



Implementing High-Quality Primary Care: Digital Health

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Statement of Task

NASEM committee will examine the current state of primary care in the United States and **develop an implementation plan** to build upon the recommendations from the 1996 IOM report, *Primary Care: America's Health in a New Era*, **to strengthen primary care services** in the United States, especially for underserved populations, and **to inform primary care systems** around the world.

An Updated Definition of Primary Care

High-quality primary care is the provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities.

Primary Care as a Common Good

- Primary care has high societal value among health care services yet is in a precarious status
- Requires public policy for oversight and monitoring
- Needs strong advocacy, organized leadership, and public awareness

5 Objectives for Achieving High-Quality Primary Care

1

PAYMENT

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

2

ACCESS

Ensure that high-quality primary care is available to every individual and family in every community.

3

WORKFORCE

Train primary care teams where people live and work.

4

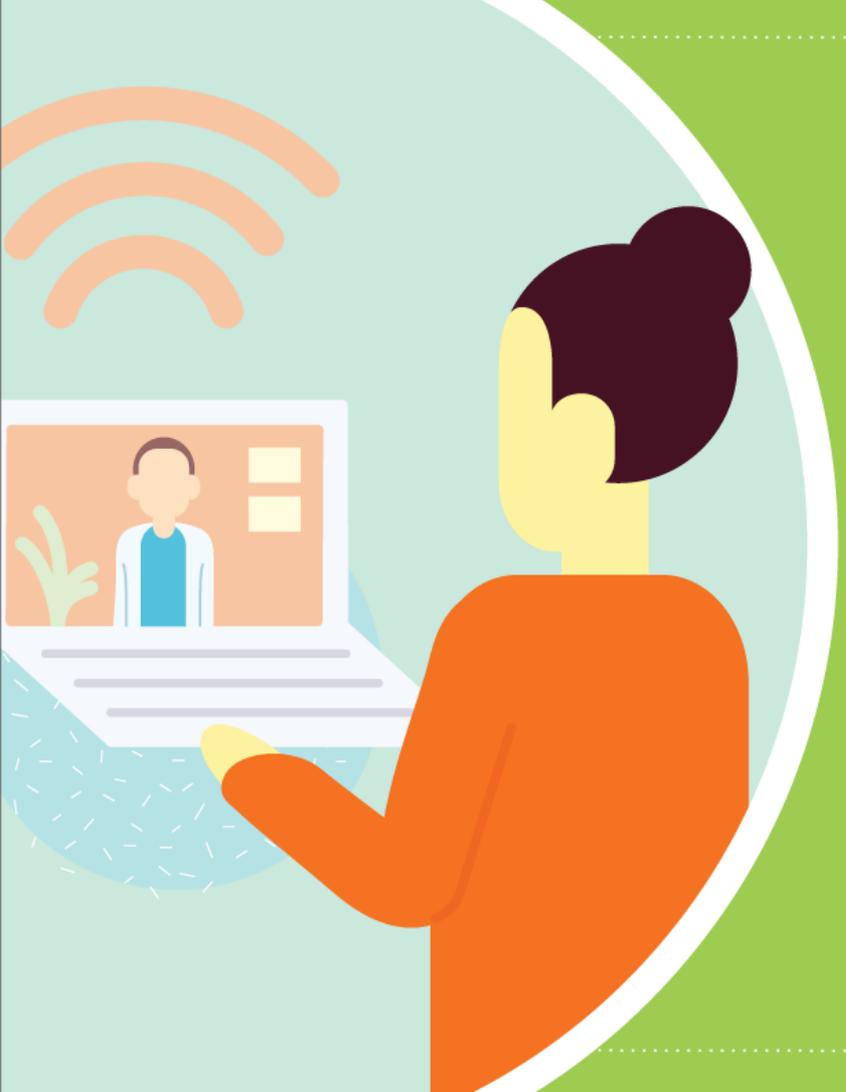
DIGITAL HEALTH

Design information technology that serves the patient, family, and interprofessional care team.

5

ACCOUNTABILITY

Ensure that high-quality primary care is implemented in the United States.



