pcc primary care collaborative

Convening + Uniting + Transforming

ADVANCED PRIMARY CARE:

Foundation of a High-Performing Health System

Care Transformation Collaborative of RI
May 20, 2022

Primary Care Collaborative:

A (very) Brief History

- PCPCC (2007) launched – an initial partnership between employers and physician specialty societies
- Team-based advocacy spurred widespread adoption of PCMH
  - @33% of PCPs are in a medical home (AMA, 2021)
- PCPCC releases Shared Principles (2017) – updates 2007 PCMH principles
- Re-brand to PCC (2019)

Mission and vision

MISSION

The Primary Care Collaborative advances comprehensive primary care to improve health and health care for patients and their families by convening and uniting stakeholders around research, care delivery and payment models, and policies.

VISION Shared Principles of Primary Care

Person and Family-centered

Continuous

Comprehensive and Equitable

Team-based and Collaborative

Coordinated and Integrated

Accessible

High-value

Attributes of Advanced Primary Care

How Employer-Identified Practice Attributes Align with the Shared Principles of Primary Care

This table crosswalks employer-identified attributes of advanced primary care (APC) with the Shared Principles of Primary Care. It is a first step on the path to achieving APC. Measures, including those reported by and about patients, that assess the extent to which a practice has achieved advanced primary care are forthcoming. We will continue to engage with all the stakeholders in primary care and expect that these attributes will evolve over time.

Employer-Identified Attributes of Advanced Primary Care*	Shared Principles of Primary Care						
	Person & Family-Centered	**Continuous**	**Comprehensive & Equitable**	**Team-based & Collaborative**	**Coordinated & Integrated**	**Accessible**	**High Value**
	The patient statements below offer examples of what patients want from primary care. They were developed by PBGH through a multi-stakeholder process.						
	"I can get care and information from my primary care team when I need it and in the way that best meets my needs"	*"My primary care team knows me and keeps me well."*	*"My primary care team knows and supports the whole me—not just my body."*	*"My primary care team can meet most of my healthcare needs."*	*"When I do need a specialist, [my primary care team] helps me find the right one and communicates with them about me. "*	*"I can get care and information from my primary care team when I need it and in the way that best meets my needs"*	*"When I need planned surgery or emergency care, [my primary care team] knows what happened and support me in becoming well again."*
Enhanced access for patients							
Patients can access care in a way that meets their needs and preferences without financial barriers to access, including via: same-day and walk-in appointments; virtual care; a secure patient portal to view their medical records, receive labs and communicate with their care team; access to a care team member after hours.	✓	✓				✓	
Optimize time with patients							
Patients are active participants in their care through: shared decision-making; input on their care plan and treatment goals; opportunities to share their preferences, including serious illness conversations, advanced directives, and end-of-life care; and addressing barriers due to their social determinants of health.	✓		✓				
Realigned payment methods							
Practices are paid in a way that that enables and promotes quality, access, efficiency, team-based patient-centric care and population health management. Primary care payments are tied to patient experience and outcomes, and not volume or face-to-face visits.	✓	✓	✓	✓	✓	✓	✓

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PBGH PACIFIC BUSINESS GROUP ON HEALTH

National Alliance of Healthcare Purchaser Coalitions Driving Innovation, Health and Value

Also endorsed by AARP, National Partnership for Women & Families, IPFCC

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60+ Members

From AARP to URAC, with 62 organizations in between

96% of PCC members renewed in 2021

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PCC's Three Strategic Priorities

1

Broaden recognition that primary care is central to high value care

2

Increase and reform primary care payment to achieve Shared Principles

3

Catalyze and influence primary care delivery system reform to achieve Shared Principles

