

## Sustaining a Viable Primary Care System

### Talking Points

- **The COVID-19 pandemic underscores that the fee-for-service (FFS) payment system is an ineffective way to finance a high-performing primary care system.**
- Many family physicians experienced a sudden decrease in in-person patient visits due to the public health emergency. This devastated practice's revenue streams, largely due to the fact that FFS, by design, rewards physicians solely for the volume of billable services and not the continuous care of patients.
- The core of family medicine is a focus on health, wellness and prevention which are inherently at odds with the FFS system that is based on episodes of care and transactions.
- **Restoring the primary care infrastructure will require a shift toward payment models that support comprehensive, continuous, coordinated and connected primary care via more prospective and global payments.**
- These models ensure physicians have the resources to deliver high-quality, individualized care for their patients AND enable them to invest in technology, infrastructure and staffing to proactively manage health risks and support population health.
- Value-based, prospective payment models will enable more coordinated, comprehensive care and will better equip the entire primary care system to respond in the event of a public health emergency.

**Congress should direct the Center for Medicare & Medicaid Innovation (CMMI) to expand existing alternative payment models, like Primary Care First, and accelerate its work to shift from FFS toward more sustainable payment designs.**

Congress must do all it can to create incentives to accelerate the shift from FFS, including **extending the Advanced Alternative Payment Model (AAPM) Bonus of 5% for at least 5 more years** to reward physicians who are willing to take on financial risk in APMs.