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Convening + Uniting + Transforming

Policy & Advocacy Committee Meeting

Tuesday, October 21, 2025 | 3:30

Welcome & Announcements	*PCC Team*
Co-Chair Remarks & Roll Call	*Shari Erickson, ACP*
Update from Capitol Hill	*Venn Strategies*
Member Discussion: Admin Barrier to Primary Care APM Participation	*Ann O'Malley, Mathematica* *Ann Kempski* *All Participants*

agenda

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Welcome & Announcements

PCC Team

PCC's Hill Advocacy

- October 15, 2025: The PCC urged lawmakers to **pass a bipartisan bill** that **reopens the government**, **restores funding for vital primary care** services and **protects access** to affordable coverage.
- October 16, 2025: the PCC joined more than 150 organizations on a Families USA-led sign-on letter urging Congress to "extend the enhancements to premium tax credits without delay changes that could place health coverage out of reach for millions of vulnerable Americans."

FOR IMMEDIATE RELEASE
Press Contact: Tod Didier
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Washington, D.C. (October 15, 2025) – Ann Greiner, President and CEO of the Primary Care Collaborative (PCC) has issued the following statement on the continuing government shutdown:

"On October 1, funding for critical primary care programs and telehealth waivers lapsed—and today CMS has announced it will be holding Medicare physician fee schedule claims. While Congress works to bridge divides on government funding, the consequences for everyday Americans' health are substantial and growing.

"This impasse has created unnecessary, additional burdens for American families and the primary care teams on which they rely. We urge lawmakers to pass a bipartisan bill that reopens the government, restores funding for vital primary care services and protects access to affordable coverage."

PCC, 150 Organizations Urge Extension of Expiring Health Care Tax Credits



October 16, 2025

The Honorable John Thune
Majority Leader
United States Senate
Washington, D.C. 20510

The Honorable Charles E. Schumer
Minority Leader
United States Senate
Washington, D.C. 20510

The Honorable Mike Johnson
Speaker of the House
United States House of Representatives
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Minority Leader
United States House of Representatives
Washington, D.C. 20515

Dear Majority Leader Thune, Minority Leader Schumer, Speaker Johnson, and Minority Leader Jeffries:

As millions of families across the country struggle to pay for the high and rising cost of health care, the more than 150 undersigned organizations representing patients, workers, small businesses, health care providers, public health professionals and other health care stakeholders strongly urge Congress to permanently **extend the enhancements to the premium tax credit without delay and without any changes** that could place health

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Closing the Distance in Rural Primary Care: Evidence, Stories and Solutions

1:30 PM ET, November 12, 2025

promise of primary care

October 30, 2025 | 3:00 PM ET | Zoom

- Breakdown of new polling data on WPC, effects on messaging/how to leverage data most effectively
- Messaging in Today's Landscape
- Updates to primary care messaging slatev

Register at: https://thepcc.pub/POPCOct25
Password: PCC2025

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Co-Chair Remarks & Roll Call

Shari Erickson | ACP

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Update from Capitol Hill

Venn Strategies

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Member Discussion: Admin Barrier to Primary Care APM Participation

Larry McNeely | PCC Policy Director
Ann O'Malley | Mathematica
Ann Kempski | PCC Advisor
All Participants

PCC 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"

Administrative Burden in Primary Care: Causes & Potential Solutions

Presentation to the Primary Care Collaborative

October 21, 2025

Ann S. O'Malley, MD, MPH





This study was funded by the Commonwealth Fund

- Co-authors: Divya P. Gupta, Eugene C. Rich, Corinne Lewis

- The contents of this presentation are solely the responsibility of the authors and do not necessarily represent the official views of Mathematica, its funders, or the U.S. Department of Health and Human Services or any of its agencies.

