

NASEM Report: *Implementing High Quality Primary Care*

Reflections

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OASH | Office of the
Assistant Secretary
for Health

Primary Care Improves Health Outcomes

- 1978 Alma Alta Declaration
 - **First contact**
 - **Longitudinally**
 - **Comprehensiveness**
 - **Coordination**
 - **Person or family centeredness**
 - **Community orientation**
- Plus: Cultural competence**

Better primary care is associated with more equitable distribution of health¹

Stronger primary care systems are generally associated with better population health outcomes:¹

- Lower mortality rate
- Lower rates of premature death and hospitalizations for ambulatory care sensitive conditions
- Higher infant birth weight
- Greater life expectancy
- Higher satisfaction with the healthcare system.

Larger primary care workforce is associated with better health outcomes²

- Increased life expectancy; reduced cardiovascular, cancer and respiratory mortality

[1. Shi, Scientifica 2012](#)

[2. Basu et al. Jama Int Med 2020](#)

Federal Priorities Align with Advancement of Primary Care

- **Administration Priorities:**
 - Health equity and addressing social determinants of health
 - COVID-19 response and emergency preparedness
 - Climate change and environmental justice
 - Behavioral health and opioid/substance use crisis
 - Expanding health care coverage and affordability – strengthening ACA, Medicaid expansion

NASEM Report Domains and Federal Agencies

5 Objectives for Achieving High-Quality Primary Care

1 PAYMENT
Pay for primary care teams to care for people, not doctors to deliver services.

2 ACCESS
Ensure that high-quality primary care is available to every individual and family in every community.

3 WORKFORCE
Train primary care teams where people live and work.

4 DIGITAL HEALTH
Design information technology that serves the patient, family, and interprofessional care team.

5 ACCOUNTABILITY
Ensure that high-quality primary care is implemented in the United States.

- **Payment:** CMS, CMMI
- **Access:** HRSA, IHS, VA, DOD
- **Workforce:** CMS, HRSA
- **Digital Health:** CMS, ONC
- **Accountability:** HHS

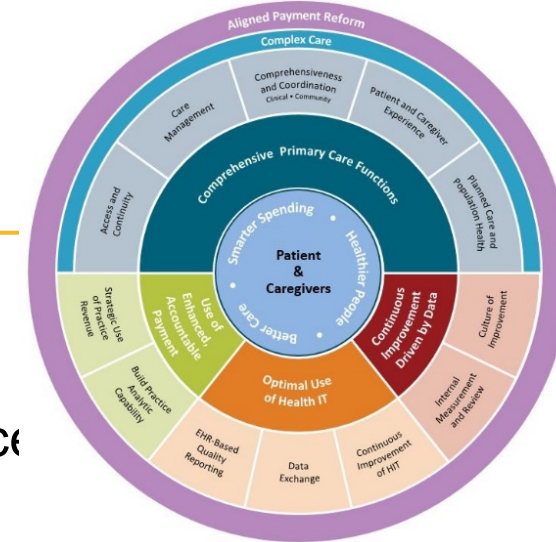
Center for Medicare & Medicaid Innovation

