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The Journey to Advanced Primary Care

Utilizing Primary Care's Potential to Improve Health Outcomes

Purchaser Business Group on Health

For over a decade, revitalizing primary care has been a top priority for the Purchaser Business Group on Health (PBGH). Through successive initiatives and in collaboration with a diverse group of committed stakeholders, PBGH has spearheaded efforts to create a blueprint for optimized primary care, with the objectives to fully utilize primary care's potential to improve health outcomes, integrate behavioral health and reduce costs to the system in California and beyond. This is the story of that journey.

Why Is Primary Care So Important?

Primary care—long underfunded and woefully underutilized—remains the foundation upon which a high-performance, cost-effective health care system must be built.

Research shows that routine check-ups, regular screenings, prompt follow-ups and appropriate referrals mean fewer delayed diagnoses, fewer costly late-stage interventions and hospitalizations and more robust chronic disease management. Improved primary care translates into healthier, happier patients and lower overall health care costs. The evidence is dramatic:

- U.S. adults who regularly see a primary care physician have **33% lower health care costs** and **19% lower odds of dying prematurely** than those who see only a specialist.
- The U.S. could **save $67 billion each year** if everyone used a primary care provider as their principal source of care.
- Every **$1 increase** in primary care spending **produces $13 in savings**.

Why Doesn't Primary Care Work Better?

The existing primary care system is largely reactive in its approach to care and frequently isolated within the broader care continuum. Misaligned financial incentives, infrastructure and technology barriers and poor integration with other elements of care hobble primary care's potential, compromising quality and driving up costs.

Funding arguably is the greatest hurdle to more effective primary care. Despite 55% of office visits taking place in primary care clinics, only 4-7% of health care dollars go toward primary care.

Strategies to Strengthen Primary Care

Developing strategies to strengthen primary care became a national priority following passage of the Affordable Care Act (ACA) in 2010. One of the most promising improvement models to emerge during this period was the 10 Building Blocks of High-Performing Primary Care. Articulated by influential California internist Tom Bodenheimer and colleagues in 2014, the concept envisioned a comprehensive approach to primary care that focused on data-driven quality improvement, chronic care management, care continuity and coordination and an integrated, team-based approach to delivery.

In 2014, PBGH's California Quality Collaborative (CQC) used the Building Blocks as the basis for a small-scale practice improvement initiative in Southern California. CQC is a PBGH program guided by a multi-stakeholder steering committee that includes leaders from provider groups, health plans, purchasers and health care foundations. Since its founding in 2007, CQC has focused on helping care teams gain the experience, infrastructure and tools needed to improve ambulatory care and thrive in today's fast-changing health care environment.

The practice improvement pilot focused on providing guidance for achieving high-performing primary care at six Southern California medical groups. Key areas of emphasis included data-driven outcomes, population health management and chronic care management.

Importantly, a "train the trainer" approach was used to rapidly disseminate and implement the Building Blocks model. Train the trainer entails providing high-performing primary care guidance to dedicated leaders at practice management groups and other umbrella organizations. These champions can then replicate the lessons across their membership. The strategy is well-suited for California, given the prevalence of the independent practice association (IPA) practice model.

Scaling Improvement Efforts in Primary Care

Following the Southern California program's success, CQC in 2015 won a $18.4 million grant from the Centers for Medicare and Medicaid (CMS) to scale the primary care improvement effort statewide over a four-year period. The PBGH effort, which was branded the Practice Transformation Initiative (PTI), was one of 29 practice transformation networks nationwide supported by CMS's Transforming Clinical Practice Initiative (TCPI).

The PBGH network ultimately reached nearly 4,500 clinicians through participating IPAs, community and federally qualified health centers, medical

groups and health plans. Enrolled clinicians were collectively responsible for providing care to three million Californians.

PTI was executed in partnership with the Center for Care Innovations (CCI) and the Integrated Healthcare Association (IHA) and once again relied on the train-the-trainer approach to rapidly disseminate primary care improvement strategies. The initiative likewise incorporated frequent peer-to-peer learning to accelerate progress. The overall focus was the collection of practice data linked to a suite of performance measures to guide and assess improvement.

