

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



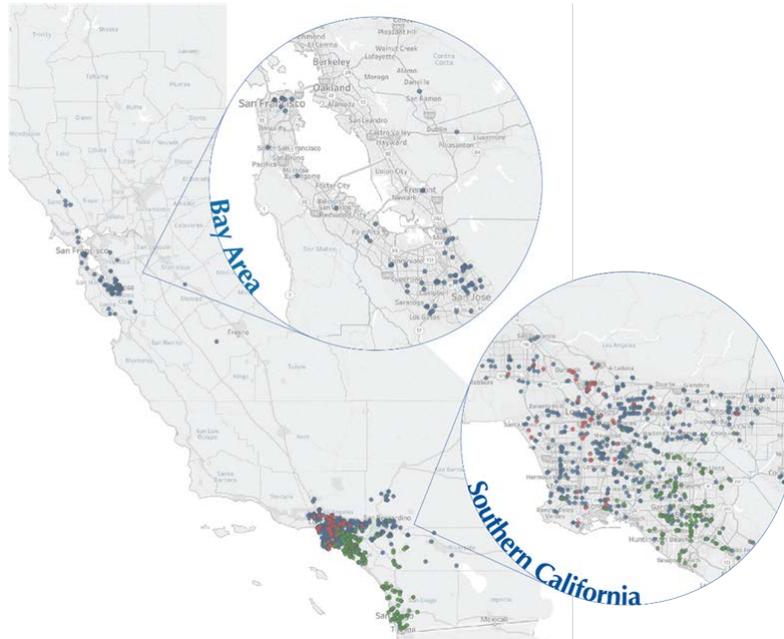
Why Primary Care?

- 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*

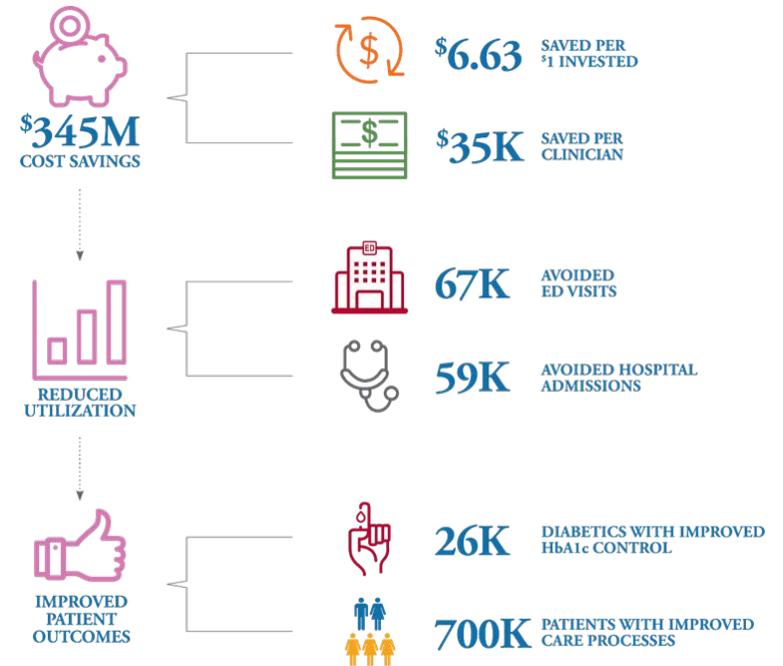
Why Primary Care?

