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Convening + Uniting + Transforming

Policy & Advocacy Committee Meeting

Tuesday, March 17, 2026 | 3:30 – 4:30pm

agenda

Welcome & Announcements	*PCC Team*
Co-Chair Remarks & Roll Call	*Shari Erickson, ACP* *Sarah Coombs, NPWF*
Administrative Burden and Primary Care	*Tod Didier, PCC* *Andrew Albano, MD* *Atlantic Health & PCC*
Update from the Hill	*Jay Gulshen* *House Committee on Energy & Commerce*

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Welcome

PCC Team

PCC's Recent Advocacy Efforts

- Friends of AHRQ Annual Appropriations Letter
  - PCC joined more than 255 orgs urging Congress to fully fund AHRQ & ensure that the agency has sufficient staff to manage its statutory obligations.
- Alliance for Value Based Care
  - PCC joined letter to Congressional leaders encouraging them to continue working on longer-term solutions to:
    - Modernize financial & non-financial incentives for APMs
    - Stabilize physician payments & prepare clinicians for APMs
    - Leverage CMMI

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Addressing the Impact of H.R. 1's Medicaid Changes on Primary Care

1:00 PM ET, March 31, 2026

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Co-Chair Remarks

Shari Erickson | ACP
Sarah Coombs | NPWF

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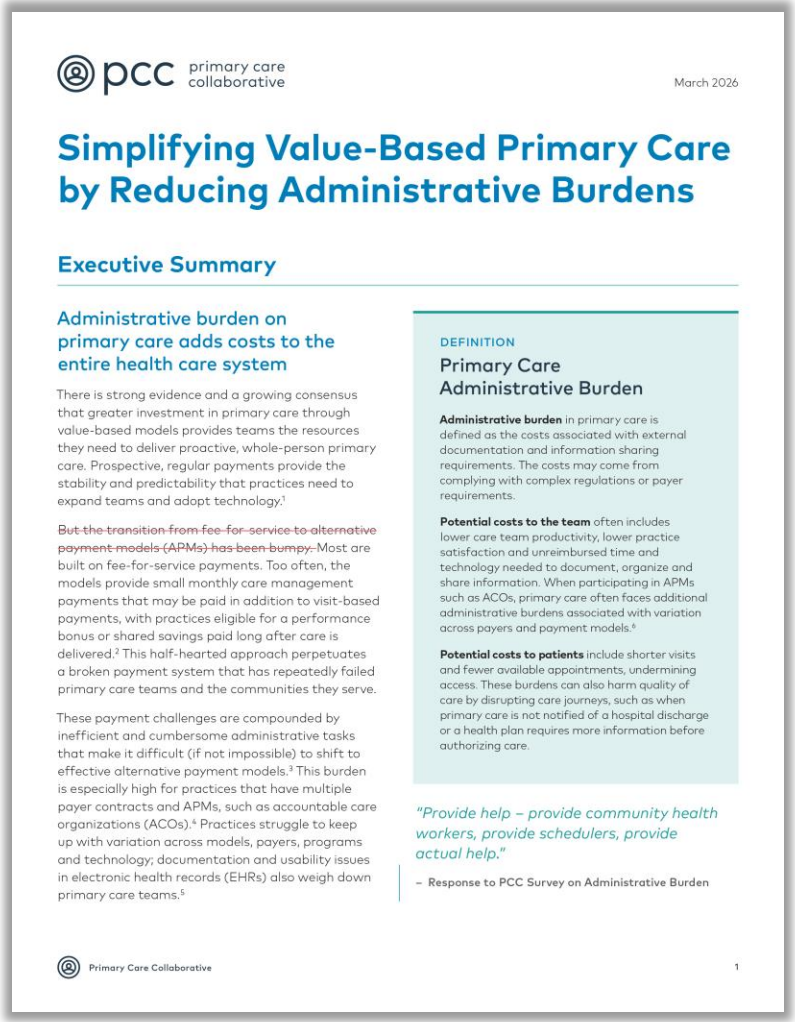
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Administrative Burden & Primary Care