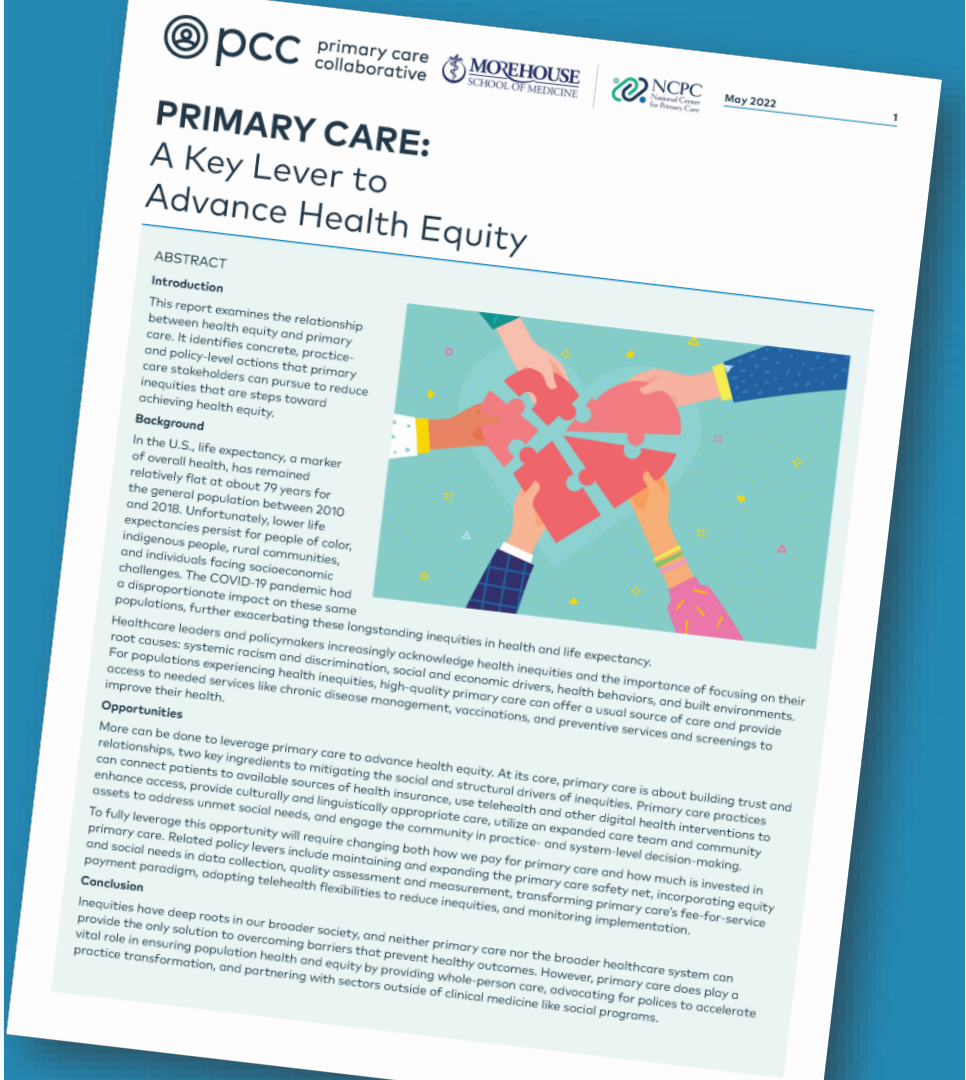
PCC Board 2020: All Efforts Through an Equity Lens

Thought Leadership

- by Ann Greiner and Frederick Isasi, *The Hill,* 4/27/22
- ” ” — co-authored by Allan H. Goroll, MD, Stephen C. Schoenbaum, MD, MPH, and Ann Greiner, in *New England Journal of Medicine*
- “ ” by Elizabeth Mitchell, president and CEO of the Purchaser Business Group on Health, and Ann Greiner, in First Opinion on STAT
- “ ,” co-authored by Ann Greiner, Darilyn Moyer and Anand Parekh, Bipartisan Policy Center, in Forbes
- “ ,” by Ann Greiner and Larry McNeely, in Healio

PC: Advancing Health Equity

A Report Co-Authored by PCC & NCPC/Morehouse


pcc primary care collaborative | MOREHOUSE SCHOOL OF MEDICINE | NCPC National Center for Primary Care

May 2022 1

PRIMARY CARE:
A Key Lever to Advance Health Equity

ABSTRACT

Introduction

This report examines the relationship between health equity and primary care. It identifies concrete, practice- and policy-level actions that primary care stakeholders can pursue to reduce inequities that are steps toward achieving health equity.

Background

In the U.S., life expectancy, a marker of overall health, has remained relatively flat at about 79 years for the general population between 2010 and 2018. Unfortunately, lower life expectancies persist for people of color, indigenous people, rural communities, and individuals facing socioeconomic challenges. The COVID-19 pandemic had a disproportionate impact on these same populations, further exacerbating these longstanding inequities in health and life expectancy.

Healthcare leaders and policymakers increasingly acknowledge health inequities and the importance of focusing on their root causes: systemic racism and discrimination, social and economic drivers, health behaviors, and built environments. For populations experiencing health inequities, high-quality primary care can offer a usual source of care and provide access to needed services like chronic disease management, vaccinations, and preventive services and screenings to improve their health.

Opportunities

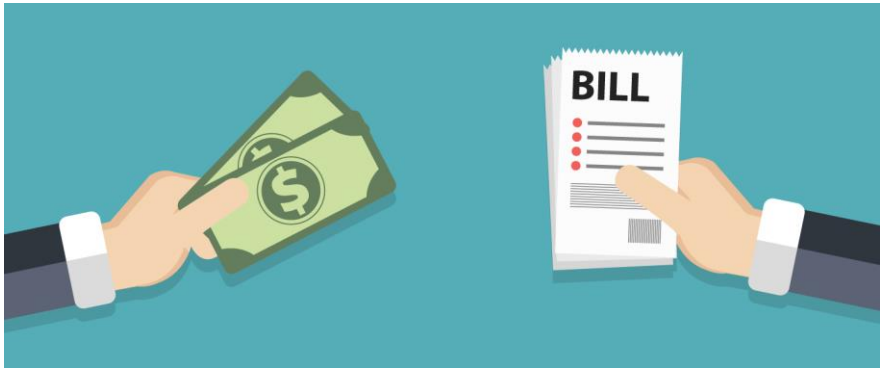
More can be done to leverage primary care to advance health equity. At its core, primary care is about building trust and relationships, two key ingredients to mitigating the social and structural drivers of inequities. Primary care practices can connect patients to available sources of health insurance, use telehealth and other digital health interventions to enhance access, provide culturally and linguistically appropriate care, utilize an expanded care team and community assets to address unmet social needs, and engage the community in practice- and system-level decision-making.

