

# **CMS Innovation Center Listening Session – Strengthening Equitable Access to Advanced Primary Care**

Center for Medicare and Medicaid Innovation  
April 26, 2022



# Housekeeping & Logistics



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Your comment may be read aloud later during this session, unless you indicate to not share.

WELCOME

# Agenda

- **Welcome from CMS Innovation Center Director Liz Fowler**
- **CMS Innovation Center's Vision and Strategy – Role of Advanced Primary Care**
- **Promoting Equity through Advanced Primary Care**
- **Future Directions**
- **Roundtable**
- **Closing Remarks**

# Vision: What's to Come Over the Next 10 Years



**“Advanced primary care and accountable care models are central to driving growth in the number of beneficiaries in accountable care relationships.”**

# Five Strategic Objectives



Increase the number of people in a care relationship with accountability for quality and total cost of care.



Embed health equity in every aspect of CMS Innovation Center models and increase focus on underserved populations.



Leverage a range of supports that enable integrated, person-centered care such as actionable, practice-specific data, technology, dissemination of best practices, peer-to-peer learning collaboratives, and payment flexibilities.

# Five Strategic Objectives



Pursue strategies to address health care prices, affordability, and reduce unnecessary or duplicative care.



Align priorities and policies across CMS and aggressively engage payers, purchasers, providers, states and beneficiaries to improve quality, to achieve equitable outcomes, and to reduce health care costs.

Role of Advanced  
Primary Care in  
Creating a Health  
System that Achieves  
Equitable Outcomes  
through High Quality,  
Affordable, Person-  
centered Care

*“Given the **foundational role of primary care in transforming the health system**, the CMS Innovation Center has devoted significant time and resources to develop and test primary care models. Models have tested advanced primary care across the country to improve and enhance how practices deliver care.*

*...The CMS Innovation Center can make improvements to **broaden participation among practices, to include a broader population of beneficiaries, and to consider primary care’s role in generating savings.**”*

- CMS Innovation Center White Paper, October 2021



# NASEM – Implementing High-Quality Primary Care

- The National Academy of Sciences, Engineering, and Medicine (NASEM) published a 2021 report ([Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care](#)).
- The committee identified five implementation objectives:
  - Pay for primary care teams to care for people, not doctors to deliver services (including moving to hybrid [part FFS, part capitated] models).
  - Ensure that high-quality primary care is available to every individual and family in every community.
  - Train primary care teams where people live and work.
  - Design information technology that serves the patient, family, and the interprofessional care team.
  - Ensure that high-quality primary care is implemented in the United States.



Source: [National Academies Press](#), 2021.

# Advancing Health Equity through Primary Care

- The critical role of primary care in improving equity and reducing or eliminating disparities has been recognized for several decades (NASEM 2021).
- Equal access to high-quality, whole-person care is necessary but not sufficient.
- Efforts should also include:
  1. Creating initiatives to improve health outcomes specifically for disadvantaged populations
  2. Reducing disparities in clinical care
  3. Addressing the social determinants of health
  4. Using interprofessional primary care teams that reflect the communities they serve, within an integrated system that supports building and developing relationships with individuals, families, and communities



Source: [National Academies Press](#), 2021.

# Evolution of Primary Care Models at CMMI

## SHARED GOALS ACROSS ALL PRIMARY CARE MODELS

- Strengthen primary care through multi payer payment reform and care delivery transformation.
- Support clinicians to provide comprehensive care that meets the needs of all patients.
- Improve quality, access, and efficiency of care.



### Comprehensive Primary Care

- Tested **2012-2016**
- **439** practices
- **7** regions
- **38** public & private payers
- Served **3.1 million** patients (All Payer Partners)

- Population-based care management fees and shared savings opportunities

### Comprehensive Primary Care Plus

- Tested **2017-2021**
- **2,809** practices
- **18** regions
- **52** public & private payers
- Served **17 million** patients (All Payer Partners)

- Risk-adjusted care management fees to support augmented staffing and training
- Performance-based incentive payments reward practices for improving utilization and quality of care
- For Track 2 practices, hybrid of reduced FFS payments and up-front population-based payments to reduce dependence on volume-based FFS

### Primary Care First

- Launched in **2021**
- **2,964** practices
- **26** regions
- **24** public & private payers
- Serving **1.4 million** patients (Medicare Only)

- Rewards practices for performance with significant upside and limited downside payment adjustment on quarterly basis.
- Provides increased flexibility for practices ready to accept increased financial risk.

