

## Association Reach and Dissemination

### SAN Membership and Professional Sector Reach

Support and Alignment Networks (SANs) are a diverse group of organizations with a range of constituencies. It can be difficult to comprehensively quantify the full extent of organizational reach, but as displayed in the table below, **SANs collectively have the potential to touch several hundred thousand clinicians, in addition to other stakeholders within the health sector.** They can be grouped generally into the following four categories: primary care, specialty care, all types of care, and connecting organizations.

Organization Type	Support and Alignment Network (SAN)	Members/Sphere of Influence
Primary Care	The American Board of Family Medicine (ABFM)	90,000 board-certified family medicine physicians
Primary Care	American College of Physicians (ACP)	150,000 internal medicine physicians
Specialty Care	American College of Emergency Physicians (ACEP)	33,000 emergency medicine physicians, residents, students
Specialty Care	American College of Radiology (ACR)	38,000 radiologists
Specialty Care	American Psychiatric Association (APA)	34,000 psychiatrists, residents, students
All Types	American Medical Association (AMA)	240,000 physicians
All Types	National Nurse-led Care Consortium (NNCC)	80,000+ nurse practitioners and 1,200+ FQHCs
Connecting Orgs	Network for Regional Healthcare Improvement (NRHI)	30+ Regional Healthcare Improvement Collaboratives
Connecting Orgs	HCD International (HCDI)	50,000 via partnerships with minority professional organizations
Connecting Orgs	Patient-Centered Primary Care Collaborative (PCPCC)	19,000 supporters

There is a variety of emphases within these groupings. For example, HCDI focuses on minority and underserved populations, whereas NNCC concentrates on nurse-led care. The reach of organizational influence includes their direct membership and with other organizations developed through their history working within their respective professional sectors. Combined, SANs work with and have the potential to influence a broad spectrum of segments within the national health care community.

## SAN Dissemination Channels

SANs have engaged in a variety of outreach activities and communications channels to distribute information about the TCPI model and prepare their professional sectors to transition to value-based care. In general, these organizations have tailored their activities to what is best suited for their own professional sector. As outreach activities vary widely, many SANs have developed their own tools to distribute relevant information



on TCPI, value-based care, and APMs. These tools include workbooks, resource libraries, registries, and continuing education programs. Lastly, some organizations, like ABFM and ACP, helped recruit clinicians into TCPI while others, like ACR and ACEP, collaborated with TCPI networks and

organizations to engage clinicians in programs (i.e. R-SCAN, E-QUAL, etc.).

Many SANs noted in both submitted quarterly reports and interviews that the numerous channels through which SANs communicate with their membership (newsletters, scholarly articles, email blasts, etc.) command a readership that extends beyond their membership. In addition, several SANs (e.g., NRHI and PCPCC) are structured such that they distribute information to member organizations which then further disseminate those resources to their own membership, further extending the impact and influence of SAN activities.

## Minority Medical Association Outreach

Throughout TCPI, CMS has engaged in discussions with professional associations outside of TCPI to share perspectives on value-based care and payment delivery systems, discuss opportunities for these associations' memberships, and provide solutions to support members to transition toward value-based care. In the Spring of 2019, HCDI SAN facilitated meetings for CMS with minority medical associations, including:

- Association of American Indian Physicians (AAIP)
- National Hispanic Medical Association (NHMA)
- National Council of Asian Pacific Islander Physicians (NCAPIP)
- National Medical Association (representing African American physicians)
- Association of Chinese American Physicians

Key takeaways from discussions with minority medical associations included:

- **Unique Experience of Caring for Vulnerable Populations:**

It is critical for policymakers to acknowledge through policy reform the unique transformation journey for clinicians serving vulnerable populations that requires additional time and resources due to the disproportionate numbers of sicker patients seen from minority and rural communities.

**AAIP Leadership:** *We want quality care, evidence-based, and want to use everything available such as registries. The motivation for quality is not payment. The focus must be doing the right thing for patients. Quality measures should lead to improved health status for special populations.*

- **QPP:** Advanced chronic illnesses affect physician performance and MIPS Score within QPP.
- **Additional Training:** Collectively, the associations request more value-based care education and time to prepare their membership. It would be helpful to have opportunities for additional training on value-based care and deliver content through minority medical association current educational venues, such as webinars, peer-reviewed articles, conferences, forums, and leadership forums, including their pipeline programs.

- **Limited Resources:** There is a need to actively engage the limited community resources available to support the social needs of patients and create sustainable models.
- **Burdensome Current System:** Many view the current system as burdensome, onerous, and a system that has cost them money and their practice. Approximately 2/3 of physicians are in substantial public health systems such as FQHCs or large voluntary systems and feel it is more positive because of the safety net status.
- **Recognizing Social Determinants of Health in Developing Policy:** Develop a payment policy that recognizes the burden of care related to the social determinants of health.

**NMA Leadership:** *Our physicians are committed to serving vulnerable communities which often have higher morbidity and mortality rates associated with chronic diseases. This requires more practice resources to achieve improved outcomes.*