PRINCIPLES TO PROMOTE A HEALTH CARE SYSTEM GROUNDED IN
"Patient-First Care"

People are losing trust in the health care system. Health care affordability remains the <u>top concern</u> for people across the country, with families increasingly <u>delaying or skipping</u> needed care as costs continue to rise. An incredibly complex system confuses patients, their caregivers, and health care providers alike, all the while failing to address existing health disparities and, even worse, sometimes <u>reinforcing</u> them.

Our nation's dependence on a costly fee-for-service system, in which providers are paid for the number of services they deliver instead of the quality of care they provide, is <u>partly to blame.</u> Volume-based payment tends to prioritize often-unnecessary high-cost, low-value care that may not lead to better health outcomes. At the same time, it often undervalues other forms of care, such as primary care, that have been associated with <u>improved health outcomes</u> and <u>lower costs.</u>

People deserve a system that delivers on the basic promise of affordable, accessible, quality health care. **Policymakers should respond to <u>people's real needs</u> and continue to support efforts that shift towards patient-first care (PFC), often known as "value-based care" (VBC), instead of reinforcing the status quo with a failing fee-for-service system.**
The policy principles outlined below, reviewed by providers, state and national advocates, regulators, and other health policy experts, provide a roadmap for policymakers to guide efforts on both the federal and state levels to fully center the patient and caregiver perspective when developing, implementing, and evaluating patient-first care models. USofCare encourages interested policymakers and stakeholders to apply these principles to policy proposals to assess whether the reforms live up to the promise of patient-first care.

What We've Heard

A health care delivery system that puts people first not only improves health outcomes and lowers costs – it's what people want. Since early 2019, United States of Care (USofCare) has engaged in listening research with people across the country to understand their health care needs, including a <u>recent focus</u> on patient-first care. **<u>We found</u> that, by a 4:1 margin, people favor a patient-first care model that ties provider payment to improved patient care and health outcomes instead of the current fragmented, disjointed system that prioritizes quantity over quality.**

Read the full report ⟶

Why "Patient-First Care"?

Despite the broader shift in health care toward "value-based care", our <u>listening research</u> found that the phrase wasn't resonating with everyday people, who associate "value" with grocery store bargain brands. Instead, our <u>emphasis</u> on patient-first care underscores our commitment to promoting better, personalized care between people and their providers. The findings from this listening research were used to inform the creation of the principles found here, the latest example USofCare's innovative "people-centered policy design" that promotes policy solutions that respond to people's real, demonstrated health care needs.

Patient-First Care Principles

Federal and state policymakers are well positioned to build upon existing efforts to shift towards a patient-first care system. Meaningful efforts to uplift and prioritize the patient experience must exist alongside other system-wide goals, such as cost-savings and efficiency, from model inception to provider payment to quality measurement.

USofCare identified four major areas of focus, reviewed by providers, state and national advocates, regulators, and other health policy experts, that should guide the transition toward patient-first care, and we encourage federal policymakers to incorporate our principles into both new and existing payment models as well as through changes to status quo fee-for-service payment, such as through the Medicare physician fee schedule. Many, if not all, of the principles may be adapted for state patient-first care models, but should take into account state-specific considerations that may differ from federal models. **While the following principles are not exhaustive, any comprehensive policy should incorporate the following elements:**

1 Partner with people to incorporate their needs and perspectives into patient-first care design and delivery.

- Incorporate people's values and lived experiences through outreach to patients and caregivers, with an emphasis on underserved populations.
- Center patients as partners in care decision-making.
- Strengthen beneficiary education to ensure patients are provided with tools to understand the benefits of patient-first care arrangements.

2 Realign financial incentives to ensure that providers are incentivized to deliver accountable care that improves health care outcomes, quality, and equity.

- Promote alternative payment models that tie provider payments to positive health outcomes and patient experiences.
- Structure risk to benefit patients and improve health equity.
- Consider mandatory provider participation to ensure all patients, caregivers, and providers benefit from patient-first care models.

3 Strengthen care delivery to encompass essential elements of whole-person care.

- Improve access to primary care and other forms of high-quality, cost-effective care ("high-value care").
- Enhance coordinated care between care team members.
- Incorporate the unique needs of patients and providers in underserved areas to address long-standing inequities.

4 Promote accountability within models to ensure that providers deliver quality care through patient-centric evaluation and reporting requirements.