



June 30, 2025

Abe Sutton

Director, Center for Medicare and Medicaid Innovation (CMMI)
Deputy Administrator, Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Director Sutton,

On behalf of the American Academy of Family Physicians (AAFP), representing over 128,300 family physician and student members, I would like to express our appreciation for the Center for Medicare & Medicaid Innovation (CMMI)'s newly released strategy to make America healthy again. We share your interest in strengthening evidence-based prevention, empowering patients to achieve their best health, and ensuring healthy and fair competition that facilitates patient choice, including the preservation of physician-owned and led independent practice models.

Family physicians are the only medical specialty providing whole-person primary care to individuals of any age. As such, family physicians are uniquely positioned to play a pivotal role in deployment of the Innovation Center's strategy. Family physicians are also the most geographically dispersed of any primary care specialty, making them essential partners in the care of rural and other communities where the health care workforce is challenged by shortages. The value of primary care is indisputable, as it is the only component of the health care system where an increased supply is associated with better outcomes, and lower per capita spending.ⁱ Family physicians are well positioned to support the success of CMMI's strategic plan in communities across the country. Thoughtful and informed execution of this strategy will accelerate the speed and magnitude of that success.

Promote Evidence-Based Prevention

The AAFP strongly supports the emphasis on prevention and high-value care. Family physicians are the first point of contact for patients and provide comprehensive, continuous care that spans primary prevention, early detection/secondary prevention, and long-term management/tertiary prevention of chronic conditions.

We applaud the Center's interest in removing financial barriers to high-value services for patients. The AAFP strongly supports reducing or eliminating patient cost-sharing that creates a barrier to preventive or other important primary care services. We also support the goal of aligning beneficiary incentives with desired health improvement goals. Activating patients to follow a personalized care plan will result in better adoption of all care recommendations, including those that might involve lifestyle or other behavioral modifications. Family physicians make up a large share of lifestyle medicine practitioners in the US, but challenges exist. In a recent survey of family physicians, difficulty changing patient behavior (89%) and limited time with patients (81%) were cited as the top barriers to achieving meaningful lifestyle change for patients.ⁱⁱ Aligning incentives for patients and their physicians has the potential to chip away at these barriers.

Family medicine represents a broad scope of evidence-based patient interventions spanning prevention, acute care management (including maternity and end-of-life care), and health promotion activities. Family physicians are uniquely prepared to lead multi-disciplinary teams, including non-physician clinicians and non-clinical staff, in the delivery of this broad scope. For example, patients with uncomplicated chronic conditions can be managed by nurses or pharmacists with standing physician orders while other patients working on lifestyle change may benefit from health coaching. The key to success is always conducting these activities in a coordinated fashion with high engagement from the patient.

Empower People to Achieve Their Health Goals

The most important member of the team is the person receiving the care and their family, caregivers, and community context. We whole-heartedly agree with CMMI's assertion that the health system is fragmented, challenging to navigate, and that patient data is difficult to access for both patients and their physicians/care teams. We support CMMI's efforts to empower patients by making their health data more accessible. Ensuring that patients and their physicians/care teams have access to the data they need to make informed decisions together is an important step toward empowering patients and improving health.

We are particularly enthused by the push for data to flow more effectively from hospitals and outpatient specialty services to the beneficiary's primary care physician and between health plans and physicians. Too often, data on cost and quality is stale by the time it reaches a primary care physician – but CMMI, and other payers, can facilitate the exchange of real-time data to support informed and shared decision-

making by patients and their physicians. The AAFP has invested significantly to develop a better understanding of the data needs of its frontline physicians, particularly those in accountable care alternative payment models. In addition to identifying the essential data and information needs of primary care practices delivering value-based care, we point to the crucial role that regional data aggregation and bi-directional exchange play in reducing the burdens commonly associated with participation in alternative, accountable care payment models. We are happy to share further insights gained through this research with CMMI as it may be helpful to you.

Drive Choice and Competition

AAFP strongly supports CMMI's aim to promote healthy and fair competition that facilitates patient choice, including the preservation of physician-owned and led independent practice models. The trust placed in family physicians and other primary care clinicians by their patients makes them an appealing acquisition target for hospitals, health systems, and for-profit entities, including private equity. More than half of primary care practices are affiliated with a hospital (either by common ownership or joint management) compared to 38 percent in 2016.^{iii,iv} With fewer opportunities to join a physician-owned independent primary care practice, nearly three-quarters of all primary care physicians are now employed by hospitals or corporations (53% by hospitals and 20% by corporate entities).^v

The AAFP is highly aligned with CMMI's belief in the importance of maintaining patient choice that includes physician-owned and led practices, whether those are community health centers, rural practices, traditional insurance-based practices, direct primary care, or physician-led Accountable Care Organizations. We have consistently [called](#) for policy reforms to address the drivers of healthcare consolidation that threaten these models and provided [comments](#) on the harmful impacts of consolidation to physicians and their patients. CMMI can lead the way in many of these reforms including site neutral payments, multi-payer alignment support and incentives, and predictable, prospective revenue opportunities for primary care practices. Additionally, we know CMMI is interested in artificial intelligence (AI)-enabled solutions, particularly tools designed for clinical decision support, chronic care management, and improving prior authorization processes. The AAFP shares CMMI's perspective that the thoughtful adoption of high-impact AI tools throughout CMMI's models can optimize the experience of both patients and physicians who participate in these models. We believe these tools can significantly

reduce physician burden and increase the time physicians are able to spend with their patients. If deployed correctly, the AAFP also believes AI support tools can help independent practices remain competitive and financially sustainable.

