

# Initiative to Strengthen Primary Health Care

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Shannon McDevitt, MD, MPH

Immediate Office of the Assistant Secretary for Health

*(on detail from the Health Resources and Services Administration)*



**OASH**

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for Health

# Why We Need to Strengthen Primary Health Care

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- Primary health care is the foundation of and entry to our health care system
- Primary health care results in longer lives and more equity<sup>1,2</sup>
- The primary health care foundation is weakening

***Strengthening primary health care is essential to achieving HHS priorities and goals***

[1. Shi, Scientifica 2012](#)

[2. Basu et al. Jama Int Med 2020](#)

# Strengthening Primary Health Care Advances HHS Priorities

## Primary Health Care

Vaccine confidence - ongoing, trusting patient-provider relationship

Primary care is the entry point of the health care system

Integration of behavioral health and primary care

Prenatal care, child well care, screening and prevention

## HHS Priorities

Ending the COVID-19 pandemic

Expanding health coverage and access to health care

Improving behavioral health, including addressing the Overdose epidemic

Improving maternal and child health and well-being

# HHS Initiative to Strengthen Primary Health Care: Overview

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- **Launch**
  - September 2021 by the Office of the Assistant Secretary for Health (OASH)
- **Aim**
  - Provide a federal foundation to strengthen primary health care for our nation that will ensure high quality primary health care for all, improve health outcomes, and advance health equity
- **First Task**
  - Develop an *initial* HHS Plan to Strengthen Primary Health Care
  - Submit to Secretary Becerra in late summer 2022
  - Recommend HHS infrastructure for ongoing leadership and focus on ensuring high quality primary health care for all
  - Prioritized, initial actions to be taken by HHS and across HHS agencies
  - Deliverables with timeline

# Office of the Assistant Secretary for Health

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## Vision

Everybody has a fair and realistic opportunity to optimize their health.

Distribute and democratize health care knowledge, capabilities, and delivery.

Prioritize health considerations in all sectors and policy areas.

- **Provide trusted data and information**  
to serve HHS, the federal government, states and localities, and the general public
- **Convene partners**  
federal agencies, state and local, professional societies, NGOs, academia, civil society, commercial partners, patient advocates
- **Develop novel initiatives**  
gain situational awareness, identify gaps, build teams, set a common agenda, support infrastructure, transition to Operational Divisions
- **Organize and lead national initiatives**

## Initiative to Strengthen Primary Health Care Has The Support of HHS Leaders At The Highest Levels

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- Weekly meetings with OASH Executive Leadership
  - Monthly updates with ADM Levine, Assistant Secretary for Health
  - Monthly updates for HHS agency administrators
  - Routine briefings for Secretary Becerra and Secretary's Counselors
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- **HHS Deputy Secretary Palm**

*Secretary Becerra and I expect this initiative will meaningfully address pivotal changes in each of the domains of the NASEM Implementing High-Quality Primary Care report: payment, access, workforce, digital health, primary care research and accountability. These actions will build on our current activities and put us on the path to strengthened primary health care.*

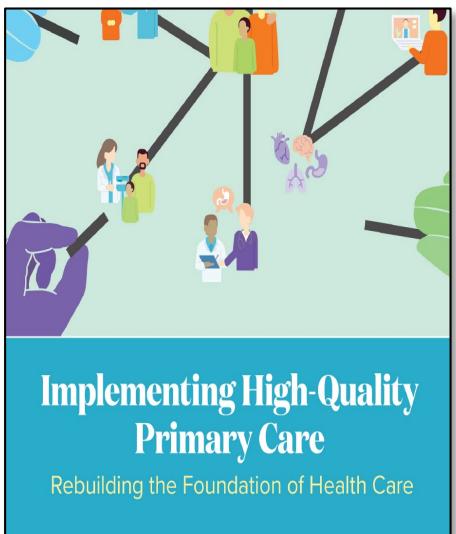
HHS Closing Remarks, [NASEM Webinar on Strengthening Primary Health Care](#)

# Initiative to Strengthen Primary Health Care: Progress

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- **Federal Leadership Advisory Group**
  - Provides consultation and forum for inter-agency collaboration at leadership level
- **Landscape analysis**
  - Meeting with federal partners and external stakeholders
  - Identifying successful models, priorities, and initiatives
  - Working from the [NASEM Implementing High-Quality Primary Care](#) consensus report
  - Assessing HHS agency and office current activities to strengthen primary health care
- **Community engagement**
  - Request for Information (forthcoming)