DIGITAL HEALTH

**Design information
technology that
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care team.**

Digital Health Today

- Digital health was not covered in the 1996 report.
- Digital health is a major source of professional dissatisfaction and burnout.
- Digital health is essential infrastructure to ensure high quality primary care.

Digital Health is Uniquely Important for Primary Care (4 Cs)

- Primary care is a point of first contact – this includes the first point of information seeking for new health issues
- Primary care is comprehensive – clinicians need to focus on whole person health, this means they need whole person information applied to any potential health situation

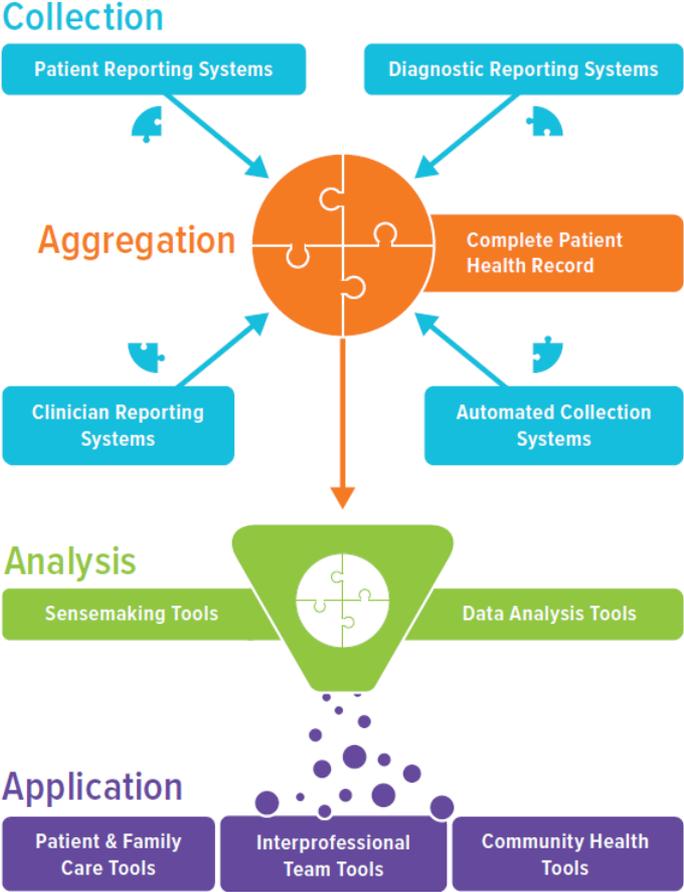
Digital Health is Uniquely Important for Primary Care (4 Cs)

- Primary care is continuous – clinicians care for people and families across their lifespan, this means they need longitudinal records that reflect a person's life story
- Primary care coordinates all of care – we have relied on primary care to find, enter, and share comprehensive patient information, this is a monumental and unfair ask of primary care

