

Concordance Recommendations for Primary Care Payment and Investment

CONTEXT AND SUMMARY

Better Health NOW

A campaign of  pcc primary care collaborative

There is nothing more important than our health, our families' health, and our communities' health. We have been painfully reminded of the value of good health over the last two years and the unfortunate gaps that exist.

Most of us personally choose and rely on a primary care clinician to guide us on our health journey. But unfortunately, too many of us do not have a regular doctor, NP or PA in our community who we can partner with in our care. And even for those who do have primary care, it often feels like the visits are too short, the appointments too scarce, and the follow-up too spotty.

We can and must do better. This was the finding of a 2021 landmark report by the National Academies of Sciences, Engineering, and Medicine (NASEM), *Implementing High-Quality Primary Care*, in a call to action to rebuild the faltering foundation of our healthcare system. The Primary Care Collaborative believes it is a call for Better Health – NOW.

The NASEM report provides a launch pad for our campaign. We aim to move key recommendations in the report from page to policy. This will require bold action across multiple stakeholders in primary care, across affected communities, and our collective will to act now. Many stakeholders and communities are coming together to build a healthier future and to make it clear to policymakers that the price we pay for underinvestment in primary care is too high.

This underinvestment is a major contributor to the needs we see all around us—a mental health crisis at epic proportions, uncontrolled diabetes and hypertension robbing us of healthy days, a serious uptick in addictions, unaddressed oral health needs, and a falling life expectancy.

We are motivated by people and communities who have lost too much and have too much at stake to settle for a healthcare system that does not more equitably, consistently, or sustainably support better health. Their stories and perspectives highlight the urgency to reimagine and rebuild primary care to support better health in all communities. To put a fine point on it, the shortage of primary care across rural and underserved, urban and small-town communities is linked to shorter life spans and the aggregate loss of 85 lives *per day* compared to communities where primary care is more available—and this costly loss of health and life was calculated *before* the COVID-19 pandemic.

According to NASEM, primary care is the only part of health care where an increased supply is associated with better health and more equitable outcomes for our nation.

These are facts. Facts that make primary care the key mechanism to further better health now for our nation.

And that is the banner under which we have all come together, in this new **Better Health – NOW** campaign. We call on the Executive Branch and Congress to act now on the NASEM report’s first recommendation: **reforming how we pay for primary care and investing more in primary care so that every community can achieve better health.**

Inspired by NASEM’s recommendations, we describe the path to a destination of **Better Health – NOW** in three steps and five more detailed Concordance Recommendations.

Our steps:

- 1. Pivot healthcare resources to primary care.** Policymakers and healthcare leaders should re-orient our healthcare system to be more sustainable, community-focused, and equitable by investing in more robust primary care teams. Quality and length of life will improve in communities with greater investment in primary care (Concordance Recommendations #2, #3)
- 2. Pay for what we want—better health.** Today, we pay piecemeal, shelling out for every test, procedure, and visit—regardless of whether we get well. We face bigger bills but less and less time with our primary care clinician. Instead, we should pay for whole-person, proactive care that keeps us healthy and prevents us from getting sick via convenient in-person and video visits, calls, texts, and other follow-up care. This care exists today for some communities, and it works best when it’s paid for prospectively, like a monthly subscription. We urge all healthcare payers to transition primary care payment to a predominately prospective payment model to better support primary care teams’ focus on better health. The

prospective amount should be adjusted to support diverse expert teams, delivering an array of services, and offering convenient access and choice for *all* communities. (Concordance Recommendations #1, #4)

- 3. Reduce economic and social barriers to better health.** From small towns to our biggest cities, to our own neighborhoods, many communities face growing barriers to better health—ranging from recent hard economic times to decades of underinvestment and exclusion. Community-based primary care teams that know, reflect and are responsive to these communities and focused on improving whole-person health—both body and mind—are teams that build trust. These kind of robust primary care teams can partner and innovate with other community organizations and services to overcome economic and social barriers that get in the way of better health. (Concordance Recommendations #1, #3, #5)

How do we get there from here? We start by uniting stakeholders around a vision and sense of purpose that puts Better Health – NOW for all communities front and center. We turn our focus to the Executive Branch and congressional leaders because Medicare and Medicaid must lead this pivot to community-based primary care. We have specific opportunities in these programs that cover over 35% of the population and play an even larger role in ensuring many communities where primary care access and availability are lacking.

We see encouraging pockets of innovation and community commitment and are fortunate to have several of those innovative leaders and organizations among our allies in the Better Health – NOW effort.