



Where are we on Measuring Primary Care Spending?

NASEM Webinar

Christopher Koller, Milbank Memorial Fund

March 22, 2022

 [Nationalacademies.org/primarycare](https://nationalacademies.org/primarycare)
primarycare@nas.edu

Agenda

- Why Measure Primary Care Spending
- Current State Efforts

About The Milbank Memorial Fund

An endowed operating foundation that works to improve population health by connecting leaders and decision-makers with the best available evidence and experience.

We advance our mission by:

- Identifying, informing, and inspiring current and future state health policy leaders to enhance their effectiveness;
- Working with state health policy decision makers on issues they identify as important, particularly in areas related to primary care transformation, sustainable health care costs, and aging, and
- Publishing high-quality, evidence-based publications and *The Milbank Quarterly*, a peer-reviewed journal of population health and health policy.

5 Objectives for Achieving High-Quality Primary Care

1

PAYMENT

Pay for primary care teams to care for people, not doctors to deliver services

2

ACCESS

Ensure that high-quality primary care is available to every individual and family in every community

3

WORKFORCE

Train primary care teams where people live and work

4

DIGITAL HEALTH

Design information technology that serves the patient, family, and interprofessional care team

5

ACCOUNTABILITY

Ensure that high-quality primary care is implemented in the United States



1

PAYMENT

**Pay for primary care
teams to care for
people, not doctors
to deliver services.**

Action 1.3: CMS should *increase overall portion of health care spending for primary care* by improving Medicare fee schedule and restoring the RUC to advisory nature.

Action 1.4: States should facilitate multi-payer collaboration and *increase the portion of health care spending for primary care.*

What?

Figure 4. Primary Care Investment Equation

The diagram illustrates the Primary Care Investment Equation. It consists of two rows of boxes. The top row has three green boxes: 'Claims-based payments for primary care', 'Non-claims-based payments for primary care', and 'Total primary care investment'. The bottom row has three teal boxes: 'Total claims-based payments', 'Total non-claims-based payments', and 'Total cost of care'. A large green plus sign is between the first two boxes of the top row, and another large green plus sign is between the first two boxes of the bottom row. A large green equals sign is between the third box of the top row and the third box of the bottom row. To the right of the bottom row, there is a large green 'x 100' followed by a large green equals sign. To the right of this, there is a dark green box containing the text 'Primary care investment as a percentage of total cost of care'.

$$\frac{\text{Claims-based payments for primary care} + \text{Non-claims-based payments for primary care}}{\text{Total claims-based payments} + \text{Total non-claims-based payments}} = \frac{\text{Total primary care investment}}{\text{Total cost of care}} \times 100 = \text{Primary care investment as a percentage of total cost of care}$$

Source: Adapted from Erin Taylor, Michael Bailit, and Deepti Kanneganti, *Measuring Non-Claims-Based Primary Care Spending*, Milbank Memorial Fund, April 15, 2021.

A measure of a system, payer or geography's primary care orientation

Why?

(from report)

- “At a national level, primary care—oriented health care systems are associated with better population health and lower spending.”
- “The portion of total health care expenses going to primary care is a way to measure primary care orientation. By this measure, the United States is at or below the proportion in other developed countries.”

•

Where?

States that have set primary care investment targets

- *Oregon* (requirement): 12% by 2023
- Rhode Island (requirement) : 10.6% by 2014
- Connecticut: 10% by 2025
- Delaware: 9-11% by 2025 (provisional target)
- *Colorado*: 1 percentage point increases in 2022 and 2023

State legislation/action pending or in the works

- Maine, Massachusetts, Connecticut, *Washington*: Legislation pending on setting primary care spending targets
- *New Jersey*, Updated regulations/executive orders on affordability standards
- *California*, Pennsylvania: Bills pending on affordability standards
- New York, *Utah*, Maryland, *Nebraska*, Hawaii: Legislation pending on reporting primary care spending
- Pennsylvania: Executive Order to develop primary care spending targets

Regional and National Efforts to Measure Primary Care Spending

- New England States (NESCSCO)
- Primary Care Collaborative
- Commonwealth Fund State Scorecard
- NASEM Scorecard (forthcoming)

What have we learned?

- States grow their own definitions – differences in results minimal but makes comparisons hard
- Sources: Payer submissions
- Non claims spending is important and hard to capture
- Feds are largest payer but conspicuously absent
- Primary Care spending rate appears to be decreasing

Opportunities for HHS Leadership

- Measure and improve performance for own programs
 - Medicare FFS, Medicare Advantage, Medicaid, CMMI Models
 - Will not achieve health equity or longer lifespan without this
- Standardize the definition
- Measure and research nationally
 - Use of MEPs or Claims
 - Understand further its relationship with health outcomes

Absent Federal Leadership on Primary Care Spending Measurement

- No compass for Medicaid and Medicare
- Continued erosion of Primary Care infrastructure in country
 - Attendant effects on population health equity and lifespan

Download the report and view more resources at:
[Nationalacademies.org/primarycare](https://nationalacademies.org/primarycare)

Questions? E-mail primarycare@nas.edu