

Patient-Centered
Primary Care
COLLABORATIVE

November 5, 2018

The Honorable Tom Carper
United States Senate
513 Hart Senate Office Building
Washington DC, 20510

Dear Senator Carper:

The Patient-Centered Primary Care Collaborative (PCPCC) encourages the passage of the Comprehensive Care for Seniors Act of 2018 (S.3338) before the end of the 115th Congress. PCPCC believes that Programs of All-Inclusive Care for the Elderly (PACE) exemplify many of the goals found in our [Shared Principles of Primary Care](#) – namely an emphasis on high-value care primary care that is coordinated, integrated, team-based, and incorporates patient and family caregivers.

The legislation would require CMS to finalize updated regulations for Programs of All-Inclusive Care for the Elderly (PACE), that were originally proposed in 2016. PACE programs are fully risk bearing and utilize capitated payments to offer a full range of services and supports to Medicare and/or Medicaid beneficiaries who are at least 55 years old and qualify to be in a nursing home, according to their state. The forthcoming final rule is expected to strengthen protections and improve care to beneficiaries, while providing administrative flexibility and regulatory relief for PACE organizations.

Founded in 2006, the PCPCC is a not-for-profit multi-stakeholder membership organization dedicated to advancing an effective and efficient health system built on a strong foundation of primary care and the patient-centered medical home. Representing a broad group of public and private organizations– the PCPCC’s mission is to unify and engage diverse stakeholders in promoting policies and sharing best practices that support growth of high-performing primary care to achieve the “Quadruple Aim”: better care, better health, lower costs, and greater joy for clinicians and staff in delivery of care.

PCPCC’s Shared Principles of Primary Care, now endorsed by nearly 300 organizations, support care primary care that is grounded in mutually beneficial partnerships among clinicians, staff, individuals and family caregivers as equal members of the care team. Care delivery is customized based on individual and family strengths. Because of its patient centered focus, this legislation aligns with PCPCC’s goal of promoting integrated, coordinated, and patient-centered healthcare ultimately leads to better outcomes and value.

The PACE program, with enrollments across 31 states, is a person-centered model of care delivery. The interdisciplinary team approach enables participants to remain in the community.

Given that PACE payments are capitated, paid monthly by CMS to the PACE provider using formulas that incorporate risk adjustment, this payment model promotes comprehensive, high value care and disincentivizes fragmented care provision to these medically-complex individuals, as often is the result in Medicare fee-for-service.

Thank you for your consideration of this important legislation. PCPCC and its multisector members look forward to working with you to enact policies which promote high value care as well as person-centered, team-based, community aligned primary care. Those ends will help achieve the goals of better health, better care, and lower costs and advance innovation in our healthcare system as a whole. Please feel free to contact Christopher Adamec, Director of Policy at cadamec@pcpcc.org or 202-640-1212 with any questions.

Sincerely,

A handwritten signature in black ink that reads "Ann C. Greiner". The signature is written in a cursive, flowing style.

Ann Greiner
President & CEO

Patient-Centered Primary Care COLLABORATIVE

Executive Members

Accreditation Association for Ambulatory Health Care (AAAHC)
ActiveHealth Management
Aetna Life Insurance
Alzheimer's Association
American Academy of Child and Adolescent Psychiatry (AACAP)
American Academy of Family Physicians (AAFP)
American Academy of Pediatrics (AAP)
American Academy of Physician Assistants (AAPA)
American Association of Nurse Practitioners (AANP)
American Board of Family Medicine Foundation (ABFM Foundation)
American Board of Internal Medicine Foundation (ABIM Foundation)
American College of Clinical Pharmacy (ACCP)
American College of Obstetricians and Gynecologists (ACOG)
American College of Osteopathic Family Physicians (ACOFP)
American College of Physicians (ACP)
American Osteopathic Association (AOA)
American Psychiatric Association Foundation
American Psychological Association
America's Agenda
Anthem
Bess Truman Family Medical Center
Black Women's Health Imperative (BWHI)
Blue Cross Blue Shield Michigan
Blue Cross Blue Shield of North Carolina
Bon Secours Medical Group
CareFirst BlueCross BlueShield
Collaborative Psychiatric Care
Community Catalyst
CVS Health
Family Medicine for America's Health
Harvard Medical School Center for Primary Care
HealthTeamWorks
Humana, Inc.
IBM

Innovaccer
Institute for Patient and Family-Centered Care (IPFCC)
Johns Hopkins Community Physicians, Inc.
Johnson & Johnson
Mathematica
MedNetOne Health Solutions
Merck & Co.
Morehouse School of Medicine - National Center for Primary Care
National Alliance of Healthcare Purchaser Coalitions
National Association of ACOs (NAACOS)
National Association of Chain Drug Stores (NACDS) Foundation
National Coalition on Health Care
National Interprofessional Initiative on Oral Health (NIIOH)
National PACE Association
National Partnership for Women & Families
NCQA
Oracle Global Healthcare and Life Sciences
Pacific Business Group on Health (PBGH)
Permanente Federation, LLC
PCC EHR Solutions
Primary Care Development Corporation (PCDC)
Takeda Pharmaceuticals U.S.A.
The Verden Group's Patient Centered Solutions
University of Michigan Department of Family Medicine
UPMC Health Plan
URAC
YMCA of the USA