AMERICA'S PHYSICIAN GROUPS
Taking Responsibility for America's Health

Removing the Barriers to Advanced Primary Care

By: Clive Fields, MD, Spring 2021

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"Never before has access to comprehensive primary care been more important."

The last year has been one of the most challenging periods in the history of modern medicine. Healthcare delivery changed at a lightning-fast pace as we adapted to the COVID-19 pandemic and adopted new technology. We saw regulatory relief and changes in the healthcare economic model that we thought would take decades to happen—all compressed into a single year.

The mortality and morbidity of the pandemic can never be minimized, and for most providers, it will always be a defining moment in their career. Now, as the pandemic's clinical damage comes under control and systemic changes to the larger healthcare system remain, the question becomes: What should we expect for the remainder of this year and beyond? What can we do to promote continuing change?

The pandemic laid bare shortcomings in the American healthcare system, particularly the underinvestment in community-based primary care. Never before has access to comprehensive primary care been more important. Not your grandfather's primary care, but a team-based, proactive, risk-stratified model focused on outcomes, not volume.

In short, we need to evolve to an advanced primary care (APC) model. Although APC is sprouting up across the country, we must continue to eliminate the barriers that slow down its implementation.

MOVING TO VALUE-BASED CARE

The traditional fee-for-service (FFS) payment model has failed us. It doesn't allow for the infrastructure investment needed to prepare for a population-based delivery model. The pandemic highlighted the vulnerability of episodic payment, with many small practices surviving only through grants and Paycheck Protection Program (PPP) loans.

The Affordable Care Act (ACA) supports care delivery through the patient centered medical home model, which promotes quality care over quantity and primary care engagement throughout the care continuum. But as long as payment remains episodic, the measurement of volume, not outcomes, is encouraged.

During the pandemic, organizations compensated through population based payments fared better than their FFS counterparts. We need to promote this payment model and expand it to medical groups of all sizes to truly transform healthcare in the United States.

In this area, the Centers for Medicare & Medicaid Services (CMS) continues to lead. The Medicare Shared Savings Program (MSSP), Nextgen, and now the Direct Contracting Entity (DCE) models have accelerated the move to population-based payment. Still, a concerted effort by medical groups to move payers across all populations to prospective population-based payment is needed for meaningful healthcare transformation. Sharing our successes and failures, publishing best practices and workflows, and recognizing there are no competitors, only collaborators, will accelerate this change.

TECHNOLOGY INVESTMENT AND ADOPTION

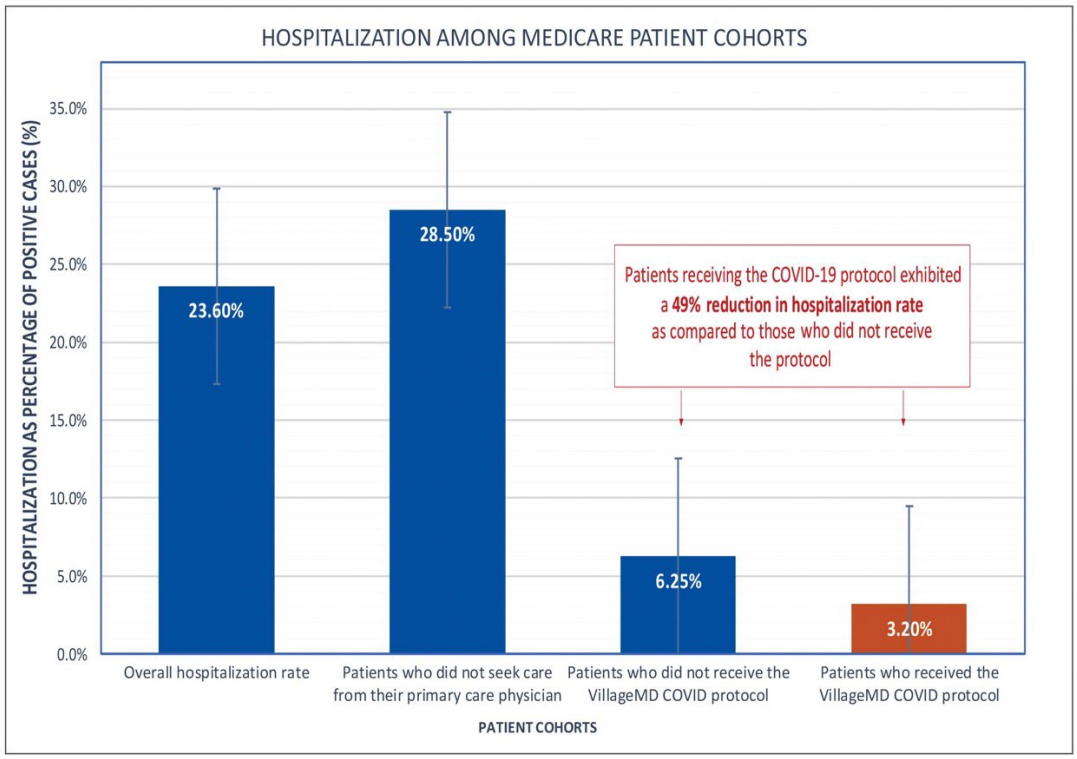
The rapid adoption of telehealth and the accelerating use of remote patient monitoring has made us re-evaluate our expected timeline for technology adoption and implementation. The concept that healthcare should be immune to consumer-friendly technology and that the traditional in-person office visit should be the sole source of patient-physician contact has finally been laid to rest. Using technology to extend physicians' reach and fill the gap between in-person visits is a genie that can't be put back in the bottle.

