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PCC Better Health – NOW Campaign Meeting

Tuesday, February 18, 2025 | 2:30 – 3:15 PM ET

agenda

I.	Welcome	Larry McNeely Primary Care Collaborative
II.	Forthcoming PCC Policy Publications and Events	PCC Team
III.	BHN Communication to HHS and Discussion	Larry McNeely Primary Care Collaborative All Participants

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Forthcoming PCC Policy Publications and Events

PCC Team

Milbank Memorial Scorecard

- Milbank Memorial Fund's Primary Care Scorecard was **released earlier today**
- The scorecard finds overall spending on primary care has dipped to **4.6% of all spending** and only **3.4% of Medicare spending**
- More than **30% of U.S. adults lack a usual source of care** – the highest level in a decade

Interview with Chris Koller

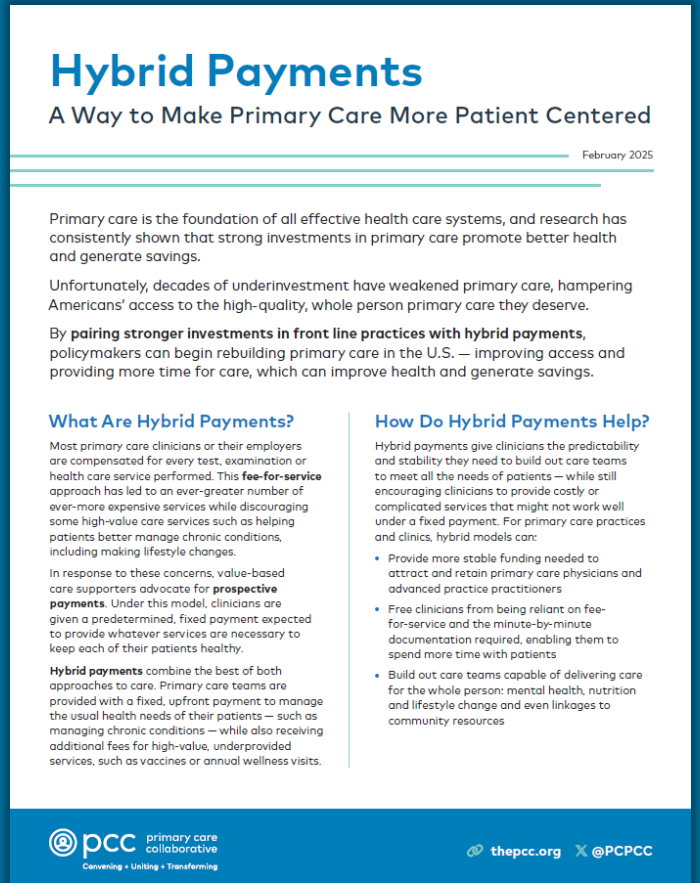


- Highlights **major findings** from the report including overall spend and usual source of care
- Discusses the **policy implications** and **potential solutions** to underinvestment
- Calls for stronger state and federal action

Chronic Care Issue Brief

- Releasing **February 27** via email, social media and our website
- Explains how primary care plays a major role in **preventing and treating** chronic illness
- Emphasizes the need to treat the whole person – including behavioral and mental health
- Demonstrates how **fee-for-service** has failed primary care and **undermines chronic care**
- Provides policy makers with bipartisan, pragmatic solutions – such as hybrid payment – that can be implemented to address chronic conditions by strengthening primary care

What is Hybrid Payment



Hybrid Payments

A Way to Make Primary Care More Patient Centered

February 2025

Primary care is the foundation of all effective health care systems, and research has consistently shown that strong investments in primary care promote better health and generate savings.

Unfortunately, decades of underinvestment have weakened primary care, hampering Americans' access to the high-quality, whole person primary care they deserve.

By **pairing stronger investments in front line practices with hybrid payments**, policymakers can begin rebuilding primary care in the U.S. — improving access and providing more time for care, which can improve health and generate savings.

What Are Hybrid Payments?

Most primary care clinicians or their employers are compensated for every test, examination or health care service performed. This **fee-for-service** approach has led to an ever-greater number of ever-more expensive services while discouraging some high-value care services such as helping patients better manage chronic conditions, including making lifestyle changes.

