and suicide prevention groups. I’m similarly excited to see efforts developed between geriatrics and the firearms world about how we can really work with patients and family members to help them be safer.

**JAMA**: Are there any specific examples of collaboration with geriatric medicine?

**Andrew Bindman, MD**

*The JAMA Forum*

**Primary Care for All**

Democratic candidates for president have been actively debating the merits of “Medicare for all.” This term is used differently by the candidates, and what has been left unsaid is whether they endorse a particular model of care. Medicare for all would have enormous implications for how health care is financed, but ensuring that primary care is the foundation of the US health care delivery system is what is needed to have a significant impact on the population’s health.

Primary care refers to a delivery model in which a designated clinician, often in association with other members of a care team at a practice site, is responsible for providing patients with timely access to a comprehensive set of health care services and for coordinating care as needed outside of the practice. Primary care occurs in the context of a continuing relationship between a clinician and patient that allows the patient to become educated over time about relevant health care options and to share in health care decision-making with a trusted clinician partner. Physicians who provide primary care services in the United States are most often trained in family medicine, general internal medicine, and general pediatrics, but in some cases this role may be fulfilled by a physician trained in another specialty or by a nonphysician, such as a nurse practitioner.

**Comparing Countries**

International comparisons have demonstrated that the degree to which a country’s health care system is oriented toward primary care contributes to better health outcomes and health equity, as well as lower total health care costs. Primary care practices that are able to provide rapid access to care, promote prevention, support care coordination, facilitate patient decision-making, and engage patients in self-management of chronic care conditions are the most effective in improving health outcomes and lowering costs. The United States has long been an outlier relative to other industrialized countries in its relatively lower percentage of physicians who are primary care practitioners, higher per capita total health care costs, and worse health outcomes.

**Infusion of Funding Needed**

Primary care cannot achieve its potential to return value to the US health care system without policy changes that include a significant infusion of funding. The Affordable Care Act (ACA) created a time-limited 10% Medicare primary care payment bonus, but this expired after 2015. Since then, the Centers for Medicare & Medicaid Services (CMS) has focused more on proposing changes in how primary care clinicians can bill for services rather than on the amount they are reimbursed for providing care.

Last year, one of CMS’s proposed primary care policies was to collapse the number of evaluation and management codes as a way to simplify billing procedures. CMS is now abandoning this proposal before it is implemented because primary care practitioners raised concerns that it would create a financial disincentive for caring for high-need, complex patients.

The agency has also proposed an advanced alternative payment model for primary care with 2-sided risk called Primary Care First. It would provide primary care clinicians capitation and fee-for-service payments for the care of a defined population...
Bioinspired Adhesive Dressing Actively Heals Wounds in Animals

Tracy Hampton, PhD

To create a novel wound adhesive that accelerates wound healing, scientists recently drew inspiration from embryonic processes that pull wound edges together like a purse-string to regenerate fetal skin without inflammation or scarring. In research described in Science Advances, investigators designed what they called active adhesive dressings (AADs) that exert contractile forces sufficient to promote active wound closure. Gauzes, cotton wools, and dressings conventionally used to treat skin injuries rely on slow and passive healing processes, which can be insufficient when caring for certain traumatic injuries, chronic wounds, and aging populations with diminished wound-healing ability.

The AADs consist of thermoresponsive adhesive hydrogels that combine high elasticity, toughness, tissue adhesion, and antimicrobial properties. “This study is built on the tough adhesive hydrogels we developed and reported on in 2017, as well as the hydrogel-based wound dressings that are widely used in clinics. It is also inspired by clinical use of negative pressure wound therapies and the recent demonstration of mechanically driven muscle regeneration,” said co-first author Jianyu Li, PhD, a former postdoctoral fellow at the Wyss Institute for Biologically Inspired Engineering at Harvard University who is now an assistant professor at McGill University.

The AADs contain a polymer known as poly(N-isopropyl acrylamide), which both repels water and shrinks at around 90°F. Therefore, the AADs generate contractile forces in response to body heat when placed on a wound with no requirement for additional reagents or external stimuli. They are so strongly adhesive that they efficiently transfer these contractile forces to the underlying wound edges. This was achieved by bonding the adhesive hydrogel to the underlying tissue via chitosan- and carbodiimide-mediated reactions. The AADs also contain silver nanoparticles (which are widely used in wound care products) to give the hydrogel antimicrobial functions.