ISSUE BRIEF

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HHS IS TAKING ACTION TO STRENGTHEN PRIMARY CARE

The U.S. Department of Health and Human Services (HHS) is taking action to strengthen primary care. Recognizing the importance of having a strong primary care foundation to our healthcare system, HHS collaborated across Divisions to develop a coordinated set of actions to strengthen primary care in our nation and has moved forward with implementing these actions. This issue brief outlines the critical actions that HHS has taken and its future work to strengthen primary care. In addition to sharing HHS primary care activities, with this issue brief, HHS aims to foster collective action among stakeholders and across the healthcare system and other sectors. Together, we can maximize individual and population health and well-being; ensure access to affordable, comprehensive, whole person primary care throughout the country; and make it possible for all communities to be served by trusted primary care clinicians and multidisciplinary teams who reflect the communities they serve.

OVERVIEW & SCOPE OF PROBLEM

HHS recognizes that effective primary care is essential for improving access to healthcare, for the health and well-being of individuals, families, and communities, and for achieving health equity.

By strengthening primary care, HHS will help advance the Department's strategic goals. Strong primary care is also essential for addressing other HHS priority focus areas, such as: addressing the overdose epidemic and the mental health crisis, improving maternal health, and reducing disparities in maternal mortality and morbidity in our nation.

It is well documented that health systems with a strong base of primary care provide better access to health services, and have improved health outcomes, lower mortality, and more equity. In addition, effective primary care can result in cost savings. In 2022, Accountable Care Organizations (ACOs) in the Medicare Shared Savings Program that were categorized as low revenue (mainly physician- led) and comprised of 75% or more primary care clinicians, saw more than two times net savings compared to high revenue ACOs -- $294 per capita net savings compared to $140, respectively. These results underscore how important primary care is to the success of the Shared Saving Program and demonstrate how the program supports primary care providers.

Primary care provides health promotion, disease prevention, and disease treatment and management services for individuals across the lifespan. Primary care is founded on a longitudinal, trusted relationship between patients and their primary care clinicians and associated care teams. Other essential elements of primary care include: serving as a patient's initial point of contact to the healthcare system, providing person- or family-centered, comprehensive, continuous, and coordinated care, and having a community orientation and engagement.

Primary care, as the entry way to the health system, plays an important role in connecting people to specialty, emergency department, and inpatient care, as well as mental health and substance use

disorder care and treatment. Primary care also coordinates care across healthcare settings. HHS supports high-quality primary care for more than 30.5 million patients – more than 90 percent of whom have incomes below 200 percent of the federal poverty level – at nearly 15,000 service delivery sites across the country through the Health Resources and Services Administration's (HRSA)'s Health Center Program. HHS also provides critical support to the primary care workforce, including by awarding scholarships or loan repayment assistance to more than 20,000 primary care, mental health, and oral health clinicians in exchange for practicing in high-need communities through HRSA's National Health Service Corps program.

Integrating primary care with other clinical services can optimize access and coordination of care and improve health outcomes and health equity. Integrated clinical services may include behavioral health (mental health and substance use disorder prevention, care, and treatment), geriatric care, oral health, tobacco cessation advice and treatment, sexual and reproductive health, clinical pharmacy, and allied health services, such as physical and occupational therapy, health education, and nutrition therapy. A diverse multidisciplinary team, comprised of clinicians and staff of different professional disciplines who reflect the population served, facilitates the provision of comprehensive, coordinated care. Primary care may also partner with other sectors, such as public health and with their communities (e.g., coordinating with community-based organizations) to advance uptake of preventive services; work collaboratively to address people's health-related social and environmental needs; and improve resilience and preparedness for emergencies and disasters. A prime example of comprehensive, integrated, and coordinated primary care that is person and family-centered and community-based is HRSA's Health Center Program.

