July 7, 2021

Meena Seshamani, MD, PhD
Deputy Administrator and Director of the Center for Medicare
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Deputy Administrator Seshamani:

On behalf of the American Academy of Family Physicians (AAFP), representing more than 133,500 family physicians and medical students across the country, I write to congratulate you on your appointment as Deputy Administrator of the Centers for Medicare and Medicaid Services (CMS) and Director of the Center for Medicare (CM). The AAFP looks forward to working with you to ensure equitable access to high-quality, continuous primary care services for all Medicare beneficiaries.

The AAFP is pleased CM will be led by a fellow physician with a demonstrated commitment to increasing health care coverage, improving quality, and transitioning to value-based care. Investing in primary care is an essential strategy to achieving these shared goals: evidence confirms that primary care mitigates health disparities and improves patients' access to and utilization of low-cost, high-value care that ultimately results in better patient outcomes and population health.[1,2,3,4] We look forward to partnering with you to strengthen the Medicare program by appropriately valuing primary care, building a robust health care workforce, reducing physicians' administrative burdens, improving access to high-value telehealth services, and expanding primary care alternative payment models (APMs).

Appropriately Value Primary Care in Medicare Fee-For-Service – In recent years, CMS has acknowledged the Medicare Physician Fee Schedule's (MPFS) historic payment imbalance and decades long underinvestment in primary care, and taken significant steps to appropriately pay for high-value primary care services. The AAFP urges CMS to continue this crucial work by:

- Appropriately valuing longitudinal, comprehensive primary care services in the MPFS
- Reaffirming the agency's commitment to implement the G2211 add-on code in CY 2024, which CMS created to reflect the inherent complexity and additional resources required when providing continuous primary care services
- Improving immunization administration payment rates to ensure beneficiaries' access to recommended routine immunizations.

Build a Robust and Diverse Primary Care Workforce – While the Medicare Graduate Medical Education program funds the vast majority of medical residency training, it has historically failed to address health workforce shortages that result in disparate access to care for rural and other underserved beneficiaries.[5] CMS should leverage the Medicare GME program to meet the health care needs of Medicare beneficiaries and address the maldistribution of physicians by:

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- Prioritizing applications for new residency slots from hospitals and programs located in Health Professional Shortage areas *and* those that train a high proportion of physicians who practice in HPSAs long-term.
- Ensure small hospitals and those with a single residency program can apply for newly allocated residency slots.
- Allowing existing rural training track sites to expand.

Reduce Administrative Requirements So Physicians Can Focus on Patient Care - Primary care physicians spend about half of their time on administrative tasks, which is more time than they spend on clinical activities.[6] Given that administrative burden is one of the top reasons for practice closures and the leading cause of physician burnout, the AAFP urges CMS to reduce regulatory and administrative requirements by:

- Incorporating Medicare Advantage plans into a recent proposed rule to streamline and automate prior authorization requirements, and subsequently finalize the rule.
- Work across CMS and with private payers to harmonize quality measures and reporting requirements across APMs and other programs.
- Continue to advance interoperability to facilitate coordinated care and reduce administrative burdens associated with electronic health records.

Permanently Expand Medicare Coverage of High-value Telehealth Services – Telehealth services provided as part of a patient's medical home can facilitate equitable access to care and improve care continuity. We recommend CMS take the following steps to ensure all Medicare beneficiaries can access telehealth services after the end of the COVID-19 public health emergency:

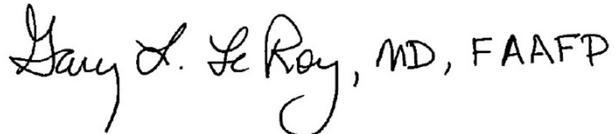
- Remove geographic and originating site requirements so beneficiaries can receive telehealth services from their home.
- Permanently cover audio-only telehealth services after the end of the PHE.
- Appropriately pay for audio-video and audio-only telehealth services based on the visit complexity and physician work performed during the visit, as well as the unique costs of incorporating telehealth into physician practices.

Facilitate the Expansion of APMs that Center Primary Care – The AAFP strongly believes in testing APMs that move away from fee-for-service payment toward a value-based health care system. We believe a system that places comprehensive, continuous primary care at the center is best positioned to successfully improve health care quality and lower costs. Medicare has long been at the forefront of payment and delivery reform. In order to meaningfully transition to a value-based system, we recommend:

- Implementing a suite of stable primary care models across payers that are appropriate for practices with varying levels of experience participating in APMs and allow practices to transition to more advanced models over time.
- Coordinating with the Center for Clinical and Quality Standards and the Center for Medicare and Medicaid Innovation to harmonize requirements and quality measures across programs (Medicare Shared Savings Program, CMMI APMs, the Quality Payment Program, etc.) and ensure programs are designed to help physicians transition to advanced models.

Again, congratulations on your appointment. We look forward to partnering with you and would appreciate the opportunity to meet with you to discuss our shared goals for increasing equitable access to high-quality health care. To set up a meeting please contact Stephanie Quinn, Senior Vice President for Advocacy, Practice Advancement and Policy at squinn@aafp.org.

Sincerely,



Gary LeRoy, MD, FAAFP
Board Chair
American Academy of Family Physicians

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[1] Hostetter, J., Schwarz, N., Klug, M. *et al.* Primary care visits increase utilization of evidence-based preventative health measures. *BMC Fam Pract* 21**,** 151 (2020). https://doi.org/10.1186/s12875-020-01216-8.
[2] 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.
[3] Ferrante JM, Lee JH, McCarthy EP, et al. Primary care utilization and colorectal cancer incidence and mortality among Medicare beneficiaries: A population-based, case-control study. *Annals of Internal Medicine.* 2013;159(7):437–446. Available at: https://pubmed.ncbi.nlm.nih.gov/24081284/
[4] Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. JAMA Intern Med. 2019;179(4):506–514. doi:10.1001/jamainternmed.2018.7624
[5] 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.
[6] Sinsky C, Colligan L, Li L, Prgomet M, Reynolds S, Goeders L, Westbrook J, Tutty M, Blike G. Allocation of Physician Time in Ambulatory Practice: A Time and Motion Study in 4 Specialties. Ann Intern Med. 2016 Dec 6;165(11):753-760. Available at: https://pubmed.ncbi.nlm.nih.gov/27595430/