



MASSACHUSETTS
GENERAL HOSPITAL

**Shaping the Future of Primary Care:
A Plan for Philanthropy**

*MGH Transforming the Way We
Preserve and Protect Our Health*

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Section I: Shaping the Future of Primary Care

A. Executive Summary

MASSACHUSETTS GENERAL HOSPITAL'S reputation as one of the world's finest medical centers is built on a cornerstone of exceptional primary care that integrates trusted doctor-patient relationships and the latest technologies for diagnosing and treating a full spectrum of common ailments and complex chronic diseases. Compassionate, personal care is the unifying thread woven throughout the MGH's primary care services, from routine office visits and phone calls to preparation and follow through for advanced diagnostic testing, referrals for specialty care and guidance, and support in managing challenging diseases.

The MGH's 178 primary care physicians (PCPs) are spread among 16 practices in or near the hospital and in several community-based settings. These board-certified general internists, internists/pediatricians, family physicians, and nurse practitioners comprise the backbone of care at the MGH, seeing a diverse patient population of more than 184,500 individuals from all backgrounds and walks of life.

By its very nature, primary care must be fluid, continually adapting to society's evolving health needs. The MGH has a long history of responding resourcefully to these needs, relying on an ingrained culture of innovation to stay at the leading edge of general medical practice. In recent years, however, primary care has been confronted – like never before – by a convergence of issues and trends that are sounding a clear and urgent call for fundamental changes in the ways that front-line medical care is accessed, delivered and paid for. These include:

- America's aging population, tens of millions who suffer from one or more chronic diseases and whose increasingly complex health needs are placing added strain on primary care providers.
- A reimbursement system that undervalues excellent patient-clinician interactions and informed medical decision-making – the underpinnings of primary care practice.
- A decreasing number of internal medicine residents who are choosing careers in primary care (54% in 1998 vs. 25% in 2004). If unchecked, this decline will be felt by millions of patients when their current physician no longer practices, leaving patients to wonder "who will take care of me?"
- Primary care physicians' increasing workloads and falling incomes (a 10.2% inflation-adjusted drop from 1995 to 2003), which are disincentives for residents to enter the field.
- Time restraints on physicians that reduce the quality of patient visits (42% of PCPs report not having enough time to spend with patients).

The result: PCPs' ability to nurture effective and lasting relationships with patients – a prerequisite to good clinical outcomes and satisfied, healthy patients – is being hindered by time

restrictions, financial pressures and other system-based obstacles that are placing undue strain on the delivery of timely, compassionate primary care. Patients face their own barriers in accessing and navigating the front lines of medicine, some imposed by the health care system and others the result of public misconceptions or lack of knowledge about primary care.

All patients value primary care physicians who are up-to-date on the latest medical information and who have ready access to specialists should they need them. Patients want primary care doctors to spend more time with them because they know them personally, understand their individual situations and can help guide them to medical information when they need it. Given the challenges facing the delivery of primary care, MGH doctors and patients are asking, “How can we ensure that the hospital will continue to provide this personalized, high level of care for years to come?”

In keeping with its role as leader and innovator, the MGH is dedicating significant time, talent and resources to identify and implement answers to this question. Solutions will benefit not only MGH patients but others throughout the nation and the world.

Working from the premise that whatever benefits patients’ health also helps doctors to practice effectively – and vice-versa – the MGH is gauging the impact of practice redesign, new reimbursement policies, the application of computer and communications technologies and other forces that affect practice productivity, clinical outcomes and physician quality of life. A fundamental hypothesis is that the redesign of primary care will not only improve patient outcomes but also reduce overall health care costs by simplifying systems, reducing waste and streamlining administrative tasks.

At the forefront of these efforts is the MGH’s John D. Stoeckle Center for Primary Care Innovation, established in 2000 to redesign and revitalize primary care within the MGH and in practices across the nation. Stoeckle Center initiatives are all highly collaborative in nature and are complemented by primary care research and various training, mentoring and quality improvement programs under way within the MGH’s network of primary care providers.

