

Lessons learned and implications for future policies to strengthen primary care

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Opinions expressed are my own, and do not represent those of
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What can CMS do to get to 100% Accountable Care in Medicare?

- / What is Accountable PRIMARY Care for Medicare beneficiaries?
- / How should Medicare pay for Accountable Primary Care?
- / Who should Medicare pay for Accountable Primary Care?



What was Accountable Primary Care in CPC+?¹

- / **General practice, family medicine, internal medicine, geriatrics physicians; Nurse practitioners; Physician assistants**
- / **Primary care practice sites that applied to participate and were accepted into the model**
- / **Therefore- NOT**
 - Hospitalists
 - Generalists in consultative practices
 - Generalists working in specialized practices or centers
- / **Participating practices committed to CPC+ requirements**



What was Accountable Primary Care in CPC+?

/ **Not just care by a generalist practitioner...**

- Challenges identifying comparable PCPs/practices using Medicare administrative data (our team has ideas)

/ **Provision of Starfield's core features of Primary Care?**

- Comprehensive care (the Comprehensive Primary Care Initiative😊)
- Accessible first-contact care
- Continuing care
- Coordinated care



Lessons learned from studying PC for AHRQ and CMMI (in CPC and CPC+)

/ Accessible first-contact care

- Patient survey measure challenges²
- PCP report challenges- All CPC+ practice sites reported enhanced accessibility³ -some achieve this thru system-run urgent treatment centers⁴

/ Coordinated care

- All practice sites reported implementing care coordination practice requirements³
- CPC+ practices showed no improvement in claims-based measures of care coordination.³

/ Continuing care

- CPC+ practices showed no improvement in PCP continuity or beneficiary care fragmentation³



Lessons learned from studying PC for AHRQ and CMMI (in CPC and CPC+)

/ **Comprehensive care⁶ – PCPs “working with the interprofessional primary care team {to} meet the large majority of each patient’s physical and mental health care needs....”**

- Multiple dimensions
- Multiple PC service providers
- Other measurement challenges
 - Will surveyed patients have sufficient experience with the breadth of the PCPs skills



Lessons learned from studying PC for AHRQ and CMMI (in CPC and CPC+)

/ **Claims-based measures of Comprehensiveness⁶⁻⁷**

- New problem management (NPM)
- Involvement in breadth of patient conditions (IPC)
- Range of services provided (ROS)



Insights on Comprehensiveness from CPC+

/ **New problem management and Involvement in patient conditions^{7,8}**

- No change for CPC+ practices³
- Medicare beneficiaries with more comprehensive PCPs had better outcomes^{7,8} and perceive better primary care¹¹

/ **Range of services^{9,10}**

- No difference between CPC+ and comparison practice sites^{9,10}
- Medicare beneficiaries whose PCPs delivered a broader ROS had lower costs, ED visits^{9,10}
- PCPs in health system practices had lower ROS¹⁰



Health Systems and Primary Care

- / **Health system PCPs' have more patients with highly fragmented care^{5, 16}**
- / **AHRQ Compendium shows majority of PCPs now in health systems ¹²**
- / **Growth of system-affiliated PC practices in Medicare APMs**
- / **Many large health systems are in ACOs (AHRQ Compendium 2018)¹³**
- / **Increasing proportion of health systems control MA plans (AHRQ Compendium 2018-2022)¹³**



Recent observations on Primary Care for Medicare Beneficiaries

/ Accessible first-contact care

- Growth in health system-based Urgent Treat Centers
- Diverse virtual care providers—PC practices, systems, virtual care companies
- New PCP First contact care metric- decreasing 2016-2022 (CMWF/AV)¹⁵

/ Continuing care

- PCPs % patients with highly fragmented care increasing 2016-2022 ¹⁵

/ Comprehensiveness

- PCP ROS decreasing 2016-2022 ¹⁵



How to Pay for Accountable Primary care?