During the pandemic, the vast majority of COVID19-positive patients did not need hospital care, and most patients who presented to the emergency department did not require admission. The use of

technology to deliver education and clinical interventions across multiple platforms, including home-based clinical care, would have gone a long way to decreasing the demand for our acute care facilities—at a lower cost, with higher-quality results.

At VillageMD, we implemented a COVID-19 telehealth protocol that decreased ED utilization by more than 49%. (See graph.) These technology advancements aren't going away at the end of the pandemic. They are here, and they are here to stay.

Hospitalization rates among various cohorts. Source for national data: Department of Health and Human Services



Technology can be a bridge to a more comprehensive patient relationship, not a barrier. Used as part of a comprehensive delivery system, technology can create and nurture a patient-doctor relationship—allowing patients to partner more closely with their providers, improving access and patient satisfaction, and ultimately driving down medical costs.

One exciting trend in patient care—and potentially the most disruptive—is the Internet of Medical Things (IoMT). Wearable, connected medical monitoring devices play a new role in tracking patient health and helping physicians prevent or better manage chronic disease.

Connected medical devices collect health-related data, then transmit the data and any associated images to a patient's healthcare provider or a secure, cloud-based repository for review and analysis. From real-time blood glucose monitoring to medical-grade ECG monitors and much more, IoMT helps patients better manage their health while providing more information to help their physicians deliver a higher level of results-driven care.

With the impact IoMT will have on healthcare, providers need to engage in developing and implementing these new technologies. We must lead instead of waiting to be the customer. We can't sit back and let companies solve problems they think exist or identify a problem and create a solution for us without our guidance and input.

REGULATORY RELIEF

For most of my career, regulatory change has lagged clinical need, but this has drastically changed in the past year. CMS continues to lead the way in removing regulatory barriers from the delivery of population-based care. Payment for telehealth, remote patient monitoring, and the simplification of evaluation and management (E&M) coding are only some of the changes we saw in 2020. Showing regulatory agencies and payers that these changes accelerate the movement to advanced primary care will only increase the speed of future change.

This regulatory relief is essential. Without it, the movement to a prospective, value-based care model and the use of advanced technologies will slow down. It took a global pandemic for doctors to change compensation for telehealth sessions. Let's not wait for another pandemic for more relief.

THE FUTURE OF PRIMARY CARE

Our healthcare system is broken for patients, providers, and payers. Government agencies and employers across the country have paid too much and received too little. An advanced primary care model—data-driven, team-based, and focused on outcomes, not volume—can change this trend.

Putting the patient at the center of the system, using technology to extend care outside the exam room, and delivering care in the home for our most vulnerable patients should be critical competencies of

medical groups in the future. The pandemic brought great change, and in its aftermath, many opportunities. We owe it to those who have suffered to not let this opportunity pass.

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