Tod Didier | PCC
Drew Albano | Atlantic Health & PCC

Administrative Burden

- Based on surveys, expert conversations and existing literature
- Lays out the **main burdens** that **primary care encounters** every day
- Provides a **framework for developing solutions** and **concrete recommendations**



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March 2026

Simplifying Value-Based Primary Care by Reducing Administrative Burdens

Executive Summary

Administrative burden on primary care adds costs to the entire health care system

There is strong evidence and a growing consensus that greater investment in primary care through value-based models provides teams the resources they need to deliver proactive, whole-person primary care. Prospective, regular payments provide the stability and predictability that practices need to expand teams and adopt technology.[1]

~~But the transition from fee-for-service to alternative payment models (APMs) has been bumpy.~~ Most are built on fee-for-service payments. Too often, the models provide small monthly care management payments that may be paid in addition to visit-based payments, with practices eligible for a performance bonus or shared savings paid long after care is delivered.[2] This half-hearted approach perpetuates a broken payment system that has repeatedly failed primary care teams and the communities they serve.

These payment challenges are compounded by inefficient and cumbersome administrative tasks that make it difficult (if not impossible) to shift to effective alternative payment models.[3] This burden is especially high for practices that have multiple payer contracts and APMs, such as accountable care organizations (ACOs).[4] Practices struggle to keep up with variation across models, payers, programs and technology; documentation and usability issues in electronic health records (EHRs) also weigh down primary care teams.[5]

DEFINITION

Primary Care Administrative Burden

Administrative burden in primary care is defined as the costs associated with external documentation and information sharing requirements. The costs may come from complying with complex regulations or payer requirements.

Potential costs to the team often includes lower care team productivity, lower practice satisfaction and unreimbursed time and technology needed to document, organize and share information. When participating in APMs such as ACOs, primary care often faces additional administrative burdens associated with variation across payers and payment models.[6]

Potential costs to patients include shorter visits and fewer available appointments, undermining access. These burdens can also harm quality of care by disrupting care journeys, such as when primary care is not notified of a hospital discharge or a health plan requires more information before authorizing care.

"Provide help – provide community health workers, provide schedulers, provide actual help."

– Response to PCC Survey on Administrative Burden

Primary Care Collaborative 1

Admin Burden Solutions: Going Deeper

Policy Solutions
&
Tech and Payment Strategies

What Policymakers Can Do?

- **Streamline and Standardize Quality Measurement**
  - *Policymakers should build on efforts such as the Core Quality Measures Collaborative and the CMS Universal Foundation to align quality measures across Medicare, Medicaid, and commercial payers. Primary care reporting should be limited to high-value measures.*

- **Reduce Redundant Reporting**
  - *Mandate interoperable, standardized digital reporting that allows direct extraction of quality data from certified EHRs.*

What Policymakers Can Do?

- **EHR Performance Feedback and Simplification**
  - *Incentivize EHR vendors to support auto-captured quality metrics, real-time performance feedback and simplified documentation workflows. ONC can reduce administrative burden by strengthening EHR certification standards & align with CMS payment reforms to further streamline clinical workflows.*

New Tech & Pymnt Model Strategies to Reduce Admin Burden

- **Electronic Prior Authorization (e-PA)**
  - *Evidence suggests that standardized e-PA processes can substantially reduce administrative workload and delays in care.*
- **Transparency and Timeliness in PA**
  - *To increase accountability and identify inefficiencies, policymakers should move toward public reporting of prior auth approval rates and turnaround times by payers.*

New Tech & Pymnt Model Strategies to Reduce Admin Burden

- **Innovation in Documentation Tools**
  - *AI-enabled documentation tools can reduce time spent on note writing and billing documentation. Policymakers should support rigorous evaluation and safe, fiscally feasible adoption of these tools within EHR environments.*

- **EHR Interoperability and Usability Standards**
  - *Enforcement of interoperability standards is critical to reduce manual data reconciliation and duplicative documentation across care settings.*

- **Payment Reform to Support Administrative Simplification**
  - *Enhanced primary care payment models should include support for shifting administrative infrastructure and relief from fee-for-service based documentation.*

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Update from the Hill

Jay Gulshen | House Committee on Energy & Commerce