To fully leverage this opportunity will require changing both how we pay for primary care and how much is invested in primary care. Related policy levers include maintaining and expanding the primary care safety net, incorporating equity and social needs in data collection, quality assessment and measurement, transforming primary care's fee-for-service payment paradigm, adapting telehealth flexibilities to reduce inequities, and monitoring implementation.

Conclusion

Inequities have deep roots in our broader society, and neither primary care nor the broader healthcare system can provide the only solution to overcoming barriers that prevent healthy outcomes. However, primary care does play a vital role in ensuring population health and equity by providing whole-person care, advocating for polices to accelerate practice transformation, and partnering with sectors outside of clinical medicine like social programs.

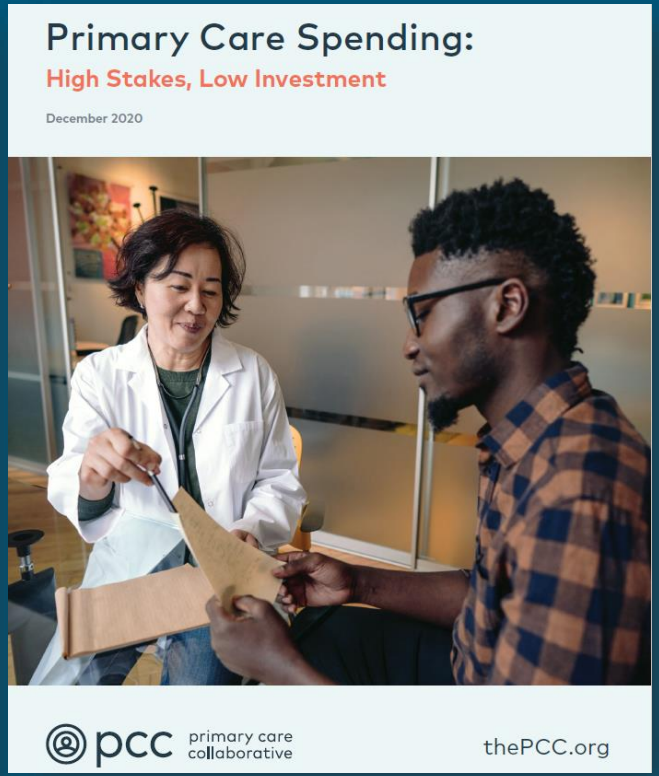
PCMH/APC Contributes to Outcomes, But…



The Models are <u>underpowered</u>

- Insufficient investment in primary care/PCMH
- Most primary care practices are still paid on a fee–for–service basis
- Lack of alignment across the medical neighborhood