Primary care in our nation is facing numerous challenges. Many people lack access to primary care and an ongoing, trusted relationship with a primary care clinician and team. It's getting increasingly difficult to find a primary care provider who is accepting patients and to get a timely appointment. There are disparities in access based on race, ethnicity, age, disability, geography, and other demographic factors. Primary care is under-valued and thus, under-resourced and the traditional, fee-for-service payment model in the U.S. may not foster comprehensive, coordinated care. The primary care physician workforce is not growing at a rate that meets demand and this gap is placing pressure on the current workforce, contributing to less career satisfaction and well-being. The new generation of clinicians are less likely to choose primary care as a career due to its lower compensation, compared to that of specialty care and its challenging work-life balance. Primary care under-resourcing, workforce shortages, as well as lack of diversity, gaps in clinical and technological competencies, and provider burnout negatively impact access to primary care, including the foundational relationship between patients and their primary care providers. The COVID-19 pandemic also significantly threatened the financial stability of many primary care practices. Last, coordination of primary care with other clinical services and sectors is challenging. Relationship development and data sharing with clinical services, such as specialty, behavioral health, and dental care, and with other sectors, such as public health departments and community-based health and human services organizations are needed.

In May, 2021, the National Academies of Science, Engineering, and Medicine (NASEM) released its consensus report, Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. This report well documented the high value, yet weakened state, of primary care and included an implementation plan with recommended actions in five areas: primary care payment, access, workforce, digital health, and accountability.

As a result of the above, HHS launched the "HHS Initiative to Strengthen Primary Health Care." Its aim is to strengthen the federal foundation for the provision of whole person primary healthcare in our nation. HHS Divisions collaborated on developing a coordinated set of HHS-wide actions to strengthen primary care, summarized in this issue brief, with input from external stakeholders and members of the public. These HHS-wide actions reflect ongoing work within HHS and serve as a unified, comprehensive approach to HHS primary care activities that we are accomplishing through our current statutory authorities and funding. Our actions build on the longstanding work of all of HHS in primary care and leverages the policies, programs, and authorities of HHS.

HHS VISION TO STRENGTHEN PRIMARY CARE

HHS has adopted the NASEM report's definition of high-quality primary care:

The provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams who 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. Whole-person health focuses on well-being rather than the absence of disease.

With its set of actions and the adoption of this definition, HHS is capitalizing on its investments in primary care, strengthening multidisciplinary teams and team member roles, improving digital health tools, advancing primary care research, and supporting practice improvement to facilitate the provision of whole person primary care.

The Department's actions are also advancing health equity by improving equitable access to whole person primary care; fostering ongoing, trusted relationships between patients and their primary care clinicians and teams and incorporating input from the community into primary care; increasing the diversity of the healthcare workforce; increasing cross-sector partnerships to coordinate preventive services and address social determinants and environmental factors affecting health; increasing resilience to disasters and emergencies through partnerships and workforce competency development; and advancing digital health and primary care research using a health equity lens.

HHS actions to strengthen primary care are complementary to, and aligned with, other HHS initiatives and strategic plans, such as the HHS Strategic Plan, the HHS Roadmap for Behavioral Health Integration, the HHS Health Workforce Strategic Plan, the HHS Strategic Approach to Addressing Social Determinants of Health to Advance Health Equity, the HHS Overdose Prevention Strategy, and the White House Blueprint for Addressing the Maternal Health Crisis.

ACTIONS TAKEN

HHS is moving forward with implementing actions to strengthen primary care. The following are highlights of actions that have already been taken, which will drive improvement in primary care policy in the years to come:

Primary Care Payment

- Changes to the Medicare physician fee schedule for calendar years 2023 and 2024 that could impact payments for primary care providers and the primary care team:
    - Investing in primary care by paying for visit complexity inherent to primary care. A primary care clinician, as the continuing focal point for all needed healthcare services for a patient, often bears the cognitive load, responsibility, and an accountability for building the most effective, trusting relationship possible amidst evaluating and managing other

healthcare problems during a visit. It is the work building this important relationship between the practitioner and patient for primary and longitudinal care that has been previously unrecognized and unaccounted for during clinic visits.

  - Paying for services furnished by auxiliary personnel, including community health workers, peer support workers, and care navigators, providing community health integration and care navigation services under general supervision of a clinician such as a primary care provider.
  - Paying for assessing unmet social determinants of health needs.
  - Continuing separate, increased payment for care management, coordination, and behavioral health integration services finalized over the past several years.
  - Maintenance of telehealth flexibilities originally implemented during the COVID-19 public health emergency for federally qualified health centers and rural health clinics through December 2024.
  - Extension of supervision rules that allow for virtual supervision of many services, increasing flexibilities for clinicians and improving access to care.

