

August 17, 2022

Judith Steinberg, Senior Advisor
Office of the Assistant Secretary for Health
Department of Health and Human Services
200 Independence Avenue S.W., Room 715-G
Washington, D.C. 20201

RE: Request for Information (RFI): HHS Initiative to Strengthen Primary Health Care

Dear Senior Advisor Judith Steinberg:

Families USA, a leading national voice for health care consumers, is dedicated to the achievement of high quality, affordable health care and improved health for all. We seek to make concrete and tangible improvements in health care that make a real difference in people's lives.

Thank you for the opportunity to aid the HHS Initiative to Strengthen Primary Health Care (the Initiative) through commenting on methods that will strengthen primary health care (primary care). Central to improving the health of our nation's families is ensuring a strong primary care system where providers are valued and empowered.¹ Given our focus on providing high-quality care throughout the health care system, our comments focus on opportunities to improve primary care in Medicare. Medicare payment and delivery policy establishes a standard often adopted by other payers, including commercial insurers and Medicaid. Improving primary care for Medicare beneficiaries offers an important opportunity to not only strengthen the Medicare program but also signal to other payers the need to realign economic incentives and operability to meet the needs of all children and adults across the country.

The following policy recommendations would go a long way to catalyze the transformational change needed in primary care. We ask that these comments, and all supportive citations referenced herein, be incorporated into the administrative record in their entirety.

Our comments focus on the following sections of the request for information:

- Successful Models or Innovations for Primary Health Care
- Successful Strategies to Engage Communities
- Proposed HHS Actions to Advance Health through Strengthened Primary Health Care

¹ Naomi Freundlich and staff of The Commonwealth Fund, "Primary Care: Our First Line of Defense," The Commonwealth Fund, June 12, 2013, <https://www.commonwealthfund.org/publications/other-publication/2013/jun/primary-care-our-first-linedefense>.

Successful Models or Innovations for Primary Health Care

Central to improving the health and health care of our nation's families is ensuring that the U.S. health care system has a robust and comprehensive primary care system. Health systems with a foundation in robust and comprehensive primary care achieve better, more equitable health outcomes and at a lower cost.² Primary care can and should provide comprehensive, person-centered, relationship-based care that considers the needs and preferences of individuals, families and communities, and used throughout a person's life. For far too long, primary care has been undervalued and resource-deprived in the U.S. health care system, resulting in a significant primary care workforce shortage and significantly impacting access to critical health care for our nation's families and individuals.^{3,4} The impacts of our crumbling primary care infrastructure were particularly evident during the COVID-19 pandemic, which further highlighted the broken economic incentives of relying on fee-for-service payment as the predominant payment model across the health care system -- including in primary care. Continued reliance on fee-for-service caused many primary care practices to close permanently or pushed them to the brink of insolvency due to financial uncertainty when volume-based care dropped.

Rebuilding our primary care infrastructure is absolutely foundational to delivering high quality, affordable and equitable care to all people across the country. As defined by the National Academies of Medicine landmark primary care report, the foundation of high quality primary care is based on the following concepts: integrated, whole person health; interprofessional care teams; foundational, sustained relationships between the interprofessional care team and patients and families; community role in primary care; equitable access to primary care; and diversity of settings and modalities used to deliver primary care.⁵ Transforming primary care payment is a key step in rebuilding our primary care infrastructure and equipping primary care providers with the tools and resources needed to improve health and deliver high quality, equitable and affordable health care.

The basis for transformation of primary care payment and delivery already exists through Patient Centered Medical Homes and more advanced primary care medical home models such as Comprehensive Primary Care Plus and Primary Care First. These models not only encompass the key tenets of a high-quality primary care delivery system but also take important steps to transition primary care payment away from fragmented FFS payment towards capitated payment arrangements and accountability for the total cost of care and population health management. Primary care is also a central component in the Medicare Shared

² Primary Care Collaborative, *Primary Care Spending: High States, Low Investment*, December 2020, <https://www.pcpcc.org/resource/evidence2020>.

³ Medicare Payment Advisory Commission (MedPAC), "Chapter 5: Issues in Medicare Beneficiaries' Access to Primary Care," in Report to Congress: Medicare and the Health Care Delivery System, June 2019, http://www.medpac.gov/docs/defaultsource/reports/jun19_ch5_medpac_reporttocongress_sec.pdf.

⁴ Melinda Abrams, Corinne Lewis, Reginald Williams, and Laurie Zephyrin, *Primary Care in High-Income Countries: How the United States Compares*, The Commonwealth Fund, March 2022, <https://www.commonwealthfund.org/publications/issue-briefs/2022/mar/primary-care-high-income-countries-how-united-states-compares>

⁵ National Academies of Sciences, Engineering, and Medicine, *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*, National Academies Press, 2021, <https://nap.nationalacademies.org/download/25983>

Savings Program and the Accountable Care Organization Realizing Equity, Access and Community Health (ACO REACH) model as well as other ACO models that shift towards population health management and value-based payment methodologies. As HHS continues to operate these models and design new primary care models, it is critical to ensure that primary care providers with different levels of readiness to transition into value-based payment are not prohibited from participating in payment and delivery models based on their readiness. This often means that primary care practices need upfront investments to support their ability to meet the technical requirements of participating in a model as well as other technical assistance and support.