PCC Reports on Primary Care Spend in 2019 & 2020

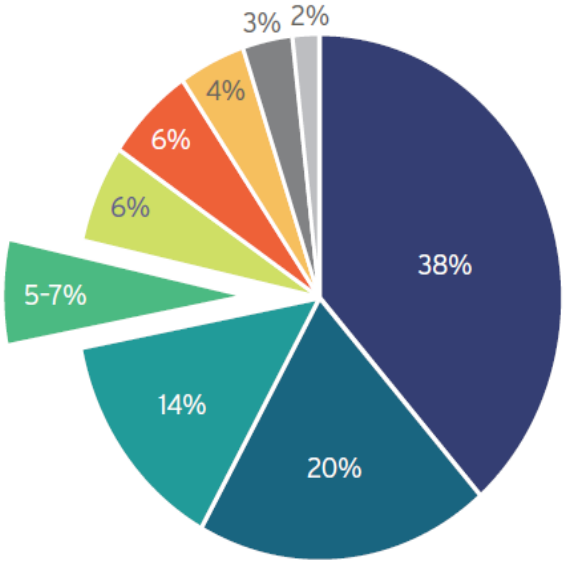


U.S. Primary Care Spend Low & Falling

European countries spend double and more

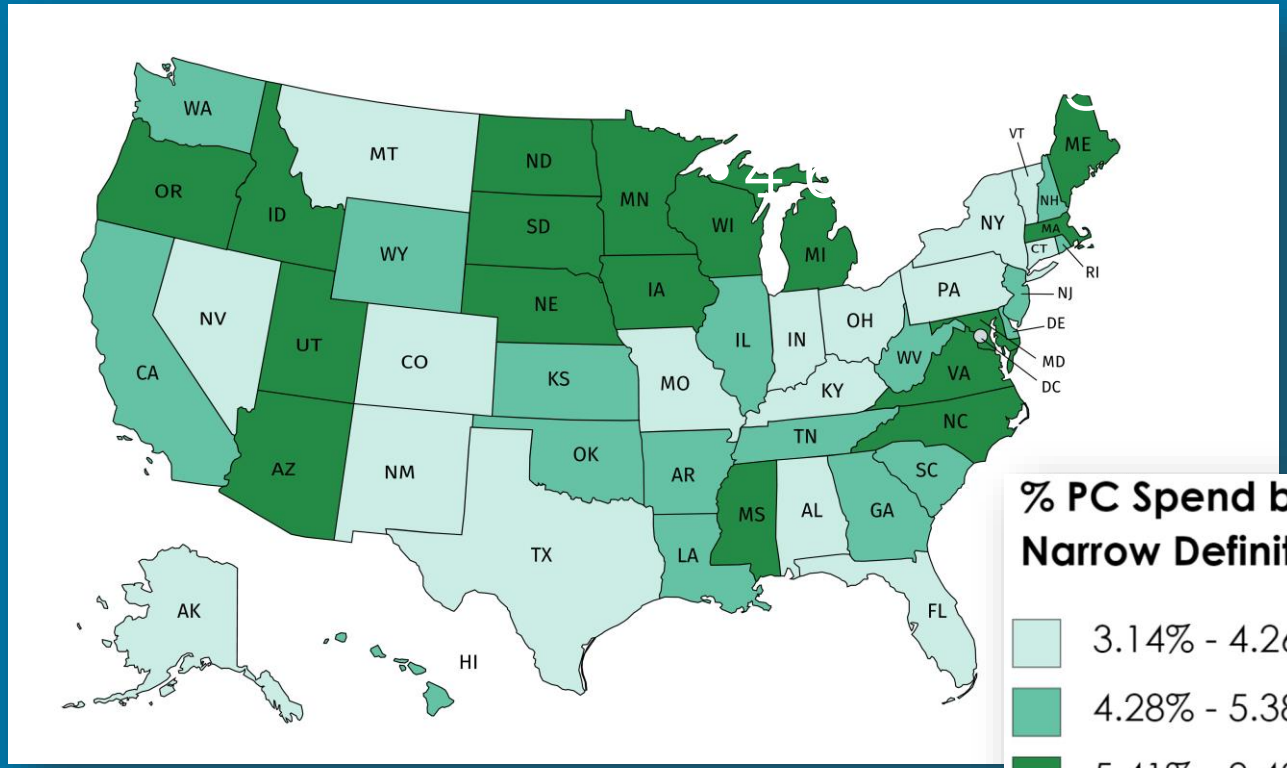
Health Care Spending

- Hospital care
- All other physician and professional services
- Prescription drugs and other medical nondurables
- Primary care
- Nursing home care
- Other health, residential, and personal care
- Dental services
- Home health care
- Medical durables



Variation Across States (and Plans)

