pcc primary care collaborative

Convening + Uniting + Transforming

PCC Policy & Advocacy Committee Meeting

Tuesday, April 15th, 2025 | 3:30 – 4:30 PM ET

agenda

I. Welcome & Announcements	PCC Team
II. Co-Chair Remarks	Shari Erickson, ACP Sarah Coombs, NPWF
III. Whole Person Care: A Role for Shared Medical Appointments	Jacob Mirsky, MD ACLM
IV. Wrap Up and Next Steps	Larry McNeely, Primary Care Collaborative

pcc primary care collaborative

Convening + Uniting + Transforming

Welcome & Announcements

PCC Team

Save the Date



SCALING

What Works for Better Health

PCC Conference 2025

REGISTER HERE

June 4-5, 2025
Washington, DC

Medicaid Sign On

- American Academy of Family Physicians
- American Academy of Physician Associates
- American Association of Nurse Practitioners
- American College of Physicians
- American Psychological Association Services
- Blue Cross Blue Shield of Michigan
- Blue Shield of California
- Brigham and Women's Hospital
- Community Catalyst
- Elation Health
- Families USA
- HealthTeamWorks
- Maryland Citizens' Health Initiative
- MEDIS
- Mental Health America
- National Partnership for Women and Families
- National Rural Health Association
- Primary Care Development Corporation
- Society of General Internal Medicine
- Upstream USA
- VillageMD

April xx, 2025

The Honorable Mike Crapo
United States Senate
Washington, DC 20510

The Honorable Brett Guthrie
United States House of Representatives
Washington, DC 20515

The Honorable Ron Wyden
United States Senate
Washington, DC 20510

The Honorable Frank Pallone
United States House of Representatives
Washington, DC 20515

Dear Chairman Crapo, Ranking Member Wyden, Chairman Guthrie and Ranking Member Pallone:

We are organizations strongly committed to improving the nation's health by strengthening primary care, and we are deeply concerned that Medicaid proposals now under consideration could set back our efforts as well as those of Congress and the Administration to address chronic illness. If the Medicaid funding on which primary care practices depend is significantly reduced, we fear that the result will be a destabilization of those practices, including local community health centers. This would be a retreat in efforts to prevent and manage costly chronic conditions, further undermining Americans' health and wellbeing.

In every state and territory of the United States, communities and populations that shoulder the highest chronic disease burdens rely on Medicaid and the essential primary care it supports. These include:

- **14 million rural Americans** whose communities depend on Medicaid funding for access to primary care, behavioral health and rural hospital services.[1]
- Medicaid remains the nation's largest payer for behavioral health services– serving **13.9 million beneficiaries with substance use and mental health disorders**.[2]
- **12 million Medicare beneficiaries** depend on Medicaid for long-term care, behavioral health or cost-sharing assistance.[3] Whether these beneficiaries are fully dually eligible or enrolled in Medicare Savings Programs, a cut to Medicaid amounts

DRAFT

COMPLETE Care Act

Representatives Malliotakis & Fletcher issued a press release reintroducing the COMPLETE Care Act in the House. PCC alongside 5 PCC member organizations were listed on the press release as supporters of the bill.

"Expanding mental health care access is one of the most important things we can do to improve and save lives of people struggling with mental health issues. It is critical that we build on our efforts to improve access to mental health resources, and I am glad to partner with Congresswoman Malliotakis, Congressman Pfluger, and Congressman Horsford in this important effort."