As challenges to primary care grow, the MGH and its partners are working with a sense of urgency to turn the tide. Philanthropy plays a vital part in speeding the development and implementation of solutions, and hospital leaders have mapped out a plan that calls for a minimum of \$25 million to be raised over the coming decade. These funds will be used to:

- Expand the MGH’s primary care research infrastructure to move scientific advances into office-based care.
- Develop and implement new practice models, systems and tools to enhance continuous care for patients affected by chronic disease.
- Fund programs that increase patient access to primary care and the vast range of specialty care.

- Support mentoring and career enrichment programs for PCPs.
- Create incentives for medical trainees to enter primary care practice.

The hospital's plan also offers a number of opportunities for donors and friends to help the MGH launch a new era of primary care. Its impact will be felt locally and nationally, affecting the health and wellbeing of millions.

B: Growing Challenges to Primary Care

Founded in 1811, the Massachusetts General Hospital (MGH) is the third largest general hospital in the United States and the oldest and largest in New England. The MGH is recognized around the world for excellence in primary care, expertise in multiple medical disciplines, groundbreaking biomedical research and exceptional training programs. The MGH provides state-of-the-art patient care to all who come seeking treatment – regardless of their ability to pay for care – through a patient-centered approach to medicine, meaning that the patient, rather than their disease or injury, is the prime focus of the clinical care.

The MGH's wealth of expertise in the delivery of primary care services that are fully integrated with diverse medical disciplines allows patients to receive comprehensive, culturally appropriate care in one place. It is one of the reasons that MGH is the hospital of choice for people from all walks of life and diverse geographic areas – regionally, nationally and internationally.

All MGH general internists, internists/pediatricians and family physicians are board-certified, and many of the hospital's group and individual practices include doctors who are also certified in a number of specialty areas. All primary care physicians (PCPs) hold teaching appointments at Harvard Medical School.

MGH Primary Care Practices

Under the umbrella the MGH's General Medicine Division, the hospital's primary care network comprises 16 hospital- and community-based practices on or near the hospital's main campus and in several satellite centers in surrounding towns:

On campus: Bulfinch Medical Group; Internal Medicine Associates; Women's Health Associates

Near campus: MGH Downtown; MGH Beacon Hill; Massachusetts General Medical Group; Senior Care; MGH Back Bay; North End Community Health Center

Cities and Towns: MGH Charlestown; MGH Chelsea (2 sites); MGH Revere (2 sites); MGH Everett; MGH West (Waltham)

The MGH's primary care practices trace their roots to 1846, when the hospital opened Boston's first Outpatient Department (OPD), which was charged with the delivery of primary care services and the detection of disease. In the decades that followed, the MGH continually expanded the boundaries of primary care practice by enhancing training activities and opportunities for medical students, residents and nurses, adding new technologies, bringing primary care into surrounding communities and tailoring care to patient populations with unique needs. Today, the need to sustain the MGH's spirit of innovation in primary care is greater than ever.

Primary Care Under Pressure

Many, if not most, people believe that primary care entails the management of acute, minor problems and occasional prevention-oriented check-ups at the doctor's office. In fact, primary care doctors' responsibilities are far greater in scope. In addition to attending to minor health problems and disease prevention, primary care physicians are called upon increas-

ingly to care for patients with acute, serious medical problems and to coordinate care for older patients, many who have one or more multiple chronic illnesses.

Seeing to the health needs of older patients has been a source of growing concern. Today, for example, 83% of people over age 65 have at least one chronic condition, and 23% have *five or more* chronic diseases. With the vanguard of baby boomers having turned 60 in 2006 and people living longer in general, the pressure on our nation's primary care system is certain to increase. In fact, by 2015, it is estimated that 150 million Americans will have at least one chronic disease.

More Primary Care = Better Health

Studies have shown that an increase of one primary care physician per 10,000 population was associated with a reduction of about 3.5 deaths per 10,000 people, while increasing density of other physician types had no effect on overall mortality. In addition, more primary care doctors in an area increase health care quality and reduce costs.

