Better Health Now: Relooking at Primary Care Strategy

August 4, 2022
Speakers

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Better Health NOW

August 2022
National Alliance Town Hall
PCC Mission and Vision

OUR MISSION  Advance comprehensive primary care for all communities, through convening, uniting stakeholders

OUR VISION  Shared Principles of Primary Care

Person and Family-centered  Continuous  Comprehensive and Equitable  Team-based and Collaborative  Coordinated and Integrated  Accessible  High-value
66+ Members

From AARP to URAC and 64 organizations in between, including the National Alliance of Healthcare Purchaser Coalitions

96% of PCC members renewed in 2021
PCC’s 2022 Board of Directors

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CEO & Executive Vice President  
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University of Rochester Medical Center

John G. Murtha, MBA  
Global Health Plan Segment Leader  
IBM Corporation

Dorothy Siemon, JD  
Senior Vice President  
AARP

Baligh Yehia, MD, MPP, FACP  
Senior Vice President  
Ascension  
President  
Ascension Medical Group
PCC’s Journey

2007–2016

Founded to promote PCMH
- Multi-stakeholder
- Align on vision, standards
- P4P payment model

2017–2019

PCMH Payment misalignment
- Progress stalls
- Consolidation
- New entrants (+, –)
- State investment efforts = bright spot

2020–2022

COVID–19
- Exacerbates inequities
- Weakens already vulnerable PC
- Yet PC reinvents itself, is resilient & demonstrates value

2021

NASEM report = PC launch pad
- Align around payment
- Expand coalition
- Launch Better Health – NOW
- Sustain urgency, build momentum
PCC’s Theory of Change

1. Build diverse, inclusive coalition
2. Urgency for bold payment change
3. Scalable payment models will drive change
4. Build trust; accountability mechanisms, feedback
2020 LAN Analysis

In 2020, 40.9% of U.S. health care payments, representing approximately 238.8 million Americans and 80.2% of the covered population, flowed through Categories 3&4 models. In each market, Categories 3&4 payments accounted for:

- **Commercial**: 35.5%
- **Medicare Advantage**: 58%
- **Traditional Medicare**: 42.8%
- **Medicaid**: 35.4%

*Combination of Categories 3B, 4A, 4B, & 4C Represents Two-Sided Risk APMs

Shaping the Environment for Bold PC Investment + Payment Reform

Coalition-building

Communications

Policy Development & Implementation
We Launched 3.29!

Primary Care – where people live/work/play...

Worthy of your trust
Wholeness of your dignity
Safe to be vulnerable
Patient interests first

Asaf Bitton, MD, MPH
Executive Director
ARIADNE LABS - HARVARD MEDICAL SCHOOL

Rebecca Etz, PhD
Co-Director
LARRY A. GREEN CENTER
There’s nothing more important than our health. That’s why many of us rely on primary care to partner with us and our families on the path to healthier, more fulfilling lives.

That’s why we need strong primary care in every community, so we all have improved access to health. We have a way to make this vision a reality.

Better Health NOW

PCC is the only national multi-stakeholder organization focused on primary care, with a track record of bridging divides and broadening perspectives within its big tent.
Concordance
Recommendations for Primary Care Payment
and Investment
CONTEXT AND SUMMARY

There is nothing more important than our
health, our families’ health, and our
communities’ health. We have been painfully
reminded of the value of good health over the
last two years and the unfortunate ways that
exist.

Most of us personally choose and rely on a
primary care clinician to guide us on our
health journey. But unfortunately, too many of
us do not have a regular doctor, NP or PA
in our community who we can partner with in
our care. And even for those who do have
primary care, it often feels like the visits are
too short, the appointments too scarce, and
the follow-up too spotty.

We can and must do better. This was the
finding of a recent landmark report by the
National Academies of Science, Engineering,
and Medicine (NASEM), Implementing
High-Quality Primary Care, a call to action to
rebuild the failing foundation of our
healthcare system. The Primary Care
Collaborative believes it is a call for Better
Health – NOW.