# NASEM Report: *Implementing High-Quality Primary Care*



[NASEM May 2021](#)

**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.

## 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.

# Collaborating on a Plan to Strengthen Primary Health Care



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Office of Science and Technology Policy  
Domestic Policy Council



U.S. Department  
of Veterans Affairs



## Listening Sessions

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Includes:

- Advocates for Patients and Families
- Professional Societies/Trade Organizations
- Centers for Primary Care; Primary care coalitions
- Academia
- Provider organizations
- Foundations
- Care Transformation Programs and Technical Assistance Organizations
- Payers, purchasers; employer associations
- NASEM

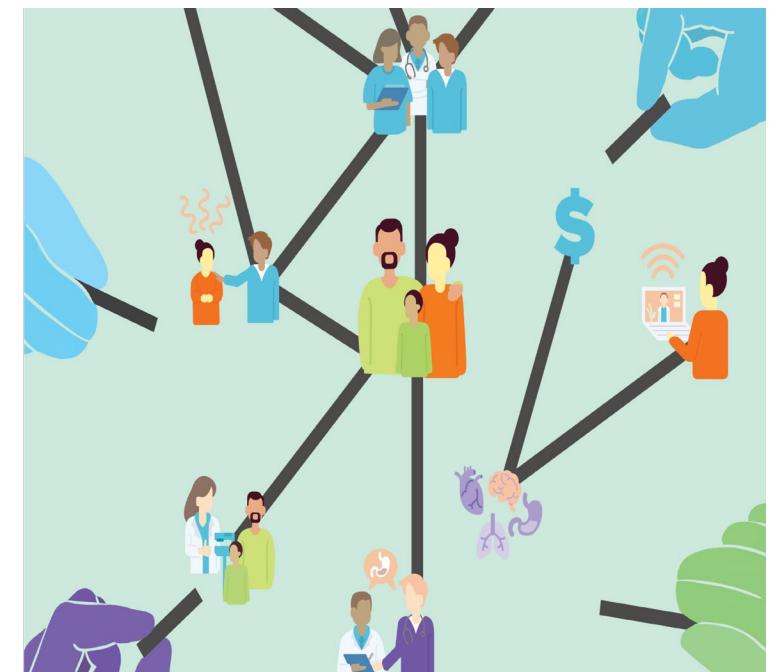
**Community Engagement: Request for Information, Spring 2022**

## NASEM Webinar on Strengthening Primary Health Care

- Public meeting held on March 22 and 23
- Plenary and panel speakers with facilitated discussion
- Opening remarks by ADM Levine, Assistant Secretary for Health
- Closing remarks by HHS Deputy Secretary Palm

### Goals

- Understand what individuals, families, and communities need and want from primary health care
- Share successful models and innovations, focusing on implementation, measurement, and partnerships
- Inform the development of the HHS Plan
- Inform stakeholder actions to strengthen primary health care



## Action Planning

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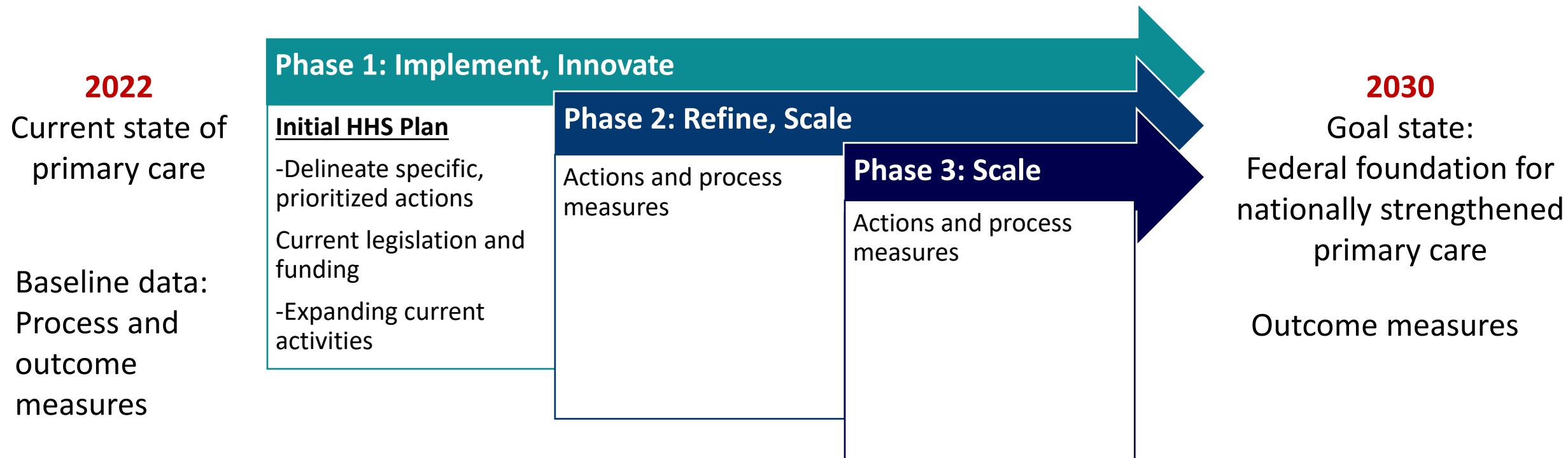
- **Using NASEM Implementing High-Quality Primary Care report as a guide**
- **Orchestrated Department-wide response**
- **Aiming for high priority strategies/actions that expand on current activities**
- **Holding cross agency meetings to identify joint and aligned actions**

