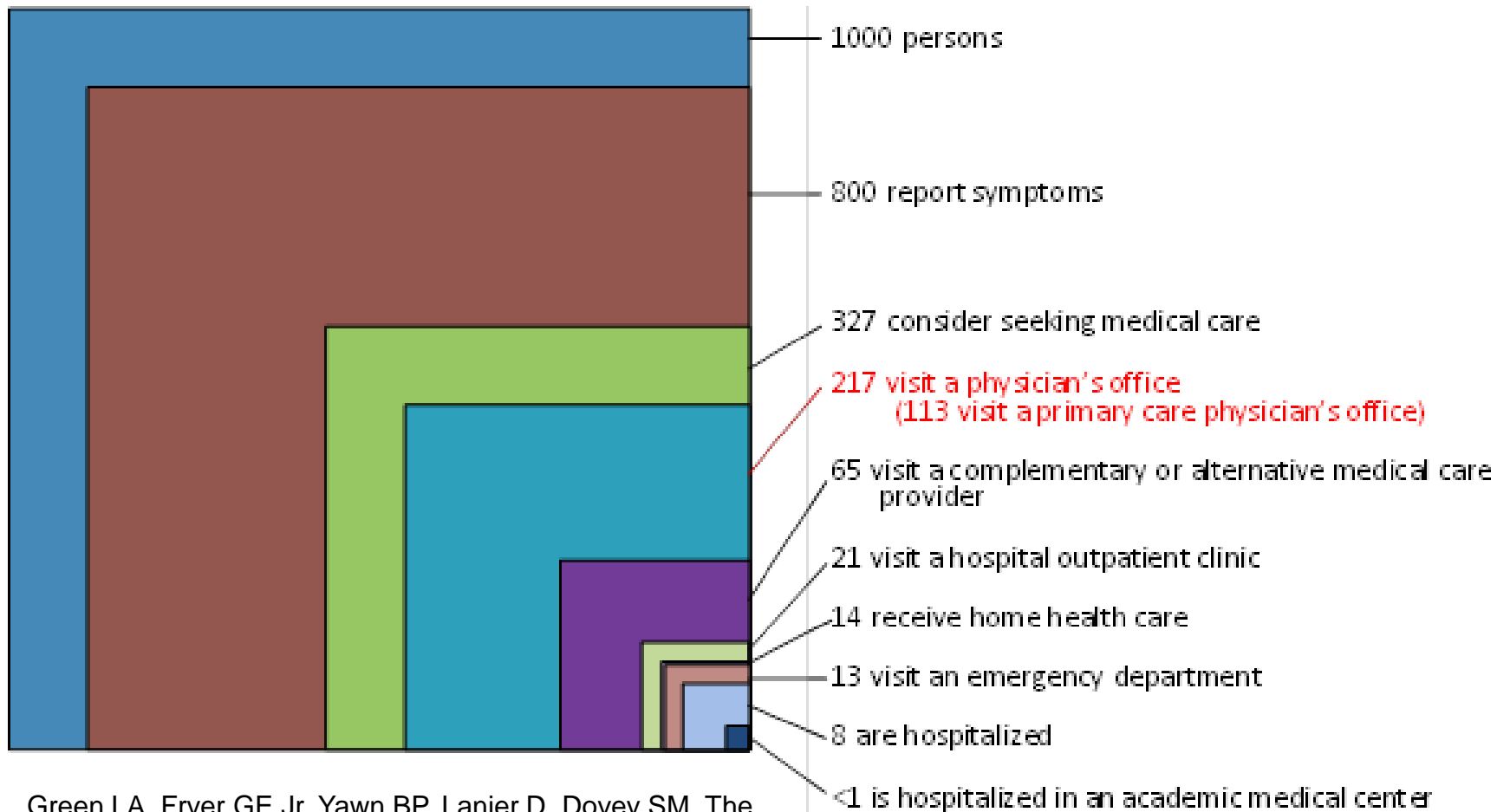


# It's about relationships...

## Primary Care Relationships

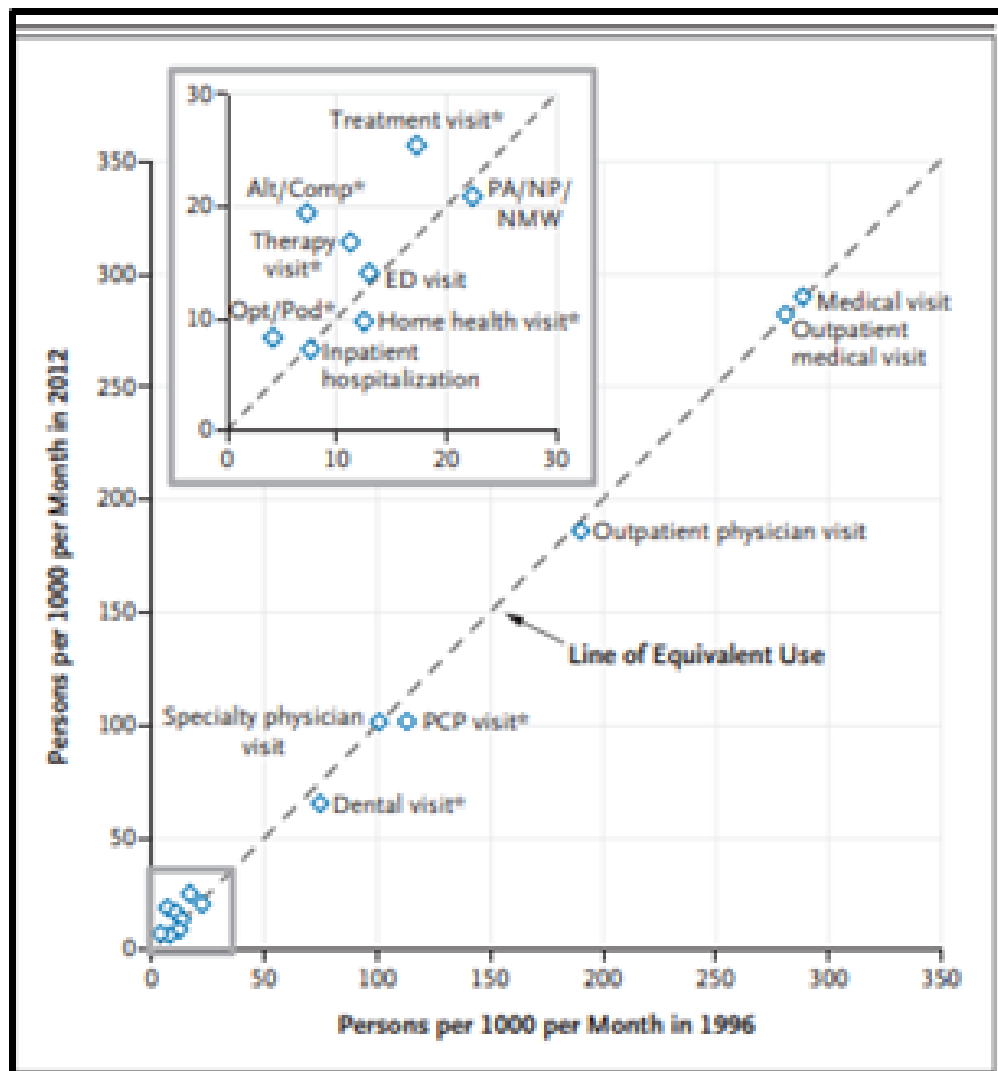


# The Ecology of Medical Care, 2001



Green LA, Fryer GE Jr, Yawn BP, Lanier D, Dovey SM. The Ecology of Medical Care Revisited. *New England Journal of Medicine* 2001;344:2021-2025

# Reexamining the Ecology of Medical Care

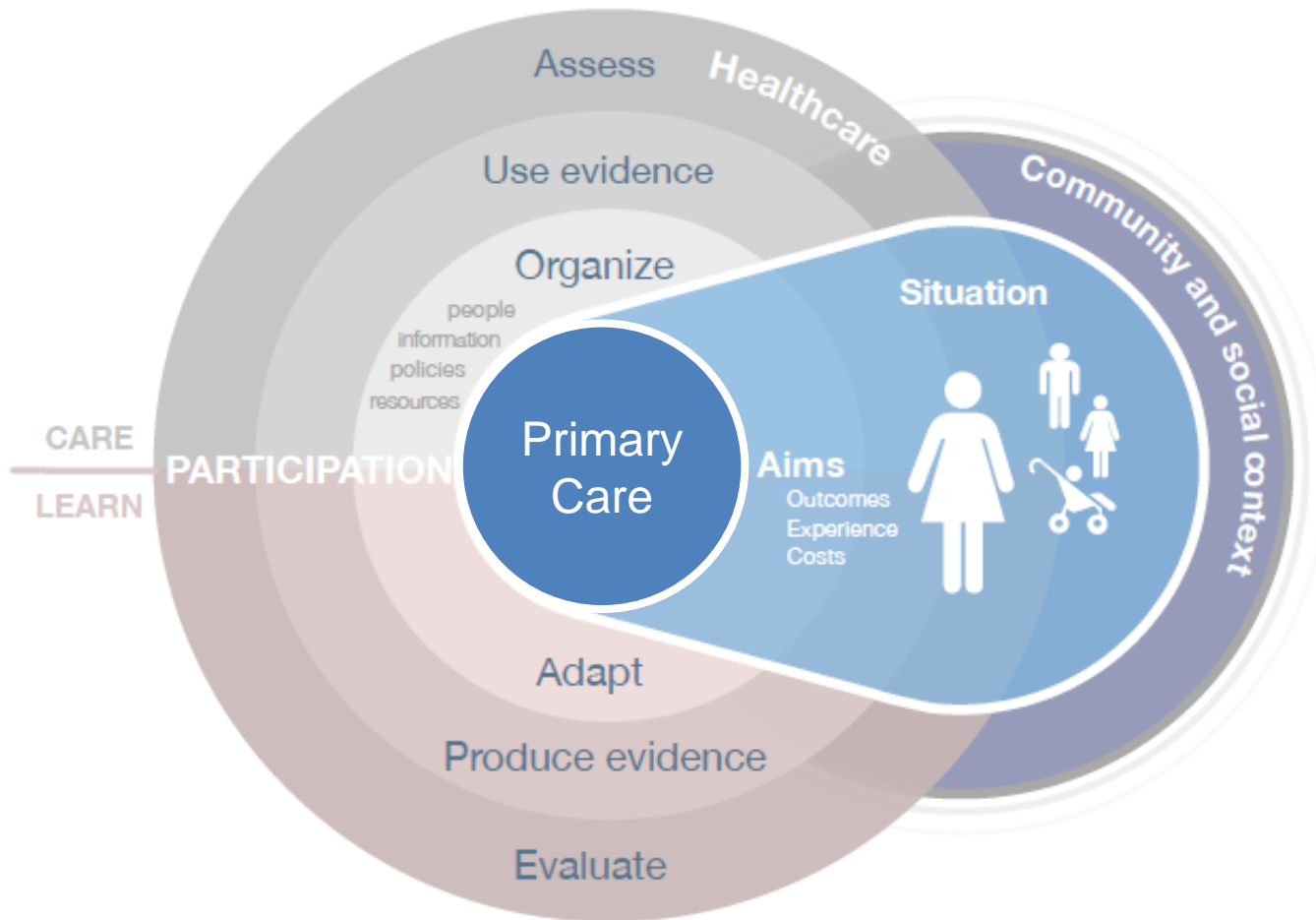


# Primary Care Research Areas



- Research on **primary care transformation**
- Research and evaluation of the **patient-centered medical home**
- Optimizing care for people living with **multiple chronic conditions**
- Investments in primary care **practice-based research networks**
- **Integration** of primary care and behavioral health
- **Care coordination**
- **Self management support**
- Utilizing **health IT** for quality improvement
- **Team-based care** and team training
- Primary care **workforce**
- Guidance on **practice facilitation** as a tool for practice improvement