The NASEM report provides a launch pad for
our campaign. We aim to move key
recommendations in the report from page to
policy. This will require bold action across
multiple stakeholders in primary care across
affected communities and our collective will
to act now. Many stakeholders and
communities are coming together to build a
healthier future and to make it clear to
policymakers that the price we pay for
underinvestment in primary care is too high.
This underinvestment is a major contributor
to the needs we see all around us—a mental
health crisis at epic proportions and
substantial and persistent rates of obesity,
diabetes and hypertension to name a few,
unaddressed oral health needs, and a failing
life expectancy.

We are motivated by people and communities
who care too much and have too much at
stake to settle for a healthcare system that
does not more equitably, consistently or
sustainably support better health. Their
stories and perspectives highlight the urgency
to reframe and rebuild primary care to
support better health in all communities.

To put a finer point on it, the shortage of
primary care across rural, and underserved,
urban, and small-town communities is linked
to shorter life spans and the aggregation of
88 lives per day compared to communities
where primary care is more available—and
this current loss of health and life was
calculated before the COVID-19 pandemic.

According to NASEM, primary care is the only
part of health care where an increased supply
is associated with better health and more
equitable outcomes for our nation.

These are facts. Facts that make primary care
the key mechanism to further better health
now for our nation.

And that is the broader context under which we
have all come together in the new Better Health
NOW campaign. We call on the Executive
Branch and Congress to act now on the
NASEM report’s first recommendation:
reform how we pay for primary care and
investing more in primary care so that
every community across our nation has
access to high-quality, affordable primary care
that meets the needs of all.

48 + signatories
PCC Concordance Recommendations

1. Invest in what works: primary care.
2. Pay for what we want – better health.
3. Reduce economic and social barriers to better health.

Consider Signing onto CR:

https://www.pcpcc.org/concrecs
Policy Building Blocks: Consistent w/Concordance Recommendations

**Pivot resources to primary care**

- Behavioral Health Integration Proposal

**Pay for better health**

- Considering hybrid payment within Medicare Shared Saving Program (MSSP)
- 7.15.22 Health Affairs Blog

**Reduce barriers to better health**

- Medicaid RFI
- Equity Brief with NCPC/Morehouse School of Medicine
Payment Alignment is Critical

• CMMI PC models demonstrate that public and private model alignment is critical for success

• Multi-payer geographic concentration is key e.g., CA, MI, WI

• An agreed upon, limited set of performance measures is needed

• It’s a long game but the evidence shows you will have success
To Learn More
https://www.pcpcc.org/betterhealthnow

To Join Us, Contact:

Larry McNeely
LMcNeely@thepcc.org

To continue our
Conversation:

Agreiner@thepcc.org

Twitter: @AnnGreiner1
FAST FACT:
US adults who have a primary care physician have 33% LOWER healthcare costs and 19% LOWER odds of dying than those who see only a specialist. As a nation, we would SAVE $67 BILLION each year if everybody used a primary care provider as their usual source of care.

Over 80%* of patients with common chronic conditions (diabetes, high blood pressure) access primary care, the most prevalent type of office visit. But misaligned incentives (i.e., fee-for-service), lack of behavioral health (BH) integration, and infrastructure and technology challenges can compromise healthcare quality and drive up costs.

In a traditional fee-for-service (FFS) model, health care providers may be expected to see 25+ patients/day, leading to insufficient time for engagement, a tendency to refer, and high frustration levels for all.

