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Implementing High-Quality Primary Care:

Rebuilding the Foundation of Health Care

NYS Health Foundation
Christopher Koller, Milbank Memorial Fund

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Study Sponsors

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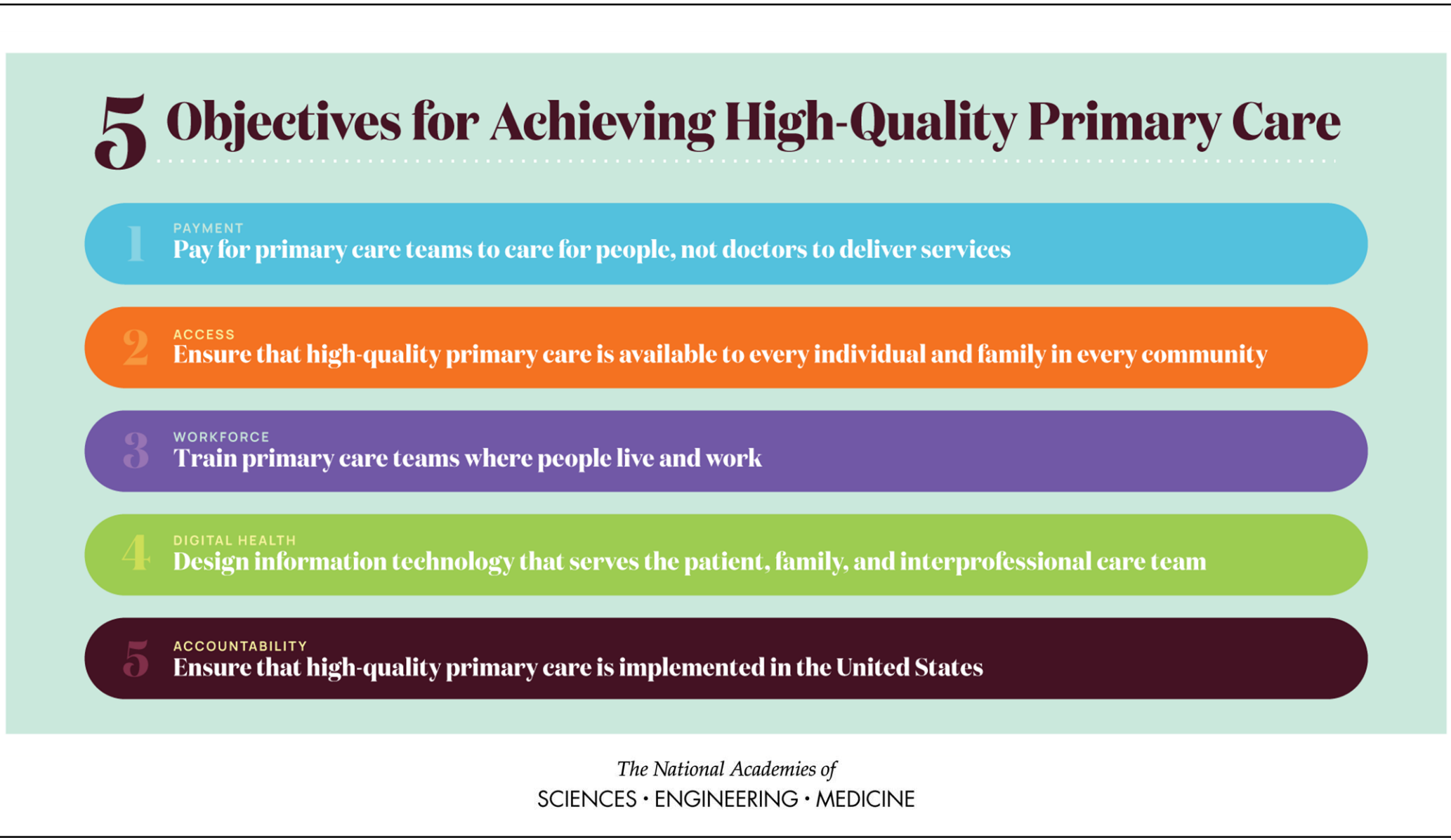
An Updated Definition of Primary Care

High-quality primary care is the provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities.

