Policy & Advocacy Committee Meeting

FEBRUARY 18TH, 2025 | 3:30 – 4:30 PM ET

PARTICIPATING ORGANIZATIONS

American Academy of Family Physicians, American Academy of Pediatrics, American Academy of Physician Associates, American Association of Nurse Practitioners, American Board of Family Medicine, American Board of Internal Medicine Foundation, American College of Lifestyle Medicine, American College of Osteopathic Family Physicians, American College of Physicians, American Psychological Association, Blue Cross Blue Shield of Michigan, Blue Shield of California, Community Catalyst, Cummins Inc., CVS Health Aetna, Harvard Medical School Center For Primary Care, HealthTeamWorks, Humana, Innovaccer, Mathematica, Meadows Mental Health Policy Institute, Medis, Mental Health America, NAACOS, National Partnership for Women & Families, NCQA, Primary Care Collaborative, Primary Care Development Corporation, Platform Government Strategies, UCSF Center for Excellence in Primary Care, Upstream USA, VillageMD

THANK YOU TO OUR SPEAKERS:

- Co-chairs: Shari Erickson, American College of Physicians and Sarah Coombs, National Partnership for Women and Families
- Dr. Yalda Jabbarpour, Robert Graham Center for Policy Studies (RGC)
- Tod Didier, Primary Care Collaborative

MEETING SUMMARY

Welcome and Announcements

Larry McNeely, Policy Director of the PCC, began the meeting by introducing the guest speakers and reviewing the agenda. Larry shared the upcoming event for the PCC

- **Save the Date: June 4 – June 5, 2025,** the PCC will be hosting its biennial conference, *Scaling What Works for Primary Care*. **Click here to mark your calendar!**

PCC President and CEO Ann Greiner shared a bit about her experience at the National Association of Community Health Centers (NACHC) conference. NACHC CEO Kyu Rhee invited Ann and other organizations to work with NACHC to create a document highlighting primary care to use in their Congressional advocacy. Ann noted that this document specifically called for a transition to hybrid payment. PCC will continue to work with NACHC to shape their primary care messaging. The document is available here.

Co-Chair Remarks

Shari Erickson of the ACP gave an overview of some updates from ACP:

- Greg Murphy introduced H.R. 879 *Medicare Patient Access and Practice Stabilization Act*, a bill to reverse the 2.83% Medicare payment cut and provide a 2% payment update

- Concerns about budget reconciliation and potential cuts to Medicaid, including block grants, per capita caps, and work requirements
    - ACP and other organizations are doing grassroots organizing on this issue
- If a continuing resolution passes by March 15th, this could be a vehicle to address Medicare payment reform
- ACP wrote a letter to the new HHS Secretary, highlighting shared interests while also reiterating areas of concern

Sarah Coombs of the National Partnership for Women and Families spoke about Medicaid concerns and NPWFs work:

- House Budget Committee's resolution to find $880 billion in federal savings in Medicaid, with strong pushback from advocates.
- NPWF has resources to support advocacy efforts and educate members on potential impacts of Medicaid cuts
- The new primary care scorecard shows a high percentage of adults without a usual source of care, highlighting the importance of Medicaid
- Advocacy efforts are working! Sarah has heard that Republican members of Congress from districts with significant Medicaid beneficiaries are withholding support for the budget resolution

Larry reemphasized PCC's long-standing support for Medicaid, and shared that PCC is working to find the appropriate ways to show its support for Medicaid as well as continue our other work.

Arlene Pun with AAP spoke about advocacy for children in the Medicaid space. She shared that there is an education campaign to educate new members and staffers of Congress on Medicaid and its importance for children's health, and American health at large.

