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Implementing High-Quality Primary Care:

Rebuilding the Foundation of Health Care

A Progress Report

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The Washington Post
Democracy Dies in Darkness

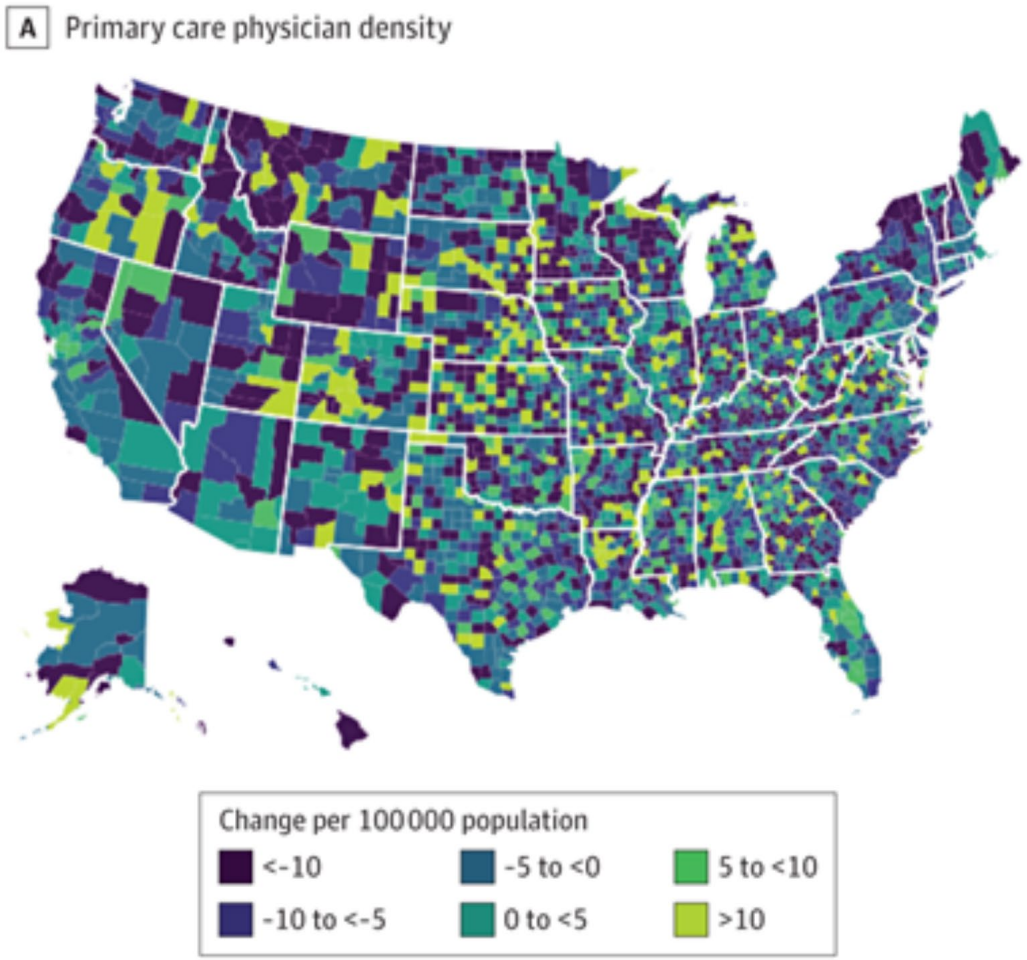
Primary care saves lives. Here's why it's failing Americans.

By Frances Stead Sellers

October 17, 2023 at 6:00 a.m. EDT

Primary care is the only part of health care system that results in **longer lives** and **more equity**