Narrow Definition



2019 U.S. Average: 4.67%

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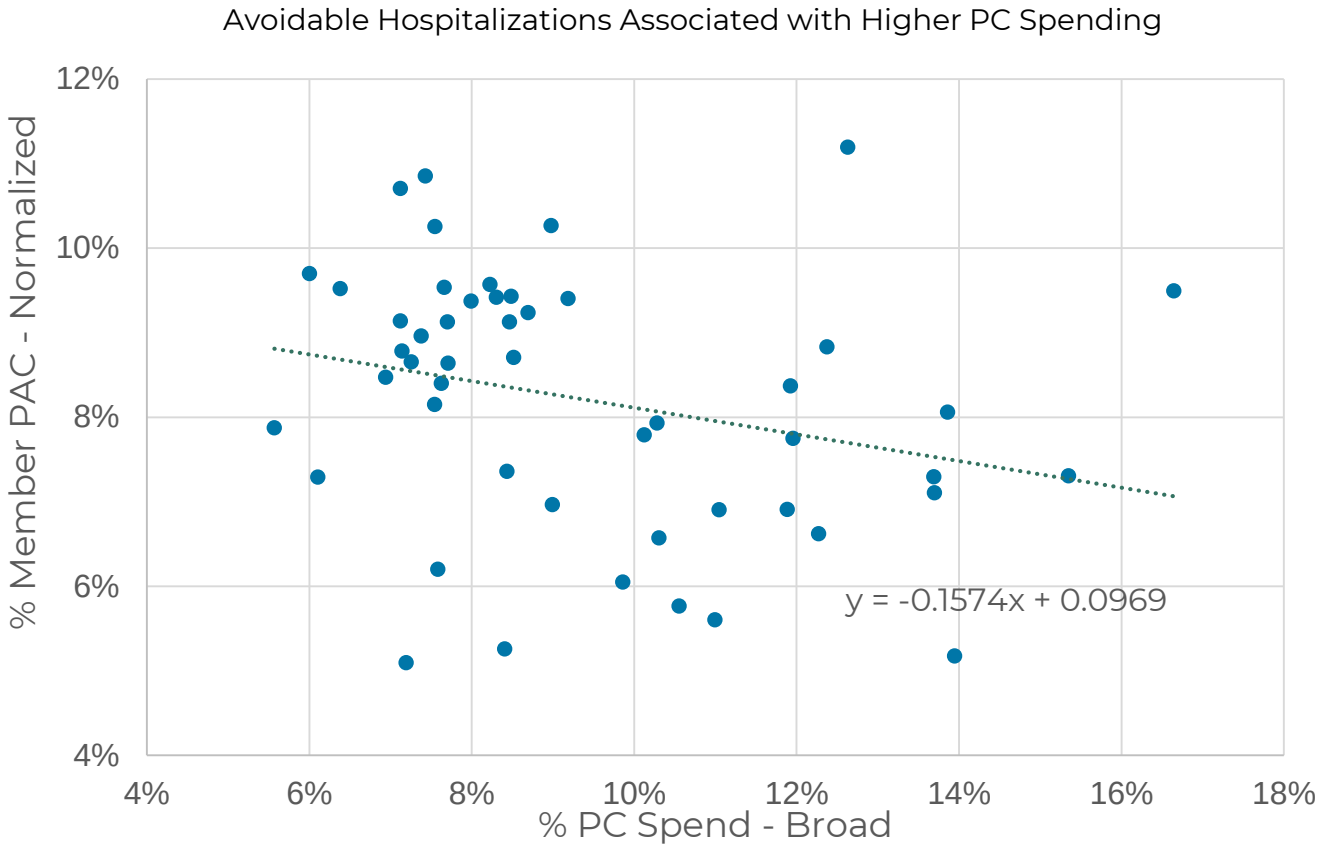
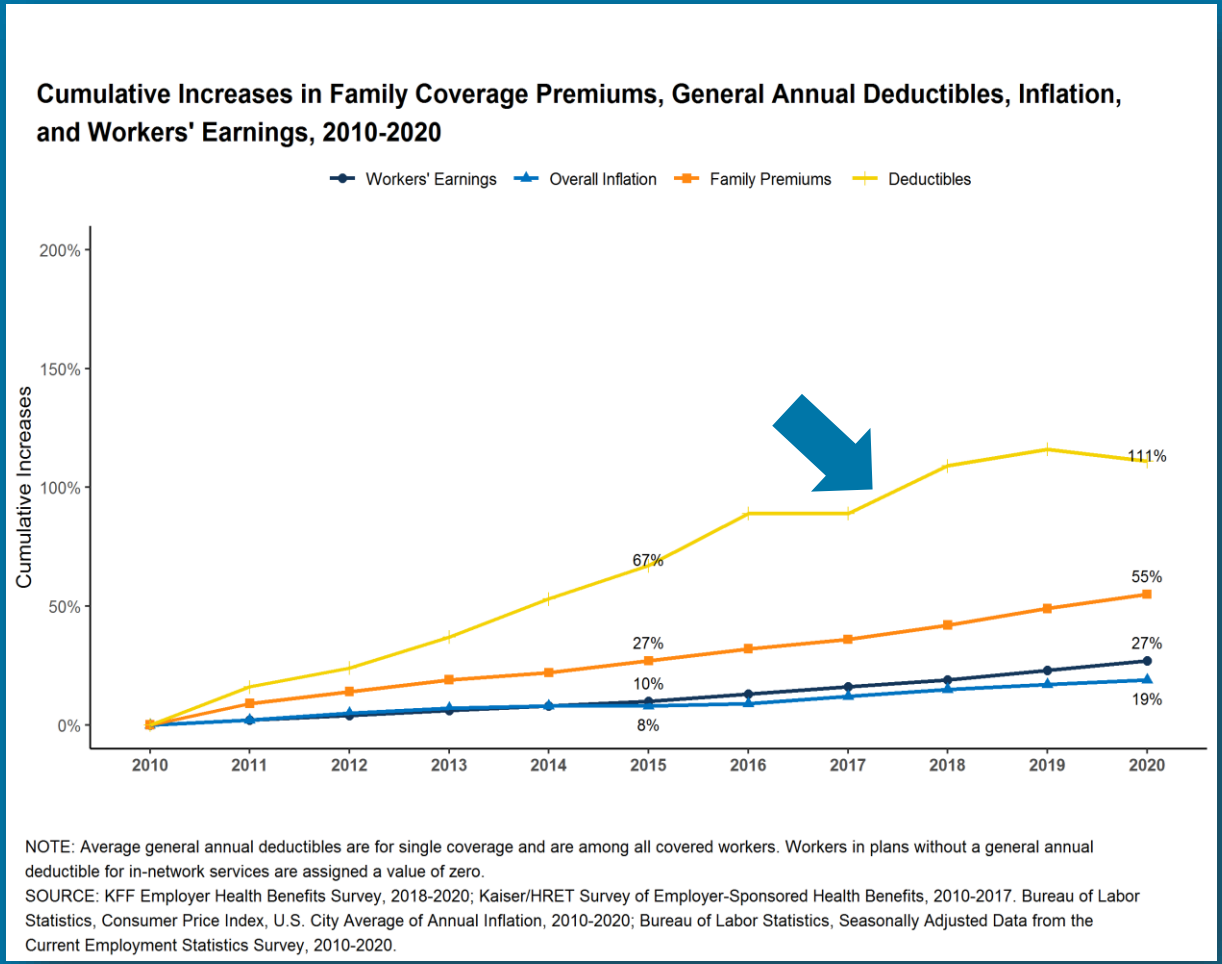
Higher PC Spending Associated With Avoidable Hospitalizations

More investment in primary care is also associated with < ED visits and < overall hospitalizations



Declines in PC Spending, Utilization Coincide with Sharp Rise in Deductibles



NOTE: Average general annual deductibles are for single coverage and are among all covered workers. Workers in plans without a general annual deductible for in-network services are assigned a value of zero.
SOURCE: KFF Employer Health Benefits Survey, 2018-2020; Kaiser/HRET Survey of Employer-Sponsored Health Benefits, 2010-2017. Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation, 2010-2020; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 2010-2020.

