

Summary of Feedback on the PCCHR Draft Guiding Principles – Version 2

Issue	Summary of Comments	Response
Health Disparities	<p>Commenters expressed there should be added emphasis on addressing health disparities, especially related to people of color, and awareness of implicit bias.</p> <p>Commenters expressed a desire to clarify and define health inequity and health disparity terms.</p>	<p>Principle 3: <i>Comprehensive & Equitable</i> includes additional language regarding health disparities, identified inequities, and implicit biases:</p> <ul style="list-style-type: none"> • Models apply a data-driven approach to identifying historical, current, and potential health disparities in all populations, including racial health disparities. • Proactive interventions in care planning reduce or eliminate identified inequities. • Care models promote awareness of organizational and individual implicit biases and utilize evidence-based practices to eliminate discrimination and prejudice from the provision of care. <p>Principle 3: <i>Comprehensive & Equitable</i> now includes a footnote that clearly states that references to health disparities and health inequities include, but are not limited to, disparities or inequities based on race, ethnicity, religion, national origin, sex, gender identity or expression, sexual orientation, mental disability, physical disability, blindness, or status as a veteran. This footnote is based on the protected class categories in state statute.</p>
Integration of Community Health	<p>One commenter requested clarification from OHS on the focus of the work group and the role of community health. Other related observations from commenters included that the guiding principles should incorporate the integration of primary care with other health entities and all aspects of community.</p>	<p>Principle 9: <i>Community-focused</i>, combined with other principles addressing primary care practice, emphasize partnership, coordination and integration among a much larger system of stakeholders that determine health. The scope for the workgroup recommendations includes both reforms to primary care practice, and community health reforms, along with better coordination and integration of the two. OHS intends to clarify and discuss the goals of the work group in relation to the Executive Order No. 5 deliverables regarding primary care, and provide next steps to realign efforts regarding community health reforms.</p>
Administrative Burden	<p>One commenter requested consideration of minimization of coding, expressing that it is burdensome in primary care as the providers deal with so many diagnoses.</p>	<p>An additional bullet was added to Principle 8: <i>Improved Clinician and Staff Experience</i> to address this concern, focusing on the ability of tools to best be utilized and to be pilot tested with practicing clinicians.</p> <ul style="list-style-type: none"> • Clinical health information technology and data sharing tools prioritize useability and value to clinical decision-making and care through rigorous pilot testing with practicing clinicians.

Summary of Feedback on the PCCHR Draft Guiding Principles – Version 2

Issue	Summary of Comments	Response
Accountability	One commenter expressed the importance of not only focusing on physician accountability but also shared accountability across care specialties and the care continuum.	As written, the guiding principles emphasize team-based care. The principles extend beyond only physician-patient care to the establishment of multi-disciplinary teams of health professionals for shared accountability, inclusive of physicians.
Health Insurance Coverage	One commenter requested to add verbiage to Principle 6: <i>Accessible</i> regarding all having health insurance. Another commenter expressed concerns with high deductible plans.	While the lack of access to health insurance or affordable health insurance is a barrier to care, the focus of these principles is intended to be the design and implementation of primary care models of care and community health reforms.
Privacy	One commenter requested addition of language regarding a patient’s right to privacy.	As all practices and organizations are currently required to comply with HIPPA and relevant state and federal privacy laws and there were requests to simplify or avoid redundancies in language, this verbiage was not added.
Communication	One commenter detailed the importance of communication and recommended the addition of a tenth principle “communication driven”.	Principle 5: <i>Coordinated and Integrated</i> as written incorporates communication through information sharing and correspondence among members of the interdisciplinary care team, working from one comprehensive plan of care based on assessed needs. It also states that primary care “proactively communicates across the spectrum of care and collaborators, including individuals and their families/care partners”. Principle 4: <i>Team-Based and Collaborative</i> adds that health care professionals of the team are trained in both leadership <u>and</u> communication skills.

Summary of Feedback on the PCCHR Draft Guiding Principles – Version 2

Issue	Summary of Comments	Response
<p>Word choice and clarity, layout, grammar</p>	<p>Several commenters proposed minor edits to the verbiage of multiple principles. Several commenters suggested that language be simplified and redundancies avoided.</p> <p>Commenters suggested reordering, separating, or combining certain principles.</p>	<p>All suggested edits were reviewed and those that provided added clarification were adopted. Proposed additions were balanced with the desire of the group and commenters to minimize redundancies.</p> <p>Specifically, based on commenter feedback, bullets 2 and 4 of Principle 9: <i>Community-focused</i> were combined to eliminate redundancy. Bullet 2 of Principle 8: <i>Improved Clinical and Staff Experience</i> regarding clinicians being empowered to work at the top of their healthcare licensure and scope of practice was also removed as that concept is captured in Principle 4: <i>Team-Based and Collaborative</i>.</p> <p>Efforts were made to preserve the categories of the first seven principles to maximize alignment with the Shared Principles of Primary Care.</p>