

## Multi-stakeholder Engagement to Increase Primary Care Investment

The foundation of a high-performing health system is grounded in access to equitable primary care with a robust public health support system. The U.S. health care system lacks these critical features and is, therefore, not among the highest-performing health care systems in the world. In fact, according to the Commonwealth Fund's report, *Mirror, Mirror: Reflecting Poorly*, the United States ranks last in overall health care system performance compared to peer nations in an analysis of 71 performance measures.<sup>1</sup> The report highlights four key features of high-performing health systems, including investing in primary care to ensure patients have equitable access to high-quality primary care.

The United States invested just 4.6% of its health care dollars in primary care in 2020<sup>2</sup> compared to an average of 12-17% in other Organization for Economic Co-operation Development (OECD) nations in 2016.<sup>3</sup> High-performing health systems commonly "invest in primary care systems to ensure that high-value services are equitably available in all communities to all people,"<sup>1</sup> resulting in better health outcomes for a nation's citizens.

To become a nation with a high-performing health system, the United States must focus its investment efforts on expanding care teams and offering more convenient and low-cost access to care, low or no-cost primary care services through near-universal coverage, and public health resources to meet patients' social needs.

To achieve these goals, the American Academy of Family Physician's (AAFP's) public and private advocacy efforts center around protecting and increasing primary care investment across the United States.

### AAFP'S ACTIONS

The AAFP regularly advocates for public and private payers to increase investment in primary care. We engage in collaborative opportunities to champion greater primary care investment, including work with the Milbank Memorial Fund's Primary Care Investment Network and the Primary Care Collaborative's (PCC's) State Primary Care Investment Workgroup.

The AAFP hosted a Primary Care Policy and Investment Learning Community for AAFP state chapters in 2022-23 to support state-level efforts to increase primary care investment. Physicians and staff leadership from more than 35 states joined the community to learn from one another, identify best practices, and craft solutions to common challenges. One result of this collaboration was the development of the [AAFP Primary Care Investment Toolkit](http://www.aafp.org/primary-care-investment-toolkit) ([www.aafp.org/primary-care-investment-toolkit](http://www.aafp.org/primary-care-investment-toolkit)), which includes tools and resources to support state-level advocacy. The toolkit comprises the following five 'How To' steps to increase primary care investment: define a shared vision, engage stakeholders, set targets for investment, measure primary care investment, and establish accountability.

### ENGAGEMENT TOOLS

One resource in the toolkit users have found particularly valuable is the Primary Care Investment Matrix, found in *Figure 1* on the next page. The matrix assists state chapters, advocates, AAFP members, policymakers, and others as they identify opportunities to increase primary care investment in state or local markets. The matrix focuses on the five 'How To' steps that reflect a state's varying policy environment, market dynamics, and existing infrastructure. To use the matrix, stakeholders might ask the following questions:

- How progressive is my state's policy environment?
- How consolidated is my market in terms of care delivery organizations, health plans, and purchasers?
- What existing infrastructure exists in my state? Do I have a multi-stakeholder convener or all-payer claims database (APCD)? Are there ongoing or forthcoming primary care delivery initiatives?

The answers to these questions allow users to move down the appropriate column of the matrix to identify potential strategies in the five key 'How To' steps.