Other indications that the U.S. system is turning away from primary care

Adult PC visits fell 24% between 2008–2016 for the commercially insured; visits to specialists remained stable

Annals of Internal Medicine, 2020

The % of non–elderly adults reporting "usual source of care" has been flat since 2016

KFF – Peterson Health Tracker

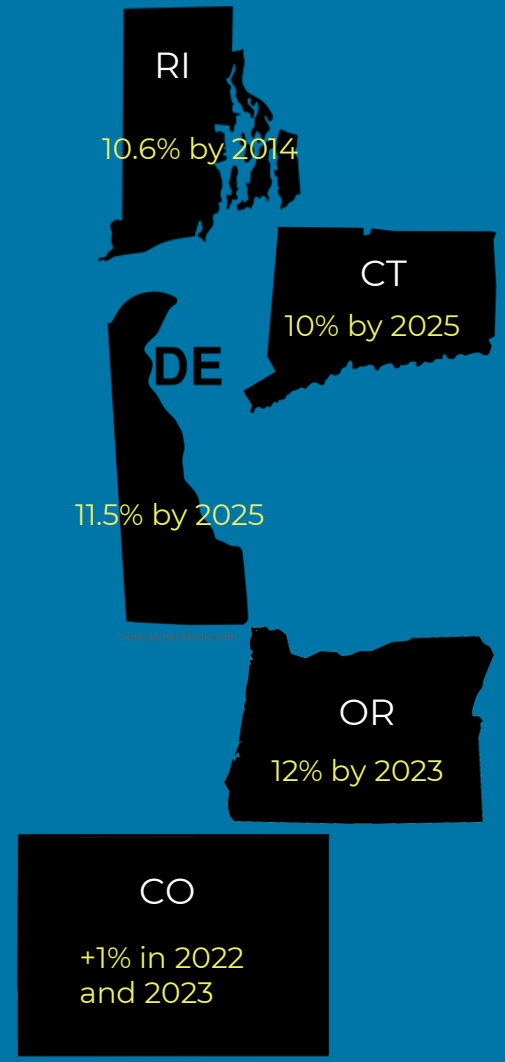
Lower rates reported by Black, Latinx adults

Commonwealth Fund, 2020

State Leaders Reorienting toward Primary Care

- In 2018, 2 states had published reports, enacted legislation, laws or regulations to measure and/or invest more in primary care. As of May 2022, there are 14, with more possible. (CO, CT DE, MA, ME, NE, NH, OR, RI, UT, VT, WA Medicaid only: NJ, WV)

- 6 states have set targets for primary care spending in legislation without growing total cost of care. (CO, CT, DE, OR, RI, WA)



We Launched 3/29!

Better Health NOW

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

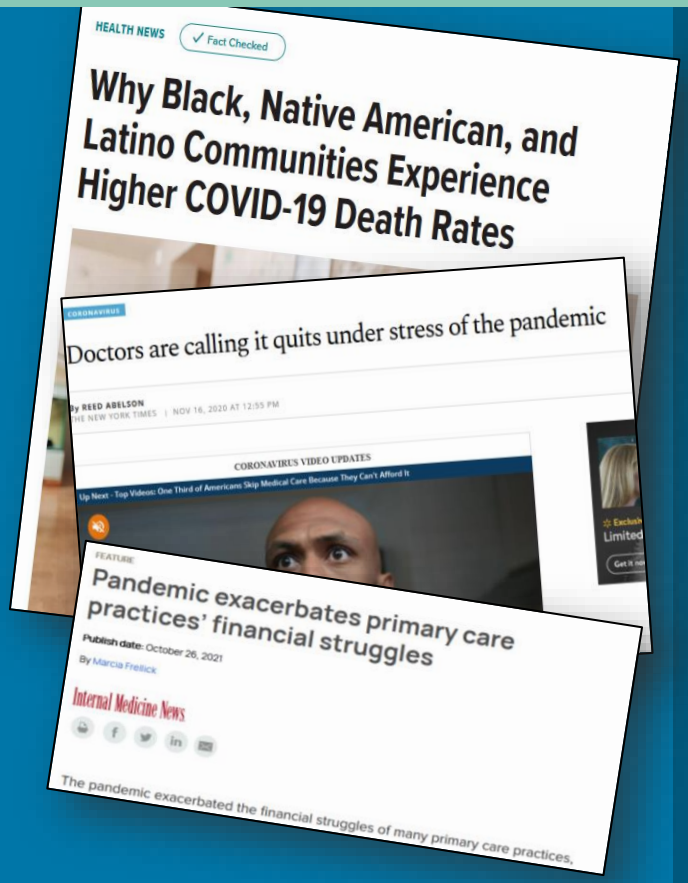
Executive Director
ARIADNE LABS - HARVARD MEDI SCHOOL