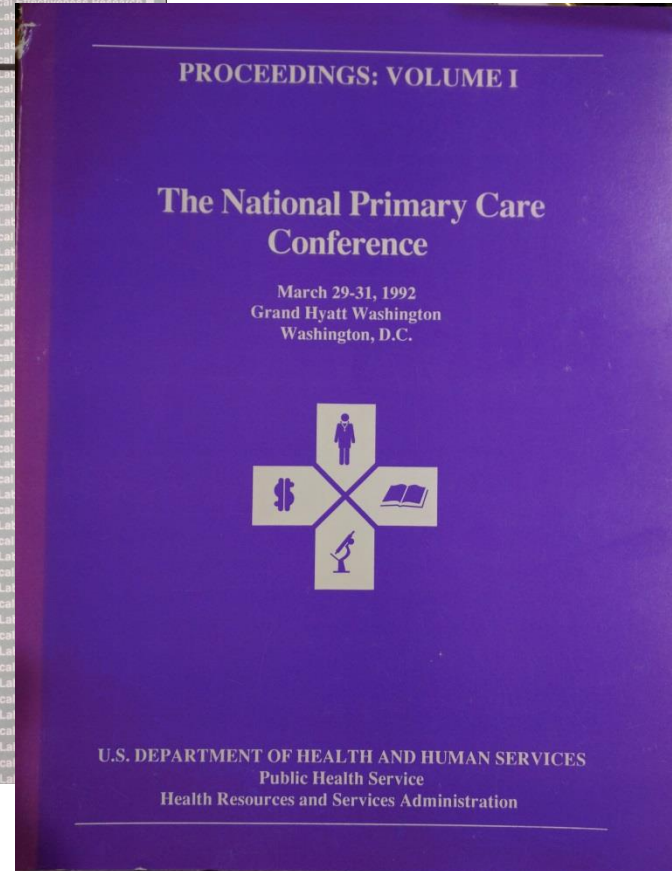
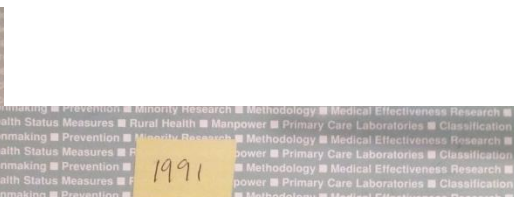
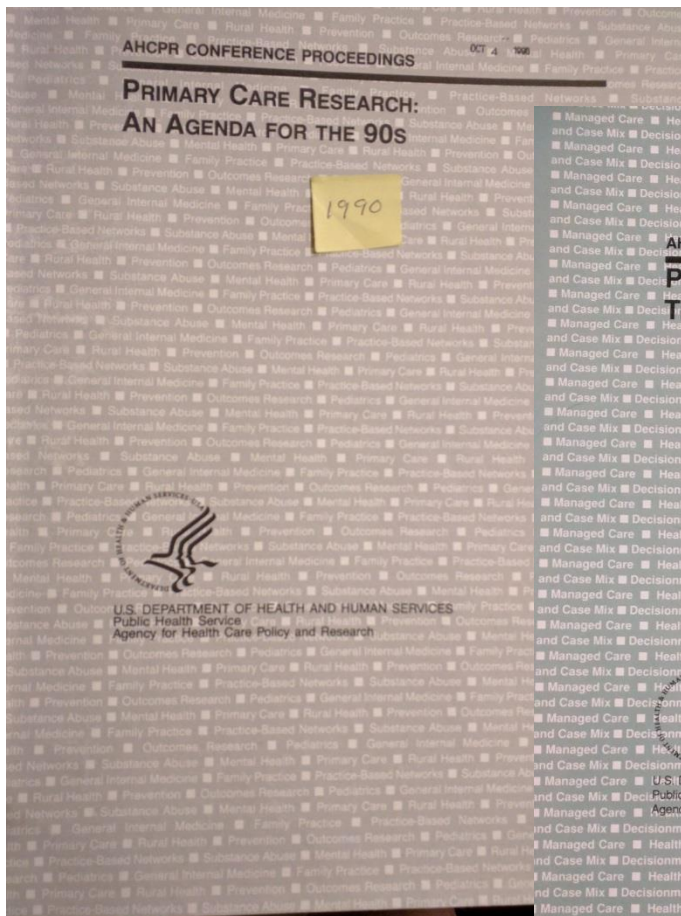
# Central Role of Primary Care



The Care and Learn Model: a Practice and Research Model for Improving Healthcare Quality and Outcomes. *J Gen Intern Med.* 2019 Jan;34(1):154-158. Epub 2018 Nov 14. <sup>13</sup>



# Building on Three Decades of Experience



# Research agenda for the 20s



**AHRQ Primary Care Research Conference**  
December 7-8, 2020

Home Event Logistics Agenda Pre-Conference Materials Participants Contact

## Agenda

### AHRQ's 30<sup>th</sup> Anniversary Primary Care Research Conference

**Day 1: Monday, December 7, 2020** (All times below are Eastern.)

11:45 a.m. – 12:00 p.m. – **Participant Login and Introductions**

12:00 p.m. – 12:30 p.m. – **Gathering Together**

Welcome remarks by Director Gopal Khanna and Arlene Bierman, and outline of meeting and ground rules by Bob McNellis.

12:30 p.m. – 1:15 p.m. – **Session Activity 1: A History and a Future**

Breakout groups to identify most significant events impacting American life and culture over the past 30 years.

1:15 p.m. – 2:00 p.m. – **Session Activity 2: Big Ideas**

Breakout groups to identify and create a list of big ideas that are most significant, interesting, and/or most important for the future of primary care and primary care research.

2:00 p.m. – 2:50 p.m. – **Break**

2:50 p.m. – 4:00 p.m. – **Session Activity 3: Wicked Problems**

- Patient-centeredness
- Clinician and practice
- System and infrastructure
- Community and Public Health
- Equity and disparities

# ALONG CAME COVID-19!

Where were you on February 28, 2020?



# Headlines from 2020

## FEATURE

JUL 06, 2020 | MORE ON OPERATIONS

### Covid-19 is threatening the survival of US primary care

In the US, government imposed lockdowns and public fears have slashed primary care revenue with it revenue for physicians, **Bob Roehr** reports

Bob Roehr *science journalist*

### Primary care doctors say they're not ready for the next COVID-19 surge

Primary care practices are feeling the pressure on multiple fronts, from a lack of PPE to ever-thinning margins and fewer patients.

### Primary Care Offices Struggle To Stay Solvent During Pandemic

By KAREN BROWN | APR 15, 2020

- Share
- Tweet
- Email



Monitoring  
arrestia, a  
services to  
Patients a  
underserve  
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### Primary care offices struggling to survive during Covid-19

The financial fallout of the pandemic is reducing access to health care, especially in rural areas already short on doctors.

9% of its member practices had laid off or  
rloughed staff 7  
PCPs face operat  
ck established  
tive equip  
o not have  
al systems  
they have  
between  
to practise  
ms contin  
ed.

December 03, 2020 | 2 min read

SAVE 

### Survey: Primary care practices, patients continue to face hardships amid COVID-19

Independent PCPs lack the resources and  
g to fully implement and integrate  
dicine into their practice. Rural practitioners,  
ally, may face poor internet access. And not  
ients are technically savvy, particularly older

### The pandemic could put your doctor out of business

Primary-care practices were barely eking by. If patients stay away too long, they'll crumble.

### Pandemic Politics Driving Health Care Workers From Small Towns

December 28, 2020 Author: Frank Morris

PCPs: Convenience of location and operating hours

# COVID cases

Select a state or territory:

United States

View:

Cases


Deaths

Metric:

