

Stabilize: Near-Term Efforts Needed to Sustain Primary Care After COVID-19

Background

The U.S. primary care system is facing unprecedented challenges and, in many parts of the country, is on the verge of collapse due to a variety of factors but amplified by the COVID-19 pandemic. While the AAFP appreciates governmental efforts to support the health care system respond to this pandemic, the reality is that much more support is needed for primary care to maintain a viable health care system throughout the pandemic and into the future.

The Problem

Data suggest that the health of our country is in jeopardy if primary care is not put on a more sustainable path. According to a recent [survey](#) about COVID-19's impact on practices, 47% of primary care clinicians report having laid off or furloughed staff, two-thirds report that less than half of what they do is reimbursable, and 45% are unsure if they have the funds to stay open for the next four weeks.

To date, most financial relief efforts have not focused on primary care or the ambulatory health care delivery system, despite the fact that primary care accounts for over 50% of all patient visits. Hospitals play an important role in our health care system, but fewer than 22 million people receive care in a hospital in a year, compared with the more than 190 million people who received care from a family physician. Furthermore, each year, roughly 260,000 people are hospitalized for upper respiratory infections. By contrast, 19.5 million patients are seen by primary care physicians for the same condition, suggesting that most COVID-19 patients will be treated in the primary care setting.

Required Solutions to Maintain Primary Care

- **Immediate Financial Relief** — Congress should authorize an additional \$20 billion for HHS' Provider Relief Fund or direct the Department of Health and Human Services (HHS) to set aside \$20 billion of previously authorized funding specifically for primary care physician practices.
- **Reinstate the Accelerated and Advance Payment Program** — Congress should codify the Medicare Accelerated and Advanced Payment (AAP) program for Part B providers to reestablish a critical financial lifeline for physician practices significantly disrupted by COVID-19. This mechanism, which was voluntary, provided an ability to mitigate some of the losses that primary care physicians are experiencing. The *Medicare Accelerated and Advance Payments Improvement Act* makes additional modifications to the program to ensure that it meets the intended goal of providing stability to physicians struggling to keep their practices open. These include:
 - extending the program through the public health emergency to ensure that it serves as a bridge to recovery,
 - reducing the interest rate from 10.25% to 1%,
 - providing loan forgiveness in cases of extreme hardship, and

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- reducing the recoupment rate from 100% to 25%.

The AAFP urges Congress to direct HHS to set aside \$20 billion in Provider Relief Funding specifically for primary care physicians. In addition, support H.R. 6837/S. 3750 to reinstate and improve the Medicare Accelerated and Advance Payment Program.