Primary Care is Weakening

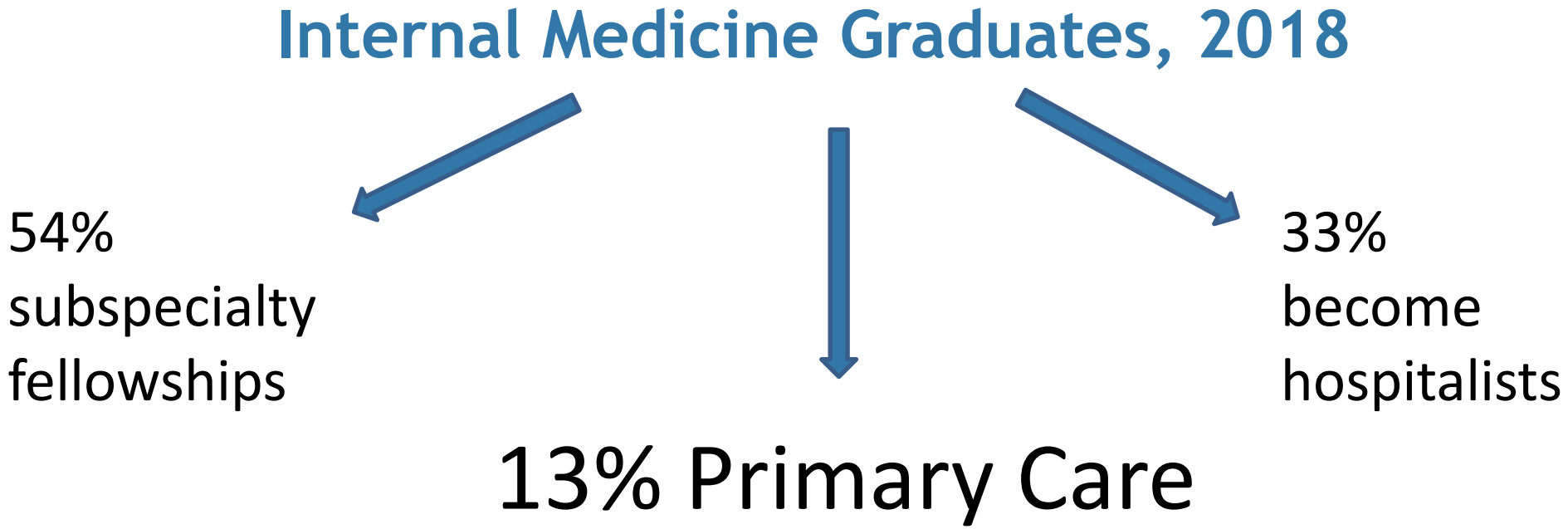


Mean primary care physician supply decreased from

46.6 per 100,000 in 2005 to 41.4 per 100,000 in 2015

Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015 | Health Care Workforce | JAMA Internal Medicine | JAMA Network

