Policy & Advocacy Committee Meeting

APRIL 15TH, 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 Association of Nurse Practitioners, American Association of Physician Associates, American Board of Family Medicine, American College of Lifestyle Medicine, American College of Osteopathic Family Physicians, American College of Physicians, American Psychiatric Association, American Psychological Association, Blue Cross Blue Shield of Michigan, Blue Shield of California, Community Catalyst, Cummins Inc, Elation Health, Harvard Medical School Center For Primary Care, HealthTeamWorks, Humana, Meadows Mental Health Policy Institute, Mental Health America, NAACOS, National Partnership for Women & Families, Primary Care Collaborative, Primary Care Development Corporation, Platform Government Strategies, Society of Teachers of Family Medicine, Upstream USA, VillageMD

THANK YOU TO OUR SPEAKERS:

- Co-chair: Sarah Coombs, National Partnership for Women and Families, & Shari Erickson, American College of Physicians
- Jacob Mirsky, MD., American College of Lifestyle Medicine
- Kate Gilliard, American Academy of Family Physicians

MEETING SUMMARY

Welcome and Announcements

Larry McNeely, Director of Policy at the PCC, began the meeting by introducing himself and reviewing the agenda. Larry shared that Ann Greiner, PCC's President and CEO, is in Texas speaking at the NAWHC forum, so she will not be at today's meeting.

Tod Didier, Director of Communications at the PCC, spoke about PCC's June conference, *Scaling What Works for Better Health*. The conference will include an innovation showcase, time to network and build community and more. Learn more and register here.

Larry invited all members of the workgroup to please consider signing onto PCC's Medicaid Sign on Letter. This letter urges Congress to reject cuts to Medicaid and protect vital primary care resources in order to address chronic disease. The deadline to sign on is Wednesday, April 23rd. Sign on here. **The letter is open to any national primary care stakeholders, not just PCC members. So please consider circulating to your coalition partners or allied organizations**

Chiyedza Mvundura, PCC's Policy Associate, shared some exciting developments pertaining to the COMPLETE Care Act. This bill has been reintroduced in the House by Reps. Nicole Malliotakis (R-NY) and Lizzie Fletcher (D-TX). PCC has submitted a letter of support for the bill to its sponsors,

expressing gratitude for their work. They also held a press release where PCC and five member organizations were listed as supporters. Read the press release here.

PCC is also considering bringing members to the Hill to engage on this bill and other key priorities in the latter half of the year. More details will be shared in the coming months.

Larry gave a brief overview of the bill as well as PCC's history of support. Read the bill, and PCC's letter here.

Co-Chair Remarks

Shari Erickson of the American College of Physicians shared that intel suggests that Speaker Johnson may be aiming for a May 9th or 16th target for committees to report out savings. This includes the $880 billion from the Energy & Commerce jurisdiction, which could include Medicaid cuts. These cuts could include:

- Work requirements
- Scaling back the matching formula in expansion states
- Scaling back inflation reduction act
- Clean energy
- Tax credits, and more

She expressed concern about what could happen if physician payment reform lands in reconciliation. ACP is monitoring PBM reform but doesn't believe Democrats want to include it in reconciliation. ACP is also monitoring the ACA tax credits, which are set to expire at the end of the year and could cause millions to lose coverage. The last thing Shari mentioned was concerns about an executive order asking the administration to review the vetting process of countries for travel restrictions. This could impact the internal medicine residency match and reduce the number of foreign-born internal medicine residents, many of whom practice in rural areas. Shari finished her comments by reminding everyone to be vigilant about vaccines, especially given the measles outbreak in Texas.

Sarah Coombs of the National Partnership for Women and Families shared that Medicaid defense is one of NPWF's top priorities. May 9th is the target for advocates to make a big push in defending Medicaid and educating policymakers. Sarah also announced that Thursday, April 17th, House and Senate Democrats will be holding a Medicaid day of action. NPWF responded to the marketplace integrity and affordability proposed rule (read here), which could increase barriers to care for women and families, DACA recipients, transgender individuals, low-income individuals, and more. The rule also suggests changes to the annual open enrollment period. Sarah ended by reminding the group that access to affordable, quality coverage is a key tenet of whole-person care.

Larry added that it is important to make policymakers understand the consequences of shifting Medicaid dollars away from that program on access to primary care and the health of communities.

Whole Person Care: A Role for Shared Medical Appointments

Larry introduced Dr. Jacob Mirsky, primary care physician at Mass General Hospital Revere Healthcare Center and a diplomate of the American College of Lifestyle Medicine.