# Moving Forward – Equitable Access to Advanced Primary Care

***A decade of advanced primary care testing has offered lessons for future model testing and a foundation to test innovations that can meet the challenges facing primary care today.***

## Whole-Person Care

- Primary care practices in CMS Innovation Center models were able to transform how they delivered care to patients, however, participation among independent practices and coordination with specialty care were limited

## Equitable Access

- Black and Hispanic beneficiaries are under-represented in Innovation Center models, making the recruitment of providers caring for the underserved critical

## Impacts on Total Cost of Care

- Models have not generated net savings for Medicare and changes to total cost of care may take longer to realize

## Multi-Payer Alignment

- Models have had mixed success with multi-payer alignment, but is important to reduce burden and make participation in value-based payment sustainable for primary care practices

# Panel Discussion

# Questions for Roundtable Participants

1. What are the current challenges facing primary care in the United States? What role should the CMS Innovation Center play in testing innovations to address those challenges?
2. The CMS Innovation Center has a 10-year history of testing primary care transformation models. What are the most important lessons learned to inform future advanced primary care work?
3. Advancing equity is a core goal for the CMS Innovation Center. What is needed to increase the reach of advanced primary care to underserved populations (e.g., recruitment of safety net providers, learnings supports and tools, financial incentives)?
4. CMS is evaluating how to help all practices move from FFS to value-based payment. If provided with needed financial and other supports, how and when can smaller, independent practices begin assuming initial financial accountability for quality and utilization?
5. What are the most significant barriers to improving coordination between primary and specialty care? What strategies can the CMS Innovation Center consider to facilitate coordination for beneficiaries?

# Question #1

## **R. Shawn Martin, MHCDS**

Executive Vice President and Chief Executive Officer  
American Academy of Family Physicians

## **Lisa Dulsky Watkins, MD**

Multipayer Primary Care Network Director,  
Milbank Memorial Fund

# Question #2

**Gary Bevill, MD**  
Family Medicine Specialist  
South Arkansas Medical Association



# Question #3

## **Leon McDougle, MD, MPH**

Professor of Family Medicine, Ohio State University  
College of Medicine

## **Sarah Coombs, MPH**

Director for Health System Transformation  
National Partnership for Women & Families

# Question #4

**Rebecca Etz, PhD**

Professor, VCU School of Medicine  
Co-Director of the Larry Green Center

# Question #5

**Aparna Higgins, MA**  
Senior Policy Fellow  
Duke Margolis Center for Health Policy

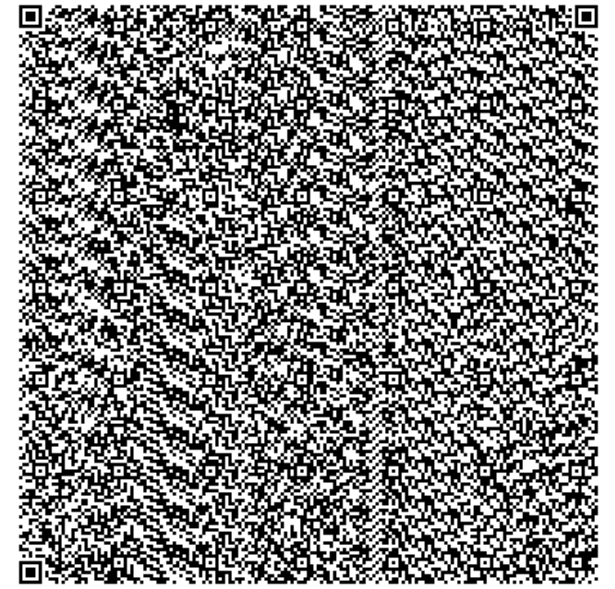
# Staying in Touch on the Strategy

## Thank You for Attending

- Thank you for attending the CMS Innovation Center Listening Session. We appreciate your feedback!
- Additional input? Email your questions and feedback to [CMMIStrategy@cms.hhs.gov](mailto:CMMIStrategy@cms.hhs.gov)

## Resources to Engage with CMS Innovation Center Strategy

- Please visit the [CMS Innovation Strategic Direction](#) webpage, including reviewing the newest [“At-a-Glance”](#) resource summary.
- [Sign up to receive regular email updates](#) about the CMS Innovation Center, including opportunities to engage with, provide input on and potentially participate in model tests
- [Follow us](#) @CMSinnovates on Twitter



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