



601 13th St. NW, Suite 430N
Washington, DC 20005
pcpcc.org

April 21, 2022

Director Robert Otto Valdez, Ph.D., M.H.S.A.
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857

RE: Request for Information: AHRQ's Proposed Patient-Centered Outcomes Research Trust Fund Strategic Framework

Dear Dr. Valdez,

The Primary Care Collaborative (PCC) greatly appreciates the opportunity to comment on AHRQ's request for information on its proposed patient-centered outcomes research (PCOR) trust fund strategic framework.

PCC is a nonprofit, nonpartisan, multi-stakeholder coalition of more than 60 organizational Executive Members ranging from clinician associations and patient advocates to employer groups and health plans. PCC's members share a commitment to an equitable, high-value health care system with primary care as its foundation - care that emphasizes comprehensiveness, longitudinal relationships, and "upstream" drivers for better patient experience and better health outcomes (See the Shared Principles of Primary Care).

PCC is currently engaged in a Patient-Centered Outcomes Research Institute (PCORI) engagement project to disseminate seminal primary care research to primary care decision-makers and practice leaders by convening a research dissemination work group of research experts.¹

PCORI, a nonprofit organization that funds and disseminates patient-centered outcomes research and comparative effectiveness research, asserts patient-centered outcomes research "helps people and their caregivers communicate and make informed healthcare decisions, allowing their voices to be heard in assessing the value of healthcare options."

Based on this work, the PCC and its membership represent a particularly important perspective with regard to the production and dissemination of patient-centered outcomes research.

PCC provides several specific comments on AHRQ's proposed framework and offers recommendations to ensure primary care research is foundational.

¹ Bridging the Gap in Primary Care Research. Patient Centered Outcomes Research Institute. 2020-2022. <https://www.pcori.org/research-results/2020/bridging-gap-primary-care-research>

1. **AHRQ would like overall reactions to the strategic framework; is there any aspect of the framework that:**
 - a. **Does not promote the vision of advancing equitable whole-person care across the lifespan?**
 - b. **Does not address major challenges faced by the U.S. healthcare system?**
 - c. **Could be improved (and if so, how)?**

The current high-level goal of AHRQ’s framework seeks to “improve health outcomes by promoting high value, safe, evidence based, integrated, coordinated, team based, patient centered care, with a focus on underserved populations.” While this is a great start, it does not consider the full breadth of the guiding principles relevant to the primary care community as articulated in the Shared Principles of Primary Care, endorsed by more than 350 organizations in the primary care community.

In 2016, the Primary Care Collaborative convened an expert stakeholder group to update and expand on the core values of the patient-centered medical home with input from diverse perspectives.² The Shared Principles of Primary Care that emerged from this multistakeholder process identify care that is: 1) patient- and family-centered; 2) coordinated and integrated; 3) continuous; 4) comprehensive and equitable; 5) high-value; 6) team-based and collaborative; and 7) accessible.

PCC Recommendations:

PCC recommends revising the language of AHRQ’s high-level goal to align with the Shared Principles of Primary Care, by specifically adding “accessible” and “collaborative.” For example, the high-level goal could read: “improve health outcomes by promoting care that is high-value, accessible, safe, evidence-based, coordinated and integrated, team-based and collaborative, patient- and family-centered, with a focus on underserved populations.”

Access to primary care is associated with better health outcomes³ and an essential priority of HHS’s Healthy People 2030 initiative that includes the objective to increase the proportion of the population with a usual source of primary care.⁴ Primary care gives patients access to a usual source of care,⁵ chronic disease management,⁶ vaccinations⁷

² Epperly T, Bechtel C, Sweeney R, et al. The Shared Principles of Primary Care: A Multistakeholder Initiative to Find a Common Voice. *Fam Med*. 2019;51(2):179-184. <https://doi.org/10.22454/FamMed.2019.925587>.

³ Shi L. The impact of primary care: a focused review. *Scientifica (Cairo)*. 2012;2012:432892. doi:10.6064/2012/432892

⁴ Increase the proportion of people with a usual primary care provider — AHS-07. Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality/increase-proportion-people-usual-primary-care-provider-ahs-07>

⁵ Levine DM, Landon BE, Linder JA. Quality and Experience of Outpatient Care in the United States for Adults With or Without Primary Care. *JAMA Intern Med*. 2019;179(3):363–372. doi:10.1001/jamainternmed.2018.6716

⁶ Reynolds R, Dennis S, Hasan I, Slewa J, Chen W, Tian D, Bobba S, Zwar N. A systematic review of chronic disease management interventions in primary care. *BMC Fam Pract*. 2018 Jan 9;19(1):11.