PBGH – Practice Transformation for Advanced Primary Care

Network



Impact



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

American Academy of Family Physicians American Academy of Nurse Practitioners
American Academy of Pediatrics American Academy of Physician Assistants
American Board of Family Medicine American Board of Internal Medicine American
College of Clinical Pharmacy American Geriatric Society American College of
Physicians Anthem American Osteopathic Association Catalyst Health
Network Family Medicine Education Consortium Alliance Heart
of Virginia Health Care Lehigh Valley Health Network University of
Health Maine Medical Association North American Primary Care Group
National Committee on Quality Assurance National Patient First
Primary Care for All Oregon Practice-based Research Network Practice-
based Research Network Primary Care Centers Primary Care Quality Health
Network Society for General Internal Medicine Society of Family
Physicians The Institute for Integrative Health National Physicians
Group University of Missouri School of Medicine University of
System Virginia Center for Health Innovation Virginia Council of
Physicians Virginia Commonwealth University

Quick COVID-19 Primary Care Survey

The Larry A Green Center
Primary Care Collaborative

**9,584
Clinicians
7 weeks**

THE LARRY A.
Green Center

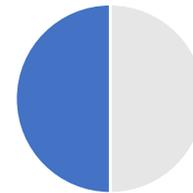
The corrosive and debilitating new normal in primary care