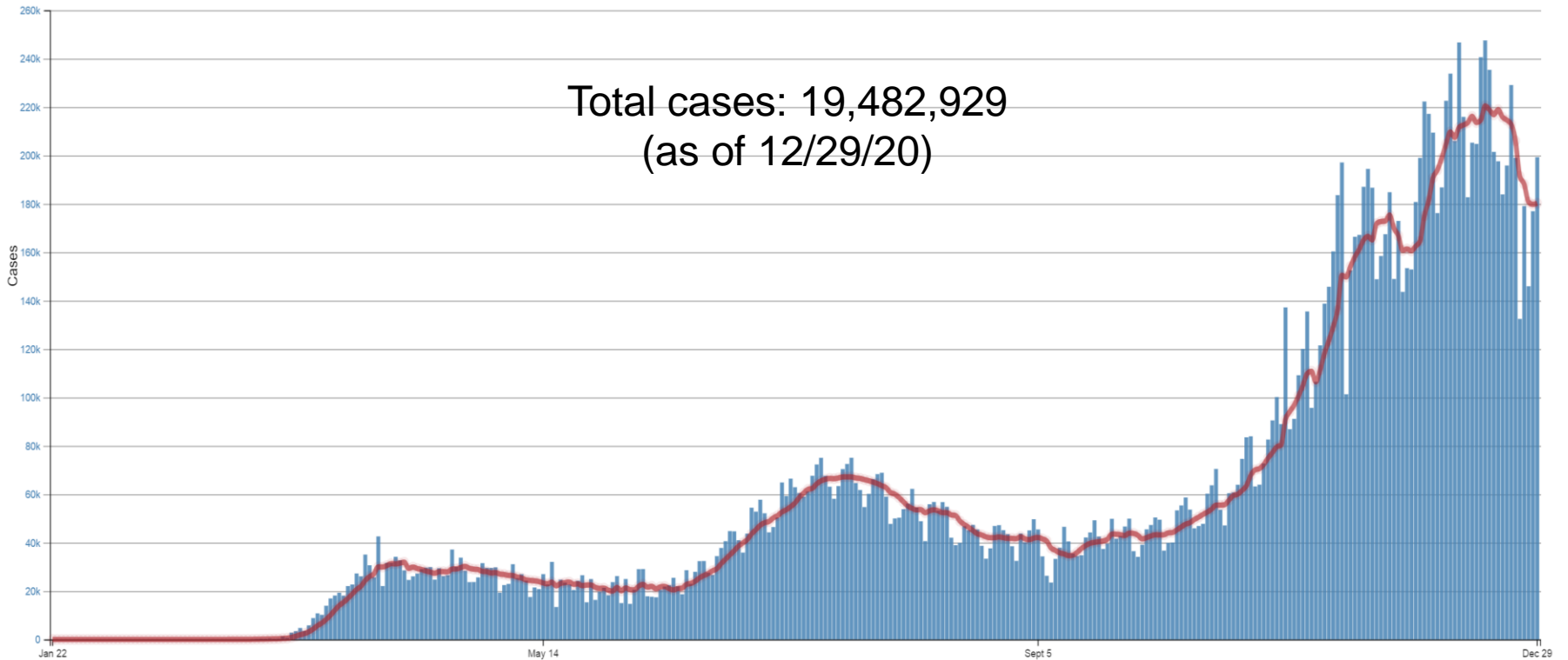
Daily trends

Total and rate

Show:

7-Day moving average 

## Daily Trends in Number of COVID-19 Cases in the United States Reported to CDC





# COVID deaths

Select a state or territory:

United States

View:

Cases

Deaths

Metric:

Daily trends

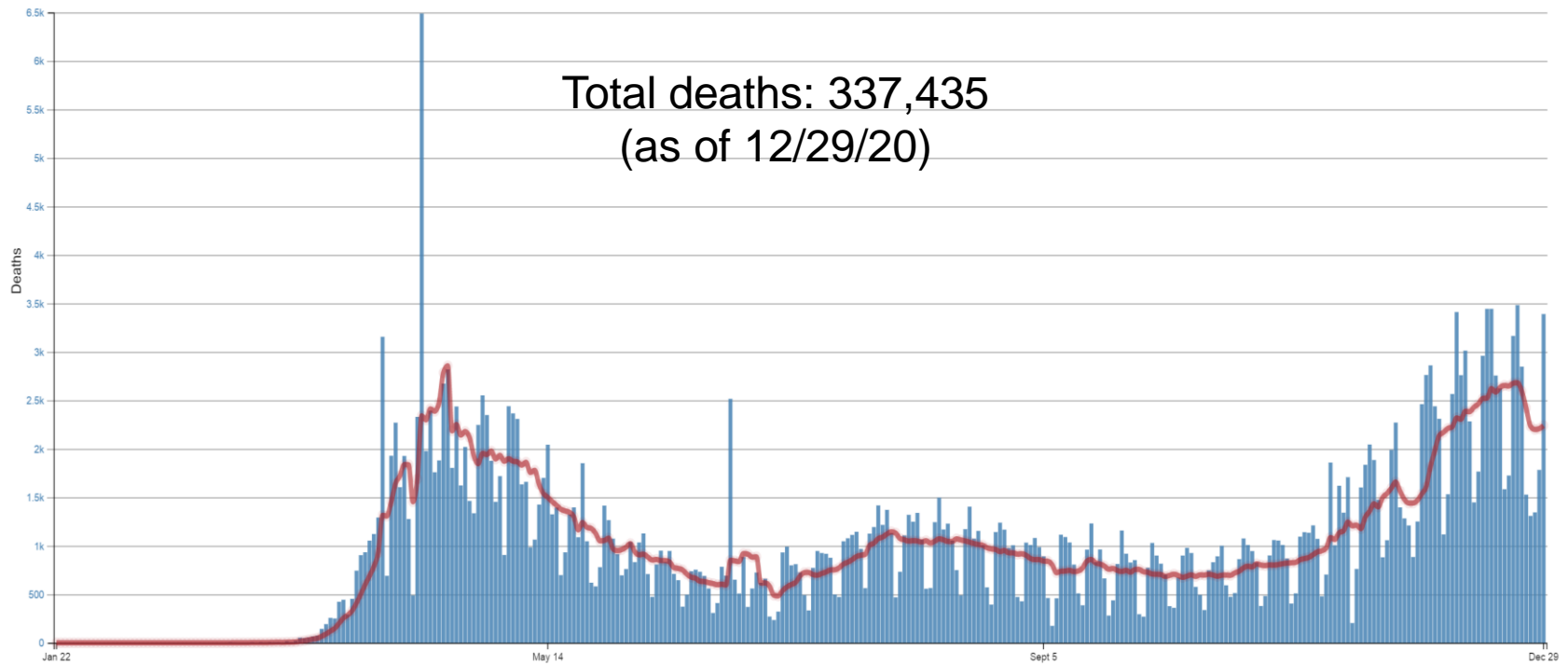
Total and rate

Show:

7-Day moving average



Daily Trends in Number of COVID-19 Deaths in the United States Reported to CDC



# Primary care survey results, 12/11-15/20



- Primary care reports patient needs have increased in number and complexity and barriers to care have worsened
- Primary care suffers severe mental strain, staff shortages, and inadequate resources to address growing patient need
- Primary care has expertise in administering vaccines, yet few practices are set up to distribute the COVID-19 vaccine
- Patients have shared high levels of misinformation and distrust related to the vaccine, but trust in primary care is strong

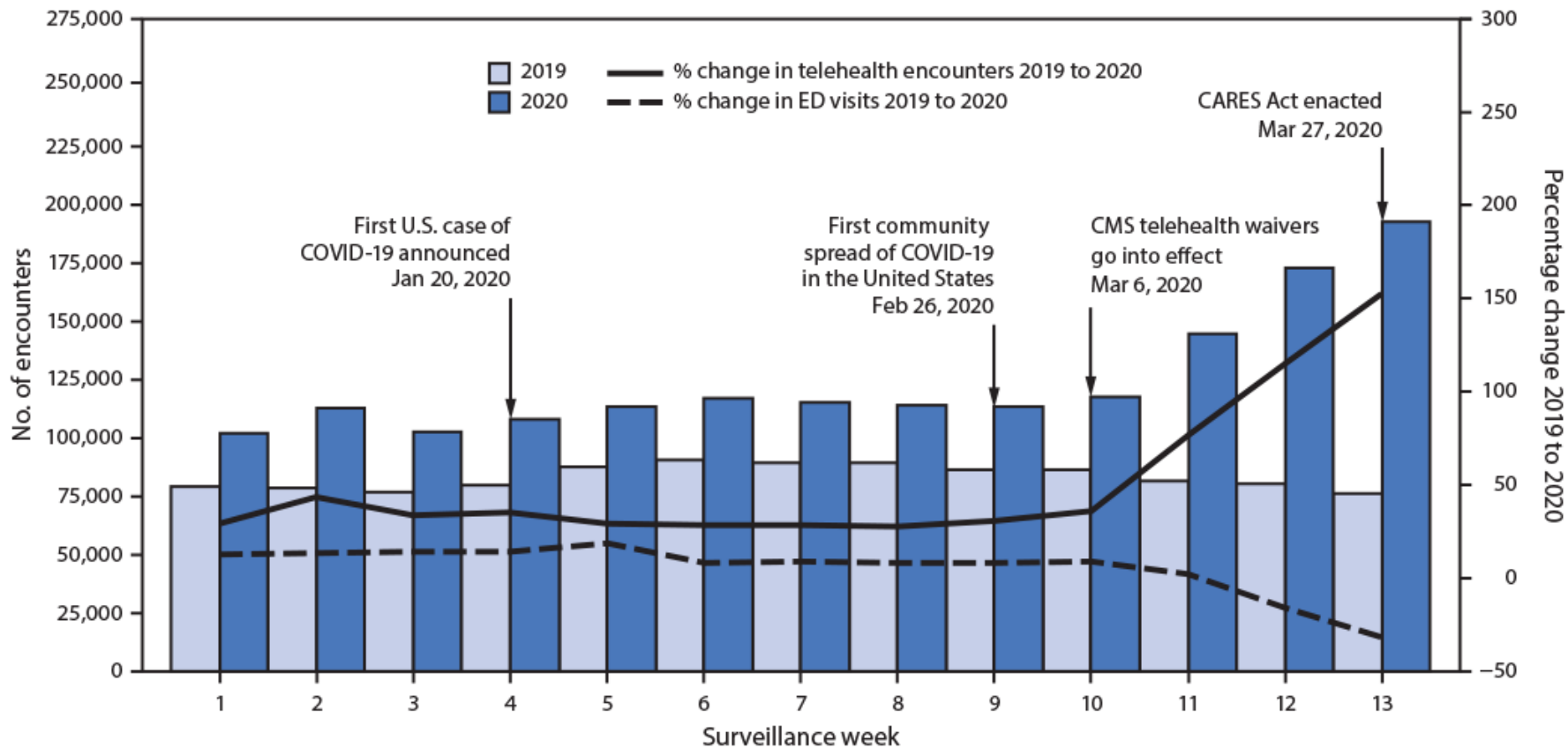
# Specific findings

- 62% report patient visits have increased in complexity
- 46% report patient visits are longer
- 62% say it is harder to schedule patients with a therapist or psychiatrist, despite growing mental health needs
- 52% have seen a dramatic increase in housing, food, and/or insurance fragility among their patients
- 91% report at least one form of clinician or staff shortage (e.g., illness, quarantine, redeployed...)
- 48% report mental stress/exhaustion is at all-time high
- 76% report mental stress is worse than in the Spring
- 52% say payments are worse now than in Spring