Primary care's troubles are the subject of broad media attention. A sampling of headlines sum up the key issues:

"Hospital Doctors Shut Doors to New Patients" (Boston Globe, 11-12-06)

"Costs Drive Primary Care Doctors in Mass. Elsewhere" (Boston Business Journal, 6-10-06)

"A Doctor Shortage Threatens to Set Off Healthcare Crisis" (Boston Globe, 6-5-06)

"New Doctors Want Specialties, Not General Practice" (NY Times, 7-16-05)

"The End of Primary Care" (Philadelphia Enquirer, 4-18-04).

The media is not alone in sounding the alarm. In 2006 the American College of Physicians published a report titled *"The Impending Collapse of Primary Care Medicine and its Implications for the State of the Nation's Health Care."* The report cites the growing demand for primary care and an inadequate number of physicians choosing primary care as the key reasons for the crisis. The report further predicts that the collapse of primary care will drive medical costs higher and lower the quality of care.

Attempts to Keep Pace With Patient Demand

Patient visits within the MGH's primary care network have more than doubled since 1994, from approximately 150,000 visits to nearly 400,000 visits in 2006. The MGH has been unable to keep pace with this growth from its internal pool of physicians-in-training. Since 1999, the number of MGH graduates choosing careers in primary care has been steadily shrinking, a trend that is reflected nationally. For example, in 2001, 40% of all graduates of internal residency training programs nationwide chose general medicine as a career path; by 2005 this number had fallen to 20%.

To counter this trend, the MGH is implementing a recruitment program to replace physicians lost through normal attrition (5-10 doctors annually) and to stay abreast of sustained network expansion. Achieving this latter goal depends on several factors related to the net-

work's growth strategy, which encompasses MGH-based practices, and practices in surrounding communities that will have strong ties with the MGH. The MGH's recruiting plans must be rigorous and creative to continue attracting and retaining the nation's best primary care physicians – a goal that is integral to reshaping primary care in the future.

Fundamental Changes Needed

Economic realities add fuel to the fire. While general internists and family physicians are being asked to care for more and sicker patients, studies show that their efforts are not being rewarded equitably – either in the form of base compensation, which significantly lags specialists' pay, or in quality-of-life, which has been steadily eroded by an excessive work load.

Underlying these issues is a reimbursement system that pays more for the performance of specialized, hi-tech procedures than for the broad array of services provided by primary care physicians, e.g., examination and diagnosis, ordering and interpreting tests, prescribing and monitoring medications, and managing acute problems. At one or more points in the continuum of care these services involve face-to-face communication and informed decision-making between doctor and patient.

By undervaluing the “human component” of care, PCPs lack adequate resources or time to deliver the level of preventive care and management of chronic illness that patients need and that PCPs are capable of providing. Not surprisingly, these factors offer tangible disincentives for young physicians considering a career in primary care and for retaining those already in the field.

18-Hour Days Needed to Do the Job

Research has demonstrated that the total hours required to do the job of a typical primary care physician is 18 hours per working day: with an average patient panel size of 2,500, it takes 7.4 hours of a doctor's time to perform Basic Preventive Services – almost a full-time job – and an additional 10.6 hours for Chronic Disease Care, which includes management of just 10 common diseases.

The consequence is a widespread perception among doctors, patients, administrators, insurers and others that fundamental changes are needed to bolster primary care – the backbone of our health care system – to protect and maintain people's health and to provide PCPs with the time and resources they need to be as productive as possible.

C. Collaborating to Find Solutions

Myriad factors come into play in any discussion of “fixing” primary care, but one constant – and a driving force behind change – is the goal of maintaining and strengthening the doctor-patient relationship. The MGH is employing various lines of attack through partnerships within the MGH community to strengthen this partnership and develop solutions to related issues in primary care. These include:

- Practice-Based Initiatives to Improve Care
- Primary Care Research
- Education and Career Development Programs
- The John D. Stoeckle Center for Primary Care Innovation.

