National Academy of Medicine Report – Implementing High Quality Primary Care: Rebuilding the Foundation of Health Care

AAHD and Lakeshore Foundation Join No Health Without Mental Health - Ideas

From: florencefee nhmh.org <florencefee@nhmh.org>
Sent: Monday, May 10, 2021 3:32 PM
To: bphillips@theabfm.org
Cc: brenda.reiss-brennan@imail.org; clarkeross10@comcast.net; rmanderscheid@nacbhd.org
Subject: Updated - - Re: Feedback on NASEM Primary Care Working Group webinar

Bob, further to our email of May 5, 2021 (below), NHMH has made a few modifications to that note, and with it, additional behavioral health patient advocacy organizations have joined with us in that feedback:

Modifications:

1) I lieu of term 're-brand' of primary care, we propose instead that the PC/IM/FM fields seek to describe themselves generally along lines of
'high-performing, modernized primary care.'
2) Rather than focus on ALL primary care practices, we recommend NASEM seek a 'transformed and effective primary care practice' as a desired end practice result.'
3) In lieu of term 'social medicine' we substitute 'SDOH' as it is well understood and captures the same idea.

With these changes, the following organizations join in our May 5, 2021 feedback letter to NASEM, along with NHMH:

NHMH - No Health without Mental Health
NACBHDD - National Association of County Behavioral Health & Developmental Disability Directors
NARMH - National Association for Rural Mental Health
AAHD - American Association on Health and Disability
Lakeshore Foundation

All the best,

Florence

From: florencefee nhmh.org <florencefee@nhmh.org>
Sent: Wednesday, May 5, 2021 12:34 PM
To: bphillips@theabfm.org <bphillips@theabfm.org>
Cc: brenda.reiss-brennan@imail.org <brenda.reiss-brennan@imail.org>
Subject: Feedback on NASEM Primary Care Working Group webinar

Bob,

NHMH found the National Academy of Medicine's Primary Care Reform webinar yesterday most interesting with some excellent ideas and concepts presented by a very impressive panel of highly knowledgeable health professionals.

As a patient advocacy organization in broad and full agreement with nearly all those ideas, but cognizant of the challenges lying ahead, NHMH - No Health w/o Mental Health, www.nhmh.org has some suggestions for your and your Working Group's consideration as you seek to progress your vision of PC change:

1) Form a Broad Coalition:

We believe your Group's excellent and visionary ideas will confront the same realities that have obstructed PC reform in the past:

vested economic interests resisting change; Congress wary of cost; lack of public involvement/understanding of the issue; lack of resources to mount expensive info campaign, etc.

To overcome these obstacles, we agree w/ reformers who urge that, besides physicians and physician groups, business and average citizens must also get involved in the fight.

You'll need that active coalition to influential voices to overcome barriers in health industry, and among politicians. This coalition should be a core part of your work.

2) Re-Brand 'Primary Care':

Related to the above, we believe PC needs to present a new compelling image to the public (ie all patients and families, all Americans.

Its image now is 50 yrs old, staid, and largely misunderstood/under-appreciated re challenges. This holds true even understanding the wide variance in practice environments.

We suggest rather than conducting an info campaign to explain the dry issues to public, instead re-brand PC and present a new image of what a PC practice is (is becoming).

What will engage patients and businesses (focused on their employees' health stability and cost) is to offer the public something of high value, personalized, easy, convenient, flexible.

A re-branding of PC might involve changing the name 'primary care' to something like 'personal advanced healthcare.' Delite words 'primary care' as they have little meaning for the public and instead develop a new brandname that conveys the following attributes the public values in PC:

* trust/privacy of the PCP-patient relationship;
* confidence that the practice is up-to-date in its h/c services delivery, and tech tools;
* care personalized to their health (social medicine) needs;
* is easy and convenient to access;
* marked by the inter-professional wrap-around care-team, all focused on the patient

(studies and data esp in collaborative care model of BHI show how critically important patient perception of a TEAM of h/c professionals wrapped around them, the patient and really caring about their health issues, and working together amongst themselves and w/ patient to improve).

3) <u>Capture All Cost Savings as Mandatory:</u>

Once new image of PC practices is in place, strictly require all practices create baseline and capture all relevant data to document impact on their cost, expenditure structure.

You'll need that data to present to business-employers and Congress/health agencies on an ongoing basis to warrant continuing public monies investment in PC reform.

4) <u>Recognize and Build on Momentum</u>:

Following on the IOM's 1996 Primary Care Reform Report, there have been several major milestones related to PC reform occurring in the past 10 years:

e.g. MHPAEA (2008); ACA (2010); MACRA Medicare Reform Law (2015); PCORI Re-Authorization (2019), among others. Congress has acted in the past. Key is to galvanize action again.

We can learn from these past successes where PC reform happened, HAS happened, why, how, under what conditons? etc

We urge your Group to explicitly present, in your materials, your reforms as another build-on to these past breakthroughs.

Finally, NHMH suggests that if NASEM is ready to move on some of these ideas, that you create a patient/family/patient advocacy org council to advise and input to your efforts.
(We noted there was no formal participation by any of the above in your Group's 'Committee of Expertise." Yet who better knows and is expert on the care experience, health challenges.
If such a council goes ahead, NHMH would welcome being a part of it, to input on the behavioral integration into primary care piece.

Hope these general recommendations helpful. Happy to discuss further.
All best,

Florence

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