⁷ Wilkinson E, Jetty A, Petterson S, Jabbarpour Y, Westfall JM. Primary Care’s Historic Role in Vaccination and Potential Role in COVID-19 Immunization Programs. *Ann Fam Med*. 2021 Jul-Aug;19(4):351-355.

and preventive services, and screenings.⁸ Furthermore, research conducted by AHRQ should continue to build the evidence base for new and emerging audio/visual telehealth modalities in both medical and behavioral health contexts and their impact on access, utilization, and patient-centered outcomes.

PCC recommends PCOR priorities include research on the collaboration among members of the primary care team including but not limited to behavioral health clinicians and advanced practice clinicians. Advanced practice clinicians are increasingly involved in care teams across many sectors of the health care delivery system.⁹ Roughly 1 in 3 primary care practices have a nurse practitioner (NP) or physician assistant (PA).¹⁰

A recent study assessed primary care team composition and its association with diabetes quality outcomes.¹¹ Other research has investigated primary care team configuration on primary care quality.¹² A current PCORI-funded randomized controlled trial addresses primary care and behavioral health integration with patient-centered outcomes.¹³ As primary care practices embrace team-based care, AHRQ should prioritize research on primary care teams and its impact on patient outcomes.

2. Do our proposed high-level priorities miss any areas of critical importance? Are any of the high-level priorities more important than others?

PCC recommends some additions and modifications to the high-level priorities below and provides some context for those recommendations:

Value-Based Payment Models: While there is growing momentum to shift health care payment from fee-for-service to prospective and value-based payment models, there is a dearth of evidence related to value-based payment models and their impact on patient outcomes and reduction of health disparities. In NASEM's *Implementing High-Quality Primary Care* report chapter on payment, the authors note a single systematic review that found limited effects of the payment model on access, use, and quality of

⁸ Hostetter J, Schwarz N, Klug M, Wynne J, Basson MD. Primary care visits increase utilization of evidence-based preventative health measures. *BMC Fam Pract*. 2020 Jul 28;21(1):151.

⁹ Smith, C. D., C. Balatbat, S. Corbridge, A. L. Dopp, J. Fried, R. Harter, S. Landefeld, C. Martin, F. Opelka, L. Sandy, L. Sato, and C. Sinsky. 2018. Implementing optimal team-based care to reduce clinician burnout. *NAM Perspectives*. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201809c>

¹⁰ Martsolf GR, Barnes H, Richards MR, Ray KN, Brom HM, McHugh MD. Employment of Advanced Practice Clinicians in Physician Practices. *JAMA Intern Med*. 2018;178(7):988–990. doi:10.1001/jamainternmed.2018.1515

¹¹ Meyerink BD, Lampman MA, Laabs SB, Foss RM, Garrison GM, Angstman KB, Sobolik GJ, Halasy MP, Fischer KJ, Rosas SL, Maxson JA, Rushlow DR, Horn JL, Matthews MR, Nagaraju D, Thacher TD. Relationship of Clinician Care Team Composition and Diabetes Quality Outcomes. *Popul Health Manag*. 2021 Aug;24(4):502-508. doi: 10.1089/pop.2020.0229. Epub 2020 Nov 18. PMID: 33216689.

¹² Hysong, S.J., Amspoker, A.B., Hughes, A.M. *et al*. Impact of team configuration and team stability on primary care quality. *Implementation Sci* **14**, 22 (2019). <https://doi.org/10.1186/s13012-019-0864-8>

¹³ Crocker AM, et al. Integrating Behavioral Health and Primary Care (IBH-PC) to improve patient-centered outcomes in adults with multiple chronic medical and behavioral health conditions: study protocol for a pragmatic cluster-randomized control trial. *Trials*. 2021 Mar 10;22(1):200. doi: 10.1186/s13063-021-05133-8. PMID: 33691772; PMCID: PMC7945346.

primary care. One study found only a small improvement in access but performed worse on patient satisfaction.^{14,15}

In March 2022, the PCC launched a multi-year campaign to advance the NASEM payment recommendations to transform primary care payment from volume to value. This ongoing effort to improve primary care payment would be strengthened by robust patient-centered outcomes research that is tied to value-based payment models.

Primary Care Research: Primary care research is an often neglected area of research. According to a recent RAND study assessing federal primary care research funding, only 13 percent of AHRQ projects were considered primary care research, and less than 1 percent of projects funded by the NIH were considered primary care research. In addition, technical expert panels and stakeholder interviews conducted by RAND revealed the role of primary care in addressing health equity as a key research gap area.¹⁶

Health Professions Education: Social mission of health professions education is a growing area of research that attempts to improve access and quality of primary care for rural/underserved populations. Numerous medical education initiatives increase the diversity of the health care workforce, recruit and retain clinicians for primary care practice in rural and underserved areas and equip students with the skills and competencies to address societal needs. However, critical evidence gaps exist connecting health professions education outcomes (e.g., training in social determinants of health¹⁷) with health care delivery and long-term patient and population health outcomes.¹⁸

PCC Recommendations:

PCC recommends revising priority E. Primary Care Transformation, Desired Outcomes 1: uptake of new models of primary care, leveraging digital healthcare to include “and alternative/value-based payment models.”

