

# Capsule Commentary on Levine et al., Characteristics and Disparities of Primary Care Practices in the United States

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Levine et al.'s study examines a new supplemental questionnaire to the Medical Expenditure Panel Survey (MEPS), called the Medical Organizations Survey (MOS). First collected in 2015, it focuses on primary care practice capabilities.<sup>1</sup> The MEPS MOS provides a rich description of practice capabilities on a national level, while identifying a few key disparities. We see that 55% of primary care practices are still independently owned, putting the consolidation movement into current context. While the debate surrounding unintended consequences of health system consolidation continues,<sup>2</sup> we must remember that a majority of primary care practices remain independent. Additionally, with virtually all practices equipped with an electronic medical record (EMR), the conversation may now move to how to use EMRs to their greatest capability.<sup>3</sup>

In a number of areas, disparities in practice capabilities were identified; 41% of practices were Patient Certified Medical Homes (PCMH), leaving 59% without such certification. Fifty-one percent of practices offered care management services, but what does that mean for the patients of the other 49%? With only around half of practices demonstrating the administrative and clinical support to equip practices with these additional tools, we see an emerging picture of haves and have nots.

The clearest disparity in practice capabilities was demonstrated in the South, where practices lagged behind the rest of the nation. This finding calls for us to ask why and to understand the implications for patient health and future practice. This raises significant concerns regarding variability in regional readiness to meaningfully participate in the new Quality

Payment Program, which will require increasing practice capabilities.<sup>4</sup>

A limitation described by the authors was the challenge of comparing MEPS MOS data to other surveys due to different sampling techniques. We need comparable longitudinal data to give us a clearer, confident picture of where practice capabilities are trending. Fortunately, 2016 MEPS MOS data will be available for evaluation in February 2018.<sup>5</sup> The MEPS MOS gives us a valuable snapshot in a shifting landscape of primary care practice capabilities and should give a clearer picture moving forward.

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**Compliance with ethical standards:**

**Conflict of interest:** The author has no conflict of interest this article.

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