# Voices of primary care

- Patients suffering from anxiety, depression, substance abuse, and completed suicides have substantially increased. Washington
- Complexity and length of visits have increased because of delays in care at the onset of the pandemic and patient reluctance to present to clinic during pandemic. Also increase in mental health problems, particularly anxiety and depression. North Carolina
- Our patients have experienced increased amounts of anxiety and depression. We have also had several new patients enter the practice due their former PCP's offices closing their practice, and others have lost their insurance due to job loss. Texas
- We are in a mental health disaster. Pennsylvania
- We need help. People are tired. Literally 90% of my telemed visits one day last week were for anxiety issues. Wisconsin
- If we restrict telephone only visit reimbursement, we are worsening the digital divide for our elderly and under resourced patients and are worsening disparities in care. Pennsylvania
- Help us - we are exhausted and stressed taking care of patients first and then worrying about our own families. Kentucky
- I have never felt like my work is more valuable and I have never done so much uncompensated care. Illinois
- I am disappointed that as frontline primary care physicians, seeing patients daily in our office with COVID, that since we are not affiliated with a hospital, we are not able to have an avenue to receive the COVID vaccine. Kansas
- I will close my practice next year. I can't keep the doors open when we see less than 14 patients a day. I have seen more death certificates this year than new babies. The joy is gone. Every day I think about suicide. – Washington

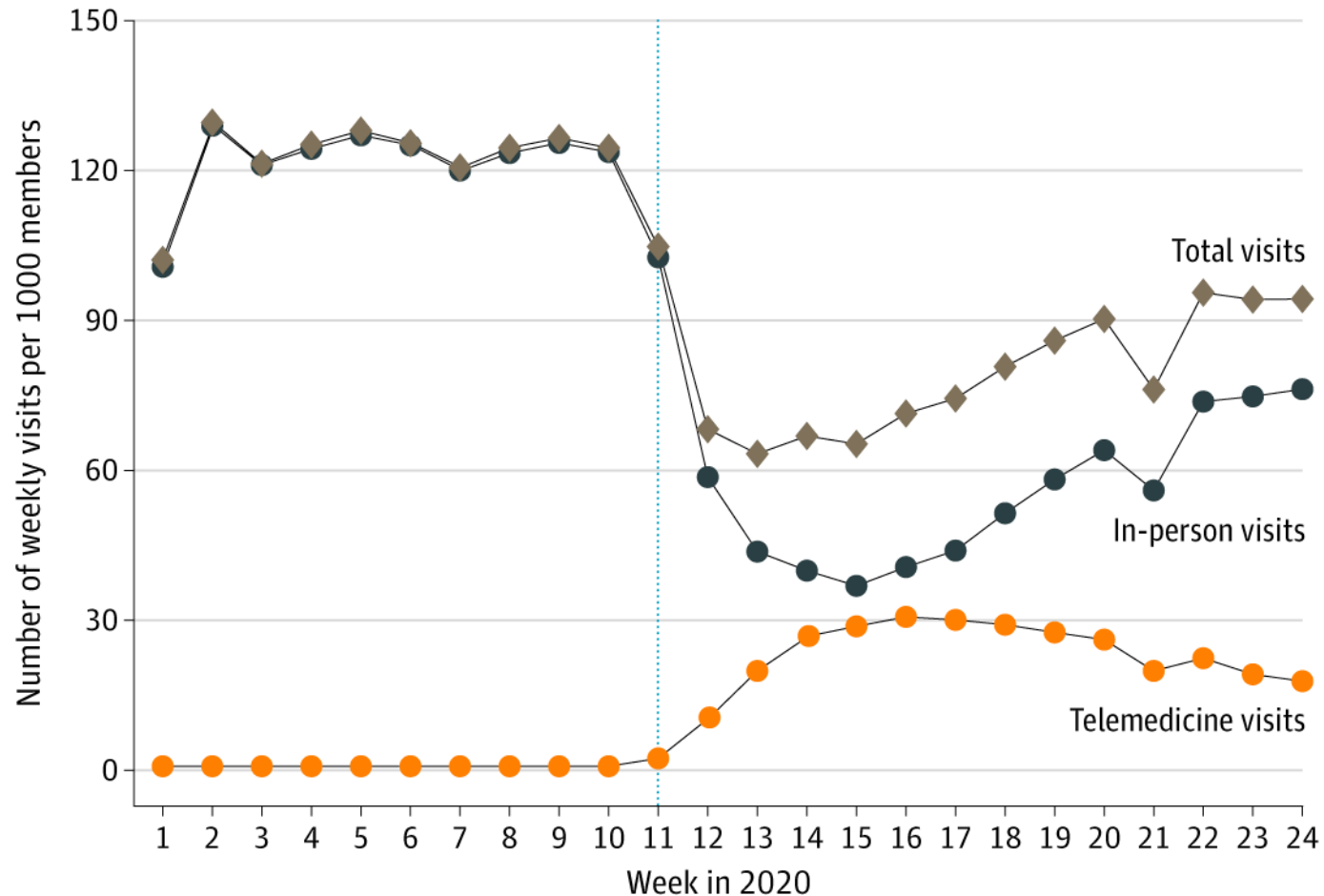
# Telehealth trends





# Telehealth trends

**B** Weekly visits

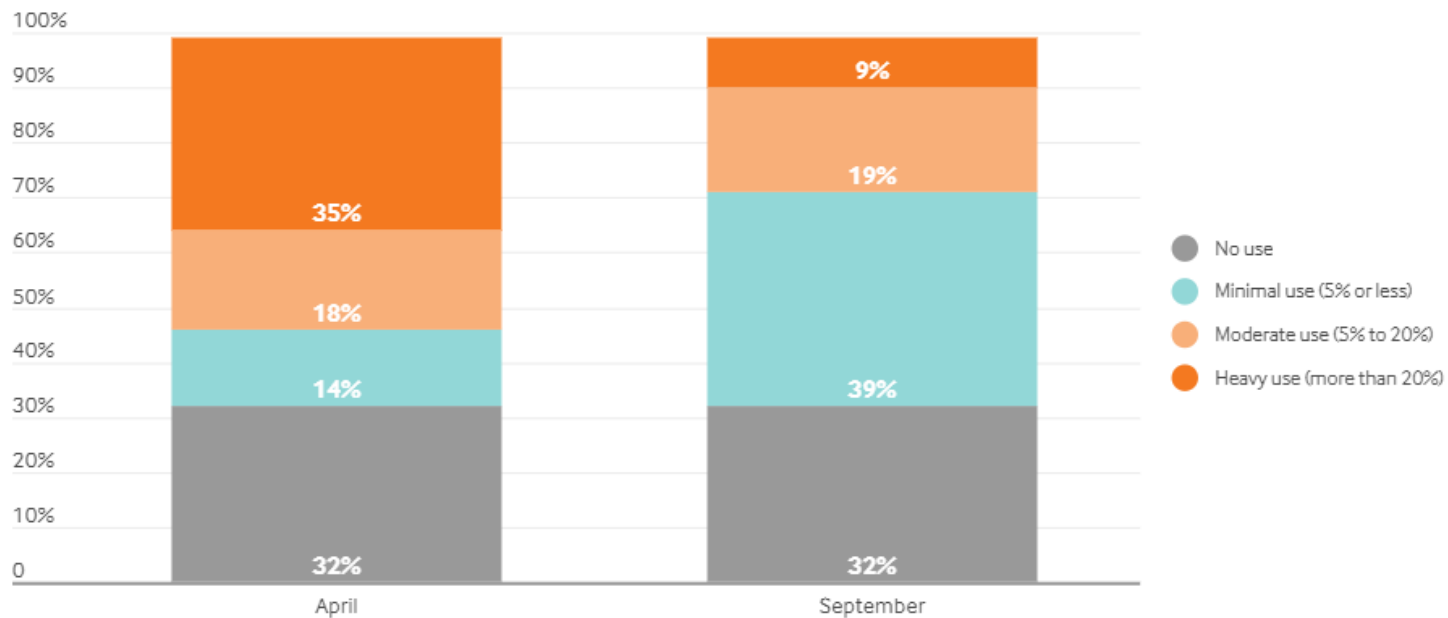


Patel SY. Trends in Outpatient Care Delivery and Telemedicine During the COVID-19 Pandemic in the US. JAMA Intern Med. Published online November 16, 2020.

# Telehealth trends

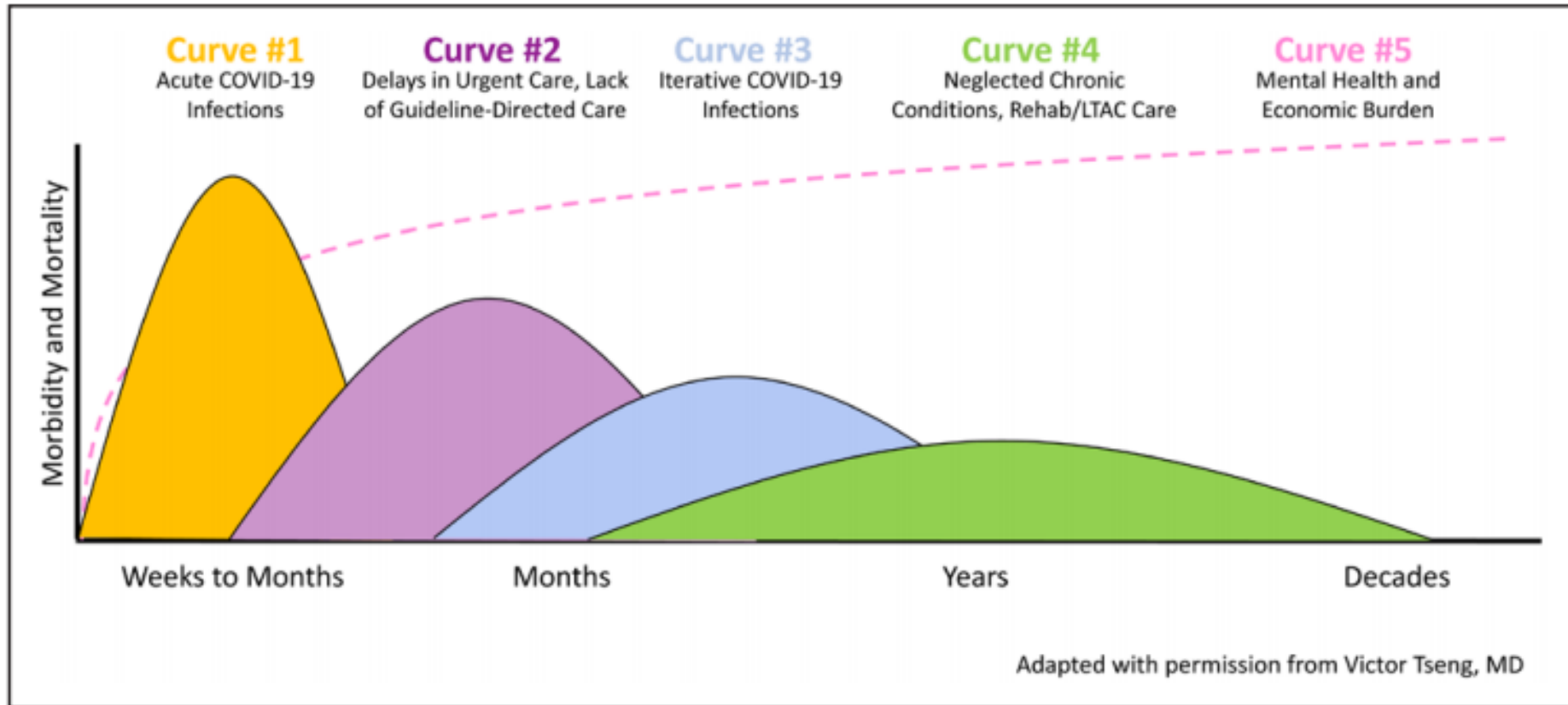
Telemedicine use across provider organizations varies. Approximately one-third of organizations never adopted telemedicine at all. From April to September, many organizations shifted from heavy or moderate use of telemedicine to minimal use.

