



August 1st, 2022

Admiral Rachel L. Levine, MD  
Assistant Secretary for Health  
Department of Health and Human Services

Judith Steinberg  
Senior Advisor  
Office of the Assistant Secretary for Health (OASH)  
Department of Health and Human Services (HHS)

Sent via email to [OASHPrimaryHealthCare@hhs.gov](mailto:OASHPrimaryHealthCare@hhs.gov)

RE: HHS Initiative to Strengthen Primary Health Care

Dear Admiral Levine and Judith Steinberg:

United States of Care (USofCare) is pleased to submit the following response to the request for information regarding the U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health (OASH) seeking input from industry and community members on what the federal government can do to strengthen primary health care in the United States.

[United States of Care](#) is a nonpartisan nonprofit with a mission to ensure everyone has access to quality, affordable health care regardless of health status, social need, or income. We know that people want a system in which their care is **affordable**, their **coverage is dependable**, their care is **personalized**, and the system is **understandable**. Our research has taught us that people generally value having choices within the health care system; however, they find it difficult to get [personalized](#) care that meets their needs and treats them as a whole person.

We appreciate HHS's commitment to investing in primary care, which is the foundation of our care delivery system, as primary care is often the gateway to other care needs. In order to ensure people have access to quality care that meets their needs, we must invest in care models that focus on delivering value and demonstrate improved care outcomes instead of the volume of services provided. This begins with changing the way care providers are incentivized to deliver care.

### **Successful models or innovations that improve primary care**

***State Innovation to Support Primary Care: Primary Care Collaboratives.***  
HHS can look to states for innovative models and approaches that incentivize increased investments in primary care, particularly with a focus on value-based payments. A number of states have advanced policies that specifically aim to measure or increase primary care investments. [Rhode Island](#) has been a pioneer within this space, requiring issuers to invest more in primary care and encouraging the use of Patient-Centered

Medical Homes (PCMH) as a way to reduce overall health care costs and improve the quality of care for their residents. Additionally, Delaware established a [primary care reform collaborative](#) that issued recommendations around additional investments in primary care spending, which requires payers to increase primary care spending to account for 12% of total health care spending by 2024. A notable aspect of this initiative is that the increase in [investment in primary care spending](#) must not strictly come from an increase in fee-for-service rates, recognizing the importance of innovation and value.

[Colorado](#) also [set targets](#) for primary care spending and created the [Primary Care Payment Reform Collaborative](#), which develops annual recommendations for increasing investments and improving access to primary care for Coloradans. The Collaborative's [2021 Recommendations Report](#), for example, recommended increased use of value-based payments, incorporating health equity into alternative payment models, and integration with behavioral health.

**Primary and Behavioral Health Care Integration.** Primary care is a key access point to many other health care services, and the [first stop](#) for many individuals seeking behavioral health care is their primary care provider. Primary care is also the [preferred point of entry](#) for health care for people of color and individuals with limited English proficiency, making it a portal for identifying undiagnosed or untreated behavioral health needs. Thus, models like the [Collaborative Care Model](#) and [Health Resources & Services Administration \(HRSA\)'s Pediatric Mental Health Care Access Program](#), which promote integrated care, are models to look to for increasing access to behavioral health services.

Based on USofCare's intensive listening work, we know people value accessing primary care that treats the whole person.

“We're pretending over here. And we are also not dealing with wellness. We are not addressing issues early enough whether their mental health, physical health, spiritual health, emotional health, whatever kind of health you want. We're not dealing with them from preborn to the grave”

- Black woman with private insurance, SC

## **How to address barriers to implementation**

United States of Care encourages HHS to explore opportunities to support providers and strengthen the primary care workforce — both of which are barriers to people accessing primary care and additional care coordination services.

**Operational and administrative barriers.** Providers may be interested in moving their practice to be more focused on innovation, but how that translates into their day-to-day operations can be challenging. We recommend that HHS commit to coordinating across various agencies — including the Centers for Medicare & Medicaid Services (CMS) — to ensure that states, providers, and other state agencies have access to the technical assistance and resources needed to support the provision of integrated,

coordinated primary care. For example, CMS can issue additional clarifying guidance to state Medicaid agencies on the ability to allow for same-day billing for primary and behavioral health care services, to support care integration. We commend CMS for its commitment to supporting behavioral health care integration in the Medicare program under the [recent proposals](#) in the calendar year 2023 Physician Fee Schedule Rule, and we support coordination across agencies and payers to strengthen this integration of care. Additionally, HHS can work with the CMS Innovation Center (CMMI) to invest in [innovative models for people](#) that enhance primary care, including the provision of necessary administrative and financial support to successfully implement these models, particularly as CMMI embarks on its [vision for the next ten years](#).