In response to these concerns, value-based care supporters advocate for **prospective payments**. Under this model, clinicians are given a predetermined, fixed payment expected to provide whatever services are necessary to keep each of their patients healthy.

Hybrid payments combine the best of both approaches to care. Primary care teams are provided with a fixed, upfront payment to manage the usual health needs of their patients — such as managing chronic conditions — while also receiving additional fees for high-value, underprovided services, such as vaccines or annual wellness visits.

How Do Hybrid Payments Help?

Hybrid payments give clinicians the predictability and stability they need to build out care teams to meet all the needs of patients — while still encouraging clinicians to provide costly or complicated services that might not work well under a fixed payment. For primary care practices and clinics, hybrid models can:

- Provide more stable funding needed to attract and retain primary care physicians and advanced practice practitioners
- Free clinicians from being reliant on fee-for-service and the minute-by-minute documentation required, enabling them to spend more time with patients
- Build out care teams capable of delivering care for the whole person: mental health, nutrition and lifestyle change and even linkages to community resources

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- Will be released **March 5, 2025** via social media, email and on our webpage
- One page fact sheet providing a top-level view of **hybrid payment**
- Explains the difference between fee-for-service, prospective payments, and how blending the models through hybrid payments better supports primary care

Save the Date



SCALING

What Works for Better Health

PCC Conference 2025

CALENDAR HOLD

June 4-5, 2025
Washington, DC

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BHN Communication to HHS and Discussion

Larry McNeely | Primary Care Collaborative

All Participants

12/12 Mtg - Eric Hargan, JD

Former Deputy Secretary, Department of Health and Human Services;
Founder and CEO, Hargan Group



Incoming Administration:

- Is Committed to Making America Healthy Again and addressing chronic disease
- Wants to disrupt the status quo

His Advice:

- Show how Primary Care is central to this Administration's priorities

BHN Letter – Draft To Circulate Next Week

Overall Frame: Primary care is ESSENTIAL to combatting chronic disease

Primary care is the only part of our health care system that improves outcomes

- Prevents chronic conditions and complications that land people in the hospital and the ER
- Shifts our health system from treating sick people to keeping people well

Promote Transparency

Promote transparency in:

1. PC spend, payment model used, and quality/outcomes (particularly chronic disease-related)
2. Needed across Medicare and other federal programs – including MSSP & Part C

See BHN SFC Statement for the Record – Apr 24, pg. 2

Value Primary Care to Combat Chronic Disease

1. Info sources used to value Medicare services focus on physical skill or technology, while undervaluing cognitive services essential to chronic disease care. Has resulted in systematic and acute undervaluation of primary care and behavioral health services and undermined the workforce.
2. In establishing MPFS payment, CMS relies on the Relative Value Update Committee's (RUC) recommendations on the "resources needed to provide medical services." However, this focus on inputs may be contributing to less of the outputs Medicare beneficiaries need most.
3. Ask: Work closely with the primary care stakeholders represented among our participating organizations as you seek to understand and craft solutions.

- See BHN CY25 MPFS proposed rule comments p. 10-11

Transform Traditional Medicare's Primary Care Payment

1. Build on early steps toward hybrid pay/investment: APCM, ACO PC Flex multi-payer initiatives(MCP),
2. Evolve hybrid PC payment into permanent Medicare program - via regulation.
   a) Offer hybrid payment options to Medicare PC clinicians – that furnishes prospective & population-based payment for each patient that identifies a practice or clinic as their source of PC;
   b) Establish advanced risk tracks that offer MSSP ACOs the choice of having greater risk and primary care or total cost of care capitation
   c) Work with Congress to implement cost-sharing waivers for primary care in both hybrid models and ACOs
3. Ensure models enhance support, incentives for integrated teams (e.g. behavioral health integration, nutrition/lifestyle change)

See BHN CY25 MPFS proposed rule comments

Equip Primary Care to Combat Mental Health and Addiction

1. Bolster MPFS payment for BHI services

2. Assess BHI adoption across payment models and establish payment incentives and TA to support adoption