

July 18, 2022

The Office of the Assistant Secretary of Health (OASH)
Primary Health Care Team
Attn: Sarah Boateng

Re: Request for Information (RFI): HHS Initiative to Strengthen Primary Health Care
(Document Citation 87 FR 38168)

Dear OASH Primary Care Team:

Thank you for the chance to respond to the above-referenced Request for Information. The Milbank Memorial Fund (the Fund) is a national operating foundation whose mission is to improve population health and health equity by collaborating with leaders and decision makers and connecting them with experience and sound evidence. The Fund has a nearly two decades-long commitment to strengthen the primary care delivery system in the United States. This commitment has included support of CMMI primary care transformation models; work with researchers, state officials, professional societies, employers, and community members on measuring and increasing the portion of health care spending devoted to primary care; and service on various national commissions focused on primary care, including on the National Academy of Sciences, Engineering and Medicine (NASEM) committee that authored the 2021 report, *Implementing High-Quality Primary Care; Rebuilding the Foundation of Health Care*. For categorization purposes, we may be considered health policy experts.

We appreciate and fully support the HHS Initiative to Strengthen Primary Health Care (the Initiative) and its goal of establishing a federal foundation for the provision of primary health care for all that supports improved health outcomes and advanced health equity. The country is witnessing diminishing life expectancy and increasing health inequities. Although the reasons for this phenomenon and the necessary interventions are multi-focal, these trends will not be reversed without a stronger primary care delivery system led by federal government policy. The Initiative and this RFI are important first steps in asserting that leadership role.

The RFI solicitation asks for suggestions for the initiative's first task: an initial HHS plan for strengthening primary health care that will delineate specific actions that HHS agencies and offices may take to achieve the aims within the current legislative and funding environment. Specifically, the RFI "seeks information about successful approaches and innovations that improve primary health care payment, delivery models, service integration, access, workforce education, training and well-being, digital health and primary care measurement and research. OASH also seeks information about barriers to implementation of such innovations and how they could be overcome, including specific ideas for possible HHS action."

The Fund urges the OASH to use the NASEM report as the blueprint for that initial plan for the following reasons:

- The report's explicit charge was to develop an implementation plan based on scientific evidence for effective interventions.
- The report authors envisioned a leadership role for the federal government in that implementation plan given that they found primary care to be a "common good."
- The plan developed by the report committee articulates 16 evidence-based actions and 39 research-supported specific components. These actions are grouped within five thematic objectives:
 1. Pay for primary care teams to care for people, not doctors to deliver services.
 2. Ensure that high-quality primary care is available to every individual and family in every community.
 3. Train primary care teams where people live and work.
 4. Design information technology that serves the patient, family, and interprofessional care team.
 5. Ensure that high-quality primary care is implemented in the United States.
- Of the 39 components in the NASEM report targeting various health care system actors — including state governments, commercial payers, clinicians, employers, and patients — 34 target the executive branch of the federal government. Categorized by objective, these components are as follows:
 1. Pay for primary care teams to care for people, not doctors to deliver services.
 - 1.1: Support payment models that promote the delivery of high-quality primary care (CMS)
 - 1.2: Shift from fee-for-service to hybrid reimbursement (4 components: CMS)
 - 1.3: Increase portion of primary care spending (2 components: CMS)
 2. Ensure that high-quality primary care is available to every individual and family in every community.
 - 2.1.A: Help beneficiaries declare a usual source of primary care (CMS)
 - 2.2: Create new health centers, rural health clinics, Indian Health Service facilities, etc. (HRSA)
 - 2.3.A: Ensure adequate access for Medicaid beneficiaries (CMS)
 - 2.3.B: Provide assistance to state Medicaid agencies (CMS)
 - 2.4: Make permanent the COVID-era rule revisions (CMS)

3. Train primary care teams where people live and work.
 - 3.1.B: Partner with the U.S. Department of Education to increase opportunities for under-represented students (HHS)
 - 3.1.C: Incentivize care team diversity (HRSA)
 - 3.2: Increase support for clinician training in community practices (3 components: CMS/HRSA/VA)
4. Design information technology that serves the patient, family, and interprofessional care team.
 - 4.1: Develop the next phase of electronic health record certification standards (6 components: ONCHIT)
 - 4.2: Adopt an aggregate patient data system (4 components: ONCHIT)
5. Ensure that high-quality primary care is implemented in the United States.
 - 5.1: Establish a Secretary's Council on Primary Care (5 components: HHS)
 - 5.2: Form an Office of Primary Care Research at the National Institutes of Health and prioritize research funding at the Agency for Healthcare Research and Quality (HHS)

To be certain, these actions and their components are not the final word for an HHS plan, but the Fund believes they must serve as the blueprint because of their comprehensiveness, their basis in scientific evidence, and the independence with which they were developed.

A more detailed plan that may involve additional actions will certainly be called for. Regardless of other elements added, the priorities identified in the plan among all the actions must balance the following criteria:

- Urgency: Are some actions vital to the health of primary care?
- Durability: Are some actions important to initiate now to preserve the long-term viability of the federal government's role in leading primary care transformation?
- Duration: Are some actions important to undertake because of the time required to build support and change practices?
- Momentum: Are there actions which, if accomplished early, will build a track record of success?

Based on these criteria the Fund would suggest that the following actions per the NASEM report should be prioritized:

- 1.2: Shift from fee-for-service to hybrid reimbursement.
- 1.3: Increase portion of primary care spending.

The share of health care spending going to primary care in this country is diminishing and the primary reason why is Medicare's payment methodologies. This is an ongoing threat to the health of primary care and the country. Addressing the Medicare's primary care payment methodology and amounts is the strongest leadership role HHS can take.

2.1.A: Help beneficiaries declare a usual source of primary care (CMS)

A trusted relationship between a primary care team and a patient is fundamental to high quality primary care. Medicare and Medicaid can facilitate that and, in the process, conduct critical beneficiary education.

5.1: Establish a Secretary's Council on Primary Care

For the Initiative to be durable and effective, leadership resources must be committed. A Secretary's Council — well-staffed, with its own office and supported by an external advisory council — will help ensure that primary care receives the attention in the current and future administrations that the country desperately needs.

In short, the NASEM report calls for federal leadership to strengthen primary care and was written to be the starting point for the Initiative's first task — a scientifically based implementation plan for the federal government to strengthen primary care in the US. This is precisely the role for the National Academies envisioned when it was established over 150 years ago: to provide independent, expert, scientifically based recommendations for the federal government on issues of national importance. We urge you to act on the wisdom of this process and on the findings that it has generated

Thank you for the leadership you have already shown and for the chance to respond to your request.

Sincerely,



Christopher F. Koller
President
Milbank Memorial Fund