Jacob began his presentation by explaining that he has been running shared medical appointments for seven and a half years at Mass Gen. SMA's have no national standards, but there are best practices that are used by a number of health systems across the country. These appointments are usually made up of a group of six to ten patients and run for 1-2 hours. They generally include a mix of education, discussion and individual check-ins.

Jacob identified that a large barrier for SMA's is billing. CMS has offered no clear guidance on what codes to use and what can happen in these appointments. National organizations have offered guidance based on communication with CMS. AAFP and ACLM advise that 99212-99214 codes can be used in a group-based setting.

Jacob explained that not only is there a growing body of research that demonstrates the positive patient outcomes of SMAs, but they also help with chronic disease management and lower ED visits. They are also a way to improve the experience of care delivery for primary care clinicians. The lifestyle medicine community has been developing models of lifestyle medicine SMAs that focus on nutrition, physical activity, stress reduction, sleep quality, social connection, reduction of harmful substance use related to alcohol, and prevention and treatment of chronic diseases. These models can also improve access, reduce wait times, and hopefully save money.

Jacob is the medical director for the healthy lifestyle program at Mass Gen, which is the biggest SMA program and the biggest lifestyle medicine SMA program in the country. The program buys the time of 16 providers to lead the SMAs and also partners with health and wellness coaches. The program runs multiple 4-part series that focuses on obesity, hypertension, diabetes and pre-diabetes, hyperlipidemia, and/or brain care. They also have individual classes focusing on a range of issues, and patients are free to choose a multitude of series.

Jacob identified some large barriers that prevent other health systems from doing SMAs:

- Guidance on codes to use when giving individual care in a group setting
- Logistical concerns, including location and virtual care delivery
- Co-pays and deductibles
- Defining SMAs as a therapeutic or intensive treatment

Jacob finished his presentation by offering some opportunities for advocacy. These include approval and clarification of many of the barriers previously mentioned.

Larry thanked Jacob and opened the floor for questions.

Kate Gilliard from AAFP thanked Jacob and agreed that SMA's offer a sense of camaraderie to patients that can be impactful. She noted that barriers could include lack of clarity from CMS and

patient willingness, but this can be overcome with education and awareness. Her final comment was about the process by which SMA's could be valued by the RUC, and the unintended consequences this could have. However, in this environment where combatting chronic disease is a priority, SMAs could be an effective strategy.

Judith Steinberg shared that she worked at a facility doing group visits over 20 years ago and it worked well for a subset of patients. She asked if Jacob has had issues with insurers in terms of billing.

He replied that he doesn't know of any health systems that have had problems with insurers, but insurers don't know that these group visits are happening because they are using standard CPT codes.

Judith asked a clarifying question about audits based on time spent with patients.

Jacob said he has never been audited about this and doesn't know of any private insurers that have a problem with SMAs. He added that at Mass Gen, the billing compliance team works very closely with his team.

Larry asked about the possibility of pursuing other solutions that don't require changing billing codes.

Kate Gilliard cautioned that this is a delicate situation because we want to avoid creating more barriers for clinicians.

Larry added that while this conversation might seem focused on small details, codes are about ensuring that beneficiaries can access services.

Scott Barstow with the American Psychological Association asked about research on behavioral health issues, like SUD treatment.

Jacob answered that there have been opiate use disorder SMAs in place for a long time. He also mentioned stress reduction and resiliency programming and other mindfulness programming. He noted that he has a lot of patients who come in for anxiety and depression and receive non pharmacologic treatment.

Larry thanked Jacob for his presentation.

Wrap Up and Next Steps

Larry invited Bob Chestnut, CMO of Cummins and PCC Board Member, to share about modalities to incorporate lifestyle medicine.

Bob thanked Jacob for his presentation and is excited about any efforts to make lifestyle medicine more sustainable. He shared that in the employer space, there is often more flexibility to pay for activities and services that are not traditionally reimbursed. He gave the example of health

coaches. Health coaches can be cheaper than physicians and are key parts of helping patients change their life and health. His question is about how to get these kinds of services into a public health setting and how do we bill for them.

Larry thanked Bob for sharing. He ended the meeting by reiterating that this is just the beginning of a conversation about supporting team-based primary care and addressing all the needs of patients. He added that prenatal care, pediatric care and family medicine care are all examples where the group visit model is working.

Larry ended the meeting by reminding everyone to register for PCC's June Conference. Register here.