Internal Medicine Residents & Primary Care

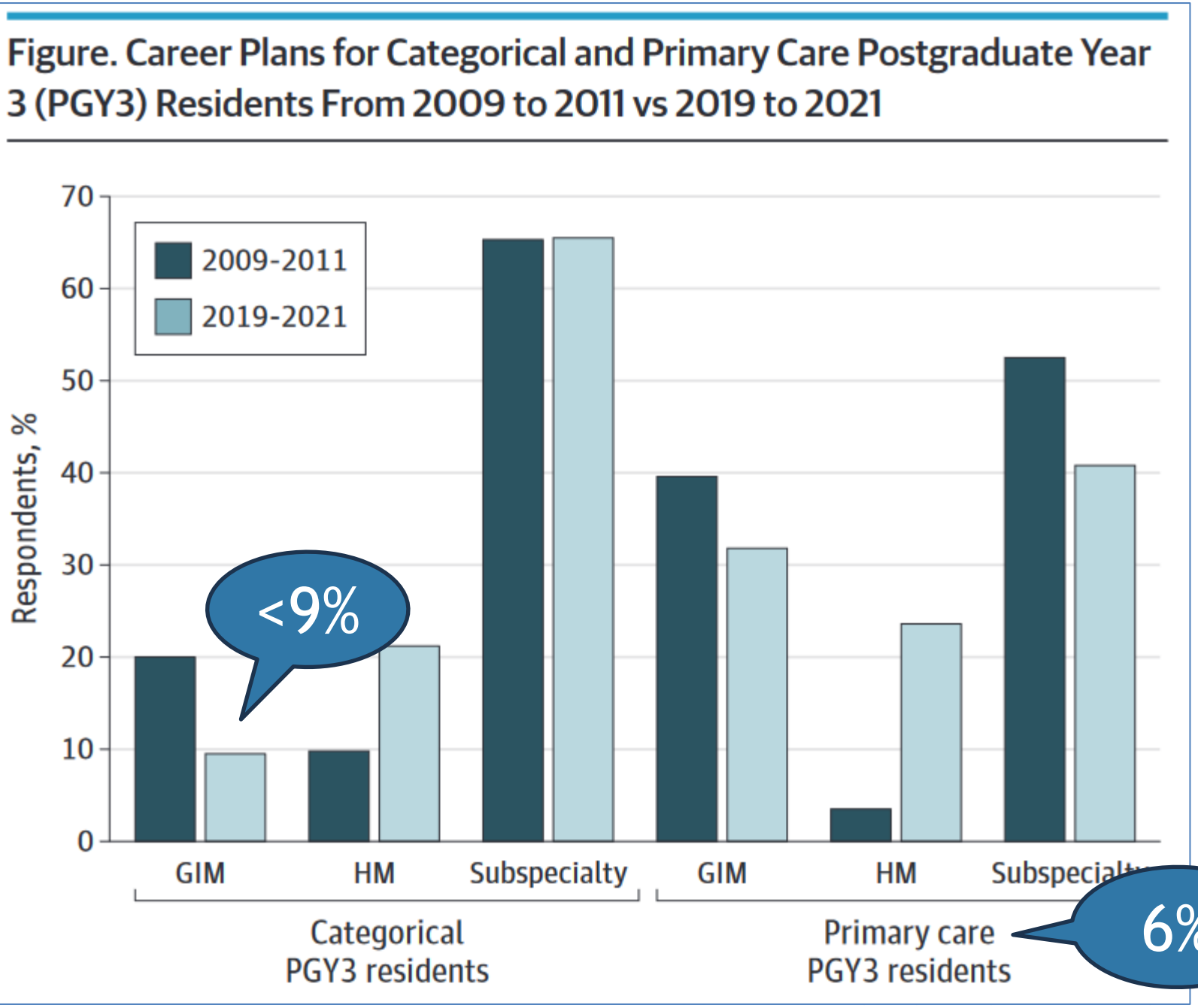


Authors estimate that Family Medicine graduates: 92% primary care, 8% Hospitalists
Very close to estimates using ABFM Data (9%) but another 5% are in emergency medicine

Evolving Practice Choices by Newly Certified and More Senior General Internists. Annals of IM May 2022

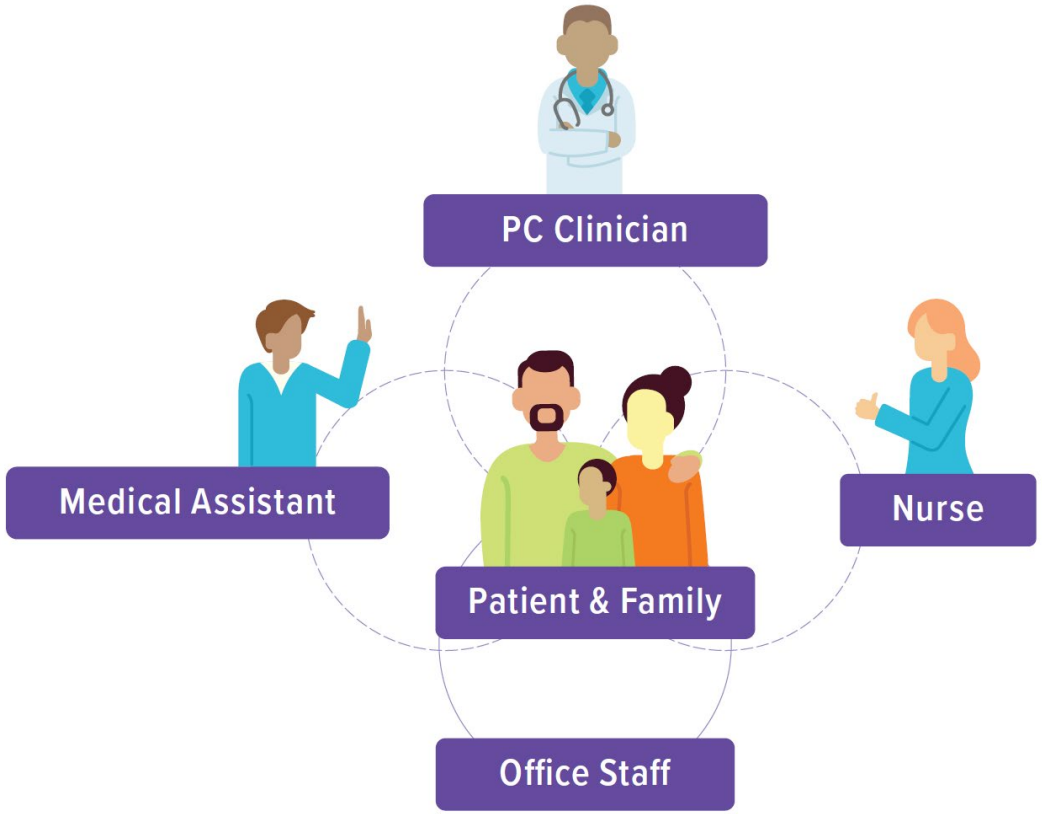
What do PGY3 IM residents Want to do?