**Figure 1. AAFP Primary Care Investment Matrix**

	Policy Environment			Market Dynamics			Existing Infrastructure		
Description	Progressive	Moderate	Conservative	Consolidated	Competitive	Organized Purchasers	Multi-Stakeholder Convener	All-Payer Claims Database	Primary Care Delivery Initiatives
Examples of Traits	<ul style="list-style-type: none"><li>• Medicaid expansion or waiver</li><li>• Primary care spending requirement</li><li>• Health care cost growth target</li></ul>	<ul style="list-style-type: none"><li>• Medicaid expansion</li><li>• Primary care spending target</li><li>• Health care cost growth discussed</li></ul>	Health policy discussions focus more on market solutions than state action	<ul style="list-style-type: none"><li>• Few health insurers and/or providers</li><li>• Providers may be maldistributed</li><li>• A limited number of players have an outsized market share</li></ul>	Many health insurers and/or providers with similar levels of market power can compete effectively with each other	Active purchaser coalition and/or engaged group of large public and private sector purchasers who are willing to collaborate to drive change in a market	Regional health improvement collaborative or other multi-stakeholder conveners with sufficient engagement to drive change	Mandatory or voluntary all-payer claims database (APCD) with a process for accessing and using data	<ul style="list-style-type: none"><li>• Comprehensive Primary Care Plus (CPC+)</li><li>• Primary Care First</li></ul>
Engage Stakeholders	Identify and engage state agency leaders with aligned visions and goals	Identify purchaser primary care goals; discuss within stakeholder forums	Ensure purchasers and consumers have a strong voice in conversations	Invite many voices with different perspectives to the discussion to support balanced and productive conversations	Engage provider organizations with the potential to gain financially if the focus shifts to value	Identify ways for purchasers (public and private) to lead the conversation	Request the group host conversations; determine if others should be invited to the discussion	Recognize data as a powerful tool to generate interest in the process	Stakeholders engaged in existing initiatives can serve as a foundation for new efforts
Define a Shared Vision	Find ways to tie work to current priorities or advance those priorities (i.e., investment or cost growth target or waiver)	Identify purchasers and/or payers with enhanced primary care programs and explore areas where there is alignment	Consider ways for purchasers to drive discussions and highlight customer need	Try to protect against those with more power from setting the vision only they can achieve	Deploy consumers and purchasers to position high-quality primary care as a competitive advantage	Ask purchasers to communicate access issues, champion high-quality primary care, and make a case for the value of care	Use as a forum for stakeholders to discuss shared goals and priorities	Produce analytics that help stakeholders understand current care delivery	Use existing priorities, goals, and requirements as a foundation for the vision
Establish Accountability	Identify whether an opportunity for regulatory action exists	Recognize the power of transparency to drive contracting and regulatory action; share publicly	Consider focusing on transparency and contracting mechanisms	Advocate for accountability mechanisms that ideally combine transparency with regulatory or contracting	Consider opportunities for contracting strategies to differentiate supportive payers and provider organizations	Recruit purchasers willing to advocate for transparency, test contracting approaches, and lobby for regulatory accountability	Consider ways the forum can measure and communicate progress	Leverage data to measure progress on investment and care delivery goals	Borrow or build on existing accountability mechanisms as appropriate
Measure Primary Care Investment	Balance ambitious primary care vision with potentially limited interest in increased investment	Consider whether there is stakeholder alignment on specific primary care capabilities	Consider starting with measuring investment in a narrow set of primary care services and expanding over time	Recognize the impact of large players on the data	Consider how primary care delivery and payment might differ among competitors	Ensure purchaser priorities for primary care delivery are included in the definition	If available, leverage data to measure claims-based primary care investment	Leverage data to measure primary care investment	Build on existing and planned activities to guide definition development
Set Targets for Investment	Recognize stronger accountability that may allow for a faster pace of increase	Consider aspirational goals with achievable, incremental investment	Recognize weaker accountability may require a slower pace of increase	Consider whether to protect against the most influential organizations receiving an outsized benefit	Determine whether to address fee schedule disparities	Focus on additional resources needed to achieve goals	Use as a forum for stakeholders to discuss trade-offs of various approaches	Create models of possible investment targets	Use planned activities and associated costs to inform target setting

From the American Academy of Family Physicians, AAFP Primary Care Investment Toolkit. Primary Care Investment Matrix, <https://www.aafp.org/content/dam/AAFP/documents/advocacy/state/toolkits/primary-care-investment/primary-care-investment-matrix.pdf>.

## ENGAGEMENT TOOLS, continued

The AAFP tracks primary care investment initiatives at the state level and with many partners. For example, the AAFP actively participates in the Primary Care Collaboratives' State Investment Workgroup, which meets regularly with state leaders and includes such resources as an [interactive web tool](https://thepcc.org/primary-care-investment/legislation) (<https://thepcc.org/primary-care-investment/legislation>) for monitoring state-level primary care investment legislation and its [interactive map](https://thepcc.org/primary-care-investment/legislation/map) (<https://thepcc.org/primary-care-investment/legislation/map>) to see where legislation has been enacted, is pending, or some combination of the two.

## Emerging Issue: Policy Landscape

In September 2023, the Center for Medicare and Medicaid Innovation (CMMI) announced a new state-based model, the [States Advancing All-Payer Health Equity Approaches and Development \(AHEAD\) Model](https://www.cms.gov/priorities/innovation/innovation-models/ahead) ([www.cms.gov/priorities/innovation/innovation-models/ahead](https://www.cms.gov/priorities/innovation/innovation-models/ahead)). The AHEAD Model aims to test a state's ability to control overall health care cost growth while simultaneously increasing primary care investment to improve population health and advance health equity.<sup>4</sup> In the AHEAD model, participating states are responsible for managing overall cost and quality while also increasing primary care investment levels across all payers. The AHEAD Model aims to increase investment in primary care through a required all-payer primary care investment target set through legislation or executive order by the end of the first performance year.

Primary Care AHEAD addresses the deficiencies of fee-for-service (FFS) payment in primary care by including a prospective per beneficiary per month (PBPM) Enhanced Primary Care Payment (EPCP). Individual practices, groups, or large care delivery organizations will not apply directly to AHEAD at this time. Instead, states will apply through a [notice of funding opportunity](https://apply07.grants.gov/apply/opportunities/instructions/PKG00283811-instructions.pdf) or NOFO (<https://apply07.grants.gov/apply/opportunities/instructions/PKG00283811-instructions.pdf>). The model signals a firm commitment from the Centers for Medicare and Medicaid Services (CMS) that primary care is foundational to achieving a high-performing health system and requires increased investment from all payers to meet this goal.