

Primary Care Priorities for the Biden Administration

December 2020

The Primary Care Collaborative (PCC) is eager to work with the new administration to ensure a strong primary care foundation to serve Americans both during and after the pandemic. Through its diverse executive membership, PCC is uniquely positioned to convene many of the key stakeholders in primary care to contribute to the president's vision for healthcare reform and COVID-19 response.

Our high-level priorities for the administration are three-fold:

- 1) **Support primary care's ability to respond to, and sustain through, the pandemic:** Primary care plays a key role in responding to the coronavirus pandemic, including triaging, treating, and tracing infected patients, while continuing to care for patients' chronic conditions and preventive health needs. Primary care teams will also play a pivotal role in administering COVID-19 vaccinations. Yet practices are facing unprecedented strain posed by safety and workflow challenges; increasing patient health burdens and misinformation; depressed revenue; and increasing market consolidation that threaten small and independent practices. To ensure primary care's ability to respond to, and sustain through, the pandemic, the PCC calls on the administration to:
 - Work with Congress to provide **targeted financial relief** to primary care practices. To stay open and viable, primary care needs direct, substantive relief to make up for ongoing lost revenue and new COVID-19-related expenses.
 - Ensure access to adequate **personal protective equipment** to all members of the primary care team and office staff. Today, ten months into the pandemic, a third of surveyed primary care clinicians still report feeling unsafe at work due to low amounts of PPE and/or reuse of PPE.¹
 - Better compensate, and plan for, **vaccine administration** by integrated primary care, among adult and pediatric populations. This includes paying for the time primary care clinicians spend counseling their patients and

¹ Primary Care & COVID-19: SERIES 23 FIELDDED NOV 13 – NOV 17, 2020." Green Center/Primary Care Collaborative. https://www.pcpcc.org/sites/default/files/news_files/COVID-19%20Round%2023%20National%20Executive%20Summary.pdf

answering questions about the vaccine—even when the vaccine may be administered outside their office. It also means increasing payment for Medicare’s vaccine administration codes—which was reduced to 2019 levels in the final 2021 physician fee schedule—to a fair level.

- Improve **telehealth regulations** to provide patients with equitable access to secure, quality virtual health services and clinicians the ability to flexibly use them when, where, and how they are most appropriate for care. Work with Congress to permanently remove geographic and site-based restrictions, offer adequate payment for audio-only services, and provide parity for in-person and telehealth visits until a vaccine is widely distributed.
- Promote evidence-based **information campaigns** to combat vaccine hesitancy and support primary care to address mis-information about the coronavirus. These efforts should particularly support communities of color to receive trusted information about COVID vaccines given both the disproportionate burden of disease they are bearing with COVID-19 and the historical impact of racism to foment mistrust of the health care system.

2) **Strengthen CMS payment and delivery-reform models**: The Primary Care Collaborative’s membership is happy to continue to serve as a resource to CMS leadership as they chart the future of primary care-related alternative payment models. The PCC was founded, in part, to support the patient-centered medical home model; more recently, we announced a [collaboration with two national employer groups](#) around the attributes of advanced primary care models, with a particular emphasis on behavioral health integration. And our executive members collectively have a pulse on the perspectives of primary care clinicians and commercial health plans considering participation in, or alignment with, future models. To advance integrated, value-based primary care, we call on the administration to:

- **Protect and improve CMMI’s role**, as a complimentary effort to the private sector, to pilot and scale alternative payment models. CMMI’s primary care offerings have and will contribute to our understanding of how to pay ambulatory practices in ways that support transformation towards better outcomes and lower total costs—often with commercial payers and states following suit. The administration could consider improvements to the Innovation Center’s ability to attract more model participation and allow for greater public/private payer integration.
- Support **value-based models that strengthen** primary care. The administration should advance a more revolutionary, as opposed to evolutionary, movement towards **comprehensive, prospective** payment for primary care, while providing the necessary upfront investment, and appropriate level of payment, so that practices can be successful in risk-based models. These new models should be inclusive of virtual care and teaching practices that train the primary care workforce. Models should incent value-based payment where at least 50% of practice compensation is comprehensive and prospective.