Families USA encourages HHS to continue investing in primary care through the implementation of advanced primary care medical homes and adjusting existing models to better facilitate primary care provider model participation. Primary care medical home models should continue to focus on building a sustainable payment model to support high quality primary care delivery, namely shifting away from FFS payment towards prospective, ongoing, capitated payment arrangements through alternative payment models.

Successful Strategies to Engage Communities

The COVID-19 pandemic has taught us that in order to be successful reaching all communities, health providers must partner authentically with each other as well as community leaders to truly deliver comprehensive care. Creating successful models requires integrated, community-based care teams that actively and iteratively evaluates key measures such as access, consumer experience, patient-caregiver engagement, care continuity, care management, care coordination and comprehensiveness. During the pandemic, and even before, the most promising practices were designed and implemented by teams that included health practitioners, social service providers (e.g., housing, food, employment), community health workers, promotoras, and community-based organizations that worked collaboratively in a shared decision-making process.^{6,7,8,9} This structure not only allowed for cross-coordination of services, but created a bidirectional communication system that facilitated the sharing of knowledge, data and reliable information about patient needs.⁹ Multisector tables composed of plans, providers, community members, and professionals from other sectors (e.g., housing, criminal justice) that interface with health can aid the decision-making process on how health care dollars should be allocated to meet community need.

⁶ Lauren Taylor, et. al., *Leveraging the Social Determinants of Health: What Works?*, NIH National Library of Medicine, August 2016, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4988629/>.

⁷ Cheryl Fish-Parcham, Shylae Jones, Stephanie Jean-Louis, and Lisa Hunter, *Community Voices: Recommendations to State Policymakers for Advancing Health Equity*, Families USA, March 2022, <https://familiesusa.org/resources/community-voices-recommendations-to-state-policymakers-for-advancing-health-equity/>.

⁸ Community Preventive Services Task Force, "Cardiovascular Disease: Interventions Engaging Community Health Workers," Guide to Community Preventive Services, accessed October 26, 2016. <https://www.thecommunityguide.org/findings/cardiovascular-disease-prevention-and-control-interventionsengaging-community-health>

⁹ Audrey Richardson, *Community Voice and Equitable Policymaking in the United States: Lessons Learned from COVID-19 Vaccine Distribution*, Families USA, July 2022, <https://familiesusa.org/resources/community-voice-and-equitable-policymaking-in-the-united-states-lessons-from-covid-19-vaccine-distribution/>.

These successes can be applied to primary care by regularly releasing RFIs soliciting public feedback about primary care programs and policies, as well as encouraging providers to solicit and elevate feedback from key stakeholders (e.g., beneficiaries) receiving services under primary care models. By doing so, direct input on what is and isn't working in care systems and potential solutions for catalyzing necessary changes may be identified. **Families USA recommends HHS continue to solicit feedback about what is and isn't working in primary care by releasing RFIs for public comment and encouraging providers to engage independent conveners that can evaluate service delivery. Moreover, to facilitate the creation of diverse, multisector care teams, we encourage HHS to establish provisions in the Initiative that incentivize the development of multisector community-decision making tables that include practitioners, community leaders, and other pivotal social service providers with the purpose of coordinating service delivery to achieve community-based, whole-person care.**

Proposed HHS Actions to Advance Health through Strengthened Primary Health Care

Both Congress and CMS have long stated the goal of moving physician payment away from a FFS basis, most notably in that the Medicare Access and CHIP Reauthorization Act of 2015's (MACRA) incentive payments for clinicians participating in Advanced Alternative Payment Models (A-APMs) are designed to encourage clinicians to move toward these models. It is well established that the effort to create a glidepath for providers to transition out of the Merit Based Incentive Program (MIPS) track and into the A-APM track in the Quality Payment Program under MACRA has not yielded the desired results - most providers remain in MIPS, and MIPS itself has turned out to be a weak value-based payment structure.¹⁰ **In an effort to create a more sustainable payment system for primary care and the health care system overall, we encourage HHS to consider working with Congress to make sweeping changes to MACRA that would establish advanced alternative payment methodologies as the core reimbursement structure for primary care under the Medicare program.**

Thank you for considering these comments. If you or your staff have questions or concerns, please do not hesitate to contact Sophia Tripoli, Director of Health Care Innovations, at stripoli@familiesusa.org.

Sincerely,



[Frederick Isasi, JD, MPH]
Executive Director

¹⁰ J. Michael McWilliams, *MACRA – Big Fix or Big Problem?*, NIH Library of Medicine, May 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5513746/>.