As policies shift to value-based payment models, research on patient-centered outcomes will be critical. Furthermore, NASEM also recommends that equity be evaluated in existing and future alternative payment models. Future PCOR research performed by AHRQ should identify the extent to which payment models impact health outcomes in general and their reduction or contribution to health disparities.

¹⁴ National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Implementing High-Quality Primary Care; Robinson SK, Meisner M, Phillips RL Jr., et al., editors. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington (DC): National Academies Press (US); 2021 May 4. 9, Payment to Support High-Quality Primary Care. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK571821/>

¹⁵ Tao W, Agerholm J, Burström B. The impact of reimbursement systems on equity in access and quality of primary care: A systematic literature review. *BMC Health Serv Res*. 2016;16(1):542. Published 2016 Oct 4. doi:10.1186/s12913-016-1805-8

¹⁶ Mendel, Peter, Courtney A. Gidengil, Andrada Tomoia-Cotisel, Sean Mann, Adam J. Rose, Kristin J. Leuschner, Nabeel Qureshi, Vishnupriya Kareddy, Jessica L. Sousa, and Daniel Kim, Health Services and Primary Care Research Study: Comprehensive Report. Santa Monica, CA: RAND Corporation, 2021. https://www.rand.org/pubs/research_reports/RRA1503-1.html

¹⁷ Doobay-Persaud, A., Adler, M.D., Bartell, T.R. et al. Teaching the Social Determinants of Health in Undergraduate Medical Education: a Scoping Review. *J GEN INTERN MED* **34**, 720–730 (2019). <https://doi.org/10.1007/s11606-019-04876-0>

¹⁸ Erikson C, Ziemann M. Advancing Social Mission Research: A Call to Action. *Acad Med*. 2021 Sep 21. doi: 10.1097/ACM.0000000000004427. Epub ahead of print. PMID: 34554947.

PCC recommends revising the cross-cutting strategies to explicitly include “practice-based/primary care research” as a vehicle for generating more patient-centered research. In a recent commentary piece published in *Health Affairs Forefront*, the authors recommend expanding support for practice-based research. There are tremendous opportunities to advance primary care research through practice-based research, yet it remains an untapped resource. Practice-Based Research Networks (PBRNs) are groups of primary care providers and practices working together to answer community-based health care questions and translate research findings into practice.¹⁹ PBRNs can improve the practice of primary care by producing research findings that are immediately relevant to the clinician and everyday practice. In 2020, more than 150,000 PBRN clinicians served more than 86 million patients, comprising 25 percent of the U.S. population. AHRQ has already provided funding for practice-based research networks and has an opportunity to accelerate the production of patient-centered outcomes research most relevant to primary care patients and practice.²⁰

Some of the important primary care research questions that should be prioritized by AHRQ include clinical research of undifferentiated symptoms, common conditions, care provided in primary care settings, shared decision-making, mental/behavioral health integration, research that spans multiple sites of care, and population health.²¹ Primary care research entities are especially capable of advancing knowledge and practice in these important areas.

PCC recommends AHRQ prioritize research in health professions education. There are already efforts that are attempting to draw a clearer connection between the medical education pipeline and long-term patient and population health outcomes.²² In a recent commentary, researchers from the Mullan Institute for Health Workforce Equity at the George Washington University assert that social mission research would benefit from the presence of a federal organizing body to share data and coordinate research in this area to ensure health professions training programs are adequately meeting the needs of patients and society.^{23,24,25}

3. What AHRQ PCORTF investments could help improve healthcare provider trust, well-being, and retention?

¹⁹ National Academies of Sciences, Engineering, and Medicine. 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Chapter 10: Enhancing Research in Primary Care. 333-256. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>.

²⁰ Donahue K, et al. *The Watershed Of Practice-Based Research: Lessons And Opportunities From The COVID Pandemic*. *Health Affairs Forefront*. January 2022. <https://www.healthaffairs.org/doi/10.1377/forefront.20220118.451069>

²¹ Westfall, J.M., Wittenberg, H.R. & Liaw, W. Time to Invest in Primary Care Research—Commentary on Findings from an Independent Congressionally Mandated Study. *J GEN INTERN MED* 36, 2117–2120 (2021). <https://doi.org/10.1007/s11606-020-06560-0>

²² Rosenberg ME, Gauer JL, Smith B, Calhoun A, Olson APJ, Melcher E. Building a Medical Education Outcomes Center: Development Study. *JMIR Med Educ*. 2019 Oct 31;5(2):e14651. doi: 10.2196/14651. PMID: 31674919; PMCID: PMC6856860.

