



Strengthening Primary Care: HHS Issue Brief and CTC-RI

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HHS Initiative to Strengthen Primary Health Care

- **Launch**
 - September 2021; coordinated by the Office of the Assistant Secretary for Health (OASH)
- **Aim**
 - Strengthen the federal foundation
 - For the provision of whole person primary care in our nation
 - To improve the health of individuals, families, and communities
 - To improve health equity
- **First Deliverable**
 - Coordinated set of HHS-wide actions
 - HHS Issue Brief to Strengthen Primary Care

Collaborating HHS Agencies

- ▶ Administration for Children and Families
- ▶ Administration for Community Living
- ▶ Administration for Strategic Preparedness and Response
- ▶ Agency for Healthcare Research and Quality
- ▶ Centers for Disease Control
- ▶ Centers for Medicare and Medicaid Services
- ▶ Food and Drug Administration
- ▶ Health Resources and Services Administration
- ▶ Indian Health Services
- ▶ National Institutes of Health
- ▶ Office of the Assistant Secretary for Health
- ▶ Office of the Assistant Secretary for Planning and Evaluation
- ▶ Office of the National Coordinator of Health Information Technology
- ▶ Substance Abuse and Mental Health Services Administration

HHS Issue Brief to Strengthen Primary Care

- ▶ Publicly released, November 2023
- ▶ Aim:
 - ▶ Share HHS primary care activities and foster collective action among stakeholders
- ▶ Overview of actions taken by HHS and planned actions to strengthen primary care
- ▶ Actions aligned with 2021 NASEM primary care report

HHS Issue Brief: Highlights of Actions

New value-based care and payment models to support whole-person care

- CMMI models: Making Care Primary, AHEAD
- CMMI Primary Care Strategy: Medicare Shared Savings Program as a platform for primary care hybrid payment - scaling and sustainability
- CMS approval of a Section 1115 Demonstration for Massachusetts Medicaid that includes a value-based primary care prospective payment for Massachusetts Medicaid Accountable Care Organizations.
- Use of social risk adjustment in CMMI models
- Support for provider-to-provider consultations

Medicare Physician Fee Schedule

- Payment for community health workers and navigators; assessing and addressing unmet social needs
- Additional payment for visits where a provider is longitudinally treating a patient's single, serious, or complex chronic condition
- Maintenance of telehealth flexibilities for FQHCs and rural health clinics (thru Dec 2024)

HHS Issue Brief: Highlights of Actions

Primary Care Workforce

- Increased funding for loan repayment, scholarships, community-based primary care residencies
- Community health worker training, apprenticeships, and scholarships
- Supporting the training and certification of community health workers, peer support counselors, and public health aides in Indian Country
- Preparing community health workers to connect people to primary care and support continuous, long-term relationships with primary care
- Support for health workforce well-being
- Support for the nursing workforce

Highlights of Actions

Access

- CMS accountable care goals and Medicaid/CHIP access and equity strategy
- Promotion of patient and community advisory boards in NOFOs
- Grant funded programs to enhance partnerships between public health departments, community-based organizations, and primary care providers.
- Advancement of community care hubs through infrastructure funding as well as a National Learning Community and other technical assistance

Behavioral Health and Primary Care Integration

- Medicare reimbursement for behavioral health providers on multidisciplinary teams
- Virtual access for pediatric practices to mental health care teams
- HRSA funding for behavioral health training of primary care clinicians, including through the Integrated Substance Use Disorder Training Program
- Expansion of primary health care with mental health services in school-based health centers

Highlights of Actions

Health IT and Digital Health

- Development and implementation of national standards for health data interoperability
- High-speed internet for rural residents/businesses
- State/territory digital health equity plans
- Support for HIE between primary care providers and community-based organizations pharmacies, public health departments, clinical labs and other clinical settings
- Reduction in regulatory and administrative burdens relating to the use of health information technology and electronic health records, including for prior authorizations

Highlights of Actions

Primary Care Research

- Support for community-led research on interventions to address social determinants of health
- Development and implementation of an HHS Primary Care Research Strategy
- Tracking primary care research funded by the AHRQ and the National Institutes of Health (NIH)

Where do we go from here? *Build on HHS Actions*

- ▶ Engage on CMMI primary care strategy - MSSP as a platform for transformation sustainability
- ▶ Replicate MA Medicaid Section 1115 Demonstration- a value-based primary care prospective payment for Massachusetts Medicaid Accountable Care Organizations
- ▶ Study the flow down of hybrid payments to frontline primary care providers and teams
- ▶ Increase investment in primary care and align incentives - Build from the AHEAD model
- ▶ Next steps from AHRQ technical brief on primary care spending measures
 - CMS measure primary care spend (note this is being done in CMMI models)
 - Development of a primary care workforce registry
- ▶ Scale and optimize HRSA workforce programs; optimize GME
- ▶ Build on NIH tracking primary care research and HHS developing a primary care research agenda - next step, investing more

HHS Primary Care Dashboard

▶ Purpose:

- ▶ Monitor the "health" of the primary care system in our nation and the impact of actions HHS takes to strengthen primary care

▶ First phase aim:

- ▶ Identification of metrics to include in an HHS Primary Care Dashboard

▶ Where do we go from here:

- ▶ **Make the Dashboard a federal priority** - funding support, Congressional directive, Executive Order

▶ Address data gaps:

- ▶ Improve the usual source of care measure
- ▶ Collect data on: primary care visit wait times; subpopulations to stratify data for health equity; patient experience; provider experience; primary care compensation and flow down; workforce disciplines and diversity