Organization broken down by the percent of all visits in a given month conducted via telemedicine



 Download data

# Waves of COVID

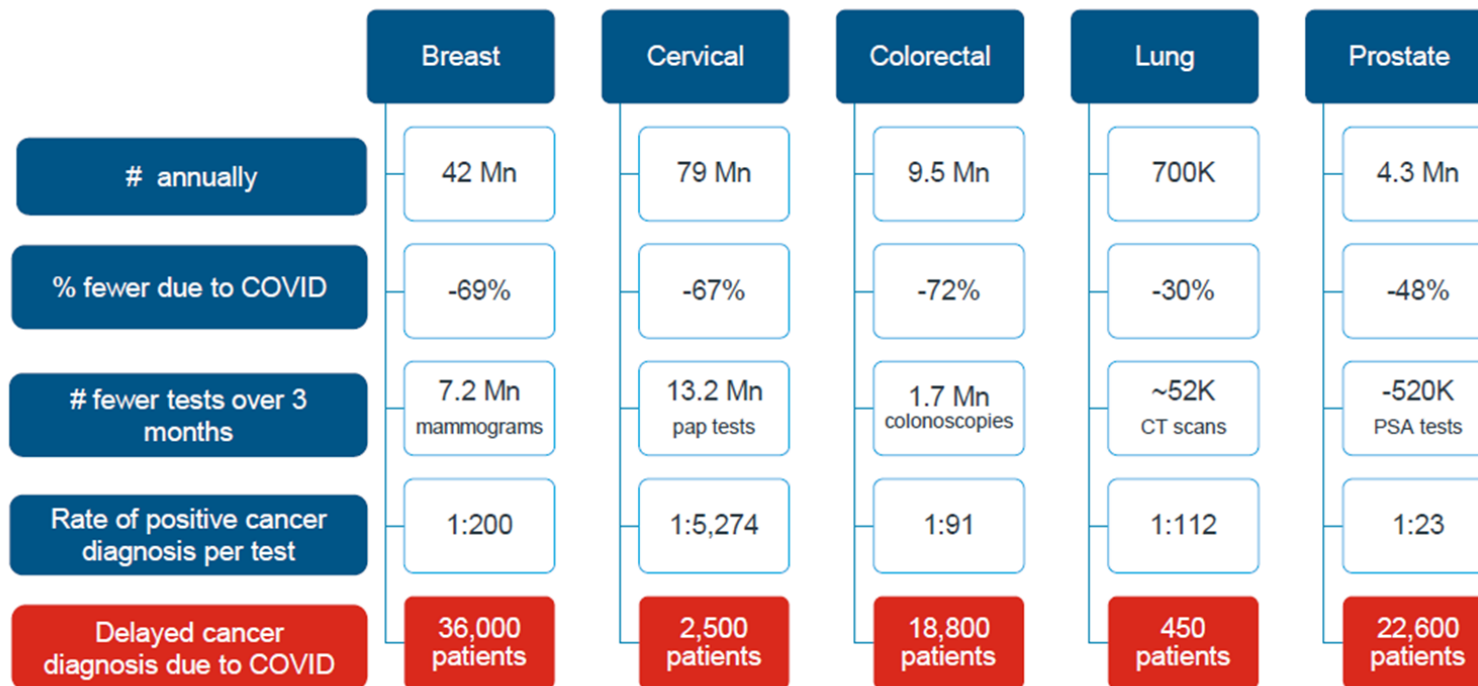


Kohli, Virani. Surfing the Waves of the COVID-19 Pandemic as a Cardiovascular Clinician. *Circulation*. 2020;142:98–100.

# Delayed care

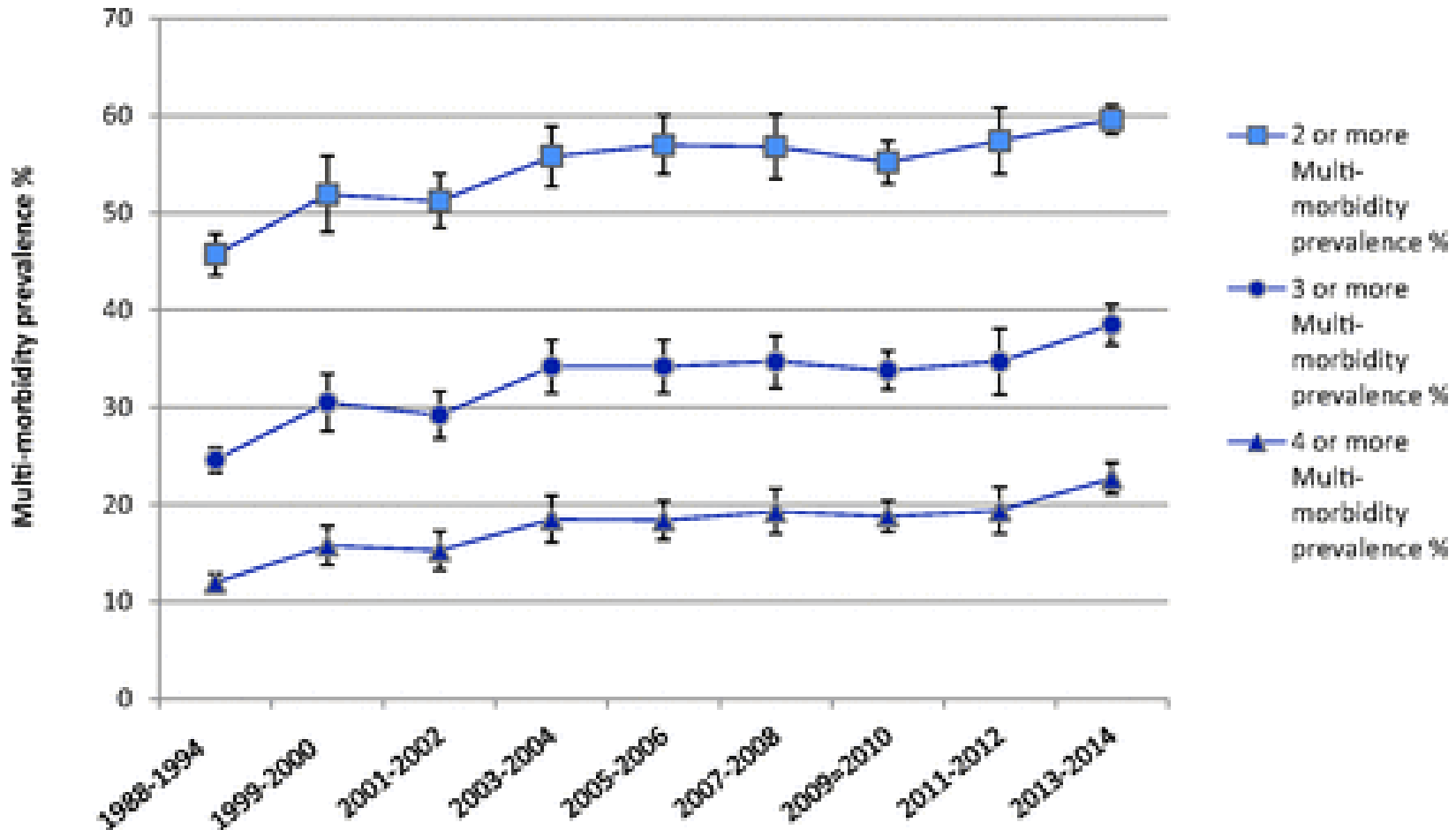
Over 22 million screening tests for five common tumors may be disrupted, risking delayed or missed diagnoses for 80,000 patients

Exhibit 15: Modeled Impact of Reduced Screening Tests Three Months Ending June 5, 2020



Over 22 million screening tests and over 80,000 positive cancer diagnosis potentially delayed

# Rising Prevalence of Multiple Chronic Conditions: A New Syndemic





# CORE VALUES OF FAMILY MEDICINE

# The Goal

- The goal of primary care (especially family medicine) is to deliver
  - ▶ High quality
  - ▶ High value
  - ▶ High touch