Rebecca Etz, PHD

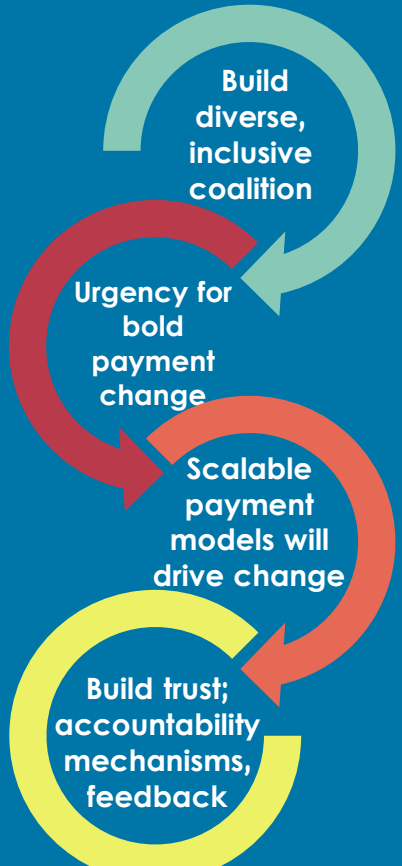
Co-Director
LARRY A. GREEN CENTER

Motivations for Our Campaign

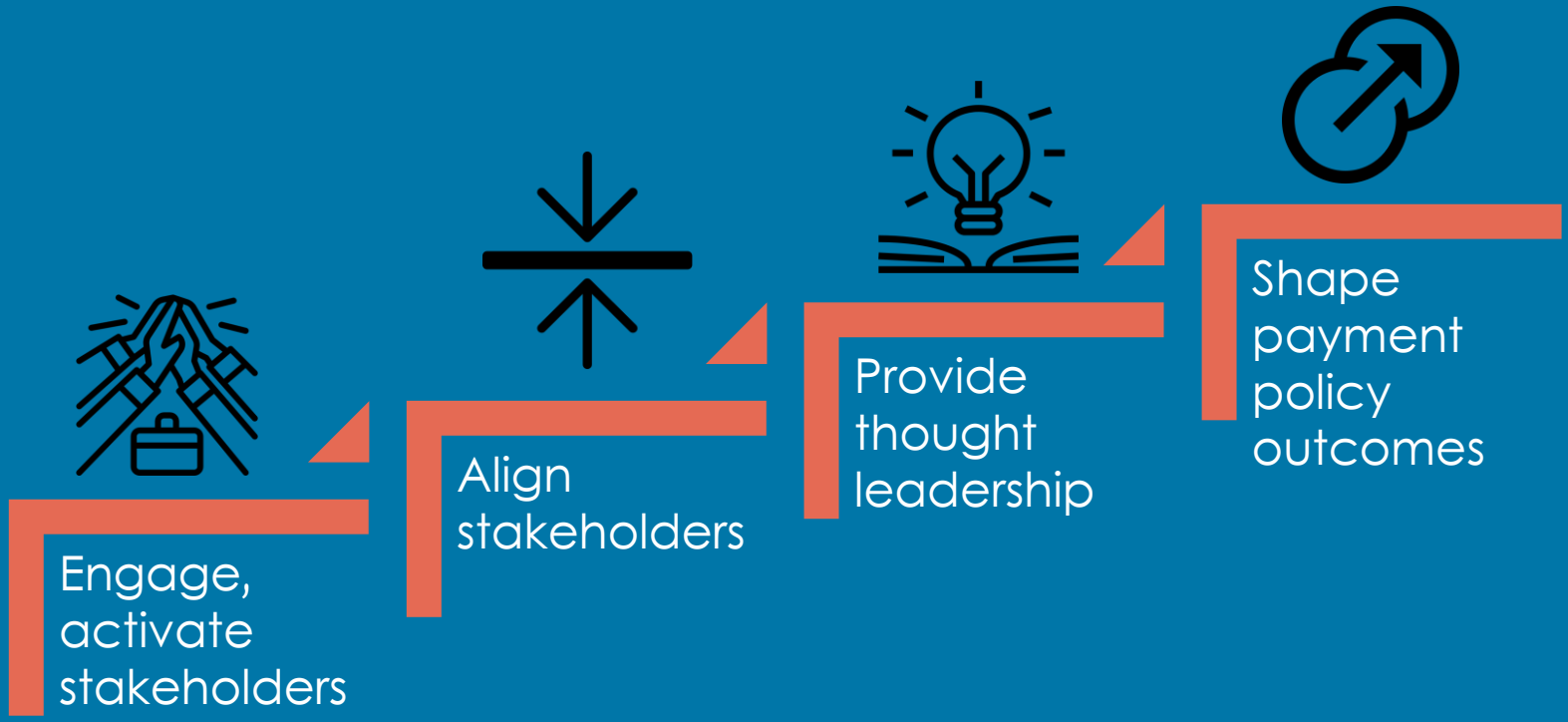
Strengthening APC Models to Achieve the Shared Principles & Address Pressing Health Issues