²³ Erikson C, Ziemann M. Advancing Social Mission Research: A Call to Action. *Acad Med*. 2021 Sep 21. doi: 10.1097/ACM.0000000000004427. Epub ahead of print. PMID: 34554947.

²⁴ Chen FM, Bauchner H, Burstin H. A call for outcomes research in medical education. *Acad Med*. 2004 Oct;79(10):955-60. doi: 10.1097/00001888-200410000-00010. PMID: 15383351.

²⁵ O'Malley PG, Pangaro LN. Research in Medical Education and Patient-Centered Outcomes: Shall Ever the Twain Meet? *JAMA Intern Med*. 2016 Feb;176(2):167-8. doi: 10.1001/jamainternmed.2015.6938. PMID: 26641544.

In a recent commentary published in the Journal of the American Medical Association (JAMA), Dr. Alan Goroll discusses how current initiatives to address provider burnout tend to focus on increasing resilience within individual clinicians while overlooking the more fundamental system-level causes of distress like physician payment policy and administrative burden. Initiatives that seek to increase physician resiliency alone miss the mark. Dr. Goroll asserts that broader system-wide policy changes like moving away from fee-for-service to value-based payment models could help facilitate a more enjoyable practice environment. Prospective payment models provide more flexibility with respect to care delivery (e.g., every patient encounter does not need to be tied to a visit and provides support for building out primary care teams that can help practices deliver a more comprehensive set of services to meet patient needs).

PCC Recommendations:

AHRQ should prioritize research that addresses both individual resilience and system-level factors like payment reform and its impact on provider wellbeing and retention.²⁶ For example, the Mullan Institute for Health Workforce Equity is currently engaged in a research project assessing system-level factors that contribute to burnout among nurses, rather than individual resilience alone.²⁷

The PCC appreciates the opportunity to contribute comments on this important issue and is eager to work with AHRQ to advance a research framework that makes primary care foundational. If you have questions, do not hesitate to reach out to Noah Westfall at nwestfall@thepcc.org.

Sincerely,

Ann Greiner



President and CEO
Primary Care Collaborative

²⁶ Goroll AH. Addressing Burnout—Focus on Systems, Not Resilience. *JAMA Netw Open*. 2020;3(7):e209514. doi:10.1001/jamanetworkopen.2020.9514

²⁷ Moral Injury Among Nurses: Stories of Fractured Hearts and Wounded Souls. Mullan Institute for Health Workforce Equity. <https://www.gwhwi.org/moralinjury.html>

PCC Executive Members

Below is a list of the Primary Care Collaborative's executive members that pay dues to the organization and support its mission. Membership does not indicate explicit endorsement of this letter.

AARP

Accreditation Association for Ambulatory Health Care, Inc.

Alzheimer's Association

America's Agenda

American Academy of Child & Adolescent Psychiatry

American Academy of Family Physicians

American Academy of Pediatrics

American Academy of Physician Associates (AAPA)

American Association of Nurse Practitioners

American Board of Family Medicine Foundation (ABFM Foundation)

American Board of Internal Medicine Foundation (ABIM Foundation)

American Cancer Society

American College of Clinical Pharmacy

American College of Lifestyle Medicine

American College of Osteopathic Family Physicians

American College of Osteopathic Internists

American College of Physicians

American Psychiatric Association Foundation

American Psychological Association

Anthem, Inc.

Array Behavioral Care

Ascension Medical Group

Black Women's Health Imperative (BWHI)

Blue Cross Blue Shield of Michigan

CareFirst, BlueCross BlueShield

Catalyst Health Network

Community Care of North Carolina

CVS Health

Families USA

Harvard Medical School Center for Primary Care

HealthTeamWorks

IBM

Included Health (formerly Doctor on Demand)

Innovaccer

Institute for Patient- and Family-Centered Care

Johns Hopkins Community Physicians, Inc.

Johnson & Johnson

Mathematica Policy Research

MedNetOne Health Solutions

Mental Health America

Merck

Morehouse School of Medicine - National Center for Primary Care

National Alliance of Healthcare Purchaser Coalitions

National Association of ACOs

National Coalition on Health Care (NCHC)

National Interprofessional Initiative on Oral Health

National PACE Association

National Partnership for Women & Families
National Rural Health Association
NCQA
Oak Street Health
One Medical
PCC Pediatric EHR Solutions
Pediatric Innovation Center
Penn Center for Community Health Workers
Primary Care Development Corporation (PCDC)
Purchaser Business Group on Health (formerly Pacific Business Group on Health)
Society of General Internal Medicine
Society of Teachers of Family Medicine
St. Louis Area Business Health Coalition
Takeda Pharmaceuticals
UPMC Health Plan
URAC