25% 2004, 20% 2011

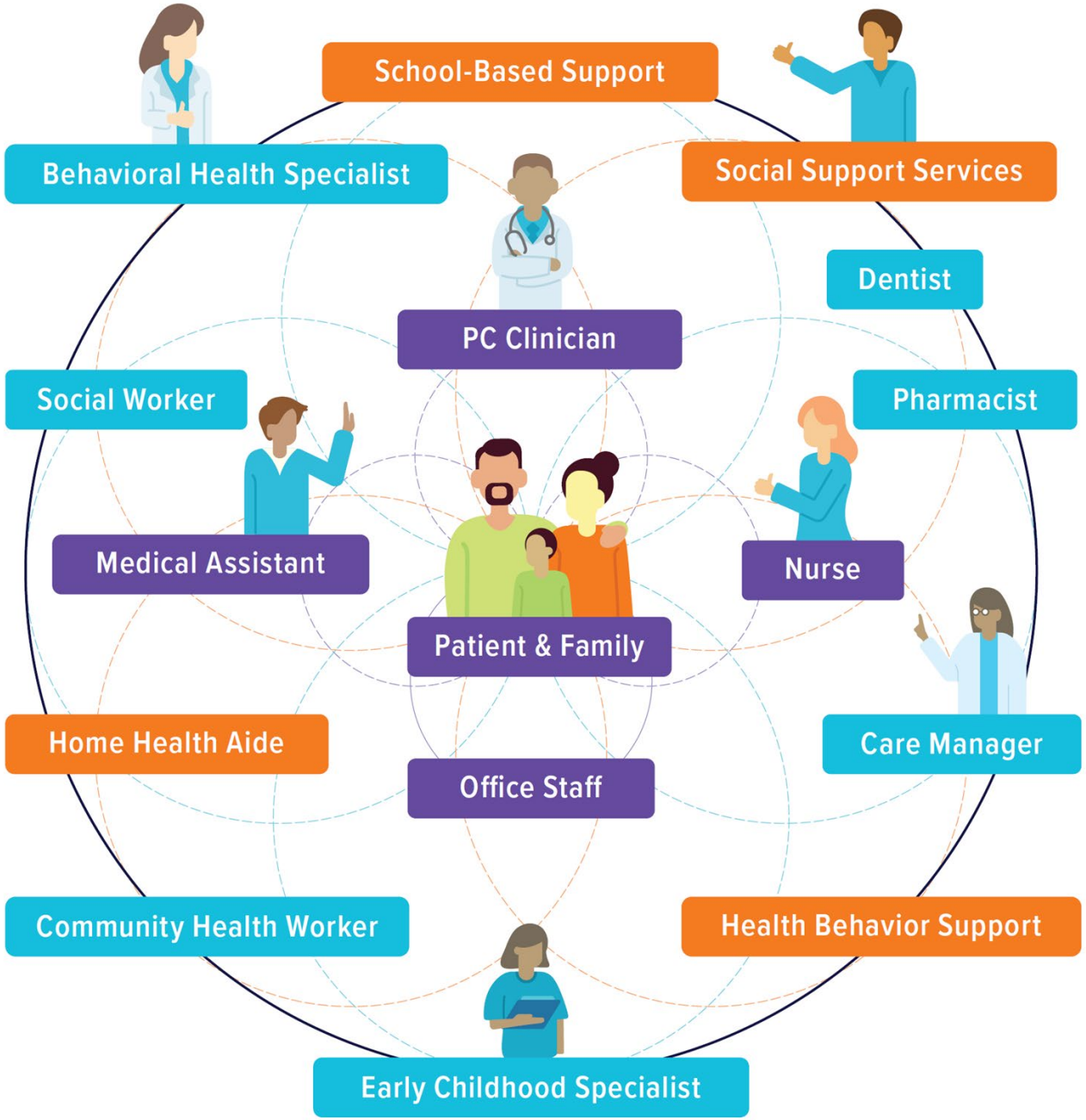


Paralkar N, LaVine N, Ryan S, et al. Career Plans of Internal Medicine Residents From 2019 to 2021. *JAMA Intern Med*. August 28, 2023. doi:10.1001/jamainternmed.2023.2873

Primary (Medical) Care



Under-leveraged for our nation and patients



- Core Team
- Extended Health Care Team
- Extended Community Care Team

Primary Health Care

What does this cost?

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.

