

There are many opportunities to engage with the PCC! The opportunities include [becoming an Executive Member](#), sponsoring an event, publication, or research initiative, and more. Please join our collective voice aimed at elevating primary care.

## EXECUTIVE MEMBER BENEFITS

### Executive Members *contribute* to:

- [Policy and advocacy priorities](#)
- [Comment letters and position papers](#)
- A variety of workgroups:
  - ▶ [policy](#)
  - ▶ [primary care and behavioral health integration](#)
  - ▶ [primary care investment](#)
  - ▶ [Lunch and Learn meetings](#)

### Executive Members are *invited* to:

- Shape the strategic direction of PCC
- Present at meetings and briefings
- Participate in webinars
- Provide input to the PCIN (Primary Care Innovators Network)

### Executive Members *receive*:

- Monthly member-only e-newsletters that highlight policy developments and key issues related to primary care
- Invitations to Executive Member-only workshops and evidence report briefings
- Event-related registration discounts

## SPONSORSHIP OPPORTUNITIES

### Policy & Advocacy

- Capitol Hill Briefings
- Thought-leader convenings
- Advancing the [Shared Principles of Primary Care](#)

### Convenings

- [Annual conference](#)
- Annual conference dinner and PCC awards
- Pre- or post-conference workshops

### Research

- Reports
- Surveys
- Program initiatives

In-kind contributions supporting the mission and strategic direction of the PCC are also welcome!

## ADVOCATE & EDUCATE

- Affinity groups
- Monthly advocacy calls
- PCC Annual Conference
- Policy fact sheets, briefings, and recommendations
- Comment letters
- Informative monthly webinars



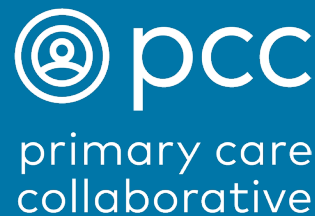
## RESEARCH & DISSEMINATE

- Annual evidence report and briefing
- Showcase evidence-based innovations and best practices
- Advanced primary care map
- Facilitate research to practice

## CONVENE & CONNECT

- Networking opportunities
- Executive Member-only workshops
- Speaker bureau and Executive Member profiles
- Shared Principles of Primary Care thought leadership

# 2022 WORKGROUP OFFERINGS



The Primary Care Collaborative (PCC) convenes members and thought-leaders around policy and practice changes and research to promote robust primary care as envisioned by the Shared Principles of Primary Care. Uniting our diverse stakeholder perspectives with one voice gives us strength and a unique viewpoint.

## POLICY AND ADVOCACY COMMITTEE

### Co-chairs:

Shari Erickson, American College of Physicians  
Sarah Coombs, National Partnership for Women & Families

The PCC engages in team-based advocacy to advance robust primary care through policy and practice changes to achieve the quadruple aim. Our top priority is to increase investment in primary care through alternative payment models that enable Patient-Centered Medical Homes (PCMH) and other advanced primary care models to provide integrated, higher-value care that connects to the community. Our [policy and advocacy committee](#) convenes monthly. These Executive Member-only committee meetings offer the opportunity to hear legislative and regulatory updates related to primary care; learn from, and provide feedback to, invited guests such as CMMI staff; and work together with peer organizations to advocate on a variety of federal issues related predominantly but not exclusively to primary care delivery and payment reform. Policy committee members also have the opportunity to review and provide input on PCC comment letters.

## STATE PRIMARY CARE INVESTMENT CALLS

### Co-chairs:

Rachel Block, Milbank Memorial Fund  
Larry McNeely, Primary Care Collaborative

The PCC convenes Executive Members and state leaders from across the country to discuss current trends in state legislation and regulation related to primary care investment. These quarterly calls offer members and state-level advocates the opportunity to share best practices on how to successfully measure primary care spend and strategies to secure increased investment without growing overall health care expenditures. The [workgroup](#) shares updates from states, serves as a forum for peer exchange, and provides visibility to the increasing momentum of state-level actions to measure and improve investment in primary care.

