Panel 1: How Do We Measure Primary Health Care For Value, Impact, And Investment?

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How Do We Measure Primary Health Care For Value, Impact, And Investment?

- Value of non-billable services and the cost of providing comprehensive primary health care,
  - non-billable services and non-claims-based payments

- Primary health care and public health integration,

Day in the Life of a Primary Care Practice

- Team Huddle – review schedule and prepare for the day, high-need patients, procedures
- Review emails and patient portal communication
- Review labs and imaging results, review recent referrals
- Patient encounters**
- Group visit – low back pain – education, stretching with PT, relaxation^
- Write letter to patients with DM, education and testing reminder. (CRCS, Immun, etc)
- Review refill scripts with nurse
- Meet with counselor to review recommendations for morning patients she saw
- Home visit with 2 homebound patients^
- Complete charting
- Lunch
- Lather rinse repeat

- ** reimbursed
- ^ maybe some reimbursement

How to <u>measure the value of</u> non-billable services and the cost of providing comprehensive primary health care,

- Provider and practice activities – billable and non-billable services
    - Lab/imaging review, communicating results, - all bundled into encounter fee
    - Patient communication – emails, portals,
        - Triage, treatment, management
        - Prospective outreach for prevention and chronic care management
        - Individual and group, population messaging
        - Community
    - Nurse, staff communication, outreach, refills, education
    - Social services, referrals for SDOH,
    - Behavioral health

Non-claims-based payments support non-billable services.

- Patient Spend – Out of Pocket

- Payer – Structured payments – non-claims-based payment
    - Non-fee-for-service payments applied to primary care services. Non-claims payments may include "value-based" pay-for-performance bonuses or withholds; shared savings relative to a benchmark; per-patient, per-month capitation; or other type of non-fee-for-service payment

- Indirect Observation of Direct Primary Care Study – Robert Graham Center
    - What happens in primary care when little to no revenue is based on fee-for-service, claims-based payments

Primary Care and Public Health

- Sometimes primary care is necessary but not sufficient

- Sometimes public health is necessary but not sufficient

- Primary care and public health reside in the context of community social assets.

- How might we measure the impact when primary care and public health work together? To support PC-PH integration