***Workforce challenges that impede access.*** HHS can invest additional resources in primary care to prioritize access in underserved areas. There are a significant number of [health professional shortage areas](#) (HPSAs), in both primary and behavioral health, across the country. We recommend that HHS work with agencies, including HRSA, to invest consistent and robust funding for care delivery sites that provide primary care services to underserved areas, including federally qualified health centers and rural health centers. Additionally, HHS should support and invest in [programs](#) that incentivize providers to pursue a career in primary care and practice in underserved areas. HHS should also explore opportunities to coordinate with states on scope of practice laws and regulations to ensure that all providers are practicing at the top of their license, including non-physician providers.

***Access to free preventive services.*** Providing people with free preventive care — much of which occurs in a primary care setting — is a [core component](#) of keeping people healthy and improving health outcomes. Unfortunately, for the more than [150 million](#) people who currently access preventive services at no cost sharing, [ongoing litigation](#) looms as a threat to the continued availability of these critical services. As litigation continues, HHS should explore administrative approaches that allow for the continued provision of free preventive services, including supporting states and marketplaces that establish requirements for issuers to provide free preventive care. Short of formal guidance or regulation, HHS should preemptively engage in robust stakeholder engagement to receive input from primary care providers, patients, issuers, advocates, and states in an effort to preserve and protect free preventive services.

### **Additional actions for HHS to promote access and address barriers**

***Enhance access to integrated care.*** We commend the Administration’s commitment to primary and behavioral health integration, as demonstrated by the increase in funding for care integration included in the President’s fiscal year 2023 budget. We encourage CMS to work with other agencies within HHS to use this momentum to test payment models that support whole-person care through integration. In addition, we recommend that HHS explore opportunities to allow for sustainable reimbursement for interprofessional consultations so that primary care providers can consult with a specialist — such as a behavioral health provider — to ensure all care needs are addressed. HHS can also look to our set of [policy recommendations](#) that explore how virtual care technology can be leveraged to address barriers to accessing

behavioral health services and support care integration, including for identified workforce challenges that impede care access.

***Invest in virtual care technology to support enhanced access.*** We know that utilizing [virtual care technology](#) can increase access to care by meeting people where they are and maximizing care access points. We recommend that HHS invest in technology that enhances access and supports care coordination and communication for necessary follow-up. However, the utilization of virtual care technology mustn't [exacerbate existing disparities](#) in underserved communities. Last, a comprehensive initiative must include the use of new technologies that are inclusive of all persons, especially [older adults](#).

### **Successful Strategies to Engage Communities**

Talking and engaging with communities to understand their needs is essential to strengthening primary care and improving community health outcomes, and we appreciate HHS's focus on this. HHS can take steps to learn more about people's needs and what barriers they experience now as well as gain insight on new approaches to strengthen primary health care.

Based on our experience, research, and expert input, the stakeholder and community engagement process should prioritize the following strategic recommendations and best practices:

- ***Be deliberate about hearing perspectives from groups that stand to experience the greatest benefit from improvements to primary care.*** People want to feel heard and treated with respect when they visit their primary care providers. Seek input from marginalized communities on approaches that currently are and are not working in an effort to innovate new approaches that actually work for people and improve health outcomes.
- ***Cultivate and develop trusted messengers in the community that can effectively relay messages.*** For some issues and population groups, people may be hesitant to engage with government entities, but HHS can develop relationships with community leaders and other local level partners to serve as trusted messengers to articulate the need and the benefits of better primary care services. Establishing trust with primary care entities can make a meaningful difference in communities engaging with primary care services for the better.

We appreciate HHS seeking input and focusing on this important topic. Please contact Lisa Hunter at [LHunter@usofcare.org](mailto:LHunter@usofcare.org) with any questions.

Sincerely,

Lisa Hunter  
Senior Director for Policy and External Affairs  
United States of Care