Practice-based Initiatives to Improve Patient Care

Identifying ways to improve patient care is central to the work of all primary care clinicians within the MGH's General Medicine Unit. Each primary care practice under the MGH umbrella has unique challenges and opportunities based on the culture of the practice and its respective patient base. At the MGH, practice leaders are encouraged to develop innovative program to address the individual needs of their practice, which can then be shared as best practices across the MGH primary care community and beyond. Examples of efforts under way include:

- New Methods of Communicating with Patients — In parallel with its mission to provide superb primary care, the MGH's practices, (including MGH Downtown, Back Bay, Women's Health, Charlestown and Bulfinch Medical Group) are serving as “implementation laboratories” for assessing new means for delivering primary care services. One type of service being tested is patient Internet portals, such as *Patient Gateway* and *iHealthspace*. These web sites function as entry points to the practices, and provide patients access to their personal clinical information, including test results, medication lists and other features on the web. They will enhance care by giving patients online access to their medical records, allowing them to communicate with their physician via e-mail, and enabling them to make or re-schedule appointments, as well as providing other convenient, time-saving access to their primary care provider.

First launched in 2002, *Patient Gateway* now offers full or partial online services at 25 primary and specialty care practices at MGH and other Partners HealthCare System sites. Patient Gateway accounts have been created for over 34,000 patients who are being seen by more than 300 physicians, with approximately 6,400 unique visitors to the site each month. Use of Patient Gateway and its full complement of online services will continue to increase as it is adopted by more practices. *iHealthspace* was created by the Lab of Computer Sciences at MGH and will be tested for use in the Ambulatory Practice of the Future.

- New Approaches to Chronic Disease Self-Management — Bulfinch Medical Group and MGH Chelsea Health Center have adapted innovative approaches to diabetes management tailored to their respective patient populations. At BMG physicians have invited their highest risk patients with diabetes to meet together in a group setting to share and learn from each other using a team approach facilitated by a nutritionist, nurse practitioner and nurse educator. Chelsea Health Center’s focus is on diabetic patients from the Latina community, and a “patient navigator” is employed to help overcome cultural and language barriers affecting this population. These programs have helped to improve individual patient’s ability to manager their diabetes, and similar models are being planned for heart patients.
- Streamlining and Improving Access to Care — This year MGH Revere Health Center enhanced its ability to deliver preventive care using process improvements called “LEAN principles” that were adapted from automobile manufacturer Toyota to meet a specific challenge: find time to give flu shots to several hundred at-risk patients from the community. LEAN principles were developed by Toyota to streamline production, eliminate waste and continuously improve the production process. Applying these principles, the Revere staff was able to increase the percentage of flu shots administered by each staff member per hour by 500%, eliminating long waits for patients and improving their own efficiency.
- Using the Internet to Enhance Doctor-Patient Communication — This study is examining the feasibility and usefulness of a “virtual office visit,” i.e., a patient-physician encounter using computers and cameras that broadcast over the Internet. The study is testing how such a “visit” compares to a face-to-face office visit in the general medical setting. Patients and physicians who have taken part in the study to date have found the virtual visit a useful alternative to the traditional visit for many medical conditions. Although hands-on physical exams could not be performed, diagnosis and therapeutic effectiveness were not diminished. Ongoing research will help determine if this approach has widespread usefulness.

Primary Care Research

With the largest hospital-based research program in the United States, MGH is well positioned to lead the field in primary care research. Traditionally, primary care physicians have generally been “consumers” of research, including that which focused on prevention, chronic disease management and quality of care. The MGH is working to change this equation, engaging PCPs and primary care practices in the generation of new knowledge about how to make medical care better and more efficient “in the trenches.” To lead the way, MGH primary care practices are becoming innovation and implementation “laboratories” for new models of care. The MGH is also pursuing a number of opportunities to enhance evidence-based practice.

In addition to caring for patients, MGH primary care physicians are pursuing special research interests that include HIV/AIDS prevention, smoking cessation and chronic disease

management. Patients with diabetes, for example, are benefiting significantly from the development of self-management tools and technologies that have helped them take a more proactive role in controlling their disease. Several other primary care research initiatives are focused on enhancing clinical care:

- Helping the Sickest Patients — In 2006 the MGH was one of six institutions selected by the national Centers for Medicare & Medicaid Services (CMS) to conduct three-year demonstration projects to test ideas for enhanced care management. A small percentage of patients account for the majority of health care costs, and these demonstration projects are an effort to improve quality of life, prevent complications of illness, encourage better health outcomes and reduce expenses for the sickest and most frail patients.
- A Technology Aid for Preventive Care — The MGH Practice Based Research Network is devoted to translating research into clinical practice to provide the highest quality of care to individuals and communities served by the MGH's academic, community-based, and neighborhood health center practices. For example, an interdisciplinary group from the MGH General Medicine Division is collaborating with the MGH Laboratory of Computer Science to develop a tracking system to measure and optimize the quality, safety, experience and efficiency of care in the MGH's primary care practices.

