

# Potential Futures of Primary Care

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# Disclosures

I am a part-time senior advisor at the Center for Medicare and Medicaid Innovation (CMMI).

However, I am speaking today as a practicing primary care physician and health policy practitioner/researcher.

My views do not represent any official position of CMMI, CMS, or HHS.

I have no conflicts of interest to report.

# NASEM 2021 Primary Care Study



- Primary care is the only part of health care system in which investments routinely result in **longer lives** and **more equity**
  - Primary care is weakening in the U.S. when it is needed most
- Changing topography of work, and workforce:
  - >70% of PCPs in practices owned by other entities (systems, PE, etc)
  - Rise of teams, retirement of MDs, new expectations from new MDs
  - Vertical and Horizontal consolidation / EHR implementation
  - CMS goal of 100% of beneficiaries in accountable care by 2030

# 5 Objectives for Achieving High-Quality Primary Care

1 PAYMENT

**Pay for primary care teams to care for people, not doctors to deliver services.**

2 ACCESS

**Ensure that high-quality primary care is available to every individual and family in every community.**

3 WORKFORCE

**Train primary care teams where people live and work.**

4 DIGITAL HEALTH

**Design information technology that serves the patient, family, and interprofessional care team.**

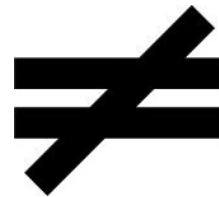
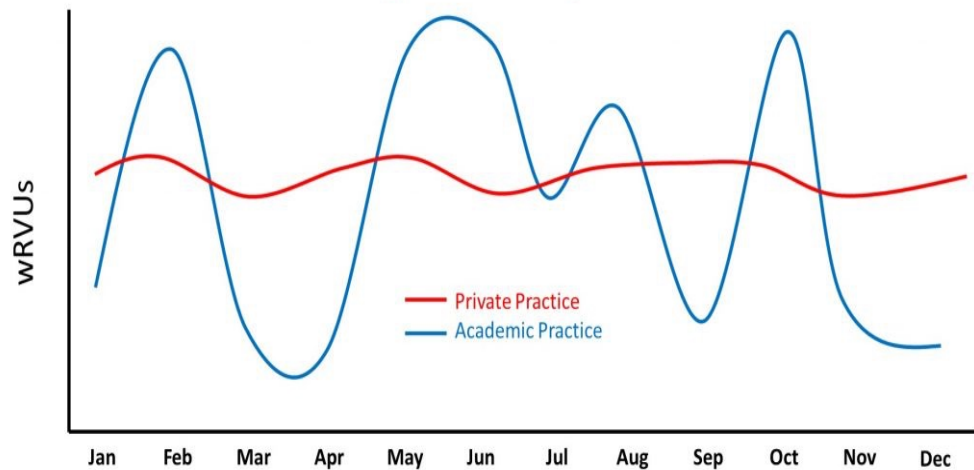
5 ACCOUNTABILITY

**Ensure that high-quality primary care is implemented in the United States.**

# Primary Care Practices and Clinicians Face a Broken Production Model

## 20th Century Payment

wRVU Productivity Varies By Month



## 21st Century Primary Care



# We Already Know What Works (in some contexts): Many Success Stories in Primary Care Delivery



*Alaska Native People Shaping Health Care*



U.S. Department  
of Veterans Affairs



# How the CMS Innovation Center is **SUPPORTING PRIMARY CARE**

Primary care is the foundation of a high-performing health system and essential to improving health outcomes for patients and lowering costs. For that reason, the CMS Innovation Center has invested significant time and resources over the years testing models to strengthen primary care, improve care coordination, and address social determinants of health - like housing and food insecurity.



## States Advancing All-Payer Health Equity Approaches and Development (AHEAD) Model

- ▶ **Targets historical underinvestment in primary care** via statewide primary care investment targets.
- ▶ **Provides Enhanced Primary Care Payments** to increase investment in primary care.
- ▶ **Uses a flexible framework of care transformation activities** to align with existing Medicaid value-based-payment arrangements.

2024 - 2034



## Making Care Primary (MCP)

- ▶ **Improves care management, community connections, and care integration** by providing capacity building resources to those new to value-based care.
- ▶ **Increases access to care and create sustainable change in underserved communities** by facilitating partnerships with state Medicaid agencies, social service providers, Federally Qualified Health Centers (FQHCs) and specialty care providers.

2024-2034



## Primary Care First (PCF)

- ▶ **Helps primary care practices better support their patients** in managing their health — especially patients with complex, chronic health conditions.
- ▶ **Enables primary care providers to offer a broader range of health care services** that meet the needs of their patients. For example, practices may offer around-the-clock access to a clinician and support for health-related social needs.

2021-2025



## ACO Realizing Equity, Access, and Community Health (ACO REACH)

- ▶ **Encourages health care providers — including primary and specialty care doctors, hospitals, and others — to come together to form an Accountable Care Organization, or ACO.**
- ▶ **Breaks down silos and delivers high-quality, coordinated care** to patients that improves health outcomes and manages costs.
- ▶ **Addresses health disparities** to improve health equity.

2021-2026



# New Typology

## A Typology of Innovations in Primary Care

This figure presents a classification system for primary care models, as well as care enablement models. We offer a non-exhaustive list of representative firms and practices based on the authors' understanding of the organizations' strategies at time of publication. Where no example is listed, the ellipses (...) indicate that none exists or is known to the authors.

