PCC Policy and Advocacy Committee Meeting Minutes

Tuesday, September 16, 2025 | 3:30 – 4:30 PM ET

Participating Organizations:

AARP, Advocates for Community Health, American Academy of Child and Adolescent Psychiatry, 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 College of Clinical Pharmacy, American College of Lifestyle Medicine, American College of Osteopathic Family Physicians, American College of Physicians, American Psychiatric Association, American Psychological Association, Blue Shield of California, Cummins Inc., Elation Health, Innovaccer, Mathematica, Meadows Mental Health Policy Institute, Mental Health America, NAACOS, National Partnership for Women & Families, NCQA, Physician's Computer Company, Premise Health, Primary Care Collaborative, Primary Care Development Corporation, Platform Government Strategies, Society of Teachers of Family Medicine, Upstream USA, VillageMD

Speakers:

- Shari Erickson, American College of Physicians
- Sarah Coombs, National Partnership for Women & Families
- Jake Quinton, Chief Medical Officer, Center on Medicare
- Susannah Bernheim, Chief Medical Officer, Center on Medicare and Medicaid Innovation

Welcome and Announcements

Larry McNeely, Director of Policy at the Primary Care Collaborative, opened the meeting, welcomed participants, and previewed the agenda. He noted ongoing PCC activities, including Medicare Physician Fee Schedule comments. He asked members to save the date for forthcoming Fall Forum 12-6 pm, November 6th at PCC's HQ. This event will convene members for planning and discussion of federal developments.

Co-Chair Remarks

Sarah Coombs and Shari Erickson offered brief opening remarks. Shari highlighted the American College of Physicians' focus on vaccine access and shared that her organization had taken the unprecedented step of calling for the removal of HHS Secretary Kennedy. She acknowledged the risks of this decision but emphasized ACP's commitment to ensuring stronger leadership at the federal level.

Center on Medicare Priorities and the Prevention RFI

Jake Quinton, newly appointed Chief Medical Officer for Parts A and B at the Center on Medicare, provided an overview of his role and current policy priorities. He reflected on his prior experience at the Center for Medicare and Medicaid Innovation (CMMI), where he worked on value-based payment, equity initiatives, and model development. In his new capacity, he is focused on aligning Medicare fee-for-service with prevention, wellness, and chronic disease management. He explained that Medicare is in a multi-year process of moving toward a hybrid or prospective payment model, building on the initial step of the Advanced Primary Care Management (APCM) codes. Jake emphasized that this approach is still in early stages, but CMS is working to identify ways to integrate APCM with ACO programs. He noted that the efficiency adjustment in the physician fee schedule is a small but significant step toward rebalancing payments from procedural to primary care services.

Jake further described the Administration's broader "Make America Healthy Again" initiative, highlighting its focus on evidence-based prevention and lifestyle interventions. He noted the need to reduce overuse of high-cost, low-value services and improve quality reporting programs to ensure meaningful impact. He also acknowledged persistent challenges, such as cost-sharing requirements and administrative barriers, which limit access to preventive services and deter community-based organizations from engaging with traditional Medicare.

Question and Answer with Jake Quinton

Dr. Jon Leizman (Premise Health) asked how CMS envisioned supporting whole-person care and lifestyle medicine in preventing and managing chronic disease. He described employer-based clinics that integrate primary care with behavioral health and address social determinants of health such as transportation and housing. Jake responded that CMS is considering intensive lifestyle interventions modeled on the Medicare Diabetes

Prevention Program and other CDC-supported initiatives. He explained that while improvements have been made, further expansion of lifestyle-based approaches are needed to reduce cardiac risk, manage early hypertension, and address obesity.

Adam Horgan (American Association of Nurse Practitioners) thanked Jake for CMS's work on telehealth codes and asked how the agency plans to reduce administrative burden for providers. Jake acknowledged the significant challenges clinicians face with documentation and reporting requirements. He noted his personal experience using AI scribe technology in an FQHC setting, highlighting the potential of AI tools to reduce after-hours work. He also pointed to CMS's Digital Health Ecosystem RFI and efforts to improve interoperability across electronic health records as critical steps to easing burden.

Kate Gilliard (American Academy of Family Physicians) asked about the decision to remove social determinants of health risk assessments from recent proposals. Jake deferred to his colleague, Susannah Bernheim, noting that she had led much of the prevention strategy work at CMMI. He emphasized, however, that CMS remains committed to addressing barriers to care linked to socioeconomic factors.

Evidence-Based Prevention at CMMI

Susannah Bernheim, Chief Medical Officer at the Center for Medicare and Medicaid Innovation, presented on CMMI's prevention strategy. She explained that CMMI had developed three pillars for its new direction: evidence-based prevention, empowering patients to meet health goals, and promoting competition. Within this framework, prevention was placed at the forefront. Susannah emphasized that Medicare and Medicaid beneficiaries face a high burden of chronic disease, which diminishes quality of life and drives healthcare costs. CMMI seeks to embed prevention across its models, with special attention to nutrition, physical activity, and lifestyle interventions. She noted that while past models such as ACOs included prevention components, the new strategy aims to expand beyond clinical settings to incorporate community-based approaches and innovative payment structures.

Susannah acknowledged both the promise and the challenges of prevention-focused models. For example, the Medicare Diabetes Prevention Program demonstrated cost savings and improved outcomes but has not achieved widespread scale. CMMI is testing new delivery methods, including asynchronous care, to increase reach. She also described the use of rapid-cycle randomized controlled trials within existing models, such as ACO REACH and Kidney Care Choices, to generate timely evidence on preventive strategies.

Question and Answer with Susannah Bernheim

Alyssa Neumann (National Association of ACOs) asked whether CMMI would reopen applications for the ACO PC Flex model. Susannah could not commit to another cohort but confirmed strong interest and explained that the model is under close evaluation. She noted that lessons from PC Flex could shape future model design, including new hybrid primary care payment structures.

Alexa Roberts (VillageMD) inquired about the future of ACO REACH. Susannah responded that ACO REACH remains a flagship model central to CMMI's strategy. While she could not provide details on forthcoming policy changes, she reassured members that CMS remains committed to advancing accountable care.

Dr. Padmaja Patel (American College of Lifestyle Medicine) praised CMMI's prevention focus and asked for more detail about the randomized trials being embedded within models. Susannah explained that these "tests within a test" allow participants to evaluate smaller interventions quickly, such as preventive care nudges, while contributing to broader model learning. She noted that trials typically last three to five months, with the goal of producing faster insights for scaling successful approaches.

Scott Barstow (American Psychological Association) suggested contingency management as a promising behavioral intervention for substance use disorder and tobacco cessation. Susannah welcomed the input and encouraged members to share ideas that align with prevention priorities without increasing provider burden.

Drew Albano (PCC) asked about strategies to offset rising electronic reporting costs, particularly for smaller practices. Susannah acknowledged the concern and noted that CMMI is considering ways to support independent providers through infrastructure assistance and measure streamlining. Jake added that CMS is monitoring the digital measures transition and working to reduce vendor-related barriers.

Closing Remarks

Shari Erickson thanked the CMS representatives for their updates and expressed appreciation for their engagement with the committee. Larry McNeely closed the meeting by emphasizing PCC's ongoing work to reduce barriers to primary care APM participation and reiterated the importance of prevention and whole-person care as guiding themes for future advocacy.