- The release of the Center for Medicare and Medicaid Service's (CMS) Center for Medicare and Medicaid Innovation (CMS Innovation Center) primary care model, Making Care Primary. Through Making Care Primary, the CMS Innovation Center will increase the investment in primary care so patients can access more seamless, high-quality, whole person care. This model includes a focus on health equity; new hybrid payments (fee-for-service combined with prospective payments); care integration and partnerships, including with community service providers to address health-related social needs; enhanced care management, and the use of the Person-Centered Primary Care Measure (patient-reported experience of primary care).
- The release of the CMS Innovation Center, States Advancing All-Payer Health Equity Approaches and Development Model ("States Advancing AHEAD" or "AHEAD" Model). This model will establish a specific goal of increasing statewide primary care investment in proportion to the total cost of care, pair hospital global budgets with advanced primary care, and offer a flexible framework to implement advanced primary care in alignment with the states' existing Medicaid primary care program activities.
- Use of social risk adjustment in CMS Innovation Center payment models to better capture the complexity of the population served for more equitable payment.
- The release of CMS Innovation Center's primary care strategy, which includes CMS' consideration of aligning future Accountable Care Organization (ACO)-based primary care models with the permanent Medicare Shared Savings Program to help make transformation sustainable.
- Medicare payment for additional behavioral health providers on multidisciplinary teams to provide integrated behavioral healthcare management.
- Medicare advanced investment payments to Medicare Shared Savings Program accountable care organizations that encourage expansion of accountable care to underserved populations by providing up front funding which can be used for hiring additional staff and addressing patients' social needs.
- CMS approval of a Section 1115 Demonstration for Massachusetts Medicaid that includes

a value-based primary care prospective payment for Massachusetts Medicaid Accountable Care Organizations.

- Support for provider-to-provider consultations in Medicaid and new opportunities for provider- to-provider consultations in Medicare as part of the CMS Innovation Center Making Care Primary model announced 6/9/23 and planned to launch 7/1/24.

Primary Care Workforce

- Provided scholarships or loan repayment assistance to more than 20,000 primary care, mental health, and oral health clinicians in exchange for practicing in high need communities through the Health Resources and Services Administration's (HRSA) National Health Service Corps program.
- Awarded $175 million to support the training of over 1,096 residents in 81 community-based residency programs through HRSA's Teaching Health Center Graduate Medical Education (THCGME) Program. This program focuses on building medical residency programs in community-based settings, with a focus on rural and underserved areas, to allow residents to train in community clinics and the places they are most likely to practice.
- Awarded $11 million in funding from HRSA for new residency programs in rural communities.
- Provided support for increasing the number of community health workers through HRSA's Community Health Worker Training Program.
- Provided support for health workforce mental health and well-being through HRSA's Health Workforce Resiliency Awards.
- Announced $8 million in funding from HRSA to train primary care medical and physician associate students, and medical residents in providing culturally and linguistically appropriate care for individuals with limited English proficiency and individuals with physical or intellectual and developmental disabilities.
- Awarded over $100 million in funding from HRSA to help licensed practical nurses become registered nurses; to train nurses and nurse practitioners who will deliver primary care, mental healthcare and maternal healthcare; and to support more nurse faculty through the Nurse Faculty Loan Program.
- Awarded an additional 125 new Medicare-funded residency slots allocated for primary care and 20 slots for psychiatry, with priority given to rural and underserved communities.
- Released the Agency for Healthcare Research and Quality's (AHRQ) practice resource: Burnout in Primary Care: Assessing and Addressing It In your Practice.

Primary Care Access

- Supported high-quality primary care for a record 30.5 million patients through overseeing and operating HRSA's Health Center Program, which funds nearly 1,400 health centers with nearly 15,000 service delivery sites across the country.
- Improved access to comprehensive maternal healthcare through $65 million in funding from HRSA for health centers to develop patient-centered models of care delivery that address the clinical and health-related social needs of patients at the highest risk of

maternal morbidity and mortality.

- Issued Section 504 Notice of Proposed Rulemaking to address barriers to access to care for people with disabilities, including the lack of accessible medical diagnostic equipment to serve people with mobility disabilities, as well as to address barriers to access to Information and Communications technology.