-Representative Lizzie Fletcher

pcc primary care collaborative

Convening + Uniting + Transforming

Co-Chair Remarks

Sarah Coombs | National Partnership For Women & Families

Shari Erickson| American College of Physicians

pcc primary care collaborative

Convening + Uniting + Transforming

Whole Person Care: A Role for Shared Medical Appointments

Jacob Mirsky, MD | American College of Lifestyle Medicine

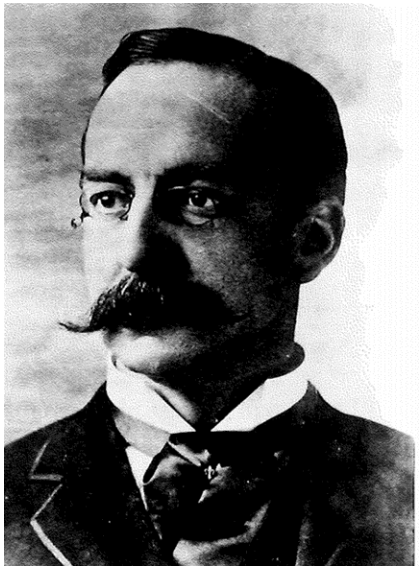
AMERICAN COLLEGE OF Lifestyle Medicine

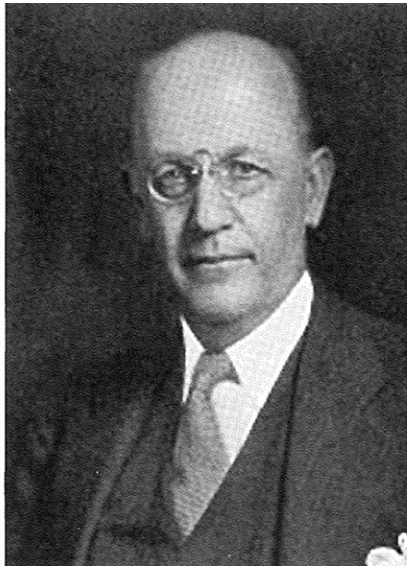
SHARED MEDICAL APPOINTMENTS & POLICY

JACOB MIRSKY MD MA DIPABLM FACLM

MASSACHUSETTS GENERAL HOSPITAL

SMA HISTORY





Joseph Pratt MD (1907)

New England Journal of Medicine (1955)

SMA HISTORY

Shared Medical Appointments

- Ed Noffsinger PhD
- Access-focused
- Individual visits with “observers”

Cooperative Health Care Clinic

- John Scott MD
- Chronic disease-focused
- Five key components:
  - Socialization
  - Education
  - Break
  - Q&A
  - 1-1 physician check-in

SMA “BEST PRACTICE” - WORKFLOWS

- SMAs are a system design in which clinicians see multiple patients together in the same setting
- Typically consist of:
  - Facilitator (e.g., health coach, dietician, or psychologist)
  - Provider (e.g., nurse practitioner or physician)
- 6-10 patients in a group
- 60-120 minutes mixing education, discussion, and individual check-ins
- Variable in:
  - Drop-in vs. “closed” series
  - Symptoms vs. disease state



SMA IN PRACTICE

- Cleveland Clinic
- Kaiser Permanente
- Veterans Health Administration
- Mass General Hospital
- Atrius Health
- Many private practices

SMA "BEST PRACTICE" – BILLING (ACP WEBSITE)

- "Because group visits are relatively unusual, no nationally accepted standard has yet emerged for billing them, and there is no special code for standard group visits. Acceptable billing thus varies both geographically and among different carriers. In cases where carriers have yet to adopt policies on group visit billing, the practice may be able to gain acceptance of its own proposed methodology - usually billing for each patient individually based on the services documented in the chart just as though the patient had been seen separately.

- ACP recommends that physicians inform each insurer in advance of their intent to begin furnishing group visits and how they plan to bill for them."

Accessed 10/2022

SMA “BEST PRACTICE” – BILLING (AAFP WEBSITE)

- “No official payment or coding rules have been published by Medicare. However, the question of "the most appropriate CPT code to submit when billing for a documented face-to-face evaluation and management (E/M) service performed in the course of a shared medical appointment, the context of which is educational", was sent to the Centers for Medicare and Medicaid Services (CMS) with a request for an official response. The request further clarified, "In other words, is Medicare payment for CPT code 99213, or other similar evaluation and management codes, dependent upon the service being provided in a private exam room or can these codes be billed if the identical service is provided in front of other patients in the course of a shared medical appointment?"

  The response from CMS was, "...under existing CPT codes and Medicare rules, a physician could furnish a medically necessary face-to-face E/M visit (CPT code 99213 or similar code depending on level of complexity) to a patient that is observed by other patients. From a payment perspective, there is no prohibition on group members observing while a physician provides a service to another beneficiary." The letter went on to state that any activities of the group (including group counseling activities) should not impact the level of code reported for the individual patient.”

Accessed 10/2022

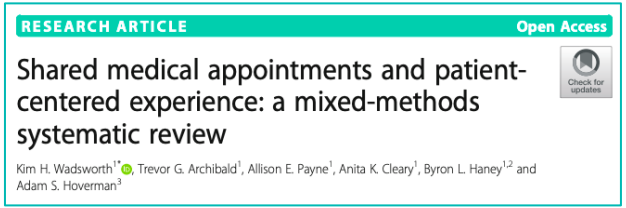
SMA "BEST PRACTICE" – BILLING (ACLM)

- "To bill for LM SMAs, providers (MD/DOs) should use existing Evaluation and Management (E&M) codes that can be found in the CPT guidelines such as 99212–99214. Select the code based on the individual visit complexity not the amount of time spent with the patient(s)."