The Big Stories in the Report:

1. High Quality Primary Care is a common good
   - Nothing else in health care improves the health and health equity of populations
2. It is fragile and weakening
3. Everyone should have a usual source of care.
   - A financial and moral argument
4. Pay more and differently for primary care
   - Get practices off of FFS – now


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
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Paying for Primary Care Teams to Care for People

Full Fee-for-service:
- Phase out

Risk Adjusted Capitation + FFS + patient assignment:
- Default payment for primary care
- Revalued E&M codes
- Resources for transformation

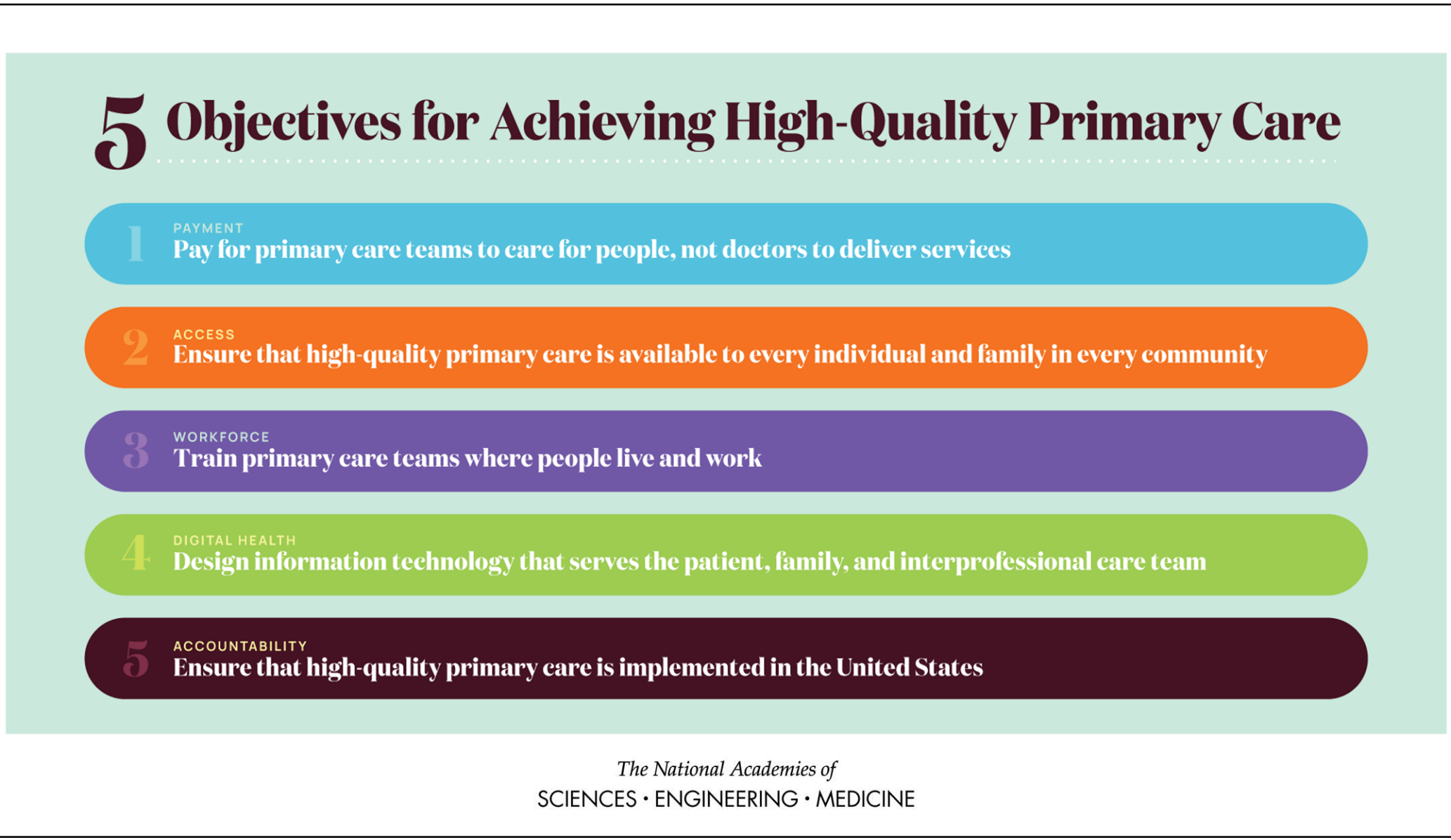
Risk Bearing Contracts with Focus on Population Health:
- Sufficient resources and incentives for primary care

Action 1.3: CMS should increase overall portion of health care spending for primary care by improving Medicare fee schedule and restoring the RUC to advisory nature.

Action 1.4: *States should facilitate multi-payer collaboration and increase the portion of health care spending for primary care.*

Action 2.1: *Payers should ask all beneficiaries to declare usual source of care. Health centers, hospitals, and primary care practices should assume ongoing relationship for the uninsured they treat.*

Action 2.3: *CMS should revise access standards for primary care for Medicaid beneficiaries and provide resources to state Medicaid agencies for these changes.*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