

Exploring Attributes of High-Value Primary Care

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Thirteen specific attributes of care delivery can improve the quality of care while lowering total per capita healthcare spending, according to new research, published in the *Annals of Family Medicine*^[1], from Stanford University's Clinical Excellence Research Center (CERC^[2]).

With support from the Peterson Center on Healthcare, Stanford researchers used a novel data source to analyze commercial insurance claims data for more than 40 million patients at more than 53,000 primary care practices.

From that initial review, researchers found that less than 5 percent of primary care practices ranked in the top quarter on both quality and low overall costs. After visiting a cohort of exemplary and average-performing practices, they identified 13 attributes that distinguished higher performers from their peers.

Thirteen high-performance primary care attributes:

- Expanded access
- Decision support for evidence-based medicine*
- Risk-stratified care management*
- Shared decision-making and advanced care planning
- Complaints are “gold”
- Comprehensive primary care
- Careful selection of specialists*
- Coordination of care*
- Upshifted staff roles
- Standing orders and protocols*
- Shared work spaces
- Balanced compensation*
- Low overhead space and equipment

* statistically significant attribute

([Learn more](#)^[3] about each of the attributes.)

Among the 13 attributes, researchers found that six were statistically significant for high performance. However, all 13 attributes were present across exemplary sites—suggesting that some attributes may be necessary but not sufficient. The other seven attributes can be seen as foundational to position a practice to implement more complicated, and potentially more impactful, parts of the model.

In addition, researchers were able to identify the largest differences in spending between high- and average-value practices, which occurred in inpatient surgical services, outpatient hospital visits, ambulatory surgical centers, and outpatient prescription medicines.

What This Means for Our Work

The Peterson Center on Healthcare is committed to nationwide adoption of this model of high-performance primary care. The ability to realize widespread uptake is supported by the study's finding that small, local primary-care practices can also achieve outstanding results in both quality and cost—providing evidence that it is not only large health systems that are able to attain this level of performance.

The Center's ongoing efforts to replicate and scale high-performance primary care is underpinned by this research. Since 2016, the Center has been working with [three primary care practices](#)^[4] in a Limited Market Test aimed at replicating the attributes surfaced by Stanford. Leveraging the experiences gained during the Limited Market Test, the Center will then work to spread and scale the implementation of the high-performance model in other practices and health systems across the country.

Transforming Primary Care

The Center's entry into healthcare transformation is also the entry point for many Americans into the healthcare system: primary care.

[5]



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Links

[1] <http://www.annfammed.org/content/15/6/529.full>

[2] <https://med.stanford.edu/cerc/about-us.html>

[3] <https://petersonhealthcare.org/sites/default/files/Key-Attributes-High-Performance-Primary-Care.pdf>

[4] <https://petersonhealthcare.org/replication-prototyping-scale>

[5] <https://petersonhealthcare.org/transforming-primary-care>