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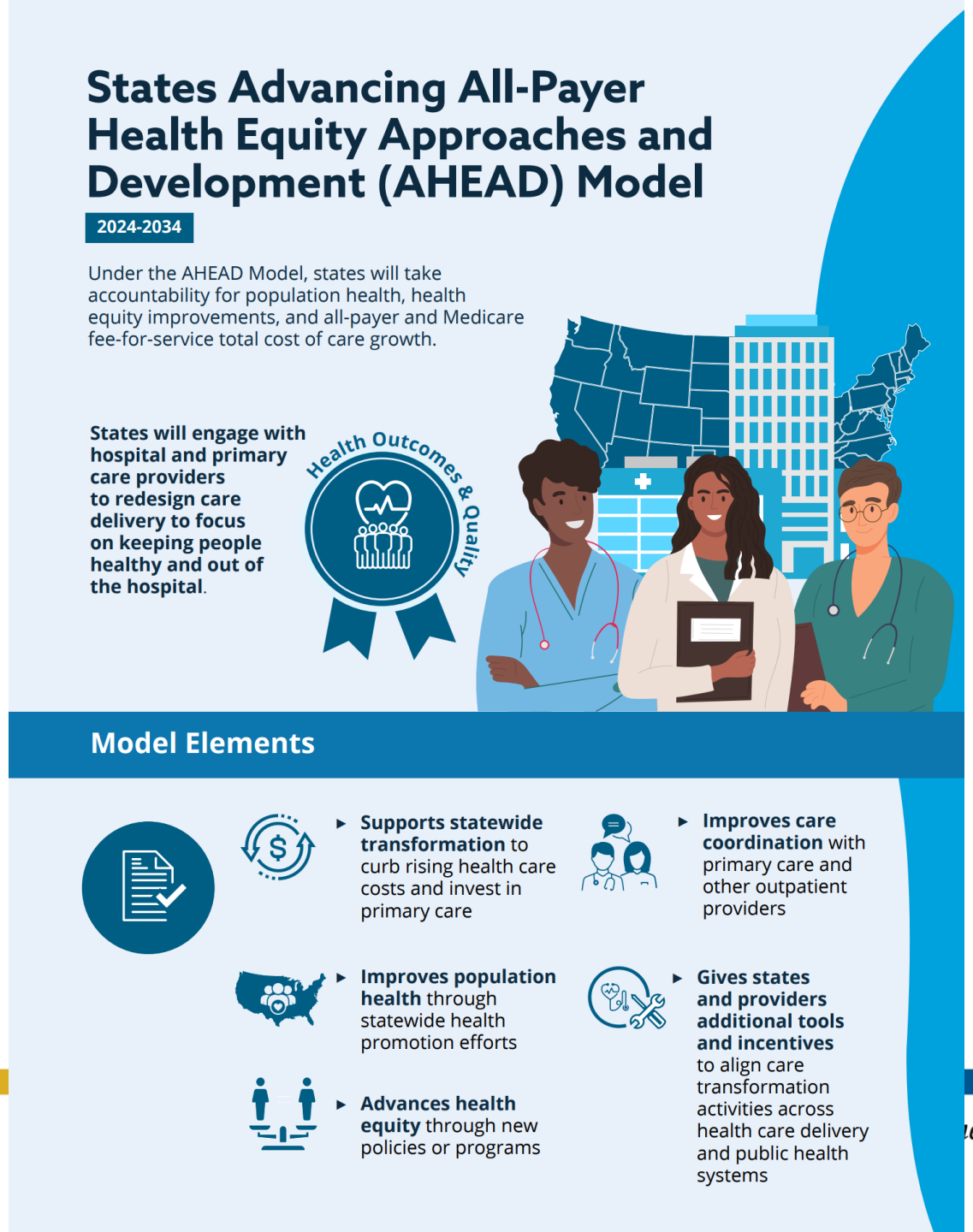
Objective 1: Pay for primary care teams to care for people, not doctors to deliver services

Action 1.1: Payers should evaluate and disseminate payment models based on their ability to promote the delivery of high-quality primary care.

Action 1.2: Payers using fee-for-service models for primary care should shift toward hybrid reimbursement models.



AHEAD

Primary Care as lead strategy for improving Health Equity

Builds on successful models in Vermont, Maryland, Pennsylvania

States accountable for Pop Health, Equity

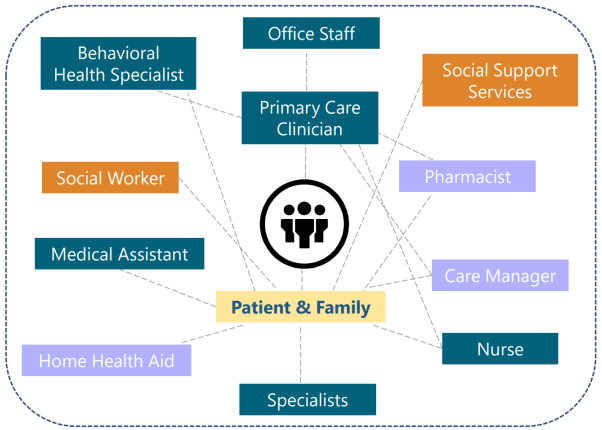
Adjusts Payments for Social Risk

All-payer model, aligned financing for **11.5 years**

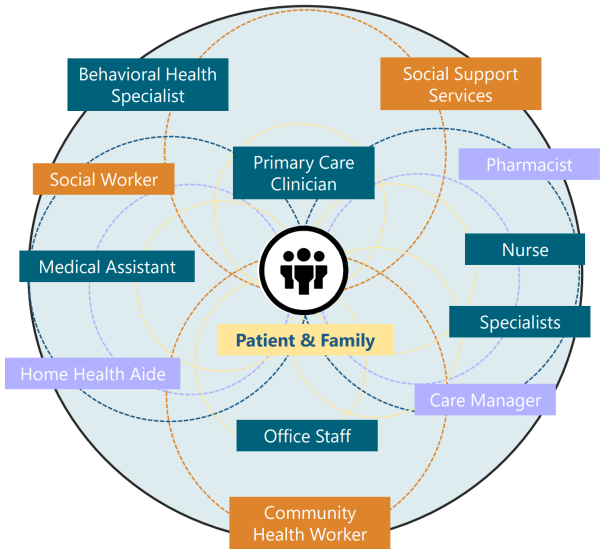
Existing Gaps, Challenges, and Inequities

MCP aims to encourage care coordination and reduce patient challenges navigating their health care. The figure below illustrates the difference between a disjointed health care system and an integrated, high-quality primary care system based on the needs of the patient and their family.