Comprehensive Primary Care Plus

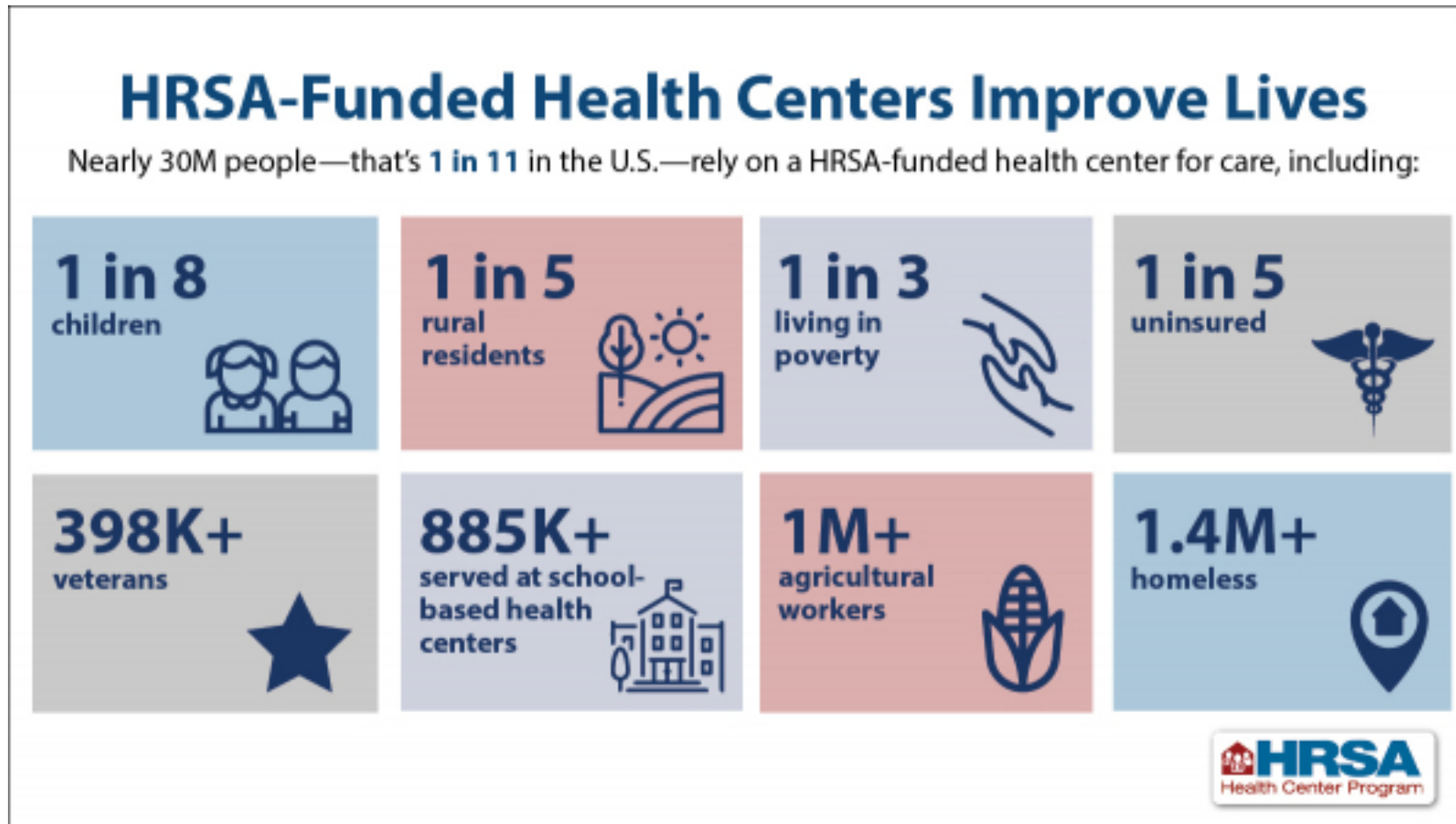
- 5-year demonstration – year 4
- 3,070 primary care practices
- Multi-payer
- Payment model:
- Track 1 FFS, Care management fee, performance-based payment
- Track 2 – Comprehensive Primary Care Payment, reduced FFS, performance-based payment
- Care delivery requirements and milestones

Primary Care First

- 5-year demonstration
- Advanced primary care practice
- Multi-payer
- Payment model:
 - PMPM
 - FFS
 - Performance based payment
 - Higher payments for complex patient population
- Model for practices with high complexity patient
 - **Includes linkage to behavioral health and social determinants of health supports**