75% severe
near severe
distress



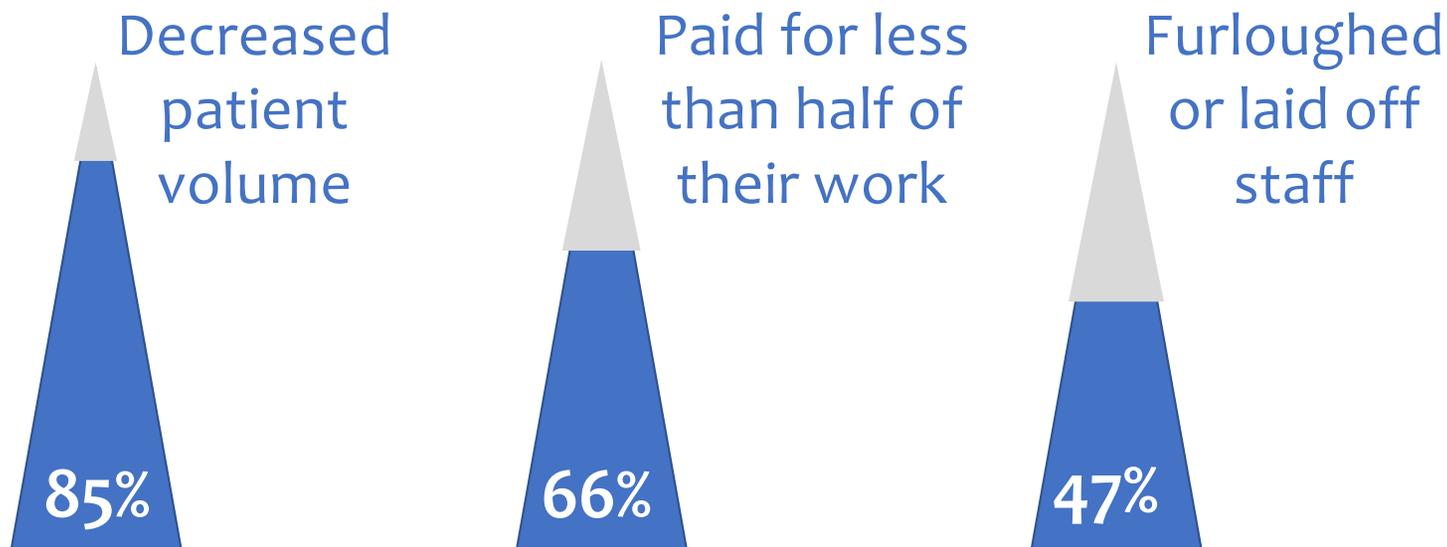
60% no/limited
testing ability



50% have
no PPE



Financial collapse of primary care weeks away



Financial collapse of primary care weeks away

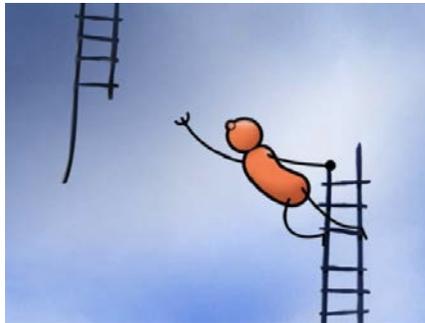
11% will close in the next 4 weeks

2/3 concerned about closure

1/3 applying for loans



Virtual health is necessary and not sufficient



75% have patients with obstacles to virtual health



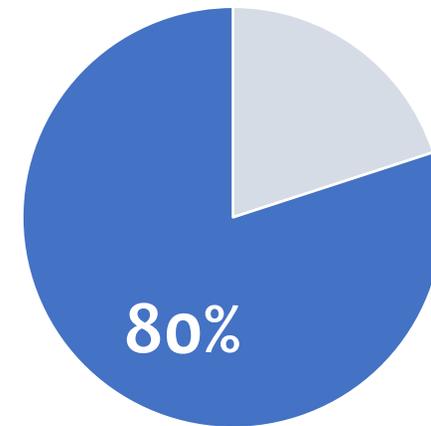
> 40% use virtual health for majority of care



New public health crises are brewing secondary to COVID-19

80% are limiting well and chronic care

- ? Preventive services
- ? Cancer screenings
- ? Missed vaccinations



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

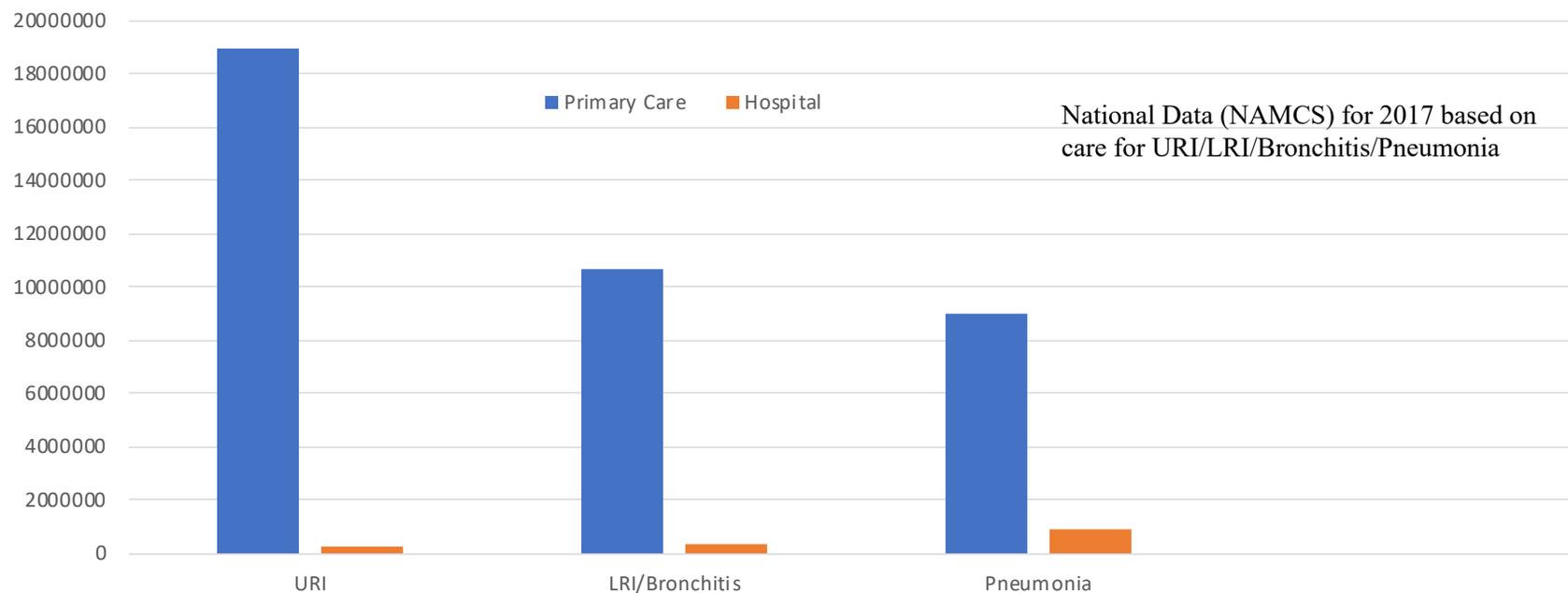
The Experience of Frontline Providers

Jack Westfall, MD, MPH

Director
Robert Graham Center for Policy Studies
in Family Medicine and Primary Care , AAFP