- Link to *Issue Brief* and supporting references

Administrative Burden in Primary Care: Causes, Potential Solutions | Commonwealth Fund

- We are grateful to the PCPs and experts who participated in interviews for this study

Background & Problem

- Primary care physicians face growing administrative burdens, especially when compared with their specialist colleagues.
- For this study, “administrative burden” refers to tasks like prior authorization, quality reporting, and nonclinical email demands that neither require physicians’ expertise nor improve patient outcomes.
- These tasks reduce time available for patient care, increase burnout, and worsen workforce shortages.
- Administrative complexity pushes PCPs toward larger systems, raising costs.
- Methods: Environmental scan and interviews in March 2025 with practicing PCPs who were also experts on burden

Key Sources of Administrative Burden

- **EHR usability & information retrieval**
  - Information scattered throughout EHR
  - Interoperability is still poor
  - Decline in quality of clinicians' clinical notes
- **Documentation & overinterpretation of regulations**
- **Inbox overload with duplicative low-value tasks**
- **Manual prior authorization processes and nonintegrated formularies**
- **Complex claims management and value-based quality reporting**

"My biggest, biggest complaint about EHRs is that the patient story is lost." General internist

"The E&M rules changed in 2021; habits did not." General internist

Potential Solutions

Improve EHR & Documentation

- Embrace CMS's 2021 E&M changes to reduce documentation & improve note
- Simplify or remove some templates
- Make data entry more intuitive
- Improve interoperability
- Use AI carefully

Optimize Inbox

- Intelligent refill systems (auto-approve routine refills)
- Embed common administrative forms (e.g., leave letters) into EHR for auto-population of some data
- Reduce unnecessary physician signature requirements
- Triage messages

Reform Prior Authorization

- "Gold carding" physicians with good PA track records to waive routine PA
- Automate PA via standardized processes
- Integrate formularies into EHRs; alert prescribers to covered alternatives

Streamline Quality & VBP Reporting

- Standardize / align quality metrics across payers
- Reduce number of metrics; focus on outliers
- Simplify risk adjustment documentation; explore hybrid HCC scores

Simplify Contracts & Claims

- Create centralized clearinghouse for billing submissions
- Standardize payer contracts and reimbursement rules
- Use a public or quasi-public entity to oversee contracting standards

Support Staffing & Compensation

- Increase primary care payment
- More funding can enhance administrative support

Priorities, Challenges & Next Steps

Priorities (most feasible / high interest):

- Prior authorization and quality metric reforms were seen by participants as the most feasible in the short-term given available solutions, provider interest and bipartisan support.
- Yet, participants cautioned that failure to address all sources of administrative burden risk further declines in patients' access to high quality primary care

Challenges & Considerations:

- Coordination across stakeholders — payers, EHR vendors, regulators, provider organizations
- Potential unintended consequences — e.g., AI misuse, gaming metrics like HCC
- Resource constraints — especially for small independent practices with minimal staff
- Regulatory inertia — complexity of changing federal, state, and payer rules

Definition: Administrative Burden in Primary Care

Costs associated with	How costs show up	Costs to patients
• external documentation • information sharing, forms, permissions • adopting tech tools	• Lower care team productivity • Lower team satisfaction (i.e., burnout) • Unreimbursed time	• Disrupted care journeys • Less clinical time available • Fewer practices in insurance networks

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.

Problem Statement

Framework for Evaluating Solutions

Burden & (Source)	Size of Burden (rank 1-3)	Private Sector Solutions	Public Sector Solutions	Reduction in burden? Trading one type of cost for another?
Quality measure reporting (Medicare, MA, private plans)	2	Tech vendors simplify extraction, reporting ACOs and/or health plans help finance costs Higher VBP rewards for performance	Reduce number of mandated measures; put standardized specs out for payers; require small core set; accreditation	Regressive fees for accreditation; for tech solutions; high switching costs associated with technology
Prior authorization (Private plans)	1	Plans "credential" clinicians or practices based on transparent criteria; Gold card-type credential bypasses prior auth	Narrow the permitted use of PA; audit plans; publish overuse/over-reliance rates; require streamline process	Process for getting credentialed by plans