Accessed 10/2022

SMA OUTCOMES

- Improved access for chronic disease care
- Educate and motivate patients to improve health and self-manage
- Inspire confidence for patient empowerment
- Reduce patient isolation
- Peer support
- Increase quality of life and prevent ED and outpatient utilization
- Provider satisfaction and enjoyment


RESEARCH ARTICLE Open Access

Shared medical appointments and patient-centered experience: a mixed-methods systematic review

Kim H. Wadsworth[1*], Trevor G. Archibald[1], Allison E. Payne[1], Anita K. Cleary[1], Byron L. Haney[1,2] and Adam S. Hoverman[3]


Department of Veterans Affairs
Health Services Research & Development Service

Evidence-based Synthesis Program

QUERI

Shared Medical Appointments for Chronic Medical Conditions: A Systematic Review


BMJ Open

Effectiveness of shared medical appointments delivered in primary care for improving health outcomes in patients with long-term conditions: a systematic review of randomised controlled trials

Mei Yee Tang [1,2] Fiona Graham [1] Amy O'Donnell [1] Fiona Beyer,[3] Catherine Richmond,[3] Raenhha Dhami,[1,4] Falko F Sniehotta,[1,4] Eileen F S Kaner[1]

LIFESTYLE MEDICINE SMA (LMSMA)

- **Lifestyle medicine approach within an SMA model** offers a multitude of benefits to both patients and the medical team, in addition to realizing considerable positive impacts to the business model.
- Potential benefits of LMSMAs include:
  - Clinical impacts: maximized patient education, increased patient self-efficacy, better health outcomes, improved patient satisfaction
  - Logistical improvements: decreased patient wait times, staffing efficiencies, higher workforce satisfaction/decreased provider burnout
  - Economic effects: more individual visit access, resulting in increased practice capacity and increased revenue, 200-600% clinician productivity increases
- A growing number of leading healthcare institutions, including Massachusetts General Hospital, Cleveland Clinic, University of California San Diego, University of Wisconsin, the Veterans Affairs Medical Center, University of Massachusetts, and New York City Health + Hospitals, are realizing the benefits of LMSMAs, showing that this model of care is clinically effective and cost-saving.

MGH HEALTHY LIFESTYLE PROGRAM

Largest SMA program in the country

- 16 providers & 4 Health and Wellness Coaches
- 4-Part LMSMA Series:
  - **Obesity & GLP1 Medications**
  - **Hypertension**
  - **Prediabetes & Diabetes**
  - **Hyperlipidemia**
  - **Brain Care**
- One-Time SMAs:
  - Stress Reduction rotating series
  - Nutrition for Health rotation series
  - Culinary Medicine
  - Insomnia
  - GERD

2020 - Present:

- 1,700+ Patients
- 1,300+ SMAs
- 7,000+ Billable Visits

SMA BARRIERS TO SCALE

- Lack of clarity regarding:
  - Optimal codes
    - Letter to AAFP used as guidance
  - Individualized care taking place in group setting
    - Letter to AAFP used as guidance
  - Virtual SMAs
  - Number of allowable SMA visits annually (e.g., often multipart SMA series)
  - SMA location (e.g., community setting)
- Co-pays and deductibles
- Differentiation of “therapeutic LMSMA programs” from general “group medical visits” model
  - Definition of quality (“therapeutic” or “intensive”)

POTENTIAL SMA POLICY SOLUTIONS #1

- Approval of:
  - Eligibility criteria:
    - Chronic disease prevention
    - Chronic disease treatment (i.e., aligned with current E&M practice)
  - Individualized care taking place in group setting
  - Number of allowable SMA visits annually
  - SMA location (e.g., community setting)
  - Virtual SMAs

POTENTIAL SMA POLICY SOLUTIONS #2

- Consideration of billing options based on intensity and focus
  - SMA CPT codes or modifiers for E&M codes
  - Hybrid E&M code with PMPM
  - Global bundled payment
- Payment for interprofessional care team member inclusion
- Reward payments for achieving benchmarks
- Approval of “LMSMA” requirements or content
  - Program meets benchmarks for outcomes and quality
  - Delivering therapeutic lifestyle change (TLC and ITLC)

pcc primary care collaborative

Convening + Uniting + Transforming

Wrap Up and Next Steps

Larry McNeely | Primary Care Collaborative

Upcoming CMS Comment Opportunities

Regulatory Relief RfI (Released alongside IPPS hospital payment proposed rule)

- https://www.cms.gov/medicare-regulatory-relief-rfi

Annual Medicare PFS Rulemaking Cycle:

- Proposed Rule – Early July
- Comments – Early September
- Final Rule ~ November 1

Improving, Scaling Other Services

Health and Well-Being Coaching

- General Supervision?
- Permanent status on telehealth list?

Intensive Behavioral Therapy

- General supervision?
- expanding beyond obesity?

Medical Nutrition Therapy

- What can be done by CMS?