We appreciate that CMMI wishes to emphasize accountability of physicians and other provider participants in accountable care models (aka value-based payment) by emphasizing two-sided risk and/or capitation. We also note that CMMI recommends that a “minimum percentage of provider payments be risk-based.” We encourage CMMI to consider scaling the minimum thresholds for risk assumption with the practice’s ability to take on financial risk. Placing too much financial risk on the physician-owned and led practice models could be detrimental to the goal of preserving these options for patients. Similarly, we encourage CMMI to collaborate with participants and stakeholders as you explore policies that may shift downside risk from conveners to practices.

Moving Forward Together

Many of your strategic priorities suggest that you are applying a forward lens to past learnings. The emphasis on multi-payer alignment, for example, is woven throughout much of this plan which is very encouraging to us. We see this focus as building on the regional success of earlier primary care models, such as Comprehensive Primary Care Plus (CPC+). With family physicians very much involved in this model, the AAFP has had a front row seat to what has worked and what has not. While CPC+ did not generate sufficient savings at the national level to warrant certification, we watched with great interest the regional successes occurring in multiple states^{vi}. The common theme across those states was strong multi-payer involvement that included such activities as participation in shared learning collaboratives with local practices, quality measure alignment, and aggregated data collection and feedback mechanisms. We encourage CMMI to carefully consider these past experiences and learnings as you forge ahead.

There are bold, new initiatives embedded in this plan that we have not touched on, such as the interest in new approaches to risk adjustment and evaluation with inferred risk scores and regional benchmarks, as well as your plan to reinvest hospital capacity in outpatient and community-based care by changing certificate of need requirements. We are eager to be helpful in moving this strategic vision forward by bringing family physician voices and experiences to the table as you explore how to operationalize these bold visions.

We stand ready to collaborate with the administration as you consider modifying existing models and developing new models to increase the number of beneficiaries in successful accountable care relationships. As you are undoubtedly aware, different populations (e.g., Medicaid) present unique characteristics and needs that warrant equally unique approaches to model designs to ensure their success. Models developed and implemented in partnership with the physicians, patients, communities, and other stakeholders who will be impacted the most are the most likely to succeed.

We look forward to working closely with you and your team and would be grateful for the opportunity to meet with you and your staff in the near future. Should you have any questions, please contact Kate Gilliard, Sr. Manager, Federal Policy and Regulatory Affairs at kgilliard@aafp.org.

Sincerely,

A handwritten signature in black ink that reads "Steve Furr, M.D., FAAFP".

Steven Furr, MD, FAAFP

American Academy of Physicians, Board Chair

ⁱ National Academies of Sciences, Engineering, and Medicine. 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>.

ⁱⁱ Bharati R, Kovach KA, Bonnet JP, Sayess P, Polk E, Harvey K, Vorbeck L. Incorporating Lifestyle Medicine Into Primary Care Practice: Perceptions and Practices of Family Physicians. *Am J Lifestyle Med*. 2022 Mar 2;17(5):704-716. doi: 10.1177/15598276211072506. PMID: 37711349; PMCID: PMC10498979.

ⁱⁱⁱ Contreary K, Chatrath S, Jones DJ, Cohen G, Miller D, Rich E. Consolidation and Mergers Among Health Systems in 2021: New Data From the AHRQ Compendium. *Health Affairs Forefront*. June 20, 2023. <https://www.healthaffairs.org/content/forefront/consolidation-and-mergers-among-health-systems-2021-new-data-ahrq-compendium>.

^{iv} Consolidation Of Providers Into Health Systems Increased Substantially, 2016–18
Michael F. Furukawa, Laura Kimmey, David J. Jones, Rachel M. Machta, Jing Guo, and Eugene C. Rich
Health Affairs 2020 39:8, 1321-1325 <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2020.00017>

^v Physicians Advocacy Institute and Avalere Health, Physician Employment and Practice Trends Research, Specialty Edition, 2019-2022. <https://www.physiciansadvocacyinstitute.org/PAI-Research/PhysicianEmployment-Trends-Specialty-Edition-2019-2021>

^{vi} Purtle, J., Gollust, S. E., & Barry, C. L. (2025). US state policies regarding social media: Do policies match the evidence? *The Milbank Quarterly*. <https://www.milbank.org/quarterly/articles/us-state-policies-regarding-social-media-do-policies-match-the-evidence/>