Current State:
A Disjoined System



Desired Future State:
Integrated, High-Quality Primary Care



- Upfront infrastructure funding for eligible organizations
- Focus on equity, underserved populations, and social-risk adjustment in payment to participants
- Ten-year model with three progressive tracks as well as a 6-month implementation period
- Incorporation of high-quality specialty care partnerships
- Commitment and early engagement with state Medicaid agencies (SMAs)
- Support to reach patients outside of visits and beyond the walls of the clinic

Making Care Primary

Primary Care as lead strategy for improving Health Equity

Focus on small, rural, underserved practices

All-payer model, **10 years**

Adjusts pay for Social Risk

Moves practices from Fee For Service to Global Budget

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Action 1.3: CMS should increase overall portion of primary care spending by improving Medicare fee schedule and restoring the RUC to advisory nature. No clear movement

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

AHRQ studying methods states are using to estimate PC Spend

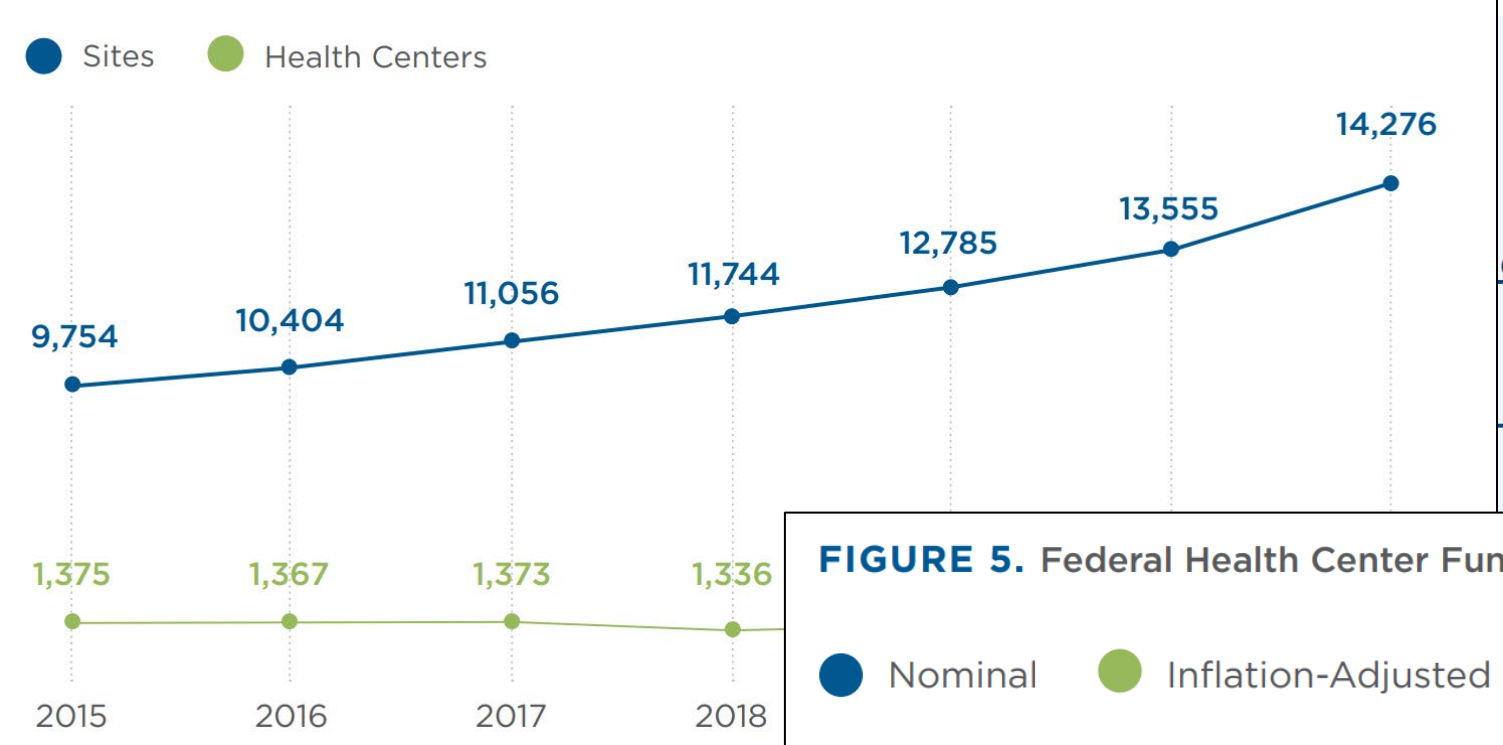
Primary Care Collaborative continues to track

NE

Objective 2: Assure high-quality primary care is available to every individual and family in every community

Action 2.1: Payers should ask all beneficiaries to declare usual source of care. Health centers, hospitals, and primary care practices should assume ongoing relationship for the uninsured they treat. No clear movement

Action 2.2: HHS should create new health centers, rural health clinics, and Indian Health Service facilities in shortage areas.

