Policy & Advocacy Committee Meeting

OCTOBER 21ST, 2025 | 3:30 – 4:30 PM ET

PARTICIPATING ORGANIZATIONS

AARP, American Academy of Pediatrics, American Academy of Family Physicians, American College of Physicians, American Psychological Association, Blue Shield of California, Cummins Inc., Community Catalyst, Innovaccer, Mathematica, Meadows Mental Health Policy Institute, National Partnership for Women & Families, Primary Care Development Corporation, Primary Care Collaborative, Platform Government Strategies, VillageMD, and others as listed in the official attendance record.

THANK YOU TO OUR SPEAKERS

- Shari Erickson, American College of Physicians
- Elizabeth Lee & Margaret French, Venn Strategies
- Ann O'Malley, Mathematica
- Ann Kempski, Primary Care Collaborative

MEETING SUMMARY

Welcome and Announcements

Larry McNeely, of the Primary Care Collaborative, opened the meeting, welcomed attendees, and outlined the day's agenda. Larry reported on PCC's ongoing policy engagement efforts and recent interactions with Congressional staff around the Better Health – NOW campaign.

He highlighted the challenges being faced in the current political environment and encouraged attendees to continue the work to advance our primary care priorities on capitol hill, and with the administration. Larry highlighted:

- Families USA-led sign-on letter with over 150 signatories urging Congress to "extend the enhancements to the premium tax credit without delay and without any changes that could place health coverage out of reach for millions of vulnerable Americans."

- PCC's press statement urging congress to pass a bipartisan bill that reopens the government, restores funding for vital primary care services and protects access to affordable coverage

Co-Chair Remarks

Shari Erickson, of the American College of Physicians, reflected on the challenging federal environment. She highlighted key areas of concern for ACP

- Lack of telehealth payment in Medicare
- Expiring healthcare flexibility
- Workforce issues, H1B visa applications and student loan changes

ACP is pushing Congress to restore those flexibilities, reopen the government and extend ACA tax credits.

Update from Capitol Hill

Elizabeth Lee, of Venn Strategies, provided an update on federal activity, beginning with the ongoing government shutdown and noting former President Trump's public pressure on Republicans to "hold firm." She highlighted November 1 as a potential turning point in negotiations. Despite the shutdown, Elizabeth explained that Senate committees were continuing some work:

- Aging Committee focused on drug shortages/generic drugs
- HELP holding 304B hearing
- Consideration of SG in coming weeks.

The House Committees are completely dark until the shutdown is resolved. In closing, Elizabeht discussed Medicare and Public Health extenders

- Expired Telehealth Flexibilities
    - Waiver of originating site requirement
    - Allowance for OT,PT, SLT to provide telehealth
    - Allowance of audio-only for FQHC + RHCs
    - Waiver of the in-persona requirement for tele-mental health
- Hospital at Home Waiver
    - 400+ programs H@H programs unable to operate
- Medicaid DSH cuts

    - Some states are delaying/fronting the cuts hoping for a reprieve
- Community Health Centers
    - Using carryover money for now, no end date specified
- National Health Services Corps
    - Using carryover money for now, no end date specified
- Teaching Health Centers
    - Currently funded TCHs are funded through next year

Katherine Gergen Barnett of Harvard asked about the patient experience related to lapses in telehealth flexibilities.

Shari shared that many Medicare beneficiaries, including her own stepmother, have had scheduled telehealth visits moved to in-person appointments without explanation, creating confusion for patients.

Elizabeth commented that the impact on health centers varies but is particularly concerning because many centers operate with limited cash reserves; interruptions in payment can significantly affect their ability to deliver care.

Kate Gilliard, of AAFP, asked whether anyone had information about how delayed claims may be affecting GPCI workflows.

Elizabeth said she would follow up with Kate.

Member Discussion: Administrative Barriers to Primary Care APM Participation

Larry opened the next portion of the meeting by grounding the discussion in PCC's strategic priority – *To realize gains in population health and equity, we must drive more investment in primary care payment and delivery through effective payment models*.

He then turned the discussion over to Ann O'Malley, of Mathematica, to lead a detailed review of administrative barriers that limit primary care participation in Alternative Payment Models (APMs).

Ann O'Malley, of Mathematica, presented findings from Mathematica's recent analysis of administrative burden in primary care. She provided an overview of the study's methodology, which included an environmental scan and interviews conducted in March 2025 with practicing primary care clinicians, several of whom are national experts on

administrative burden. Ann summarized the main sources of administrative burden identified through the research:

- EHR usability & information retrieval
- Documentation & over interpretation of regulation
- Inbox overload with duplicate low-value tasks
- Manual prior auth process and nonintegrated formularies
- Complex claims management and value-based quality reporting

Ann shared a slide outlining potential solutions proposed by participants (included in the follow-up email):

- **Improve EHR systems and documentation** by embracing CMS's 2021 E/M changes, and simplifying templates.
- **Optimize inbox** through intelligent refill systems and auto-populated administrative forms embedded in the EHR.
- **Reform prior authorization** by implementing "gold carding" for clinicians with strong approval histories and automating PA through standardized processes.
- **Streamline quality and value-based reporting** by standardizing & aligning metrics across payers, reducing the total number of measures, and focusing on outliers.
- **Simplify contracts and claims** with centralized billing clearinghouses and standardized payer rules.
- **Support staffing and compensation** by increasing primary care payment to ensure adequate administrative support.

In closing, Ann noted that participants viewed prior authorization reform and quality reporting simplification as the most feasible near-term targets due to strong provider interest and bipartisan support. She emphasized that addressing all sources of administrative burden is critical to sustaining and growing the primary care workforce and improving patient access to high-quality care.

Larry then invited Ann Kempski to expand on these findings. Ann began with slides that defined the problem of administrative burden and the 'costs' associated with it. Ann K. presented the problem statement:

Administrative burden has increased on primary care clinicians and teams. Two "promises" of value-based care — lower administrative burden and digital technology that expands, streamlines care options — have not yet been realized. Costs of complying with

payer and regulatory demands contribute to the decline of independent practice and discourage participation in value- based care.

Ann then walked through a framework for evaluating administrative burden solutions across both public and private sectors and opened the discussion for member feedback. She opened it up to the group for feedback.

Bob Chestnut, of Cummins Inc., emphasized the need to highlight the direct costs to patients and the patient-safety risks created by administrative burden. He added that administrative requirements also generate significant waste in the system, which should be more clearly illustrated in policy discussions.

Judith Steinberg, of Harvard, suggested examining payer performance on prior authorization by looking at approval rates and evaluating how payers are streamlining their processes.

Sara Pastoor, of Elation Health, commented that the government can play a major role in setting expectations for industry and shaping market forces that reduce administrative burden. She emphasized that technology has the potential to make administrative and cognitive work "invisible" when used appropriately. Sara described this as an exciting moment, with powerful tools available, but warned that applying AI within an already dysfunctional system could unintentionally worsen existing problems. She stressed the need for caution and thoughtful implementation.

Shari agreed with Sara's points about opportunities to use AI to reduce administrative burden but emphasized the need for caution. She also highlighted significant concerns about the proposed WISER model, particularly the introduction of prior authorization in Medicare Part B. Shari noted that prior authorization could create delays and force clinicians to fight for full reimbursement, undermining recent gains achieved through increased E/M payments and reduced documentation requirements.

Shari also raised concerns about AI-driven down-coding, noting that several members have reported automated systems reducing Level 4 visits to Level 3. She emphasized that this creates significant administrative burden, as clinicians must appeal the downgraded codes to secure appropriate payment for the services delivered.

Larry thanked attendees and closed the meeting out.