- Support primary care payment and delivery models that sustainably **integrate behavioral health**, including standard screenings, appropriate treatment/management, and closed-loop referrals as needed, with outcomes tracked over time, while leveraging technology and tools to support integration.
 - Prepare primary care practices and clinicians for value-based care. The primary care workforce needs support to transform their practices to thrive in value-based arrangements. The Affordable Care Act authorized one vehicle to do this—**the Primary Care Extension Program (PCEP)**—but it never received funding. The PCEP was envisioned to assist primary care through practice facilitation and community-based collaborations. It should now be funded.
- 3) **Advance health equity for patients.** The PCC calls on the Biden administration to consider healthy equity in all its policy decisions and ensure that its payment models and health care regulations actively work to address racist systems and promote equitable, healthy communities. Part of this work will require cultivating a more robust and diverse primary care workforce of multidisciplinary care teams to ensure better access for underserved patients and greater trust between patients and their clinicians.
- Incentivize the testing and use of alternative payment model **performance measures** to reflect how well primary care practices address health inequities, with an eye to ultimately pay for performance on closing gaps. Also improve **risk adjustment methods** to better account for patients’ social and medical needs, thus avoiding penalizing clinicians who serve disadvantaged communities.
 - Invest in **broadband internet and other digital infrastructure** to ensure that access to virtual health services is equitable, both across geographic areas—including rural—and among marginalized communities. The lack of access to affordable devices and connectivity can pose new barriers to access.
 - Promote bi-directional communication between primary care practices and **social services**, so that they can more systematically and collaboratively work to address the social drivers of health. At the same time, ensure that primary care practices receive the **investment and technical assistance necessary** to transform their workflows and sustain these community-based linkages. Use payment policies and other federal funding mechanisms to encourage the use of **community health workers** to facilitate the integration of social- and health-related supports to patients.

About PCC

The Primary Care Collaborative (PCC) is a national multi-stakeholder organization dedicated to advancing an effective and efficient health system built on a strong foundation of primary care. Our mission is to engage and unify diverse stakeholders from the public and private sectors in support of high-performing primary care. We convene stakeholders, disseminate evidence and best practices, and connect primary care leaders and advocates. Our work is guided by the Shared Principles of Primary Care that are person- and family-centered, continuous, comprehensive and equitable, team-based and collaborative, coordinated and integrated, accessible, and high value. We are committed to evidence-based policies and practices.

PCC Executive Members

Below is a list of the Primary Care Collaborative's executive members that pay dues to the organization and support its mission. Membership does not indicate explicit endorsement of this memo.

Accreditation Association for Ambulatory Health Care (AAAHC)
Alzheimer's Association
American Academy of Child and Adolescent Psychiatry (AACAP)
American Academy of Family Physicians (AAFP)
American Academy of Pediatrics (AAP)
American Academy of PAs (AAPA)
American Association of Nurse Practitioners (AANP)
American Board of Family Medicine Foundation (ABFM Foundation)
American Board of Internal Medicine Foundation (ABIM Foundation)
American Cancer Society
American College of Clinical Pharmacy (ACCP)
American College of Lifestyle Medicine (ACLM)
American College of Osteopathic Family Physicians (ACOFP)
American College of Physicians (ACP)
American Psychiatric Association Foundation
American Psychological Association
America's Agenda
Anthem
Black Women's Health Imperative (BWHI)
Blue Cross Blue Shield Michigan
Boehringer Ingelheim Pharmaceuticals, Inc.
CareFirst BlueCross BlueShield
Collaborative Psychiatric Care
Community Care of North Carolina
Community Catalyst
CVS Health
Doctor On Demand
Geisinger Health
Harvard Medical School Center for Primary Care
HealthTeamWorks
Humana, Inc.
IBM
Innovaccer
Institute for Patient and Family-Centered Care (IPFCC)
Johns Hopkins Community Physicians, Inc.
Johnson & Johnson
Mathematica Policy Research
Mental Health America
Merck & Co.
Morehouse School of Medicine - National Center for Primary Care

National Alliance of Healthcare Purchaser Coalitions
National Association of ACOs (NAACOS)
National Coalition on Health Care
National Interprofessional Initiative on Oral Health (NIIOH)
National PACE Association
National Partnership for Women and Families
NCQA
Pacific Business Group on Health (PBGH)
PCC EHR Solutions
Pediatric Innovation Center
Primary Care Development Corporation (PCDC)
Society of General Internal Medicine (SGIM)
Society of Teachers of Family Medicine (STFM)
SS&C Health
St. Louis Area Business Health Coalition
Takeda Pharmaceuticals U.S.A.
The Verden Group's Patient Centered Solutions
UPMC Health Plan
URAC