Medical Professionalism and Accountability: Platforms for High-Value Physician Practice

Bob Phillips, MD MSPH
Center for Professionalism and Value in Health Care
Disclosures

• Grant or contract support from:
  • The Agency for Healthcare Research and Quality (testing quality feedback)
  • Centers for Medicare & Medicaid Services (Transforming Clinical Practice Initiative)
About You

• What is your background?
• What is your interest in the role of professionalism in high-value care?
• Why did you choose this session?
• What do you hope to get from this session?
About Me

- 1000 persons
- 800 report symptoms
- 727 consider seeking medical care
- 217 visit a physician’s office
  - 113 visit a primary care physician’s office
- 65 visit a complementary or alternative medical care provider
- 21 visit a hospital outpatient clinic
- 14 receive home health care
- 13 visit an emergency department
- 3 are hospitalized in a hospital
- 1 is hospitalized in an academic medical center

AMERICAN BOARD OF FAMILY MEDICINE
MCMLXIX

PRIME REGISTRY
Improving America’s Health

PHATE

ROBERT GRAHAM CENTER
AAFP Center for Policy Studies

AMA

2018 ABMS CONFERENCE
Motivation and Professionalism

- Autonomy
- Mastery
- Purpose

- I would add Survival (Maslow)
Value?

• The U.S. healthcare system has recognized that we need to move from a system that rewards volume to one that rewards value

• The UK Quality Outcome Framework (QOF) did the same a decade ago and led to considerable burn out
  • Measures not aligned with Primary Care value (Continuity/relationship, Comprehensiveness, Care Management, Community orientation)
  • Measures crowded out attention to other, drove resources and staff
  • No intrinsic alignment
Value?

- Measurement is important but what’s measured and measures use are important
  - Quality Payment Program is designed to designate winners and losers
  - Measure Top-out process is unreliable
  - No regular feedback, low ROI, high performers can still be penalized
Who’s Value?

• Align Intrinsic and Extrinsic values where possible

• Align value for Clinicians, Patients, and payers

• Make sure Value supports resources = Who and what it takes to achieve valued outcomes
Measuring what matters

• Developing measures that support professional behaviors
  “Make it easier for me to do the right thing” (Matt’s four principles)

• Measures everyone finds valuable
  “Patients’ feedback on things they say are important help me improve, defend my role to my organization, and help me advocate for resources”
Measuring what matters

- Measures of health systems and payors not just clinicians
  “I can’t control policies and behaviors of my health system or insurance companies that affect my patients—help me hold them accountable”

- Measures of resources needed to achieve value
  “I can’t meet my measures without resources (and I don’t always know what I need)—what should payors and government support to deliver outcomes?”
Strategies (not all-inclusive)

• Clinical Registries
  • Liberate my data
  • Integrate claims and community data
  • Relieve burden (especially reporting)
  • Measure development and testing
  • Population Health, Community engagement

• Research
  • Workforce changes
  • Clinical teams or characteristics vs. outcomes
  • Burnout (prevalence, clinical features, employment?)
  • Educational Imprinting (What do they learn despite what we teach)
Strategies (not all-inclusive)

• Collaboration & Convening
  • Resource need definition (Primary Care Spend, Gates Foundation, WHO, World Bank)
  • Measure development (Starfield Conference, MDP grant, specialty overlaps)
  • National Academy of Science, Engineering, and Medicine (Future of Primary Care)
  • Nursing, Patient groups; professionalism and social contract
  • Special journal issue on practice transformation
  • AOA, Academics on professionalism
“In its most highly developed form, primary care is the point of entry into the health services system and the locus of responsibility for organizing care for patients and populations over time. There is a universally held belief that the substance of primary care is essentially simple. Nothing could be further from the truth.”

—Barbara Starfield, MD, MPH

Professor Barbara Starfield (1932-2011), a physician and health services researcher, was university
What is the role of a certifying board?

• For the public, of the profession
  • How do we manage that tension?
  • Social Contract offers professional self-regulation in exchange for quality accountability and fiduciary role
• All about trust, and trust is high…until it isn’t
• Boards are paying a lot of attention to our Diplomates but are we managing to public expectations also?
4 Questions to Ask Your Financial Adviser Now

The new “Fiduciary Rule” changes how you work with your retirement planner. Here’s what you need to know.

By Tobie Stanger
Center for Professionalism and Value in Health Care

• Will try to define and navigate these tensions
  • For the Public, of the Profession
  • Professionalism vs. Value

• Great leadership by ABIM Foundation, AMA, AOA
  • Meeting with CEJA, CME, AOA leadership, ABIMF to look for collaboration
Center for Professionalism and Value in Health Care

- Medicine is not in the name by design
  - Professionalism and value questions are shared by many in health care
  - Interested in nursing collaboration on Professionalism
  - Engaging public (patients, policy-makers) on Value side

- Health System and Payor Accountability
  - How do we help clinicians negotiate the social contract with employers and payors?
  - How do we measure system/payor accountability and fiduciary faithfulness?