Access to Behavioral Healthcare through Integration of Primary Care and Behavioral Health

- Awarded $19 million in HRSA funding to 25 states and territories to train pediatricians in delivering mental healthcare and provide real-time teleconsultation for pediatricians to get expert support from psychiatrists and other mental health providers to help them care for their patients' mental health needs.
- Leveraged over $64 million in HRSA funding to increase the supply of behavioral health professionals and improve the distribution and quality of the behavioral health workforce, with a specific focus on preparing primary care providers to treat the behavioral health needs of children, adolescents, and young adults.
- Released $9 million in HRSA awards to strengthen and expand the mental health and substance use workforce in underserved and rural communities. This funding will provide support to 20 grantees to train healthcare providers in the delivery of high-quality mental health and substance use services for individuals in need of such care.
- Awarded $25 million in funding from HRSA to expand school-based primary healthcare, including mental health services. For the first time, applicants will be required to add or expand mental health services to receive school-based funding.
- Launched HRSA's Pediatric Specialty Loan Repayment Program, which is available to child and adolescent behavioral health specialists.
- Added Managing Unhealthy Alcohol Use in Primary Care to the AHRQ Academy that supports the integration of behavioral health and primary care, with a key focus on caring for patients using substances, particularly opioids, and for those with mental health conditions.
- Provided evidence-based resources, tools, and support for organizations working to integrate primary and behavioral healthcare through the Substance Abuse and Mental Health Services Administration (SAMHSA)'s National Center of Excellence for Integrated Health Solutions.
- Advanced integration and collaboration in clinical practice between primary and behavioral healthcare through SAMHSA's Promoting Integration of Primary and Behavioral Health Care grants. This includes support for the provision of evidence-based or evidence-informed screening, assessment, diagnosis, prevention, treatment, and recovery services for mental and substance use disorders, and co-occurring physical health conditions and chronic diseases for children and adults.
- Enhanced the ability of healthcare professionals in the primary care setting to identify and treat both opioid use disorder (OUD) and alcohol use disorder (AUD) with FDA-approved medications through training, guidance, and mentoring from SAMHSA's Provider's Clinical Support System – Medications for Opioid Use Disorder (PCSS – MOUD) and Clinical Support System – Medications for Alcohol Use Disorder (PCSS-MAUD) Cooperative Agreements.

- Expanded access to OUD treatment by increasing the number of healthcare professionals who provide services in the primary care setting.
- Provided $15 million in planning grants, awarded by CMS, to 20 state Medicaid agencies to provide qualifying community-based mobile crisis intervention services.
- Provided $50 million in planning grants, awarded by CMS, to 15 state Medicaid agencies to increase the treatment capacity of Medicaid providers to deliver substance use disorder treatment and recovery services.

Health Information Technology

- Provided support for high-speed internet access for rural residents and businesses and the development of state and territory digital health equity plans.
- Developed and currently implementing national standards for health data interoperability (e.g., Office of the National Coordinator's United States Core Data for Interoperability [UCSDI] and the Fast Healthcare Interoperability Resources (FHIR®).

Research and Practice Improvement Support

- NIH support for community-led research on interventions to address social determinants of health and advance health equity through the NIH Common Fund Community Partnerships to Advance Science for Society (ComPASS) program.
- AHRQ's dissemination of primary care research, such as:
    - Primary Care Spending in the US population.
    - Enabling System Functionalities of Primary Care Practices for Team Dynamics in Transformation to Team-Based Care.
    - National Center for Excellence in Primary Care Research (NCEPCR)) webinar series featuring AHRQ-funded studies that strengthen the research and delivery of primary care.
- AHRQ's increased primary-care focused research funding and other research capacity building, including:
    - To advance the science of primary care.
    - To support the management of substance use disorders in primary care and other ambulatory settings.
    - In digital healthcare research to improve primary care delivery.
    - To understand and improve diagnostic safety in the heterogenous ambulatory care environment.
    - Learning health system scientist training to increase capacity for embedded researchers to conduct primary care research.
    - To reinvigorate Practice Based Research Networks
    - An updated Compendium of U.S Health Systems that will increase capacity to conduct research on primary care practices across the nation.
- AHRQ's support for actionable primary care practice improvement by:
    - Improving primary care practice use of evidence to improve quality including managing unhealthy alcohol use and urinary incontinence in women in the EvidenceNOW model.