2025 Milbank Primary Care Scorecard

Ann Greiner introduced Dr. Yalda Jabbapour. Yalda introduced the 2025 scorecard, which is focused on financing and payment this year. Yalda began her presentation by discussing the state of health and healthcare spending in the United States. She discussed how the continued underinvestment in primary care was failing patients around the United States. Yalda's presentation focused on five domains of underinvestment: financing, workforce, training, technology, and research. She explained how underinvestment in each domain affected patient access and health outcomes, highlighting the interconnectedness of these domains and how deficiencies in one domain exacerbated deficiencies in other domains. The over-arching findings of the scorecard are:

1. Declining investment and FFS payments are hindering primary care clinicians' ability to meet patients' growing needs.

2. Insufficient funding is diminishing the primary care workforce and access to care.

3. Misdirected GME funding is not producing enough new primary care clinicians, exacerbating access issues for patients.
4. Lack of investment in EHRs has led to burdensome systems that drain clinicians' time, thereby reducing patient access to care.
5. The lack of research dollars to study the practice of primary care is limiting evidence-based improvements in care.

The full presentation is available here and the link to the full report is here.

Larry thanked Yalda for her presentation and opened the floor to questions.

Leslie Conwell with Mathematica asked about how to track whether payers (like large health systems) are ensuring their payment models are actually providing resources to primary care practitioners and that practitioners are benefiting from these financial incentives.

Yalda acknowledged that currently we can't do that because there is no transparency and there aren't any current data sources to track this. She explained that the hope is to see policy changes to make health systems more accountable. She asked the group for thoughts on how to get payers, including Medicare, to report this data.

Ann Greiner shared that this issue is one that PCC heard from primary care practices, and CMS is trying to put guard rails in for this issue in the new PC Flex Model. NASEM has also done research to understand how funds flow, but there is no clear answer.

Scott Barstow with the American Psychological Association asked if any of the data on workforce or spending related to behavioral health integration, and if not, is it doable in the future.

Yalda answered that the broad definition of primary care that the RGC uses does include behavioral health, and in last year's report, there is an analysis of the primary care spend for the different primary care professions, including behavioral health specialists. She also shared that the RGC is working on an Integrated Behavioral Health Hub to see where primary care clinicians and BH specialists are co-located. She also acknowledged there is no national registry for this data.

Katherine Gergen Barnett with Harvard Medical School highlighted the discrepancy in GME spending and PCP workforce in Medicare. She emphasized that this data is important to leverage.

Yalda added that this message has gotten more complicated given the climate with Medicare and Medicaid. She warned that we can't allow this discrepancy to be a reason to cut funding for these programs. Instead, we need accountability.

Sarah Coombs asked about whether this report breaks down usual source of care data by demographic.

Yalda shared that this has been done in past reports with the PCC, but it wasn't included in this report. The report Yalda is referring to is PCC's 2022 Evidence Report – Relationships Matter: How Usual is Usual Source of (Primary) Care?

Larry applauded the scorecard's emphasis on clinician's day-to-day experiences and how this impacts retention. He emphasized that clinicians need resources in order to do their jobs the way they want and build a care team. He asked if there are plans to look at the impact of care teams on the workforce pipeline.

Yalda shared that RGC does want to look more holistically at the care team, but that is difficult to do with existing data. She reemphasized the need for a better national registry of the health care workforce.

Ann Greiner added that the decreasing number of people training to become doctors, PAs and NPs in primary care is indicative of the working conditions of practices. She also shared that it will be helpful if this data could identify where NPs and PAs are working.

Dominque Quincy with the PCC added that many full-time primary care clinicians don't have enough time to see patients because of the huge administrative burden.

Larry asked about next steps for the scorecard.

Yalda shared that in the coming years, this data will continue to be calculated and added to the interactive dashboard, but the reports will be deep dives into one of the five domains from the National Committee.

Getting the Word Out: Using the PC Scorecard in our Work

Larry introduced Tod Dider of the PCC to share how PCC will be using this report to elevate our work.

Tod shared that PCC is partnering with Milbank to share this report on social media and encouraged attendees to amplify these posts. Milbank has also made a messaging toolkit. PCC and Milbank are also releasing a 20-minute video discussion between Ann Greiner and Chris Koller. The discussion focuses on major findings of the scorecard as well as policy implications and possible solutions. This video will also be turned into a newsletter that will be shared. Watch the video here.

Tod also shared some upcoming resources PCC is releasing:

- An issue brief on chronic care and how primary care is essential to addressing this issue
    - A messaging toolkit will be available
- A hybrid payment fact sheet

Larry ended the meeting by reemphasizing that this report is a critical resource to continue advocating for primary care and other important issues like Medicaid. He urged members to elevate this message.