

Key Attributes of High-Performance Primary Care

Attribute	Description
Expanded access	Practices offer same-day appointments and accommodate walk-ins, extend evening weekend hours, and often take their own after-hours calls with access to their patients' electronic medical records.
Decision support for evidence-based medicine*	The care team ensures that patients receive all evidence-based care and treatment, often by making guideline-based reminders available to clinicians in the electronic medical record. Some practice office managers regularly run reports to identify care gaps to alert the care team to take action—such as a list of patients overdue for colorectal cancer screening. Physicians are conscientious of not ordering tests that would not change management.
Risk-stratified care management*	Each patient receives care and support that is matched to his or her unique needs. High-risk patients are monitored and advised by a care manager, scheduled for longer office visits, receive frequent phone checks by office staff, or in some cases, clinician home visits.
Shared decision-making and advanced care planning	When diagnostic and treatment options substantially differ in their consequences and cost such as care near the end of life, clinicians walk patients through likely scenarios and tradeoffs.
Complaints are gold	Complaints from patients are perceived to be as valuable as compliments, if not more so. Practices take every opportunity to encourage patient feedback.
Comprehensive primary care	Clinicians practice within the full scope of their expertise, including services that primary care clinicians often refer out, such as skin biopsies, suturing, insulin initiation and stabilization, joint injections, and IUD (intrauterine device) placement. In some cases, such as treadmill testing, practices arrange training and supervision by specialists.
Careful selection of specialists*	When services outside the scope of the primary care practice are necessary, primary care clinicians rely on a carefully selected list of specialist with whom they trust to follow evidence-based guidelines and remain in close contact as treatment plans develop.
Coordinated care*	Care teams monitor patients outside of primary care visits. They ensure patients complete referrals to specialists and schedule timely follow-up after unexpected hospitalizations. In some cases, they track medication adherence by communicating with pharmacies or counting refills.
Upshifted staff rolls	Physicians are supported by a team of medical assistants, front desk staff, and in some cases, nurses and advanced practice clinicians who practice near the full potential of their education, skills, and licensure. As a result, physicians devote more time to the most complex patients.
Standing orders and protocols*	Practices developed standing orders and protocols for accepted approaches to uncomplicated acute illnesses and chronic disease management. Non-clinician team members use these standardized workflows to care for patients without requiring direct clinician intervention.
Shared work spaces	Care teams including clinicians and non-clinicians work together in a common work area, enabling face-to-face communication that facilitates problem-solving in real time.
Balanced compensation*	Physician salary is linked to value instead of only volume. Compensation reflects performance on at least one of the following components: 1) quality of care, 2) patient experience, 3) resource utilization, and 4) contribution to practice-wide improvement activities.
Low overhead space and equipment	Practices rent modest offices and typically invest in laboratory, imaging, and other equipment only if it allows clinicians to provide care more efficiently than referring to outside services. Some practices partner with other practices to jointly operate imaging equipment at a lower cost per study.

*Attributes with a statistically significant association with high-value practices compared with average-value practices.