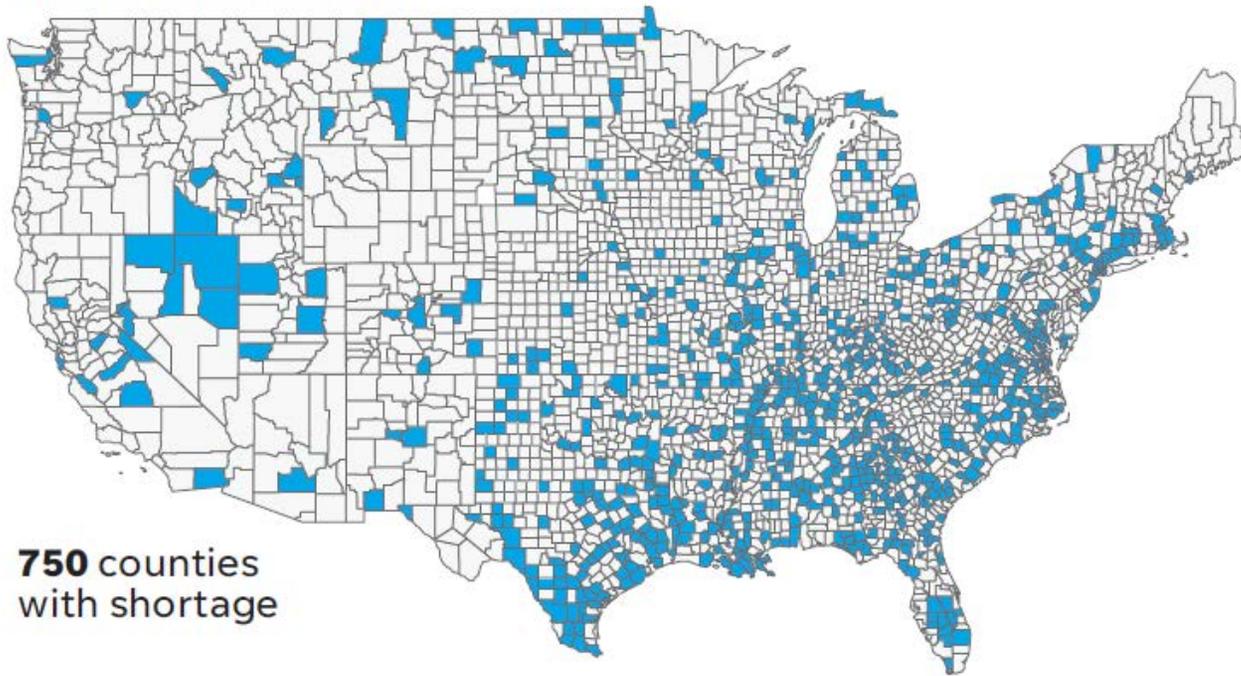


Where do people go for their respiratory illness? Primary care, and hospital care for COVID-Like Illness



