ONLINE HILL BRIEFING
April 30th | 1:00 EST
The Stakes for Primary Care
Impact of COVID-19 on Primary Care Access and the Urgent Need for Action
Agenda and Logistics

- Welcome from Congressional Primary Care Caucus
- Why care about primary care?
- The experience for frontline providers
- The impact on employers and patients
- Legislative Recommendations
- Q&A
  - Participants may ask questions in the “chat box.” Questions will be held until the end of the presentation
Welcome from the Hill

Congressman Joe Courtney
Co-Chair, Primary Care Caucus
Welcome from the Hill

Congressman David Rouzer
Co-Chair, Primary Care Caucus
Why Primary Care?

Elizabeth Mitchell
President and CEO
Pacific Business Group on Health
Why Primary Care?

• Underlying facts:
  • US spends roughly twice as much per person on health care as other industrialized countries – roughly 18% of US economy
  • That cost is borne by all of us – taxpayers, employers, employees
  • Despite all that spending, we were caught unprepared for COVID-19
  • US spends less on primary care than most industrialized countries

• Primary care must form the foundation of a high-value, low-cost health care system.

• US health care system is far too focused on higher cost specialty care.

• Primary care is hurting – and Congress needs to act fast
Why Primary Care?

**PBGH – Practice Transformation for Advanced Primary Care**

**Network**

**Impact**

- $345M COST SAVINGS
- $6.63 SAVED PER $1 INVESTED
- $35K SAVED PER CLINICIAN
- 67K AVOIDED ED VISITS
- 59K AVOIDED HOSPITAL ADMISSIONS
- 26K DIABETICS WITH IMPROVED HbA1c CONTROL
- 700K PATIENTS WITH IMPROVED CARE PROCESSES
The Experience of Frontline Providers

Rebecca Etz, PhD, Co-Director, Larry A. Green Center
Tabitha Childers, MSN, APRN, Little Rock, AR
Beverly Jordan, MD, Enterprise, AL
Guy Culpepper, MD, Frisco/Dallas, TX
THE LARRY A. GREEN CENTER
Advancing Primary Health Care for the Public Good
Primary Care Is...

- 54% Office Visits
- 30% Workforce
- 7% Health Expenditure
- 0.2% NIH Research Funding
Quick COVID-19 Primary Care Survey

The Larry A Green Center
Primary Care Collaborative

9,584 Clinicians
7 weeks
The corrosive and debilitating new normal in primary care

- 75% severe near severe distress
- 60% no/limited testing ability
- 50% have no PPE

Quick COVID-19 Primary Care Survey: April 24-27
Financial collapse of primary care weeks away

- Decreased patient volume: 85%
- Paid for less than half of their work: 66%
- Furloughed or laid off staff: 47%

Quick COVID-19 Primary Care Survey: April 24-27
Financial collapse of primary care weeks away

11% will close in the next 4 weeks
2/3 concerned about closure
1/3 applying for loans

Quick COVID-19 Primary Care Survey: April 24-27
Virtual health is necessary and not sufficient

75% have patients with obstacles to virtual health

> 40% use virtual health for majority of care

Quick COVID-19 Primary Care Survey: April 24-27
New public health crises are brewing secondary to COVID-19

80% are limiting well and chronic care

- Preventive services
- Cancer screenings
- Missed vaccinations

Quick COVID-19 Primary Care Survey: April 24-27
COVID-19: the final fracture in a now broken social contract

Worthy of your trust
Wholeness of your dignity
Patient first

Societal investment in this basic good
Unshakeable Truth

Without immediate cash infusion, primary care fails... and the health system goes with it. The American public deserves better.

Rebecca Etz, PhD
www.green-center.org
The Experience of Frontline Providers

Jack Westfall, MD, MPH
Director
Robert Graham Center for Policy Studies in Family Medicine and Primary Care, AAFP
Where do people go for their respiratory illness? Primary care, and hospital care for COVID-Like Illness.
Potential family medicine office closures, cutbacks from COVID-19

At the end of March

750 counties with shortage
Potential family medicine office closures, cutbacks from COVID-19

At the end of June

1,841 counties with shortage
Impact on Patients

Sinsi Hernandez-Cancio, JD
Vice President for Health Justice
National Partnership for Women and Families
Downstream Impact on Payers / Employers

Elizabeth Mitchell
President and CEO
Pacific Business Group on Health
Employers Want Primary Care Reform

Primary care providers say they are unable to change the way they practice without fundamental changes in the way they are paid. How important do you feel it is to support payment reform to strengthen primary care throughout our health care system?