The tracking system will provide physicians with an easily accessible automated update on which preventive health tests a patient has already received and those needed based on a variety of factors such as risk, age, etc. The system will function as an informational tool to help ensure that patients receive essential preventive care. It is also being designed to help primary care physicians work with patients to help change health-related behaviors such as tobacco use, diet, and exercise.

- Training a New Generation of Research Leaders — The MGH General Internal Medicine Research Fellowship program, which has been in operation since 1979, awards fellows a Masters in Public Health (MPH) degree from Harvard School of Public Health, with a concentration in Clinical Effectiveness or another comparable research degree. MGH fellows have made major contributions to numerous important clinical areas including prevention of vascular complications in diabetes, stroke prevention in atrial fibrillation, smoking cessation, screening for prostate cancer, optimizing care of HIV-infected patients, optimizing care of patients with pneumonia, and improving patient adherence with beneficial treatment strategies.
- Reducing Disparities in Care — MGH Chelsea is the site of a study of disparities of screening rates for colorectal cancer. Funded by an MGH Clinical Innovation grant, Chelsea-based PCPs are collaborating with the MGH Disparities Solution Center to identify barriers to effective colorectal screening among patients served by the Chelsea center.

Education and Career Development Programs

The MGH has one of the most competitive residency programs in the country and trains the best and the brightest individuals drawn to the medical profession. During the residency period young physicians choose their medical practice areas. To help increase the numbers of

residents who select primary care, the MGH believes that investing in the career development of its educators – primary care faculty who serve as role models for the profession – is a key to success. Programs that are under way or on the drawing board include:

- General Medicine Mentoring Program – This formal system of mentorship and career support is being designed to enhance the potential and career satisfaction of each faculty member in the MGH’s General Medicine Unit. The mentoring program helps physicians meet institutional requirements for current academic contributions; strengthen the interest of clinician-teachers in applied research projects such as initiatives to improve the quality and safety of health care; and improve the recruitment and retention of primary care faculty.
- Winickoff Scholars – This mini-fellowship program gives primary care physicians the opportunity to spend one half-day per week for three months working on a project of their choice in the General Medicine Unit. The purpose of the program is to give practicing physicians a chance to engage in creative projects outside of the pressure and routine of everyday practice, thus enhancing their professional life and development, while contributing to the primary care community. The fellowship pays the salary and benefits of the physician for one session for three months.
- Primary Care Residency Program – Established in 1974, this three-year training program in General Internal Medicine was the first of its kind in the nation. Innovations include community-based “continuity practice sites” in local health centers and other community health settings. Here, residents are exposed to diverse populations in terms of age, ethnicity, race, gender and socio-economic status. In all continuity practices, residents have primary responsibility for continuous and coordinated care for their patients. Another unique feature of the Primary Care Program is its emphasis on instructing residents how to teach the art of medicine to medical students by giving courses and providing opportunities to teach in a supervised environment with feedback from attending physicians.

The John D. Stoeckle Center for Primary Care Innovation

Primary care has become a core mission of the MGH’s, thanks in part to the leadership of John D. Stoeckle, MD. In 2000, the Massachusetts General Hospital established The John D. Stoeckle Center for Primary Care Innovation to commemorate and sustain Dr. Stoeckle’s commitment to improving the quality and delivery of primary medical care. The Stoeckle Center’s mission is to revitalize and redesign primary care locally, regionally, and nationally by fostering innovation, providing education to a new generation of doctors, incorporating research into clinical practice and improving policy.

