



**FMEC 2025 Annual Meeting Healthcare Innovators Network**  
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**Cleveland, OH**

**Primary Care Skills Index: Building a More Capable Workforce**

Presentation by Paulius Mui, MD

“I spend most of my time on the technology side of things,” began Paulius Mui, MD, a recent graduate of Virginia Commonwealth University and a 2023 graduate of a rural Virginia family medicine residency. Mui said he had just relocated to Boston from Houston where he had led an engineering team at a Houston practice for a couple of years. “I saw a lot of issues related to workforce and quality that inspired me to go off and start my own company.”

Mui currently works at his own virtual DPC practice where he devotes much time to using technology to improve primary care. “I really like technology, and I think there’s some interesting way to improve primary care through what I do.”

“So, what does good care actually look like?” Mui asked the audience. “How do we capture what we value, and how can we make it lasting into the future?” He said that in 2010, physicians made up more than two thirds of the primary care workforce. As doctors continue to retire, physicians now comprise fewer than half of all primary care doctors.

Turning to AI, Mui noted that while many medical professionals praise the technology’s ability to enhance the performance of human physicians, much of the actual scientific evidence demonstrates the opposite. “Studies show that humans perform generally better than humans plus an AI tool.” Mui explained that humans can provide both EQ (such as empathy) along with IQ, unlike high-performing AI tools. He said recent studies demonstrate that EKGs can elicit data that the human eye isn’t trained to notice, such as a person’s age, sex, and diabetes risk. “How do you take the human plus tool part...and make it perform better? How do we measure what really matters?”

Mui pointed out that how care is delivered is changing, due to the primary care workforce shift and new tools that are being developed for providers. “We can look at clinical notes, and we can create a skills index,” Mui explained. “Some of the work I do is to look at charts and extract info and give feedback, whether I work with medical students, NP students, or PA students.”

To assess what good care looks like, Mui displayed an axis grid that displayed “process quality” versus “outcome quality” for both systems and individuals. He walked through several clinical measures listed in each quarter of the axis. If technology work guidelines are followed and teams communicate well, outcomes should include healthier communities, more equitable care and resources being used wisely. Mui applied the same principle while asking “how can we capture what we value?” Appropriate referrals and evidence-based care should lead to outcomes such as better vaccination rates and cost-effective care.

Mui emphasized that AI can present information in a way not unlike how a good preceptor would. Data can be used to look at individual health conditions, such as how a patient might be managing their elevated blood pressure based on what is documented in their patient history file. Data can also be utilized to examine specific competencies, to evaluate how physicians are doing across a whole practice. Mui said this type of data could also be applied to a residency program to identify

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educational gaps, such as how many patients a resident might still need to see to meet graduation requirements.

“How do we actually utilize technology to measure and then develop what good care looks like?” Mui asked, adding “if we as family medicine physicians don't define these things, then it's going to be technology companies and investors who are going to tell us what's important.”