

PRIMARY CARE:

ITS ESSENTIAL ROLE IN A VALUE-BASED HEALTH CARE SYSTEM

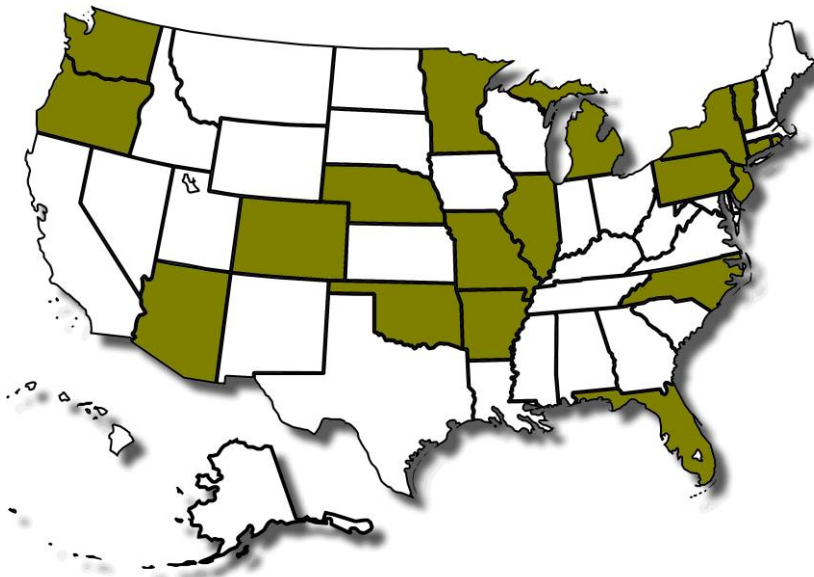
As American health care transitions from volume to value, successful employers, plans, and health systems are finding strong primary care to be absolutely essential. Yet nationally, the United States spends only 4-8% of health care dollars on primary care, compared to an average of approximately 12% among other industrialized countries¹ - each of which spends substantially less on health care than the United States. To build an American health care system that delivers better care at a lower cost, primary care must become a national health policy priority.

Primary Care Works: New Payment Models

With bipartisan support in Washington, DC and state capitols, innovative models of primary care delivery and reimbursement are saving money even as they improve patient outcomes.

States Where PCMH Models Have Lowered Spending

(for Medicare and/or Medicaid populations)



Source: NCHC Analysis of data from the Patient-Centered Primary Care Collaborative's PCMH Map at <https://pcpcc.org/initiatives/evidence>

A Look at the Evidence

- Patient-Centered Medical Home:** A primary care delivery model focused on care coordination and team-based practice.
RESULTS: 21 out of 23 recent studies of the PCMH model showed improvement on cost metrics.²
- Collaborative Care Model:** A team-based approach to treat depression and anxiety in the primary care setting.
RESULTS: A review of 79 studies show CCM is associated with significant improvement in depression and anxiety outcomes.³
- Independence at Home:** Home-based primary care for patients with multiple chronic conditions.
RESULTS: Medicare demonstration achieved cost savings of 11% over two years while improving quality performance.⁴

A National Strategy to Strengthen Primary Care: Payment Model

- **Build on what's working:**
 - Continue to improve chronic care management codes in Medicare's Physician Fee Schedule.
 - Integrate payment streams and clinician training for primary care and behavioral health.
 - Make Comprehensive Primary Care Plus and Independence at Home models available to practices across the country.
 - Implement MACRA's Merit-based Incentive Payment System (MIPS) and Alternative Payment Model provisions.
- **Support future delivery and payment model innovations:**
 - Ensure CMS can continue to test new alternative payment models (APM) initiatives and the authority to refine and expand ongoing APMs that lower costs and/or improve outcomes.
- **Prevent disruption of patient access to primary care:**
 - Ensure affordability of private coverage, including through subsidies or tax credits for premium and cost-sharing expenses.
 - Maintain federal support for state Medicaid and CHIP programs.
 - Continue to reduce the number of Americans without health coverage.

Sources

1. "Measuring Primary Spending and Efficiency" prepared for a Joint Session of Health Accounts Experts and Health Data National Correspondents, Organization for Economic Cooperation and Development, October 4, 2016.
2. Marci Nielsen, "National Briefing Webinar: The Patient-Centered Medical Home's Impact on Cost and Quality," February 2016, <https://www.pcpcc.org/sites/default/files/National%20Briefing%20Evidence%20Report%20Slides-2-11-2016.pdf>.
3. "Collaborative care for people with depression and anxiety," Cochrane, October, 17, 2012, http://www.cochrane.org/CD006525/DEPRESSN_collaborative-care-for-people-with-depression-and-anxiety.
4. "Convert Independence at Home Demonstration into Medicare Program," American Academy of Home Care Medicine, http://c.ymcdn.com/sites/www.aahcm.org/resource/resmgr/iah/IAH_2_page_overview_FINAL.pdf.

Future Fact Sheets in this series will address:

High-Value Care for Underserved Communities

Community Health Centers provide quality care at an affordable cost for 24 million Americans. But without action from Congress by Sept 31, 2017, funding will expire for the nation's network of Federally-Qualified Health Centers – crucial sources of frontline primary care in underserved communities.

Building a Strong Primary Care Workforce

The supply of primary care practitioners is outpaced by anticipated demand. This workforce crisis is particularly acute in lower-income communities that tend to be afflicted by higher rates of chronic disease.