- Not important: 0%
- Somewhat important: 0%
- Important: 10%
- Very important: 90%
What Employers are Doing

1. Ensuring health plans are paying for Telehealth visits with primary care providers
2. Directing health plans to provide immediate cash flow relief during the COVID crisis via advance payments (following CMS lead)
3. Advancing payment reform
4. Helping transform primary care practices by supporting pilots advancing practice transformation
5. Coordinating requests of health plans and the delivery system for greater market impact through vehicles like PBGH’s Health Plan Playbook
6. Informing and influencing policymakers about how to improve primary care
What Employers Want

1. A strong patient-centered primary care delivery system in which providers are rewarded for helping their patients stay healthy at an affordable cost.

2. A primary care system that integrates with mental health for more holistic patient care.

3. A primary care system that excels at chronic disease management.

4. A health care delivery system that rewards patient-centered primary care teams as highly as specialty practitioners.
Industry Consolidation – Impact on Prices and Access

Percentages of Highly Concentrated Health Care Markets for Hospitals, Physician Organizations, and Insurers, 2016

- 90% Hospitals
- 65% Specialist Physicians
- 57% Insurers
- 39% Primary Care Physicians


In- and Out-of-Network Prices: Commercial

Source: "An Analysis of Private-Sector Prices for Physician Services," Congressional Budget Office Academy Health Annual Research Meeting; June 26, 2017
Legislative Recommendations

R. Shawn Martin
Senior VP, Advocacy, Practice Advancement, and Policy
American Academy of Family Physicians
Legislative Recommendations

Provide immediate financial assistance to ensure physician practices can survive the sudden and significant loss of revenue and can continue to serve their patients

- $20 billion of HHS Provider Relief Funds specifically allocated to physicians/physician practices
- Codify and extend the Medicare Advanced Payment Program through at least the end of 2020
- Authorize CMS to provide per beneficiary per month payments to primary care physicians for all attributed Medicare, Medicaid and CHIP beneficiaries
- Set-aside SBA Paycheck Protection Program funds for physician practices
Legislative Recommendations

**Ensure long-term sustainability by expanding opportunities for physician practices to participate in value-based payment models that increase investment in primary care**

- Direct the Secretary of HHS to expand the Primary Care First model, slated to begin January 1, 2021, nationwide
- Direct CMS to issue guidance to state health agencies to create flexibility allowing states to implement prospective, population-based payment models
- Direct Secretary of HHS to immediately release Clinician Quality Improvement Contractors (CQIC) funding for primary care practices
Legislative Recommendations

Promote telehealth coverage and reimbursement policies that maximize patients’ access to care while preserving and strengthening the physician-patient relationship

- Encourage all commercial health plans, including self-funded ERISA plans, to cover and reimburse telehealth visits at parity with in-person services for the duration of the public health emergency
- Require commercial, Medicare Advantage and Medicaid health plans to cover and reimburse all in-network providers for telehealth services, for duration of public health emergency
- For plans that voluntarily choose to waive telehealth cost sharing, require plans to waive telehealth cost-sharing uniformly for all in-network providers, for duration of public health emergency
Legislative Recommendations

Encourage **benefit design that prioritizes primary care** and reduces cost barriers

- Allow High Deductible Health Plans to waive cost sharing for primary care visits for the duration of the public health emergency
- Encourage all commercial health plans, including self-funded ERISA plans, to cover at least one primary care visit without cost sharing during the public health emergency
- Require health plans to notify enrollees about all COVID-related coverage changes, including which services are available without cost-sharing
Legislative Recommendations

Curtail health care provider consolidation and increase transparency

- Direct HHS to require providers certify that they will not engage in mergers or acquisitions of other health care providers within 12 months of receipt of CARES Act Provider Relief Funds, with reasonable hardship accommodations
- Direct HHS to require reporting on any mergers or acquisitions that occur within 12 months as a condition of receipt of CARES Act Provider Relief Funds
- Require the FTC to conduct a retrospective analysis of changes in physician practice ownership and report findings to Congress 6, 12 and 24 months after the public health emergency
Questions?

Contacts

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