The Stoeckle Center is spearheading ways to improve the delivery of primary care from patients’ and clinicians’ perspectives, not only within the MGH’s primary care network but also among practices of other facilities across the nation. An overarching objective is to protect a hallmark of care at the MGH – personalized attention to each patient’s needs –

while introducing new models of care, technology, and other means for nurturing and extending the doctor-patient bond outside the face-to-face office visit.

Stoeckle Center staff is working to link the redesign of primary care practice and reimbursement reform efforts with broader policy reform, incorporating performance measures into regulatory, accreditation and pay-for-performance standards. They are also promoting MGH primary clinicians as leaders and participants in national efforts to redesign and revitalize primary care through the Group Practice Improvement Network, the Society for General Internal Medicine, the American Board of Internal Medicine and the Trust for Health Care Excellence.

Stoeckle Center programs are highly collaborative and cross the boundaries of various disciplines. MGH physicians, other clinicians and administrators are partnering with experts from business, industry and science, as well as health care leaders from other medical centers in Boston and beyond. Examples of Stoeckle Center studies include:

- Engaging Patients as Partners in Their Care – In collaboration with the MGH’s Blum Patient and Family Learning Center, the Lab for Computer Science and all primary care practices, this initiative enables doctors to electronically “prescribe” videos and DVDs that provide specific information for patients faced with routine screening options or treatment choices. With the patient’s okay, the video or DVD is sent directly to their home, and like the popular video service Netflix, it can be simply returned via pre-paid mail envelope. This study is supported by the Foundation for Informed Medical Decision Making.

The Stoeckle Center is also gauging the effectiveness of sending patients pre-visit packages containing basic information specific to their upcoming appointment. The purpose is to increase patients’ participation in their own health care and to leave room in the office visit for discussions that can only happen in person. The pre-visit package includes a form for patients to list all medications and their dosages in advance of the visit – an important safety feature. The pilot study is focusing on 50 year-old men and women who are scheduled for an annual physical.

- Improving the Quality of Life for Primary Care Clinicians – In collaboration with the Massachusetts General Physicians Organization (MGPO), the Stoeckle Center met with interns and residents, practicing physicians, and physicians in a “transition phase” (retiring or leaving clinical work), to identify ways of making the practice of primary care more fulfilling. Discussions are focused on the following areas: quality of the work envi-

Honoring a Primary Care Innovator

Throughout his distinguished 50-year career at the MGH, John D. Stoeckle, MD was a pioneer in advancing primary care practice, research and training. A founder of Internal Medicine Associates, the MGH’s first teaching group practice, Dr. Stoeckle was dedicated to improving the quality and delivery of personalized and compassionate primary care, and he enhanced the lives of thousands of patients. His example and body of work are the bedrock and inspiration for the center established in his name. Dr. Stoeckle retired from practice in 2001.

ronment, clinical development, work/family balance, academic promotion, and mentoring. Improvement strategies and a focused set of recommendations are being implemented across the primary care practices.

- The Ambulatory Practice of the Future (APF) – The APF was created to identify, implement and assess innovative ways to transform the visit to the doctor’s office. Its program is being carried out by the Stoeckle Center in collaboration with the Massachusetts General Physicians Organization (MGPO), MGH Connected Health (formerly known as Telemedicine) and the Center for the Integration of Medicine and Innovative Technology (CIMIT), a consortium of 200 scientists, engineers, clinical researchers and physicians at MGH, Massachusetts Institute of Technology, the Charles Stark Draper Laboratory, and other Partners hospitals. CIMIT’s mission is to accelerate the movement of technology into health care.

The APF’s ultimate goal is to design a practice that provides ideal care at the ideal time, with improved satisfaction and outcomes for patients, families, physicians and staff. Studies span a broad spectrum of potential alterations in practice design, from the use of new diagnostic devices that can streamline workflow to the use of web-based tools, electronic medical records and technical innovations to speed communication and improve access to care. The practice design team includes patients and a multi-disciplinary group of clinicians and administrators.

These innovations are expected to set new practice standards for primary care delivery, benefiting patients, families, doctors, nurses and administrators. Further, they are intended to reduce the overall cost of health care by creating more productive systems, reducing waste and streamlining administrative tasks. The APF’s study findings will be used to advocate for new models of reimbursement for primary care among local payers and the Centers for Medicare and Medicaid.