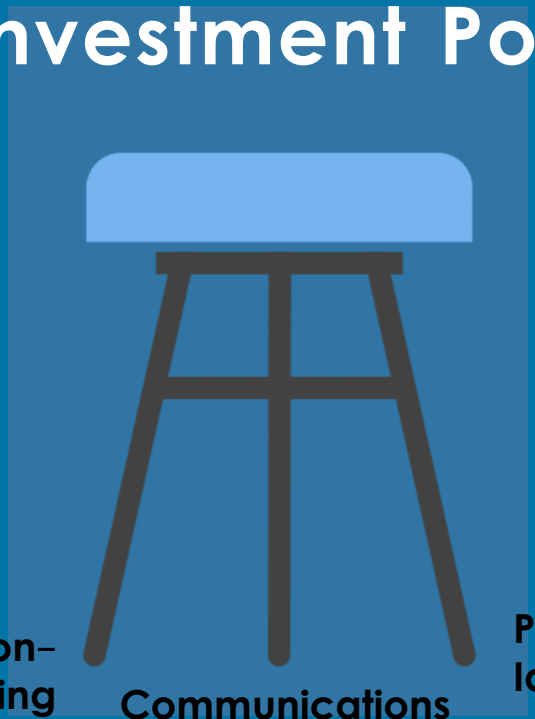
PCC's Theory of Change



The Path Forward



Shaping the Environment for Bold Payment + Investment Policies



Further Coalition–Building

Communications & Education

Policy Development & Identification

Thanks to our funders

The Commonwealth Fund

Better Health NOW

A campaign of pcc primary care collaborative

44+ signatories

Concordance Recommendations for Primary Care Payment and Investment

Better Health NOW

A campaign of pcc primary care collaborative

The COVID-19 pandemic, coupled with the heightening national awareness of the persistence of racism and other structural inequities, shone a harsh spotlight on the urgent need for a more resilient, equitable, and higher-value healthcare system for our nation. Primary care must be at the center of the transformed health system we need to ensure that everyone in the country has an equitable opportunity to attain the best possible health and wellness and bend the healthcare cost curve over time. To succeed in this transformation and improve healthcare delivery, we need better healthcare payment systems as well as significant up-front investment in health care in the communities that have been systematically under-resourced and structurally disadvantaged.

The Primary Care Collaborative (PCC) has committed to advancing a set of recommendations designed to achieve a higher-value health system built on the foundation of high-quality, comprehensive primary care[1] to produce better population health, greater affordability, and the reduction of racial, ethnic, and other structural inequities that sap the health and vibrancy of many communities across the country. In the summer and fall of 2021, the PCC convened two meetings to discuss using the National Academies of Sciences, Engineering, and Medicine (NASEM) primary care report's five payment recommendations[2] as a launching point for healthcare transformation that improves value and achieves health equity.

1. Primary care payment should create pathways to rapidly transition from a predominantly fee-for-service model to a predominantly population-based prospective payment (hybrid) model coupled with up-front and ongoing investments and guardrails to ensure that patients and communities most affected by health and health care inequities, and the primary care clinicians and teams that care for them, realize the benefits of a higher-value health system.

   These payment pathways should include adjustment for health status, risk, social drivers of health and social risk, historic under-investment, and other elements. Such hybrid models should be implemented and aligned across payers, while being mindful of practice heterogeneity, preserving the viability of primary care clinicians who have earned the trust of structurally disadvantaged communities, providing culturally congruent, care, and supporting greater adoption of telehealth. There should be a pathway for practices to voluntarily pursue higher levels of prospective payment at an even quicker pace with sufficient support.

[1] See the Shared Principles of Primary Care, available at www.pcpcc.org/about/shared-principles, and the Attributes of Advanced Primary Care, available at www.pcpcc.org/resource/attributes-advanced-primary-care

[2] See National Academies of Sciences, Engineering, and Medicine. 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25983.

1

PCC Concordance Recommendations

Elevator Speech Version:

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

More Granularity re: Recommendations

1. Rapidly move to predominantly hybrid payment
2. Ongoing and needed investment must be re-balanced toward primary care and sufficient to support comprehensive care and teams
3. Risk adjust payments for medical complexity and social vulnerabilities
4. Patient matching is encouraged, along with the ability to make changes
5. Medicaid payment parity is critical to address inequities and a key step to hybrid PC Medicaid models

Concordance Recs to High-Level Policy Priorities

1. Pivot to Primary Care

- Payers succeed by pivoting resources to primary care
- Metrics focus on outcomes
- Robust teams responsive to community needs
- Medicaid matters most for equity; Medicare matters for scale

2. Pay for What We Want: Better Health

- Payers empower primary care with hybrid+ prospective payment option(s)
- Prioritize prevention, chronic condition management
- Offer whole-person care, including behavioral health

3. Address Social, Economic Barriers to Better Health

- Promote personal care relationship
- Lower/no cost-sharing for primary care
- Offer care continuity, convenience via in-person, virtual options
- Connect patients to community supports

How Can My Organization Get Involved?

Campaign Participant

- Become a PCC Executive Member
- Sign–on to Concordance Recommendations
- Shape Campaign Policy, Communications

OR Campaign Supporter

- Sign–on to Concordance Recommendations

Contact: **to discuss**

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Discussion