ASPE and Primary Care Research

Presented by:



U.S. Department of Health and Human Services



Better Research for Better Policy

 The Assistant Secretary for Planning and Evaluation (ASPE) is the principal advisor to the Secretary of the U.S. Department of Health and Human Services on policy development, and is responsible for major activities in policy coordination, legislation development, strategic planning, policy research, evaluation, and economic analysis.



Recent Primary Care Analysis



March 5, 2024

OFFICE OF HEALTH POLICY

PRIMARY CARE SPENDING IN MEDICARE FEE-FOR-SERVICE:

AN ILLUSTRATIVE ANALYSIS USING ALTERNATIVE DEFINITIONS OF PRIMARY CARE

https://aspe.hhs.gov/reports/primary-care-spending-medicare-fee-service



Current and Future ASPE Work

- ASPE research agenda includes value-based purchasing, alternative payment models (APMs) and delivery system transformation
- ASPE supports and facilitates the Physician Focused Payment Model Technical Advisory Committee (PTAC) which provides advice to the Secretary concerning APMs and delivery system transformation
- Both research efforts are in collaboration with CMS, particularly the Innovation Center, in support of the HHS objective for 2030 - to have all Medicare and most Medicaid beneficiaries in a care relationship with accountability for quality and total cost of care.



Accountable Care 2030

 Many questions to resolve about what "accountable care " models will look like in the future

 It is certain that primary care will be the foundation and driving force in these models for care coordination, person centeredness, patient engagement, meeting health related social needs and longitudinal care relationships

 So what are potential research questions regarding the building of the foundation for advanced primary care and driving delivery system change?



 There is the potential for more quantitative and qualitative primary care research on what works best for whom and under what circumstances

- We have had many presentations by representatives of primary care practices
- All share the common goals of advanced or high touch primary care
- But they differ in terms or organization, data capabilities, team members etc.



- How can changes on the physician fee schedule incentivize advanced primary care and bridge practices to join accountable care models
- Some research available on the use and impacts of current TCM and CCM codes
- In recent years new codes have been added to provide payment for advanced primary care services - the CY 2025 PFS proposed rule, CMS has proposed Advanced Primary Care Management (APCM) codes, a new set of codes that better recognize the resources required for primary care practices to provide patient-centered primary care services
- More research is needed to monitor uptake of these codes, their impact on costs and utilization, potential impact on accountable care model participation and any obstacle to use



Use of Care Management Services – Previous ASPE/NORC Research on Behalf of PTAC

 Analysis of 2019 Medicare Fee-for Service (FFS) Claims for Chronic Care Management (CCM) and Transitional Care Management (TCM) Services

https://aspe.hhs.gov/sites/default/files/documents/31b7d0eeb7decf52f95d569ada0733b4/CCM-TCM-Descriptive-Analysis.pdf

 Impact of Transitional Care Management Services on Utilization, Health Outcomes, and Spending Among Medicare Beneficiaries, 2018-2019

https://aspe.hhs.gov/sites/default/files/documents/7efe5a4755b8c3aee4774393bab0c2dc/PTAC-Jun-12-TCM-Findings.pdf

In progress work will show that being aligned to an accountable care model and use of TCM both improve post hospital discharge outcomes – for some outcomes there is a positive interaction



- What do future accountable care organizations look like with regard to integration of primary care, specialists and other providers?
- What contractual, financial and practice relationships work best in terms of primary care fulfilling it longitudinal care coordination responsibilities through team-based care?
 - Advanced primary care practices use data to carefully refer to specialists and other providers without shared financial risk
 - Fully integrated systems with shared financial risk for all providers
 - No formal integration but APMs developed for specialists with incentives to practice in ways consistent with primary care lead accountable care



- What are effective methods for advanced primary care practices to address the health-related social needs (HRSNs) of their patients?
 - What are the data and IT needs
 - How do we finance practices and communities to provide these services?
 - How can practices best engage with community resources to refer patients to services that meet their needs?
 - What are the enablers e.g. community hubs?
- ASPE has participated in work across HHS in developing data on social determinants, examining evidence on community
 efforts and developing evaluation methods for policies and programs related to addressing HRSNs

