AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

# Sustaining a Viable Primary Care System

The COVID-19 pandemic underscores the fact that the fee-for-service (FFS) payment environment has left primary care system ill-equipped to fulfill its role maintaining the health and well-being of patients. As the public health emergency began, practices limited in-person visits to prevent unnecessary exposure and to preserve personal protective equipment. This caused an immediate drop in revenue and resulted in staff furloughs, layoffs, and, in some cases, practices temporarily closing. This, while still needing to meet the ongoing needs of their patients, COVID-19 and non-COVID-related. The FFS payment model, by design, reimburses based on the number of services delivered. **At the core of family medicine is a focus on health, wellness and prevention.** These goals are not appropriately supported by our current payment systems.

**Restoring the primary care infrastructure will require a shift toward payment models that support comprehensive, continuous, coordinated and connected primary care. The most appropriate financing models are those that provide prospective, risk-adjusted payments for an attributed population of patients.** Properly resourcing physicians through such models will ensure they have the resources to deliver high-quality, individualized care for their patients while allowing them to invest in technology, infrastructure and staffing to proactively manage health risks and support population health. This will enable more coordinated, comprehensive primary care and ensure physicians are better equipped in the face of another public health emergency.

**The AAFP calls on Congress to direct the Center for Medicare & Medicaid Innovation (CMMI) to expand existing alternative payment models and accelerate its work to shift primary care from FFS toward more sustainable prospective payment designs.** Congress should direct the Secretary of HHS to expand the Primary Care First program nationwide and allow all primary care physicians to participate on a voluntary basis beginning January 1, 2021. Furthermore, the Secretary should add a 2022 program start date for physicians who are eager to move into the model but require more time to do so. This is one innovative design that has the potential to strengthen access to comprehensive and coordinated primary care. CMMI's ability to iterate upon and expand successful alternative payment models is an important tool that allows for the timely and responsive modernization of government health care programs, particularly in the wake of the COVID-19 pandemic.

Even in the shift to value-based care, underlying assumptions are based on Evaluation and Management (E/M) code values and it is imperative that they reflect the true cost of delivering care. These models should include the E/M values scheduled to be implemented January 1, 2021. In addition, models considered should all share the goal of shifting away from FFS while also:

- Appropriately accounting for telehealth as a mechanism to facilitate a longitudinal patient-physician relationship;
- Expanding CMS' extreme and uncontrollable circumstances policy, which limits financial losses and reductions in quality scores, including claims-based measures, that could be faced by participating practices during this pandemic; and

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Family physicians take on increased financial risk by joining these models while also demonstrating their commitment to value-based care. **Congress must do all it can to create incentives to accelerate the shift from FFS.** One way to achieve this is extending the Advanced Alternative Payment Model (AAPM) Bonus of 5% for five years beyond the current statutory restriction and include language giving the Secretary of HHS discretion to extend the bonus further.

**The AAFP recommends that Congress direct CMMI to develop and release prospective payment models that support primary care and extend the AAPM 5% bonus through at least 2028.**