...health care for everyone

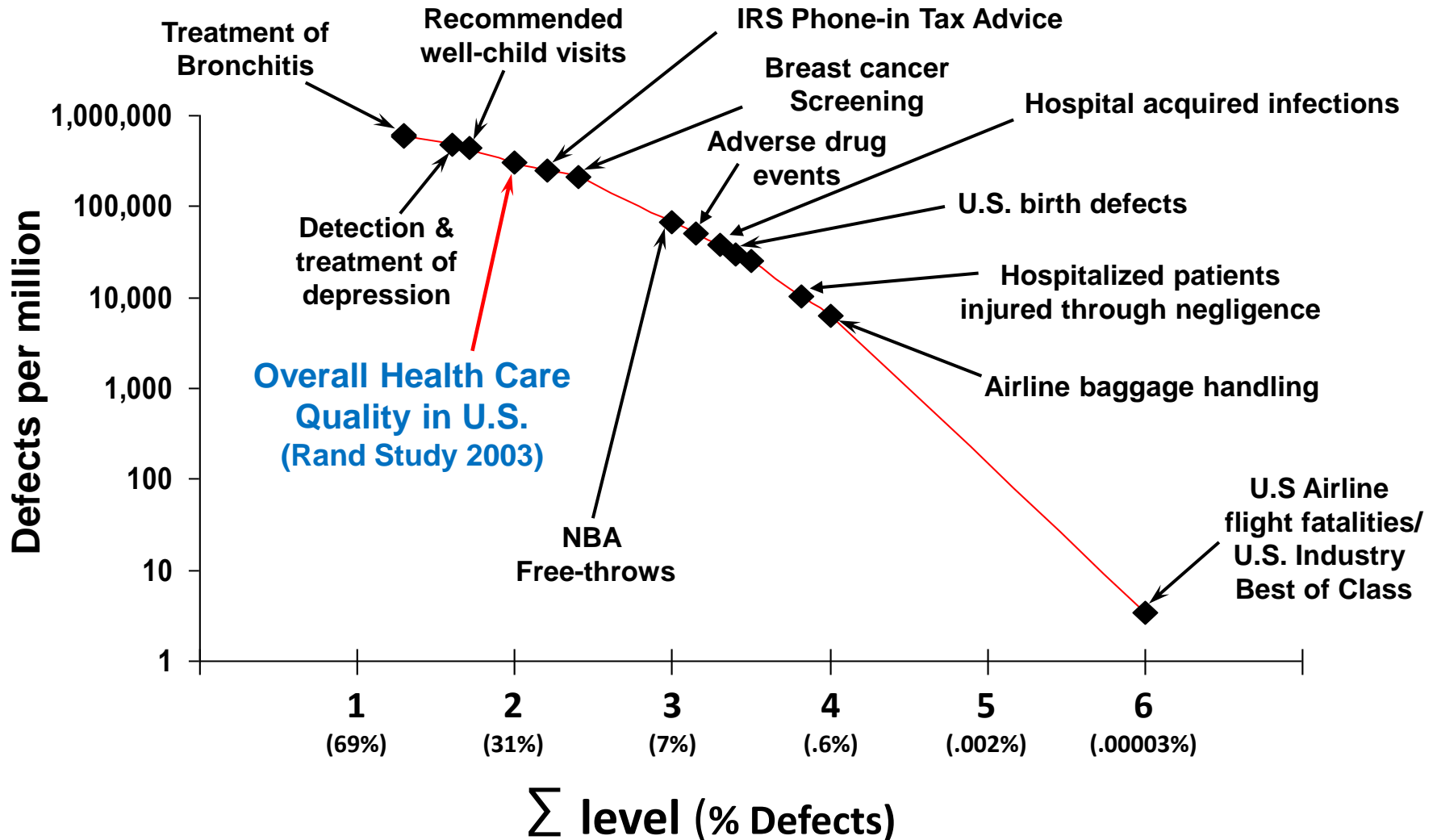
# Opportunity Lost

- Pre-COVID, our current primary care system was struggling to deliver on its promise
  - ▶ Part of a larger, fragmented delivery system
  - ▶ Under resourced
    - Too few resources
    - Perverse incentives
  - ▶ Maladaptive structures and processes

# Health Care Quality Defects Occur at Alarming Rates



Sources: modified from C. Buck, GE; Dr. Sam Nussbaum, WellPoint; Premera 2004 Quality Score Card; March of Dimes



**“Every system is perfectly designed to  
get the results that it gets”**

**-Paul Batalden, MD  
(often attributed to Don  
Berwick of IHI fame)**



# Transforming Primary Care Practice

**Practice Transformation: Unleash Your Practice's Potential** Nov. 12-14

*National Conference on the Patient-Centered Medical Home*



**Register now**

*Patient-Centered Medical Home*  
**Care Coordination Workbook**  
*Part of the Transformation Series*



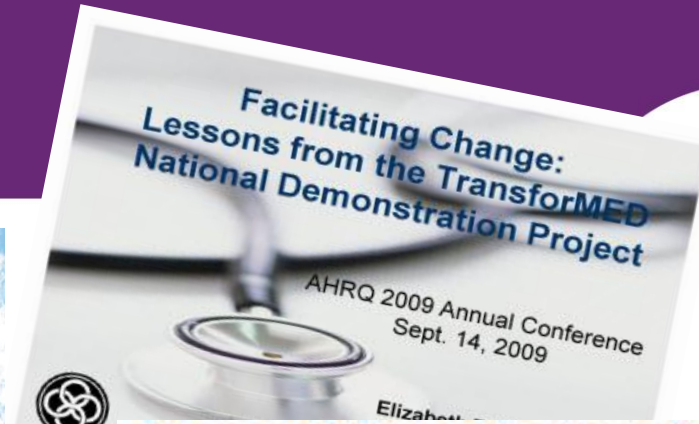
**Primary Care Practice Transformation**



**LEADING THE CHANGE  
RISING TO THE CHALLENGE**

## WHAT'S THE FUTURE OF PRIMARY CARE?

VIEW OUR BLUEPRINT FOR THE MEDICAL HOME TO LEARN HOW BEST PRACTICE PROVIDERS ARE IMPROVING PRACTICE ECONOMICS, CARE COORDINATION, AND PATIENT ENGAGEMENT.



## Beyond Transformation

Learn about health system transformation on new county page



Photo by Leah Nash

**"Change is hard enough; transformation to a patient-centered medical home requires epic whole-practice reimagination and redesign."**



# Primary Care Renewal

- Rethinking primary care
  - ▶ Embrace the basics
    - Comprehensive (address the majority of needs including mental health)
    - Continuous (long term relationships)
    - Coordinated (links to the community)
    - First contact (accessible)
    - Whole person orientation (not just organ systems)

# Primary Care Renewal

- Rethinking primary care
  - ▶ Embrace the basics
  - ▶ New structures and infrastructure
    - Teams
    - Information systems (health IT)
  - ▶ New processes
    - Care coordination
    - Ongoing quality and safety improvement
    - Self management support
    - Population health management
    - Linking to community resources and public health

# Primary Care Renewal

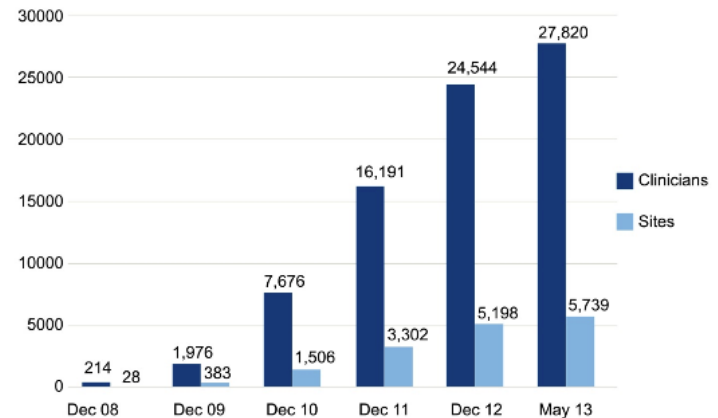
- Rethinking primary care
  - ▶ Embrace the basics
  - ▶ New structures and infrastructure
  - ▶ New processes
- Sustainability
  - ▶ Financing
  - ▶ Workforce development

# Primary Care Renewal: PCMH

- The PCMH has been a model for renewed primary care
  - ▶ Built on the fundamentals of primary care
  - ▶ Supported by structures and processes for delivering the fundamentals
  - ▶ Recognizing the need for sustainable resources

Figure #1

NCQA PCMH Growth 2008-2013



Source: National Committee for Quality Assurance, 2013

Approximately 13,000 practices (with 67,000 clinicians) are recognized by NCQA.

# AHRQ's PCMH Definition

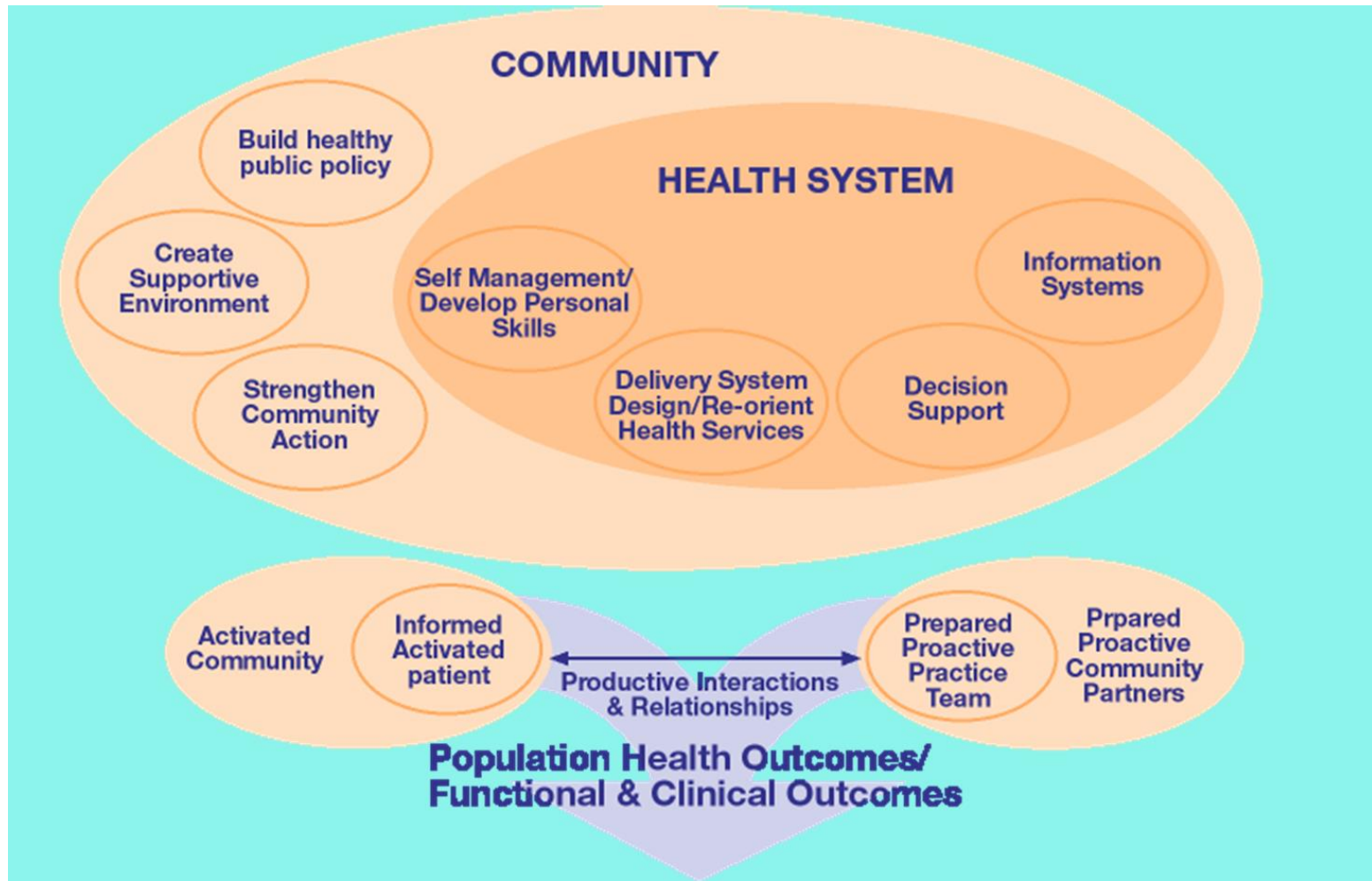


- A medical home is not simply a place but a model of primary care that delivers care that is:
  - ▶ ***Patient-Centered***
  - ▶ ***Comprehensive***
  - ▶ ***Coordinated***
  - ▶ ***Accessible, and***
  - ▶ ***Continuously improved through a systems-based approach to quality and safety***
- AHRQ believes that **health IT, workforce development, and payment reform** are foundational to achieving the potential of the medical home.