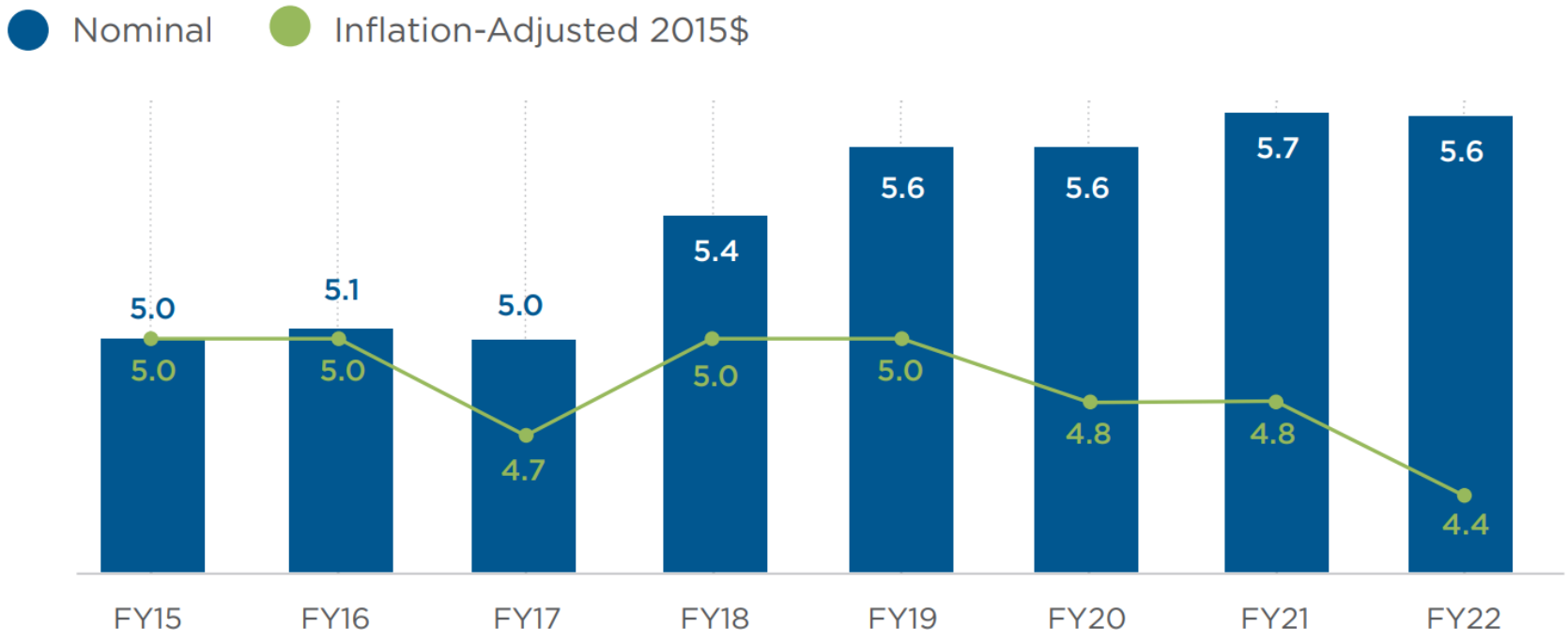


Source: *HRSA National Health Center Program Uniform*

e Response and Emergency

Invest in New Approaches to Care

FIGURE 5. Federal Health Center Funding, Nominal vs. Inflation-Adjusted, 2015–2022 ($ Billions)



Source: *FY15–FY21 data from NACHC (2022); FY22 data from HHS (2022).*

Action 2.3: CMS should revise access standards for primary care for Medicaid beneficiaries and provide resources to state Medicaid agencies for these changes.

Action 2.4: CMS should permanently support COVID-era rule revisions.

No clear movement

Action 2.5: Primary care practices should include community members in governance, design, and delivery, and partner with community-based organizations.

Objective 3: Train primary care teams where people live and work

Action 3.1: Health care organizations should strive to diversify the primary care workforce and customize teams to meet the needs of the populations they serve. Government agencies should expand educational pipeline models and improve economic incentives. No clear movement

Action 3.2: CMS, the Department of Veterans Affairs, HRSA, and states should redeploy or augment Title VII, Title VIII, and GME funding to support interprofessional training in community-based, primary care practice environments.