Potential family medicine office closures, cutbacks from COVID-19

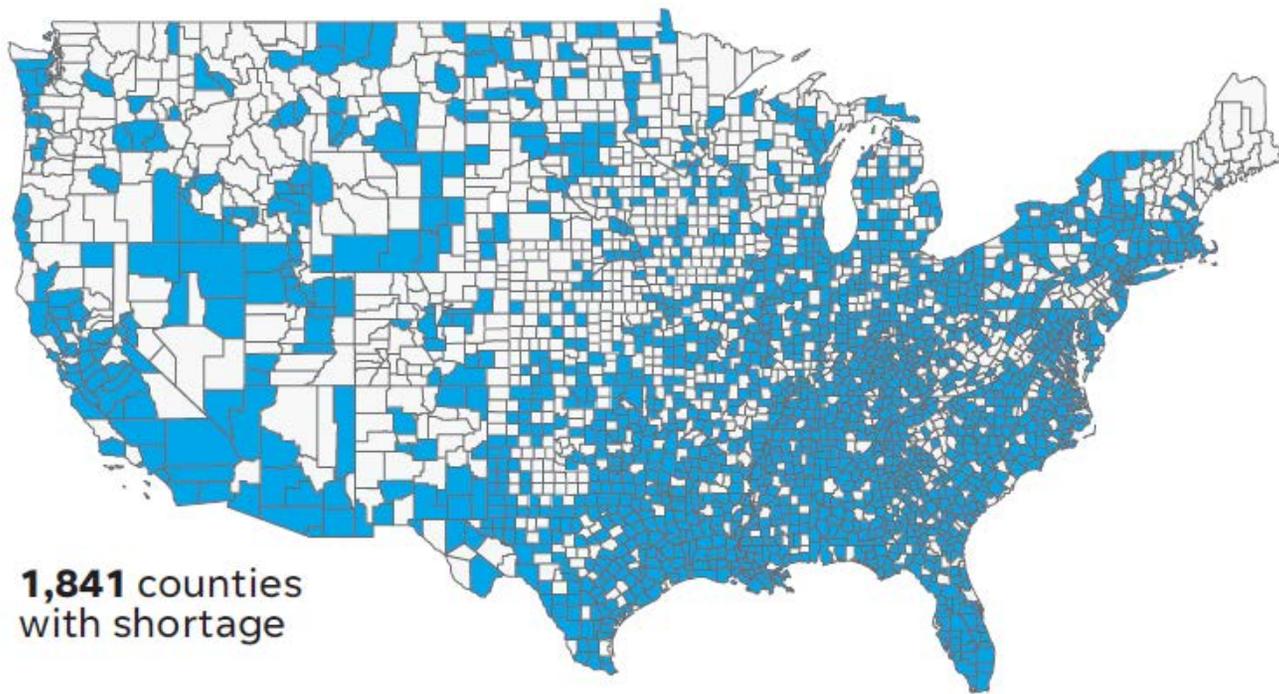
At the end of March



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



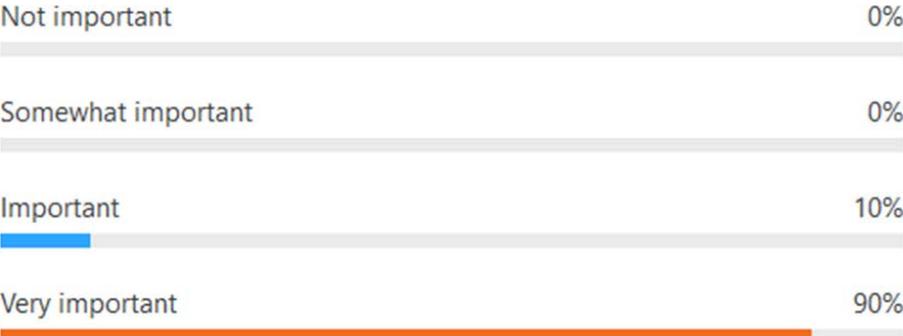
Downstream Impact on Payers / Employers

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?