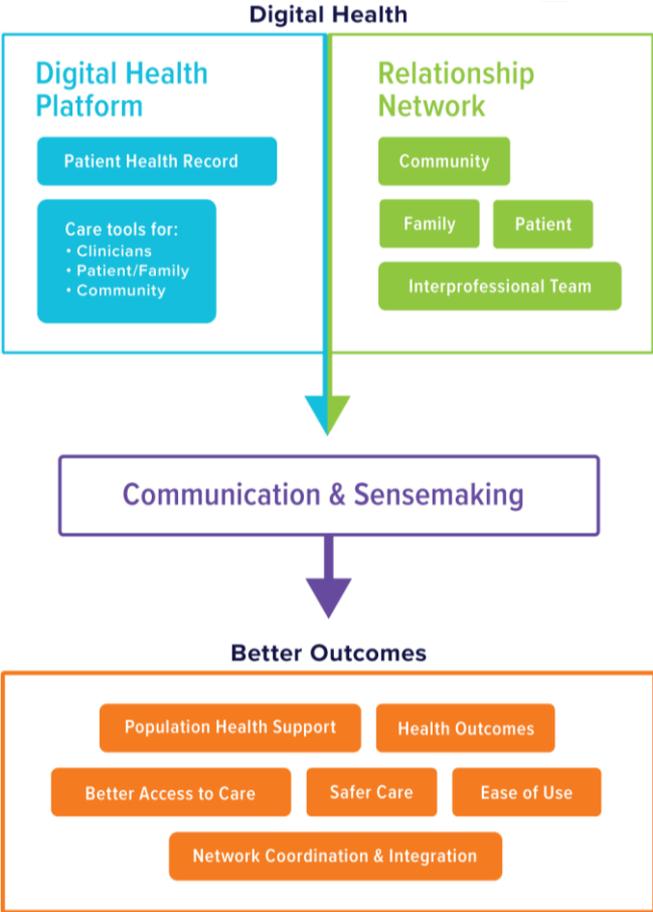
Used a Broad Digital Health Definition

- Electronic health records
- Patient portals
- Mobile applications
- Telemedicine platforms
- Registries
- Analytic systems
- Etc...
- Remote monitoring
- Wearable technology
- Communication systems
- Artificial intelligence
- Chat bots
- Automation tools
- Etc...

Functions of Digital Health



Characteristics of Digital Health



Action 4.1: ONC and CMS should develop next phase of digital health certification standards that support relationship-based, continuous and person-centered care; simplify the user experience; ensure equitable access and use; and hold vendors accountable.

Action 4.2: ONC and CMS should adopt a comprehensive aggregate patient data system that is usable by any certified digital health tool for patients, families, clinicians, and care team members.

Needs for Action 4.1 – Certification

Needs to align with the functions of primary care

- Support relationships
- Provide access and continuous contact over time
- Collect and understand the patient's story
- Have a person/patient/family centric focus rather than the current disease focus

Needs for Action 4.1 – Certification

Needs to improve and reduce clinician workload

- Make the right care at the right time easy to deliver
- Automate, automate, automate
- Parse information
- Sense-making functionality

Needs for Action 4.1 – Certification

Need to change our model of accountability

- Define metrics of success
- Automate measuring metrics based on lived experience
- Hold vendors and state and national support agencies (not clinicians and health systems) accountable and financially responsible for failing to achieve benchmarks

Action 4.2 – Comprehensive Data

Can be accomplished through three mechanisms:

1. Centralized comprehensive data warehouse
2. Individual health data card
3. Distributed sources connected by a *real-time functional* health information exchange

Action 4.2 – Comprehensive Data

Core Principles:

- Big ask – but essential for success
- Patient directed
- Any care team member should be able to access
- Any certified digital health system should be able to access
- *Imagine if our current banking system function liked our digital health systems – what would that look like?*



5

ACCOUNTABILITY

Ensure that high-quality primary care is implemented in the United States.

Improving Accountability: A U.S. Scorecard

Scorecard measures are:

1. Already in use (not new)
2. Few in number, easily understood, consistent
3. Built on data that is regularly collected and publicly available
4. Appropriate for use at national and state levels

Objective 3: Train primary care teams where people live and work

Measure 3.1: Percentage of physicians trained in community-based settings, rural areas, Critical Access Hospitals, Medically Underserved Areas

Measure 3.2: Percentage of physicians, nurses, and physician assistants working in primary care

Measure 3.3: Percentage of new physician workforce entering primary care each year

Measure 3.4: Residents per 100,000 population by state

Objective 4: Design information technology that serves patients, their families, and the interprofessional primary care team

The committee is not aware of adequate measures or data sources that capture the use or availability of person-centered digital health in primary care (or any health care) settings, underscoring the urgency for further research in this area

Objective 5: Ensure that high-quality primary care is implemented in the United States

Measure 5.1: Investment in primary care research by the National Institutes of Health in dollars spent and percentage of total projects funded

Pathway to Success

1. Primary care needs a voice to lead digital health design
 - Secretary's Council on Primary Care (Action 5.1) for federal leadership and Primary Care Research (Action 5.2) to study design and use
2. Data is power
 - Access to data can be a carrot and stick to hold entities accountable
3. Need metrics and scorecard to define success
 - Next phase of digital certification

Download the report and view more resources at:
[Nationalacademies.org/primarycare](https://www.nationalacademies.org/primarycare)

Questions? E-mail primarycare@nas.edu