- Stoeckle Center Research – The Stoeckle Center plays a leading role in national research sponsored by the Consumer Assessment of Healthcare Providers and Systems (CAHPS) to develop surveys to measure the patient’s experience of care across the continuum of care and to use these survey data to improve quality of care. The Center is also involved in research to improve the quality of patients’ decision making in primary care and to design new approaches to improving patient engagement in managing chronic conditions.

Other Stoeckle Center programs include:

- Patient and family involvement in educational programs for current and future primary care physicians, giving doctors a patient perspective in the delivery of care.
- Monthly seminars that cover a wide range of topics on interest to primary care doctors, patients and families, such as the medical and legal implications of involving patients in important decisions. These seminars were made possible by a generous gift from an MGH patient.

- APF-sponsored presentations featuring nationally recognized speakers from the MGH and other leading centers, health plans and related industries.

The Future of Primary Care

What changes can we expect in primary care in the next 10 years? 20 years? One thing is certain: major changes must be introduced sooner rather than later to protect and enrich the primacy of the doctor-patient relationship before a host of problems takes a further toll on primary care practice and potentially threatens our health and wellbeing. Looking ahead, the following changes are expected to have the greatest impact on patients' access to care and improve the delivery of primary care:

- The development and application of communications technologies, self-management tools and team care within MGH primary care practices will streamline the exchange of information between clinicians and patients and make primary care practices more efficient. Patients will have greater access to care and information when they need it most.
- The MGH's efforts to improve quality, control costs, engage patients and families in primary care research initiatives and invest in health information technology will accelerate the pace of change as the hospital moves toward the primary care practice of the future.
- Additional resources for teaching, meaningful recognition programs, increased numbers of residents engaged in primary care and financial incentives during the training period will help encourage young physicians to pursue a career in primary care. These young physicians will provide MGH patients and their families with the highest quality of care for years to come.
- The Stoeckle Center's multifaceted program of research, innovation, education, advocacy, and policy reform will continue to set new standards for patient care while creating an exciting and fulfilling professional life for current and future generations of primary care practitioners.

Much more should be done – *and can be done* – to speed innovation and change in primary care. An infusion of new resources is needed now to ensure that each of these pathways to change will be developed and implemented without delay. The following pages describe how donors and friends can invest in improving primary care at the MGH, and by doing so, create a model for others to emulate.

Section II — A Plan for Philanthropy

MASSACHUSETTS GENERAL HOSPITAL is making a major, concerted push to transform primary care so that it is fully responsive to patients' health needs. The hospital is seeking a total of \$25 million over the coming decade to accelerate this effort, and MGH leaders are asking donors and friends to consider the following ways to help:

A. Support Practice-Based Initiatives to Improve Patient Care ..\$5 million

Today, face-to-face office visits comprise close to 100% of doctor-patient interaction, yet maintaining good health and effectively managing chronic diseases requires continuous, long-term care and attention, supported by informed decision making. Sustaining the MGH's reputation for superb primary care will require innovative solutions that can ease patients' access to care and enable MGH physicians to do what they do best — provide compassionate care to all patients, from the healthiest to those needing the most care. Funds are needed to:

- Create an innovation small grant fund to support practice-generated innovation activities
- Support expansion of the LEAN approach to redesigning the primary care practices
- Extend Patient Gateway or the appropriate electronic patient portal to all practices within the MGH primary care network.
- Apply existing communication technologies such as telemedicine and telemonitoring more broadly among MGH practices.
- Develop self-management tools and team care models to improve care for patients with chronic diseases.
- Support customer service training for all primary care practice staff
- Develop and implement new models of team care to enhance health and screening and prevention efforts.
- Establish a Multicultural Care Program that provides culturally sensitive primary care to address the health needs of the Boston area's diverse residents.