# The Keys to Change

- There are three keys to achieving primary care renewal:
  - ▶ **New and enhanced care delivery resources**
  - ▶ An infrastructure for improvement
  - ▶ Ongoing financing support for the first two

# The Expanded Care Model



Created by: Victoria Barr, Sylvia Robleson, Brenda Marlin-Link, Lisa Underhill, Anita Dotts & Darlene Revensdale (2002)  
Adapted from Glasgow, R., Orleans, C., Wagner, E., Curry, S., Solberg, L. (2001). Does the Chronic Care Model also serve as a template for improving prevention? *The Milbank Quarterly*, 79(4), and World Health Organization, Health and Welfare Canada and Canadian Public Health Association. (1986). *Ottawa Charter of Health Promotion*.

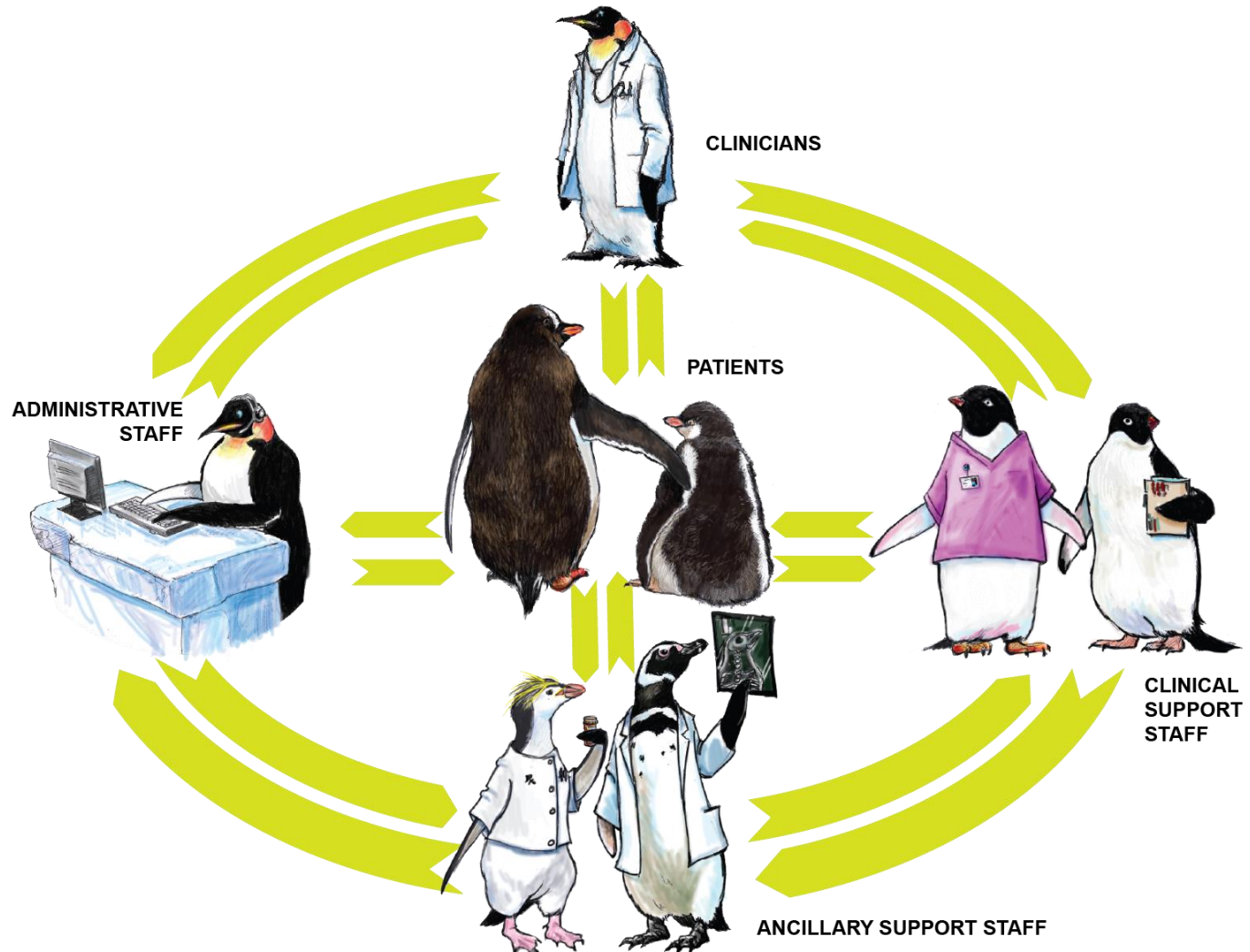
# Enhanced Care Delivery Resources



- In order to deliver accessible, coordinated, comprehensive, patient-centered care
  - ▶ It requires a team



# Primary Care Teams



# Helping Build Teams



Primary Care Team



***TeamSTEPPS***<sup>®</sup>  
*Team Strategies & Tools to Enhance Performance & Patient Safety*

for  
**Primary Care Teams**



<http://teamstepps.ahrq.gov/>

# Primary Care Teams

- Care Managers: Care Coordinators + Case Manager
  - ▶ Clinically trained: Provide self management support, monitoring, and assessment
  - ▶ Health system wise: Assure care coordination between patients and team, among the team, and across the larger health care system
  - ▶ Master communicators: Navigate relations with patients and families, among the team, and across the health care system

# Primary Care Teams

- Expanded Clinical Support
  - ▶ Behavioral health specialists
  - ▶ Patient educators
  - ▶ Pharmacists
  - ▶ Physical and other therapists

# Integration of Primary Care and Behavioral Health



The Academy  
Integrating Behavioral Health and Primary Care

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Home About Us Research Education & Workforce Policy & Financing Lexicon Clinical & Community Health IT Resources Collaboration

**Now Available!**  
Access the new Atlas of Integrated Behavioral Health Care Quality Measures  
[Coming Soon](#)

**Vision**  
AHRQ's vision is that the Academy for Integrating Behavioral Health and Primary Care will function as both a coordinating center and a national resource for people committed to delivering comprehensive, integrated healthcare.

**Welcome to the Academy** The AHRQ Academy web portal offers you **resources** to advance the **integration** of **behavioral health and primary care**, and fosters a **collaborative** environment for dialogue and discussion among relevant thought leaders.

**This Month**

**Organizations Supporting Integration**

This month the AHRQ Academy has updated the Organizations page on the Resources tab to include a more comprehensive list of [organization...](#)  
[More ...](#)

**Where Integration is Happening**

[Learn More...](#)

**New & Notable**

- Wed, 08/27/14 NIAC Meeting
- Wed, 08/27/14 QUALITY IMPROVEMENT RESOURCES FOR PRIMARY CARE
- Wed, 08/27/14 Get Your Latest News Via the Academy
- Wed, 08/27/14 Delivering Effective Complex Care Management
- Fri, 08/08/14 Get Your Latest News Via the Academy

New & Notable items include highlights of current activities of The Academy for Integrating Behavioral Health and Primary Care, as well as new research findings, Federal initiatives and other Integration. Check New & I

**Featured Products**

- [Atlas](#) of Integrated Behavioral Health Care Quality Measures
- [Lexicon](#) for Behavioral Health and Primary Care Integration
- [Academy Webinars](#): National experts address various topics related to behavioral health and primary care integration
- [NIAC Videos](#): Featuring National Integration Academy Council members

**Kavita Patel, MD, MSHS**

Behavioral Health / the Agency for Quality (AHRQ) is an

<http://integrationacademy.ahrq.gov/>

# The Keys to Change

- There are three keys to achieving primary care renewal:
  - ▶ New and enhanced care delivery resources
  - ▶ **An infrastructure for improvement**
  - ▶ Ongoing financing support for the first two

# Infrastructure for Improvement

- Everyone in primary care wants to achieve the goals of primary care
- No one wants to deliver care that is
  - ▶ Inaccessible
  - ▶ Uncoordinated
  - ▶ Poor quality
  - ▶ Low value
  - ▶ Disrespectful

# Infrastructure for Improvement

- Everyone in primary care wants to achieve the goals of primary care
- But, the current system exists because of past forces and incentives
- And, even if and when forces and incentives change (e.g. post-COVID)
- Not everyone will quickly or easily be able to reconstruct their structures and processes



# Infrastructure for Improvement



- The traditional economic model
  - ▶ Posits that when forces shift, innovation occurs, poor performers drop out (are eliminated), and improved models spread
- Does not (and should not) apply to health care
  - ▶ We cannot afford to lose primary care clinicians and practices!
  - ▶ We need to ensure that almost everyone improves

# Infrastructure for Improvement



- But change is hard
- Primary care practices are currently struggling
  - ▶ To meet patient care needs
  - ▶ To make ends meet
  - ▶ To meet new requirements
- Unlike hospitals and large health systems, small, independent primary care practices do not have quality improvement departments, teams, or resources

# Creating the Infrastructure for Quality Improvement

- Primary Care Extension Service
  - ▶ New and added resources to support practice redesign and quality improvement
  - ▶ Extension agents serve as Practice Facilitators
  - ▶ Extension service also provides
    - Data feedback and benchmarking
    - Expert consultation (aka academic detailing)
    - Health IT (EHR) support
    - Learning collaboratives - In person and virtual



# Primary Care Extension Service



- Supports practice transformation now
- Supports ongoing quality and safety improvement in the future
- Creates vehicle for more rapid dissemination of evidence-based practice
  - ▶ USPSTF recommendations
  - ▶ New patient-centered research evidence
  - ▶ Patient safety practices
  - ▶ Incorporating telehealth
  - ▶ Managing COVID

# The Keys to Change

- There are three keys to achieving primary care renewal:
  - ▶ New and enhanced care delivery resources
  - ▶ An infrastructure for improvement
  - ▶ **Ongoing financing support for the first two**

Figure 1: Primary Care First and CPC+ Driver Diagram



## THE PRACTICE OF MEDICINE

By Sanjay Basu, Russell S. Phillips, Robert Phillips, Lars E. Peterson, and Bruce E. Landon