NASEM PC Report Chapter 8: Payment Dimensions

/ **Form of payment**

- Revised FFS vs Hybrid vs Global
- 14 Medicare ACOs or PC APMs: 1- Global but 8 more add downside risk (CMWF/AV)¹⁵

/ **Increased PC Payment**

- PC oriented payments often allocated through larger entities^{3,15, 17}
- Interviewed PCPs perceive measurement/other APM participation burdens are excessive relative to potential revenue (forthcoming CMWF issue brief)¹⁷



Who to Pay for Accountable Primary Care?

NASEM- “Pay for primary care teams to care for people, not doctors to deliver services.”

- / **No PCP can be 24/7 accessible for continuing, comprehensive, coordinated care!**
- / **Not all primary care services require generalist practitioner training ¹⁸**
- / **Some PCPs provide additional services (eg BH) ¹⁰ and patient outcomes better for PCPs with >ROS¹⁰**



Questions on paying for primary care teams

/ **What is the role of the individual PCP?**

- Individual PCP continuity strongly associated with better outcomes in numerous studies¹⁹
- Individual PCP comprehensiveness associated with better outcomes^{8,10} and patient satisfaction¹¹

/ **How to develop and maintain needed PCP and team competencies?**

- No PCP is omnicompetent for all patients (eg geriatricians-pregnancy)
- Teams vary across PCPs, populations, and settings⁴

/ **Can health systems be “teams”?**

/ **Are global payments to systems compatible with trustworthy primary care?**²⁰





Patients have long valued trustworthy practitioners able to address diverse health concerns

/ **This boomer has seen the future primary care practitioner**

- Readily accessible
- Supported by a robust patient record
- Skilled user of advanced diagnostic, therapeutic, and information technology
- No financial or time constraints for patient-centered care

/ **But she practices in 2363!**





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How to Pay for Accountable Primary care?

NASEM PC Report: “Form of Payment”¹⁵

		Entity Risk	
Payment Model		Upside-only	Upside and downside risk
	FFS (physician fee schedule)	<ul style="list-style-type: none">• MSSP Track 1• MSSP Basic A• MSSP Basic B	<ul style="list-style-type: none">• MSSP Track 1+• MSSP Track 2• MSSP Track 3• MSSP Basic C• MSSP Basic D• MSSP Basic E• MSSP Enhanced
	Hybrid (FFS + population-based payments)	<ul style="list-style-type: none">• CPC+• CPC+ with upside-only MSSP tracks	<ul style="list-style-type: none">• Primary Care First• CPC+ with downside risk MSSP tracks
	Global payments (capitation)	n/a	<ul style="list-style-type: none">• Global and Professional Direct Contracting
	FFS/Hybrid/Global elected by participating entity	n/a	<ul style="list-style-type: none">• Next Generation ACO

Models in force 2017 thru 2022; exclude single state and single disease focused models



What is Accountable Primary Care for Medicare beneficiaries?

/ **Who else delivers the core features of Primary Care?**

- Accessible first-contact care
 - Urgent treatment centers, retail clinics, EMTs, virtual care platforms, emergency rooms?
- Coordinated care
 - Health plan care managers, health system or ACO care navigators, community health workers, specialized chronic disease centers?
- Comprehensive care
 - Hospitalists, emergency medicine physicians, consultative generalists at referral centers?
- Continuing care
 - Integrated delivery systems?

Answer: Primary Care requires the provision of all 4 core features²



Definitions of core features of Primary Care²

/ **Comprehensive care**

- Primary care practitioners, working with the interprofessional primary care team, meet the large majority of each patient's physical and mental health care needs, including prevention and wellness, acute care, chronic and comorbid care, to include discussing end-of-life care.

/ **Accessible first-contact care**

- Primary care practitioners make their services available and easily accessible to patients with new medical needs or ongoing health concerns.

/ **Continuing care**

- Primary care practitioners have a personal and uninterrupted caring relationship with their patients, with continuous exchange of relevant information about health care and health needs.

/ **Coordinated care**

- Primary care practices coordinate care across all elements of the broader health care system, including specialty care, hospitals, home health care, and community services and support.



Other core features of Primary Care?

/ **What about?**

- Quality and safety orientation
- Patient centered
- Equitable

Answer: These features are essential but not unique to primary care²

/ **What defines (is unique to) primary care is the combination of:**

- Accessible first-contact care
- Continuing care
- Comprehensive care
- Coordinated care