# BEHAVIORAL HEALTH INTEGRATION WORKGROUP

## Co-chairs:

Michael Thompson, National Alliance of Healthcare Purchaser Coalitions  
Alin Severance, UPMC Health Plan

PCC members and stakeholders agree that improved integration between behavioral health and primary care, as reflected in the Shared Principles of Primary Care, is a key opportunity to improve the health and well-being of millions of Americans. PCC convenes a [behavioral health integration workgroup](#) of diverse Executive Members and key stakeholders to advance primary care models that are team-based and comprehensive—treating the mind as well as the body—while referring patients to specialists only when appropriate. The PCC is a proponent of both the collaborative care model and the primary care behaviorist model, which serve different, yet complementary, needs and has led efforts to ensure that behavioral health integration is a critical element for advanced primary care models, including PCMH. The workgroup convenes monthly to identify and inform emerging issues in behavioral health integration and to collectively pursue strategies that strengthen the ability of healthcare systems to deliver high-quality, whole-person care founded on primary care. To date, the workgroup has issued consensus recommendations on behavioral health integration, created an initial evidence base on the benefits of integrating behavioral health and primary care, and organized educational programs for the broader community.

## OPEN TO MEMBERS AND OTHERS IN THE WIDER PRIMARY CARE COMMUNITY:



The Lunch and Learn discussion series is part of PCC's [Bridging the Gap in Primary Care Research project](#), which helps front-line primary care clinicians, consumers, advocates, payers and policymakers identify and share relevant primary care-based research to a variety of audiences.

The Lunch and Learn series is a primary dissemination channel aimed at educating a wide range of primary care stakeholders about

the most relevant and actionable primary care research.

With the support of the Research Dissemination Workgroup (RDWG), part of the same project, the PCC has produced a [curated list of 24 seminal primary care clinical and health-services research articles](#).

The quarterly Lunch and Learn meetings bring together primary care researchers, advocates, policymakers and others to discuss key findings and policy implications of the most important research identified by the RDWG, with the goal of better integrating the research findings into their organizational and policy decisions.

## Co-chairs:

Irene Dankwa-Mullan, MD, MPH, IBM  
Jack Westfall, MD, MPH, Robert Graham Center

## Interested in joining a PCC workgroup or attending a Lunch and Learn meeting?

Contact Noah Westfall at [nwestfall@thePCC.org](mailto:nwestfall@thePCC.org) to learn more.

# TOP TEN ACCOMPLISHMENTS of 2021

1

## **Took steps to further equity**

The PCC increased the diversity on its [board of directors](#) and among its [Executive Members](#), revised the [Attributes of Advanced Primary Care](#) through an equity lens, and issued [comment letters](#) with equity recommendations.

2

## **Tracked primary care's response to the COVID-19 pandemic**

Continued collaborating with the Larry A. Green Center on regular [surveys of clinicians and patients](#); results appeared regularly in the media and were used by prominent policymakers.

3

## **Advocated for a bigger role for primary care in COVID-19 vaccinations**

To ensure vaccines reached all communities, the PCC worked with the White House, raised the visibility of primary care's role, and encouraged more integration with public health.

4

## **Produced the annual evidence report**

[Primary Care and COVID-19: It's Complicated—Leveraging Primary Care, Public Health, and Social Assets](#) examines

community factors at the county level—primary care, public health and social assets—that helped mitigate pandemic effects.

5

## **Held the PCC online working summit**

[From Crisis to Opportunity: Primary Care for All Communities](#) gathered high-

level leaders in November to strengthen a coalition dedicated to payment reform and more investment.

6

## **Called for oral health and primary care integration**

A PCC report, [Innovations in Oral Health and Primary Care Integration](#), highlights integration efforts to expand access to dental care and further equity.

7

## **Identified ways primary care can be more responsive to patients' preferences**

A convening and op-ed focused on [what millennial patients and clinicians want from lifestyle medicine and primary care](#). Another project produced [recommendations](#) on increasing the uptake of shared decision-making in integrated behavioral healthcare settings.

8

## **Contributed to landmark state and federal primary care investment wins**

With the passage of new legislation in Delaware, 11 states have now enacted legislation or regulations to measure, report and, in some cases, increase primary care spend levels. New efforts were also launched in 12 additional states.

9

## **Made progress on federal payment policy**

With urging by PCC and the primary care community, Medicare implemented new resources for primary care and important new telehealth flexibilities.

10

## **Provided monthly forums to explore COVID-19 and other hot topics**

Continued to offer monthly [webinars](#), which two-thirds of attendees rated 9 or 10 on a scale of 10; on average, 40% are first-time attendees.



# STAFF DIRECTORY

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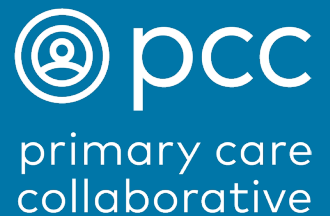


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