The program produced impressive results by the end of its four-year run:

- $10 in health care savings was achieved for every $1 PGBH invested in the PTI, or about $42,000 in savings per enrolled physician.
- Over 40,000 Californians achieved better control of their diabetes through the program.
- Almost 50,000 hospital bed days were avoided, and emergency room utilization was also sharply reduced for total savings of about $186 million.

What Is Advanced Primary Care?

As part of the PTI effort, CQC began crafting definitions for 'exemplar' primary care practices with the goal of identifying, celebrating and learning from high-performing organizations within the program's network. The effort ultimately evolved into the advanced primary care initiative.

That transition was set in motion by a request from Covered California, the entity responsible for overseeing the state's ACA marketplace. The organization wanted a detailed list of practice attributes that were consistent with high-performing primary care. The expectation was that the criteria could eventually be incorporated into Covered California payer contracts to help ensure optimal primary care for beneficiaries.

To illuminate high-performance attributes, CQC approached the task through the lens of how the care process is, or should be, experienced from the patient perspective. The resulting capabilities, broadly speaking, encompassed the following:

- Enhanced patient access, including telehealth capabilities
- Grouping patients by risk levels and conducting proactive outreach to ensure they receive needed care
- Knowing when patients visited the emergency department or were hospitalized and transitioning them back to primary care
- Being able to perform common procedures internally without referring out to a specialist
- Maintaining care coordination agreements with specialists
- Screening and managing behavioral health and social needs of patients

Measuring Advanced Primary Care

Once the advanced primary care attributes were clearly defined, CQC's steering committee next turned to isolating existing outcome measures widely in use by state and national payers that if collectively applied would enable medical practices to deliver advanced primary care.

CQC's approach focused on identifying a narrow set of results-oriented measures, which, like the attributes, reflected the patient experience and outcomes of care. Experience has shown that an inordinate emphasis on process requirements can create an undue administrative burden for physician practices without necessarily improving care quality.

After considerable discussion and debate, CQC's steering committee ultimately endorsed measures focusing on these domains: health outcomes, including patient-reported outcomes, patient safety, patient experience and high-value care.

Advanced Primary Care in Practice

PBGH launched the Primary Care Payment Reform Workgroup in 2020. The workgroup is a groundbreaking, employer/purchaser-led initiative using CQC's Advanced Primary Care Measure Set to promote structural health care payment reform and bolster the nation's faltering primary care system. The workgroup has created a health purchasing agreement template that can help employers

and other purchasers accelerate the transition from traditional, fee-for-service reimbursement to a payment system that supports advanced primary care. The initiative is grounded in extensive research showing that improvements in primary care both enhance quality and substantially reduce costs.

The effort represents the first national, employer-led push aimed at fundamentally reengineering health care delivery and reimbursement and will continue at a summit meeting in September, 2021. The summit is a forum for employers and purchasers and their health plans and direct contracting partners to come together to jointly identify and solve for any barriers to the implementation of advanced primary care standards. With the drafting of the purchasing agreement now complete, PBGH's focus has shifted to supporting widespread implementation of the shared principles across multiple regions and purchaser-payer relationships.

Additionally, in March 2021, Covered California agreed to pursue a pilot program to test statewide implementation of CQC's 11 advanced primary care measures starting January, 2022. If the pilot is successful in demonstrating applicability of practice-level measurement, the measure set will be incorporated into all payer contracts to assess clinical outcomes and, more broadly, measure progress toward the advanced primary care ideal at the individual practice level. Covered California contracts with 11 health plans to provide coverage for 1.6 million Californians.

While it's still early in the process, successful incorporation of the measures into Covered California contracts could elevate the standard of primary care in the state. Alongside the work of the Primary Care Payment Reform Workgroup, the Covered California pilot may create the basis for extending the advanced primary care criteria across PBGH's membership and to other payers nationwide.

It is important to note that the development of the advanced primary care model is as much about streamlining the practice of primary care as it is about improving outcomes, enhancing the patient experience and reducing costs. Simple and consistent definitions of optimized primary care across all payer contracts would reduce, if not eliminate, the bewildering array of sometimes-conflicting value-based requirements contained in multiple payer contracts. That fact could mitigate clinician burnout by easing the administrative burden while allowing more time for the actual provision of care.

Going forward, CQC plans to continue pursuing solutions to barriers that inhibit broader implementation of advanced primary care.