



**This Week in *Physician-Led Care*: Clips from News Sources**  
**Week Ending July 17, 2020**

**ABC 6:** (7/16) – In Columbus, Ohio, a large number of people between ages 25 and 40 who test positive for COVID-19 don't have a primary care doctor, putting strain on hospitals to pair patients with doctors and on the primary care physicians who now must manage an increased caseload of new patients.

**Becker's Hospital Review:** (7/15) – CVS Health launched a campaign called "Time for Care" to encourage Americans to seek primary care during the COVID-19 pandemic.

**Health Leaders Media:** (7/15) – Washington-based Providence St. Joseph Health System has proposed a seven-point plan featuring Primary Care for All, including capitated payments, quality measures, and risk adjustment to address racial disparities in healthcare.

**Health Payer Intelligence:** (7/15) – Blue Cross Blue Shield of Massachusetts has announced a new payment model for small practices that combines value-based care and small practice financial support through a global payment, upside risk incentives, and immediate support payment.

**Revcycle Intelligence:** (7/14) – AMGA sent a letter to CMS urging modifications to the Medicare Shared Savings Program to protect providers from increased costs during the pandemic and opposing the cancellation of the program's 2021 application cycle.

**Annals of Family Medicine:** (7/14) – A new report notes that primary care practices were not prepared for the COVID-19 pandemic, and primary care must reinvent the ways in which they do business, making several recommendations for primary care physicians at each stage of the outbreak.

**Health Affairs:** (7/14) – Many pediatric primary care providers were ineligible to receive Public Health and Social Services Emergency Fund relief, which can lead to diminished pediatric primary care capacity.

**Annals of Family Medicine:** (7/14) – A Mathematica-led study analyzed patterns of participation in the CPC+ initiative, finding that while applicant practices were diverse, they were more likely to be larger, owned by a hospital or health system, have experience with transformation efforts, and be located in urban areas than practices that did not apply.

**Health Leaders Media:** (7/14) – A study by Meritt Hawkins noted that while annual starting salaries for primary care physicians have remained flat over the past three years,

primary care services are expected to be in high demand in the future due to their role in care coordination efforts and value-based care models like ACOs.

**AJMC:** (7/14) – A study estimating the utilization and spending impact of a standardized complex care management program implemented at 5 NextGen ACOs found that centrally staffed complex care management programs can reduce costs and improve outcomes for high-risk Medicare beneficiaries.

**Stat News:** (7/13) – This article highlights primary care physicians in New York and some of the new ways they have continued to care for their patients during COVID-19, often putting themselves at risk of being infected to treat patients.

**Medical Economics:** (7/13) – This op-ed by Shawn Morris highlights the real possibility that independent physicians may be unable to stay independent during COVID-19 without comprehensive support from the federal government and commercial payers.

**Medical Economics:** (7/10) – Patient volumes continue to stay at decreased levels, with recent data finding that only 31% of patients feel comfortable visiting their doctor's office. Despite more patients embracing telehealth, 41% have delayed health care services and 38% intend to delay future care, treatment, and procedures.

**Maine Public:** (7/10) – Small practices in Maine are finding it impossible to source necessary PPE to conduct community testing and regular patient activities without the purchasing power of large organizations.

**Health Leaders Media:** (7/10) -- Primary care physicians experience the highest level of burnout at 31% compared to other specialties. This article highlights ways to reduce anxiety and burnout at primary care practices with methods to improve the work environment to increase support, education, effective communication, and individual coaching.