B. Expand the MGH's Primary Care Research Infrastructure\$5 million

Funds are needed to accelerate the pace of research in the Ambulatory Practice of the Future and the MGH's primary care practice network:

- For the APF, additional resources will be used to support research and personnel to increase the pace of data collection, analysis and evaluation. Their focus will be on documenting the APF's capacity to improve quality and control costs.

- For primary care practices within the MGH network, funds are needed to enhance their participation in research and to hire personnel to engage patients and families in primary care research initiatives.
- Funds are also required to invest in health information technology that can support the development and application of programs to educate patients about their conditions and ensure that high-quality medical decisions, respecting patient preferences, are being made in our practices.

**C. Support Education and Career Development Programs;
Create Incentives for Medical Trainees to Enter Primary
Care Practice\$5 million**

Given the challenges faced by primary care physicians practicing in today’s health care environment, more thoughtful planning and support need to be directed to mentoring programs and methods for enhancing career development. Funds are needed to:

- Establish *Endowed MGH Distinguished Scholar Funds* to support leading senior faculty within the MGH’s primary care network. These permanent funds would provide substantive financial support that allows exceptional faculty to pursue research interests and provide clinical training for future medical leaders. Distinguished Scholar Funds would also help attract top candidates to the MGH’s primary care network, in addition to retaining the hospital’s best doctors.
- Establish *Endowed MGH Academic Scholar Funds* to support rising stars among the junior faculty to pursue topics of special interest with the potential to enhance primary care.
- Create an *Endowed Harvard Professorships* in primary care.
- Create meaningful recognition programs to reward excellence in primary care practice, education and research.

To help counter an increasing decline in interest among young physicians to pursue careers in primary care, funds will be used to establish enhanced educational, training and research opportunities:

- One approach will be to increase the number of primary care residents to create additional time for each resident to pursue research and quality improvement topics of special interest and more in-depth training in outpatient medicine.
- Another will be to endow a primary care chief resident position, establishing a four-year program that could include a Masters in Public Health or a Masters in Business Administration.
- A third will be loan forgiveness programs.

D. Advance Stoeckle Center Initiatives.....\$10 million

The Stoeckle Center’s mission is to redesign the delivery of primary care in order to: 1) effectively meet the needs of patients and their families, doctors, and other professionals who deliver primary care; 2) provide an extraordinary experience of care for patients and their families; and 3) create an exciting and fulfilling professional life for current and future generations of primary care practitioners. We will accomplish these things by focusing on research, innovation, education, advocacy, and policy reform.

For our research activities, funds are needed to:

- Support research efforts to evaluate the impact of incorporating shared decision making into primary care practices.
- Support research efforts to evaluate different strategies to improve the patient’s experience of care in primary care.
- Support research efforts to understand the impact different models of primary care have on clinical quality and cost of care.
- Support research efforts to study new models of reimbursement for primary care that enhance physician quality of life, access to care, and improved doctor patient communication.
- Support Stoeckle Center multi-disciplinary fellows to conduct primary care research to support the Center’s mission.

For our innovation efforts, funds are needed to:

- Support the research and innovation infrastructure for the Ambulatory Practice of the Future.
- Support programs to enhance the involvement of patients and families in the redesign of primary care.
- Support the implementation of technology solutions to support doctor-patient communication and the doctor patient relationship in primary care.

For our education efforts, funds are needed to:

- Support the Stoeckle Center seminars, the Stoeckle Center/APF seminars, grand rounds in medicine, GIM, and pediatrics.
- Support special events for patients and families to share their experiences with primary care clinicians and administrators.

For our advocacy efforts, funds are needed to:

- Support our communications plan to educate consumers, clinicians, payers, legislators, and others about the need to invest in primary care.

- Support a Stoeckle Center newsletter
- Support national meetings and other events that will focus on solutions to the problems in primary care.
- Support travel expenses for primary care clinicians, patients, and administrators to participate in national meetings.

For our policy reform efforts, funds are needed to:

- Convene national primary care leaders to discuss strategies for influencing reimbursement and other policy reform initiatives for primary care revitalization.

For further information about supporting the MGH's efforts to launch a new era of primary care, please contact the MGH Development Office, 165 Cambridge Street, Suite 600, Boston, MA 02114-2792; Tel: 617-726-2200.