## Primary Care Practice Finances In The United States Amid The COVID-19 Pandemic

# Reality check

- Primary care can and should be the foundation of a well-functioning health care system, we recognize it is only one part
  - ▶ While primary care can contribute to improving individual and population health outcomes and increasing value in health care
    - Its effect can be overwhelmed by dysfunction in the larger system
    - or synergistic with improvements in the larger system
- Linkages with other parts of the system are critical

# REDESIGN OF PRIMARY CARE AND FAMILY MEDICINE



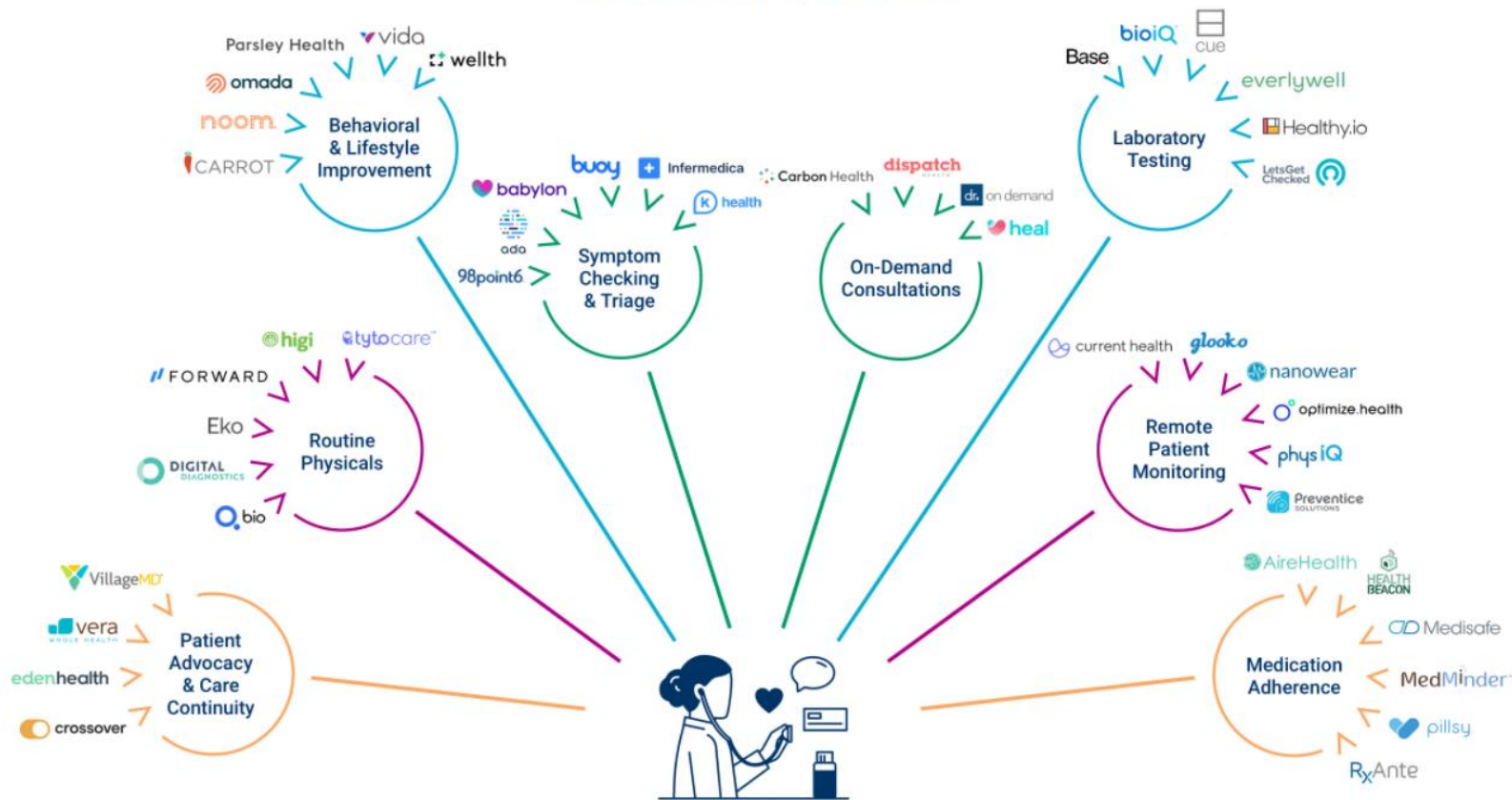
# Here is my wish list

- Behavior change
- Quality improvement
- Population health
- Integrate community health workers
- Social determinants of health
- Patient engagement
- Health equity
- Expanded use of technology
- Connection with public health
- Addiction and substance abuse
- Sentinel activities
- Primary care measures
- Big data and little data

# Threats to comprehensiveness

## UNBUNDLING THE FAMILY DOCTOR

Companies targeting primary care



# Tailoring Patient-Clinician Communication



Is the office visit still the gold standard?

- Remote monitoring
- Telehealth or virtual care (e-visits, phone, video)
- Home visits
- Nursing home and hospital visits
- In the office visits

Integration of data and new financing models needed

# What are others thinking?



Unified Voice, Unified Vision, Changing Primary Care Finance

Dear policy makers, payers, purchasers, and the public:

Our health system is falling, and the pandemic is expediting its collapse. Life expectancy is in decline, the prevalence of chronic illness has risen, and disparities in health outcomes have deepened. Our health system isn't just broken – it is bankrupting many in



Research Article | Original Research

## Primary Care as a Bulwark Against COVID-19

How Three Innovative Practices Are Responding

### Redesigning Primary Care to Address the COVID-19 Pandemic in the Midst of the Pandemic

Alex H. Krist, Jennifer E. DeVoe, Anthony Cheng, Thomas Ehrlich and Samuel M. Jones  
The Annals of Family Medicine July 2020, 18 (4) 349-354. DOI: <https://doi.org/10.1370/afm.2557>

*paid. Advancing primary care as a public good will require shifting the paradigm of primary care financing, creating a unified*

Covid-19 shows primary care's value to diverse communities and how to pay for it. While sticking with fee-for-service is doubling-down on a losing bet, primary care capitation is a far more rational payment model that can help bring equity to healthcare.

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### Retooling Primary Care in the COVID-19 Era

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### Role of primary care in the COVID-19 response

Interim guidance  
26 March 2020

**1. Introduction**

**1.1 Background**  
Primary health care is an essential foundation for the global response to coronavirus disease 2019 (COVID-19). Primary care plays a significant role in gatekeeping and clinical responses: differentiating patients with respiratory symptoms from those with COVID-19, making an early diagnosis, helping vulnerable people cope with their anxiety about the virus, and reducing the demand for hospital services (1,2).

This document provides interim guidance on:

- timely, effective and safe supportive management of patients with suspected and confirmed COVID-19 at the primary care level; and
- delivery of essential health services at the primary care level during the COVID-19 outbreak.

Most people with COVID-19 develop mild or moderate illness and recover within 2 weeks. However, some people develop severe illness and may require hospitalization and intensive care. In some cases, people may die. The World Health Organization (WHO) has issued a wide range of technical guidance on the COVID-19 response (3), covering case investigation, case management, infection prevention and control, national laboratories, early investigation protocols, and risk communication and community engagement. Many of these documents already include important guidance on primary care approaches.

**1.2 Target audience**  
National and subnational health managers, as well as staff at primary care facilities.

**2. Actions in primary care**

The main principles of primary care in the COVID-19 response are: (1) identify and manage potential cases as soon as possible; (2) avert the risk of transmission of infection to contacts and health-care workers; (3) maintain delivery of essential health services; (4) enhance existing surveillance such as for influenza-like illness (ILI) and severe acute respiratory infection (SARI); and (5) ensure that primary care facilities are prepared and able to respond to a surge in demand for services.

Primary care facilities should ensure that standard operating procedures for assessing and managing suspected and confirmed COVID-19 cases are in place. This includes having triage and testing in place to guide and initiate the care pathway.

# The future is now

- New paradigms for financing including global budgeting
  - ▶ Sick care -> health
  - ▶ Episodic, transactional -> longitudinal, relational
  - ▶ Fragmented -> integrated
- Increase use of virtual visits and patient-generated data
- Investing in primary care and prevention
- Rethinking HIPAA
- Promoting continuity of care
- Better integration of primary care in pandemic response
- Develop a research agenda (yay!)

# Opportunities for PAs in primary care research

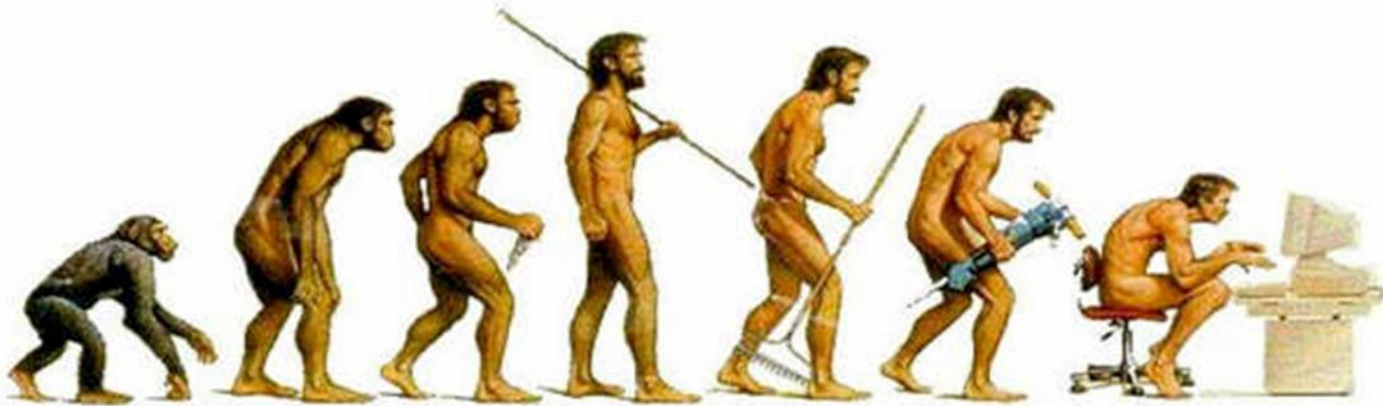


- New models of primary care
- Team-based care
- Role in the PCMH and ACO
- Patient-centered outcomes research
- Practice-based research networks
- Measures that matter

# Roles in transformational leadership

- Communication + patient engagement
- Care coordination
- Quality and safety
- Health information technology
- Self-management support
- Population/panel management
- Hot spotting teams – COVID connector
- Connect with community resources including public health





“You don’t have to change, survival is optional”

W. Edwards Deming

**Thank you!**