- Enhancing the ability of primary care practices to care for people with Long COVID through education and consultative support from AHRQ-funded Long COVID clinics.
- Facilitating person-centered care planning and care coordination in primary care through the development (in partnership with the National Institute of Diabetes and Digestive and Kidney diseases (NIDDK)) of an interoperable shared electronic care plan, a Substitutable Medical Applications and Reusable Technologies (SMART) on FHIR® application with clinician, patient, and caregiver facing components.

OUR FUTURE WORK

HHS is committed to continuing an HHS-wide approach to advance actions to strengthen primary care. There is more work to be done. HHS is committed to:

Tracking Progress

- Identifying measures and data sources that can be used to monitor primary care spending.
- Holding itself accountable by developing and utilizing an HHS Primary Care Dashboard. This Dashboard will monitor the "health' of the primary care system in our nation and the impact of actions HHS takes to strengthen primary care. The HHS Dashboard is being designed to include high level metrics that are responsive to the goals set forth in HHS' coordinated set of actions. With the HHS Dashboard, HHS will use data to inform subsequent actions to strengthen primary care.
    - The first phase of development of the HHS Primary Care Dashboard, identifying a core metric set and data sources to be included in the Dashboard, is aimed for completion in FY 2024.

Strengthening the Workforce

- Continuing to work with bipartisan partners in Congress on reauthorization and extension of mandatory funding for key programs related to primary care, including HRSA's Health Center Program, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education program.
- Supporting the training and certification of community health workers, peer support counselors, and public health aides in Indian Country.
- Preparing community health workers to connect people to primary care and support continuous, long-term relationships with primary care.
- Developing a data-informed technical assistance strategy to promote primary care workforce well-being and satisfaction.

Improving Access to High-Quality, Coordinated Care

- Promoting access and patient-primary care relationships by implementing CMS accountable care goals and the Medicaid/CHIP access and equity strategy.
- Strengthening notice of funding opportunities and guidance to promote patient and community advisory and governing boards.
- Promoting grant-funded programs and coordinating complementary HHS funding opportunities to enhance partnerships between public health departments, community-based organizations, and primary care providers. Releasing a core set of high priority clinical preventive services for adults designed to increase the uptake of person-centered

prevention in primary care.

- Implementing AHRQ's initiative and learning community to advance person-centered care planning in primary care.
- Releasing, from AHRQ, a core set of high priority clinical preventive services for adults designed to increase the uptake of person-centered prevention in primary care.
- Advancing the development and sustainability of community care hubs through infrastructure funding as well as a National Learning Community and other technical assistance, to support management of referrals and payment for social care, braiding funding streams, and care coordination between primary care and social services organizations.
- Launching a multi-sectoral partner engagement initiative through CDC to increase coordination between primary care and oral health providers.

Strengthening Health IT

- Expanding telehealth accessibility, including in rural areas, geographically isolated areas, and Indian Country, and for people with disabilities.
- Supporting electronic health information exchange between primary care providers and community-based organizations for addressing social determinants of health and coordinating patient services with pharmacies, nurses across healthcare settings, public health departments, and clinical laboratories.
- Reducing regulatory and administrative burdens relating to the use of health information technology and electronic health records, including for prior authorizations.

Advancing Primary Care Research

- Developing and implementing an HHS Primary Care Research Strategy that includes a focus on health equity research and approaches to translate evidence into practice and directs funding priorities.
- Tracking primary care research funded by the AHRQ and the National Institutes of Health (NIH).
- Leveraging AHRQ and NIH funded programs to increase the number and diversity of primary care researchers.
- Supporting individual and community input into primary care research and practice improvement.

CONCLUSION

Ensuring our health system has a strong primary care foundation is essential for advancing health equity to improve the health of all Americans. HHS is making strides in strengthening primary care in our nation, has plans for further actions, and will monitor the "health" of our primary care system to develop additional, data-informed interventions, and maintain focus on strengthening primary care. Strengthening primary care requires a whole-of-society effort; HHS calls on other actors, such as payers, providers, communities, academia, and state, local, territorial, and tribal governments, to take action with us.