Health Center Program: National Impact

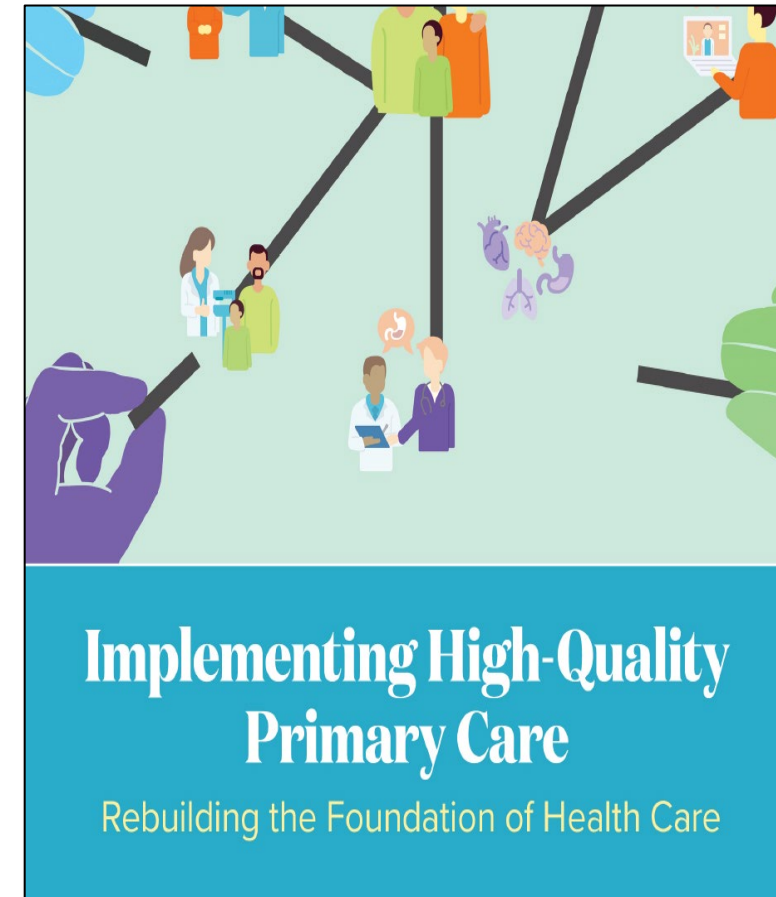


American Rescue Plan Act: \$7,600,000,000 To Health Center Program



The Current Landscape Holds Promise

- Alignment with administration priorities
- States expanding Medicaid; ACA strengthening
- Focus on Health Equity and Environmental Justice
 - Government, professional societies, academia
 - Healthy People 2030
- Expansion of primary care transformation initiatives at state level
- Increasing primary care spend
- COVID-19 pandemic: Lessons, innovations and responses
- *Implementing High-Quality Primary Care* – NASEM, May 2021



Charts, Graphs, and Table Descriptions

Slide 4 - NASEM Report Domains and Federal Agencies

5 Objectives for Achieving High-Quality Primary Care

1. Payment - Pay for primary care teams to care for people, not doctors to deliver services.
2. Access - Ensure that high quality primary care is available to every individual and family in every community.
3. Workforce - Train primary care teams where people live and work.
4. Digital Health - Design information technology that serves the patient, family, and interprofessional care team.
5. Accountability - Ensure that high quality primary care is implemented in the United States.

Slide 5 - Center for Medicare & Medicaid Innovation

1st circle - Inner most light blue named Patient & Caregiver with the text Smarter Spending, Healthier People, and Better Care surrounding the title.

2nd circle - Comprehensive Primary Care Functions title on the top half; bottom half has 3 items listed –

1. Use of Enhanced, Accountable Payment
2. Optimal Use of Health IT
3. Continuous Improvement Driven by Data

3rd circle - Inner top-half circle labeled Complex Care; Top half circle inner loop 5 items listed –

1. Access and Continuity
2. Care Management
3. Comprehensiveness and Coordination – Clinical * Community
4. Patient and Caregiver Experience
5. Planned Care and Population Health

Bottom half circle has 7 items listed –

1. Strategic Use of Practice Revenue
2. Build Practice Analytic Capability
3. EHR-Based Quality Reporting
4. Data Exchange
5. Continuous Improvement of HIT
6. Internal Measurement and Review
7. Culture of Improvement

Outer circle labeled Aligned Payment Reform