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

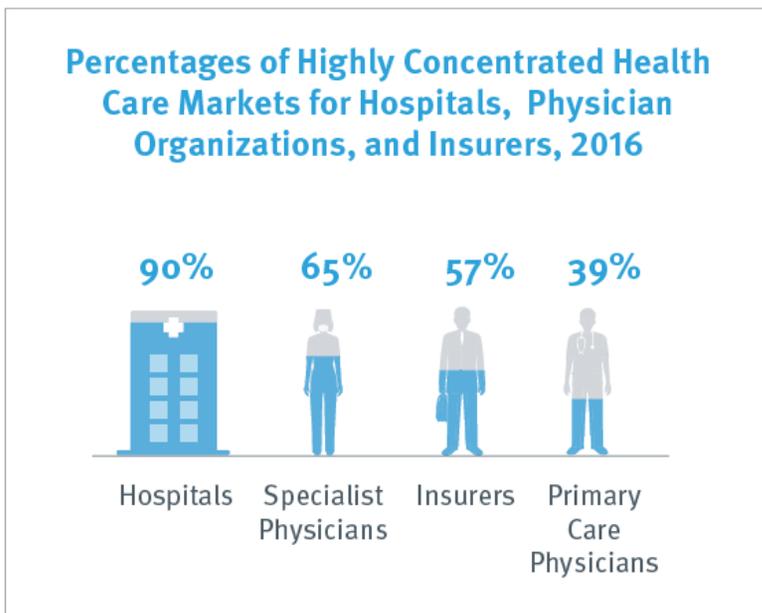
6

Informing and influencing policymakers about how to improve primary care

What Employers Want

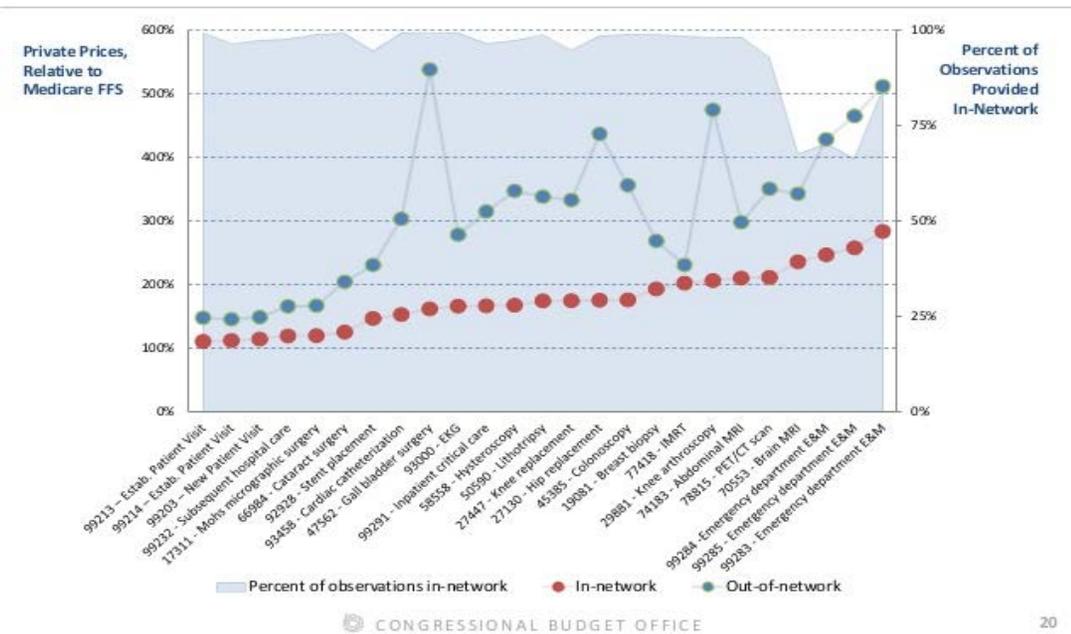
- 1 A strong patient-centered primary care delivery system in which providers are rewarded for helping their patients stay healthy at an affordable cost
- 2 A primary care system that integrates with mental health for more holistic patient care
- 3 A primary care system that excels at chronic disease 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



Source: Brent D. Fulton, "Health Care Market Concentration Trends in the United States: Evidence and Policy Responses," Health Affairs 36, no. 9 (September 2017): 1530–38,

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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