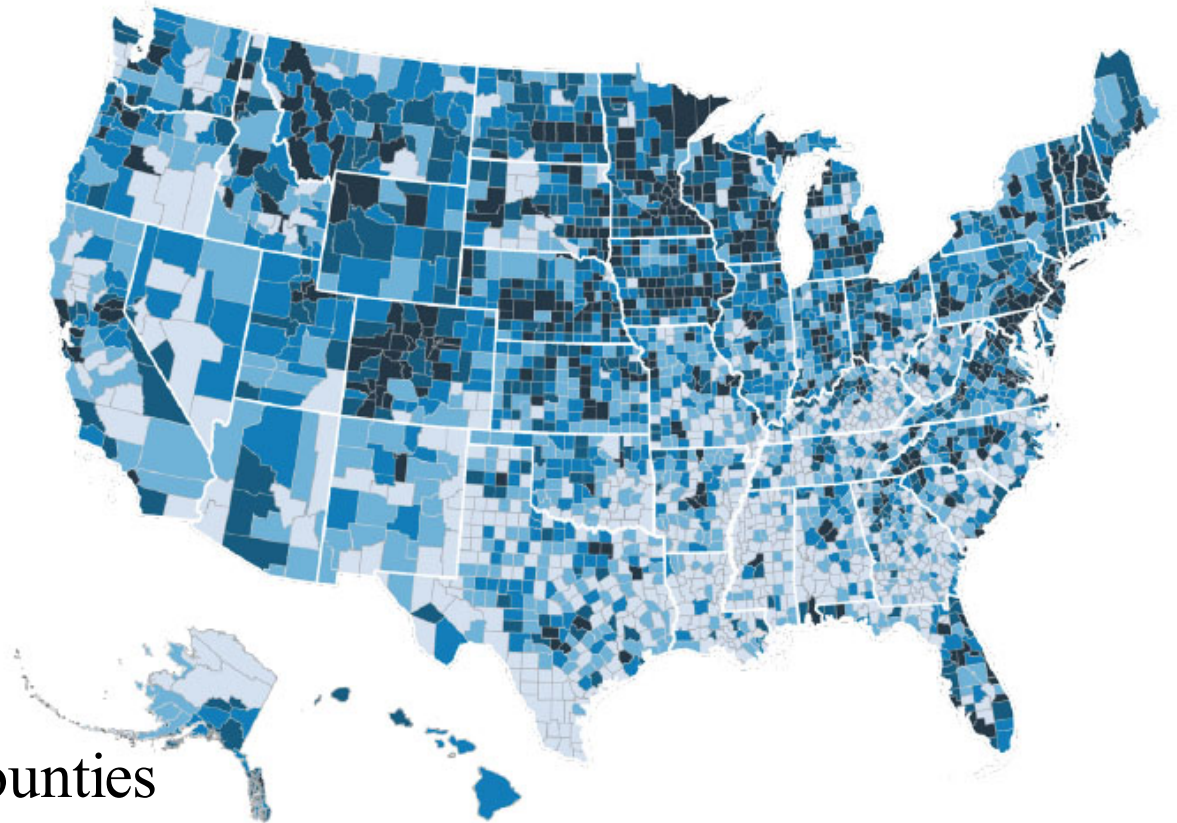# Primary Care and Public Health

Community Health Index

- Primary Care – 1-10
  - Supply rates from American Medical Association Masterfile
- Public Health- 1-10
  - Public Health Preparedness from the National Health Security Preparedness Index - NACCHO
- Social Assets- 1-10
  - Social Deprivation Index from the American Communities Survey -RGC

FIGURE 2.3

Community Health Index Distribution by County

3-9 10–13 14–17 18–21 22–30

*20% of the population lives in the lowest CHI counties
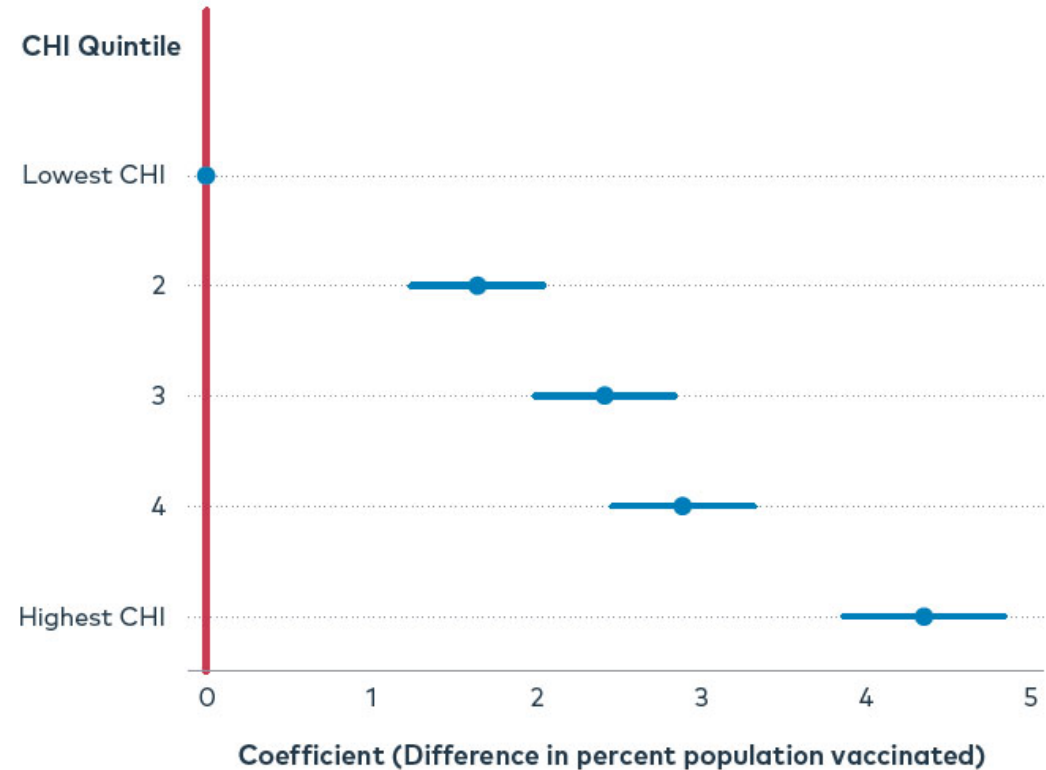17% of the population lives in the highest CHI counties

CHI and COVID

- Primary Care and Public Health
  - Co-location
  - Integration

  - Funding
  - Communication

https://www.graham-center.org/home.html

https://www.pcpcc.org/resource/evidence2021

FIGURE 2.4

Percentage of the Adult Population (18+) who Received COVID-19 Vaccinations*

Coefficient (Difference in percent population vaccinated)

* Adjusted for county-level percentage of rural, Black, and Hispanic populations

Source: Authors' analysis of Community Health Index, derived from the American Medical Association Physician Masterfile 2020; American Community Survey 2014-2018 5-year Summary File; National Health Security Preparedness Index 2020; Centers for Disease Control and Prevention COVID-19 County Vaccination Data, April 21, 2021).