Rural Residency Planning and Development (RRPD) Program

Funding Opportunity Number: **HRSA-23-037**

Application Deadline: **01/27/2023**

Bureau/Office: **Federal Office of Rural Health Policy**

Status: **Closed**

View Grant Details

Medical Student Education Program

Funding Opportunity Number: **HRSA-23-124**

Application Deadline: **07/14/2023**

Bureau/Office: **Bureau of Health Workforce**

Status: **Closed**

Teaching Health Center Graduate Medical Education (THCGME) Program

Funding Opportunity Number: **HRSA-24-051**

Bureau/Office: **Bureau of Health Workforce**

View G

Advanced Nursing Education Nurse Practitioner Residency and Fellowship (ANE-NPRF) Program

Funding Opportunity Number: **HRSA-23-009**

Application Deadline: **04/11/2023**

Bureau/Office: **Bureau of Health Workforce**

Status: **Closed**

View Grant Awards

View Grant Details

Rural training may be responsive to the report but few grants for interdisciplinary training and no evidence of partnership with CMS/VA on ~$19B in annual physician training

Objective 4: Design information technology that serves the patient, family, and interprofessional care team

Action 4.1: ONC and CMS should develop next phase of digital health certification standards that support relationship-based, continuous and person-centered care; simplify the user experience; ensure equitable access and use; and hold vendors accountable.

Action 4.2: ONC and CMS should adopt a comprehensive aggregate patient data system that is usable by any certified digital health tool for patients, families, clinicians, and care team members.

No clear movement

Objective 5: Ensure that high-quality primary care is implemented in the United States

Action 5.1: The HHS Secretary should establish a Secretary's Council on Primary Care to coordinate primary care policy, ensure adequate budgetary resources for such work, report to Congress and the public on progress, and hear guidance and recommendations from a Primary Care Advisory Committee that represents key primary care stakeholders.

HHS "Secretary's Council"

- OASH Initiative to Strengthen PHC will publish an ***Issue Brief*** this week outlining:
  - What was planned and agreed to across agencies
  - What from the plan is successfully completed
  - What is planned that is yet to happen
- Related NASEM publication also likely

Action 5.2: HHS should form an Office of Primary Care Research at NIH and prioritize funding of primary care research at AHRQ.

Action 5.3: Primary care professional societies, consumer groups, and philanthropies should assemble, regularly compile, and disseminate a "**High-quality primary care implementation scorecard**" to improve accountability and implementation.

Research & Scorecard

- Office of Emergency Care Research director spoke last week to PC Research Leaders as part of an NIH PC Strategy meeting
- AHRQ NCEPCR received its first funding EVER (since 1996). WH proposed $10M last two years; $2M received in each
- Milbank Scorecard Released! Related HHS Scorecard may stay internal

2021 Report Impact is Growing

- HHS PHC Issue Brief ready to launch
  - Medicare New PC Payment models
  - White House Behavioral Health Initiative
- Milbank Scorecard, HHS Dashboard
- NASEM PHC Standing Committee launch

Health of US Primary Care Scorecard

Primary Care Transformation

- HEALTH OF US PRIMARY CARE SCORECARD
- PRIMARY CARE INVESTMENT: STATE POLICY AND SPENDING MAPS

Despite evidence that primary care improves the health
primary care in the United States is in a vulnerable positi
from National Academies of Science, Engineering and M
High-Quality Primary Care. The Milbank Memorial Fund a
the Robert Graham Center to develop an annual "Health
implementation of high-quality primary care and inform
Committee members, who will inform measure selectior

Milbank Memorial Fund Collaborates with The Physicians Foundation and Robert Graham Center on New US Primary Care Scorecard

READ MORE

Several States Using Report

- California organizing state-level coordinating functions and scorecard
- Massachusetts released Scorecard
- New Mexico says it is developing state-level coordinating/advising functions
- Virginia PC Task Force developing Scorecard

PRIMARY CARE
INTERNATIONAL
CONFERENCE

The Essential Role of Primary Health Care for Health Security and Securing Health Conference

Washington, D.C.

July 19-20, 2023

Wonca
World family doctors Caring for people

Canada

The Commonwealth Fund

ARIADNE LABS

The Center for Professionalism & Value in Health Care

American Board of Family Medicine

National Academies Sciences Engineering Medicine

PAHO Pan American Health Organization World Health Organization

RESOLVE TO SAVE LIVES

Advising Opportunities that fit SOT

- Agencies still working on actions agreed to in the OASH Initiative to Strengthen PHC (See Issue Brief)
- OASH or AHRQ which has authority for cross-agency convening/coordinating function (perhaps with ASPE?)
- States
- Congress
  - Congressional action will be needed to follow through
  - Bipartisan Policy Center