Type of service	Scope of offering	Financial Model	Target Segments	Care Model Spectrum			Innovation Type*
				Virtual-first / home-based	Traditional	Intensive	
Care Delivery	Comprehensive: segmenters	Capitation / risk contracts	High-need Medicare	...	...	Oak Street, ChenMed, Iora	1. "Segmenters" Segmented populations
			Medicaid / duals	...	...	Cityblock	
			Employer groups	Firefly, Amazon Care, NavigateNOW	Crossover	...	
	Comprehensive: fee-based	Enrollment + FFS	Employer groups and consumers	...	One Medical	...	2. Membership models Membership model
			Consumers	...	Direct primary care, concierge care practices	...	
			Limited: urgent care	Enrollment + FFS	Employer groups and consumers	Teladoc, 98.6	CVS (MinuteClinic), PhysicianOne
Limited: chronic care	Enrollment + risk	Employer groups	Livongo, Omada, Onduo	CVS Health Hub	...	4. Chronic disease focus Chronic disease focus	
Care Enablement	Wraparound services	Capitation / risk contracts	Risk-bearing providers	Landmark, Accolade	...	...	5. Value-based care enablers Value-based care enablers
	Management partners	Fee + risk	Risk-bearing providers	Agilon, VillageMD, Aledade			
	Patient navigation	Enrollment + FFS	Employer groups	Grand Rounds, Quantum Health			

FFS = Fee for service

The organizations listed are representative of the type, not called out for any other special reason.

\*Our typology provides what might be considered modal types, but also recognizes the potential for substantial overlap among the different approaches, especially as innovative primary care organizations scale and diversify.

Source: The authors' analysis

NEJM Catalyst (catalyst.nejm.org) © Massachusetts Medical Society



# Adjacent Key Trends That Affect Primary Care

- Vertical Integration and Rapid Rise of “Payviders”
- Medicare Advantage > Traditional Medicare
- Private Equity Acquisition of Primary Care Practices & Systems
- Home as growing site of care
- Algorithm-based care and AI

# Let's talk about AI in Primary Care...

A number of important early applications that likely will help primary care in the short-term:

1. AI-generated *patient messaging responses*
2. AI-generated *chart summary*
3. AI-enabled *clinical note* generation
4. ***Clinical diagnosis*** and workflow augmentation

AND...there are legitimate concerns:

1. **Bias & Inequity**
2. **"Hallucination" and Omission**
3. **Regulatory:** Liability and HIPAA (ChatGPT4 is NOT compliant in terms of patient data)
4. **Misaligned uses** (using AI to enable worse impulses in health care or beyond)

→ Clinicians are *critical* to safe/effective implementation, improved user interface, transparent evaluation, and explaining uses and risks to patients, payers, and policymakers



# Possible Primary Care Futures

## 1. “Devolution”

- Retail / Virtual / Urgent Care clinics
- Concierge care + Segmentation
- Widespread access/equity pitfalls

## 2. Evolution

- Patient-Centered Medical Home next steps – high variation & continued new market entrants to fill gaps left by workforce shortage and high needs
- Incremental payment reform on FFS chassis using fewer existing quality measures

## 3. “Revolution”

- Advanced Integrated Primary Care Teams Through Payment Reform and Care Model Innovation, Addressing Population Health & Social Drivers of Health
- Measure What Actually Matters / Better IT + AI / Prospective Global Payment



# 3 Care Delivery Focus Areas for Improving Primary Care

## **1. More Team-Based Primary Care with a Population View**

(e.g. Risk-Stratified Panels, Access Focus, Workforce Support, & Better IT (w/ AI))

## **2. Better Primary-Specialty Care Integration**

(e.g. eConsults, Care Pathways, Shared Risk and Quality Models)

## **3. Improved Community Engagement/Navigation/Integration**

(e.g. CHWs, Behavioral Health Integration, Effective Social Needs Referrals)

**\*\*[Requires different/adequate **FORM**, **LEVEL**, & **FLOW** of primary care payment]\*\***

*Need policy-relevant research on the measures, models, accreditation pathways, and learning systems needed to achieve advanced integrated primary care?*

# Proposition: The Demise of Primary Care Has Been Too Often and Erroneously Foretold....

- a. Every High-Performing Health System in the US and the World has a strong primary care foundation
- b. People (& companies & some countries) will pay for high-quality primary care when they know they will get it (concierge, PE, employer-based)
- c. There are proximal tipping points that can supercharge the ability to deliver better primary care
  - Prospective Payment, AI / EHR reform
- d. There are medium term shifts in workforce composition that can enable teams to care for people – move away from physician-centricity
- e. ***What's the counterfactual to primary care??***

# Areas Needing Near-Term Research and Policy Change

1. How can Primary Care work (especially by integrated teams) be valued differently and adequately?
2. How to translate and transmit prospective payment into MA and commercial plans?
3. What are effective ways for engaging purchasers to drive primary care investments and payment change?
4. What are effective models that leverage NP/PA workforce better (networks of care, teams of teams)?
5. How to catalyze safe, equitable, and effective uses of AI to create time and space for primary care teams to do more than document?
6. What are the best ways to scale what already works in primary care?



**THANK YOU!**

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