What Makes Primary Care ADVANCED Primary Care? National Alliance Identified SEVEN Key Attributes

1. Enhanced access for patients
   - Convenient access, same day appointments, walk-ins, virtual access, no financial barriers to primary care

2. More time with patients
   - Enhanced patient engagement and support, shared decision-making, understanding preferences, social determinants of health

3. Realigned payment methods
   - Patient-centered experience and outcomes, quality and efficiency metrics, deemphasize visit volume

4. Organizational & infrastructure backbone
   - Relevant analytics, reporting and communication, continuous staff training

5. Disciplined focus on health improvement
   - Risk stratification and population health management, systematic approach to gaps in care

6. BH Integration
   - Screening for BH concerns (e.g., depression, anxiety, substance use disorder) and coordination of care

7. Referral Management
   - More limited, appropriate and high-quality referral practices, coordination and reintegration of patient care

Most of these attributes are consistent with critical success factors identified by respondents to a National Alliance survey

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THE PROMISE OF APC

Health, patient engagement, satisfaction, personalized and holistic care

- Unnecessary care and referrals
- Urgent care, ER visits, and hospitalizations

Overall reduced total cost of care 15+%
Preliminary Survey Observations

All support enhanced access (same-day appointments, walk-ins, some virtual, extended and weekend hours) for medical. Not all measure wait times.

Access is not consistent for BH.

All have processes in place to reach out to “non-engaged” patients and covered individuals.

All support some shared-decision making activities with varying breadth and depth.

All require clinical staff to be trained in key activities such as population health management, motivational interviewing, risk stratification, shared decision-making techniques and social determinants of health, and training.

All have a measurement and quality improvement process with feedback reporting; patient experience is an important measure; outcomes measures used vary.

Most common referrals are for gastroenterology, cardiovascular and orthopedics; all use a broad range of criteria including prior performance, cost relative to others, and timely follow-up back to practice.

Unclear how well BH is integrated:

• Some, not all, monitor that clinicians are screening for depression and alcohol use.

• Some, not all, reported percent of patients where BH consult (internal/external) occurred: Range: 7%-14%.

• None reported encounters/claims for Collaborative Care; BH integration; or screening, brief intervention, and referral to treatment (SBIRT).

How EMPLOYERS Can Advance Primary Care to Deliver Value

1. Ensure appropriate infrastructure and focus:
   - Patient-centered care
   - Population focused
   - Data driven

2. Insist on BH integration (co-located or virtual):
   - Systematic approach to screening
   - Consult/triage BH support as needed
   - Follow-up assessment and incorporation into broader care plan

3. Align payment to support APC:
   - Increase APC investment to decrease total cost of care
   - Reward performance, not volume
   - Influence downstream care

FAST FACT: Nationally, only <2% of all ambulatory visits included screening for alcohol misuse or substance use disorder and 4.4% included screening for depression (NAMCS, 2015)

Time/Infrastructure/Payment Needs

<table>
<thead>
<tr>
<th>Key attributes/activities of APC</th>
<th>Time</th>
<th>Infrastructure</th>
<th>Payment</th>
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</thead>
<tbody>
<tr>
<td>Enhanced access for patients</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Patient engagement, support and shared decision-making</td>
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<tr>
<td>BH integration</td>
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<td>Disciplined focus on health improvement</td>
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<tr>
<td>Effective referral management &amp; reintegration</td>
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WHAT IS NEEDED

Effective use of analytics and services for health and care improvement

Successful BH integration and appropriate referral patterns

Convenient access and sufficient time spent with patients in shared decision-making

Alternative Ways to Pay for Value: Payment Should be Aligned with Key APC Elements

APC practices currently are receiving payments under multiple methods such as fixed fees per patient, shared or full risk, pay-for-performance, and traditional FFS. Realigned payments incentivize patient activation, case and care coordination, and accountability for health and health outcomes as well as downstream referrals. While current models are relatively simple, future models may incorporate bundled payment for chronic condition management with outcome-based adjustments.
Discussion

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Upcoming Webinars and Meetings

- 5 Tenets to Managing Health in an Uncertain “VUCA” Environment
  August 17, 1 p.m.-2 p.m.

- 2022 Annual Forum: November 7–9 (Call for speakers open until August 5!)

All times are ET