# Guiding Principles

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# Agency Action Planning Will Use Phased Approach



## NASEM Report Goal Statement for Access

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Everyone in the country should have access to high-quality primary care that is person-centered, relationship-oriented, and responsive to the needs of the community.

## NASEM Primary Care Report Recommended Action 2.4

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- The Centers for Medicare & Medicaid Services should permanently support the COVID-era rule revisions and Medicaid and Medicare benefits interpretations that have facilitated integrated team-based care, enabled more equitable access to telephone and virtual visits, provided equitable payment for non-in-person visits, eased documentation requirements, expanded the role of interprofessional care team members, and eliminated other barriers to high-quality primary care.

## NASEM Primary Care Report Recommended Action 2.5

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- Primary care practices should move toward a community oriented model of primary care by:
  - Including community members with lived experience in their governance, practice design, and practice delivery; and
  - Partnering with community-based organizations. Accreditation bodies should encourage practices to be more community oriented by revising their standards to facilitate these changes.

## NASEM Report Goal Statement for Workforce

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It is essential to train primary care teams where people live and work. This will require reshaping training programs and aligning a payment and financial system that provides incentives and rewards to create effective, integrated primary care.

## NASEM Primary Care Report Recommended Action 3.1

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- Health care organizations and local, state, and federal government agencies should expand and diversify the primary care workforce, particularly in federally designated shortage areas, to strengthen interprofessional teams and better align the workforce with the communities they serve.
  - Public and private health care organizations should ensure inclusion, support, and training for family caregivers, community health workers, and other informal caregivers as members of the interprofessional primary care team.
  - The U.S. Department of Education and the U.S. Department of Health and Human Services should partner to expand educational pipeline models that would encourage and increase opportunities for students who are under-represented in health professions.
  - The Health Resources and Services Administration, state and local government, and health care systems should redesign and implement economic incentives, including loan forgiveness and salary supplements, to ensure that interprofessional care team members, especially those who reflect the diverse needs of the local community, are encouraged to enter primary care in rural and underserved areas.
  - Health systems and organizations should develop a data-driven approach to customizing interprofessional teams to meet the needs of the population they serve.

## NASEM Primary Care Report Recommended Action 3.2

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- CMS, VA, HRSA, and states should redeploy or augment funding to support interprofessional training in community-based, primary care practice environments. The revised funding model should be sufficient in size to improve access to primary care and ensure that training programs can adequately support primary care pipeline needs of the future.
  - HRSA funding (via Title VII and Title VIII programs) for other health professions training should be increased and prioritized for interprofessional education.
  - HHS, enabled by Congress as needed, should redesign GME payment to support training primary care clinicians in community settings and expand the distribution of training sites to better meet the needs of communities and populations, particularly in rural and underserved areas. Effective HRSA models (e.g., Teaching Health Centers, Rural Training Tracks) should be prioritized for existing GME funding redistribution and sustained discretionary funding.
  - GME funding should be modified to support the training of all members of the interprofessional primary care team, including but not limited to nurse practitioners, pharmacists, physician assistants, behavioral health specialists, pediatricians, and dental professionals.

## NASEM Report Goal Statement for Accountability

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Clear and meaningful measures of care, ongoing research, and leadership from the federal government are all necessary to ensure that high-quality primary care is implemented in the United States.

## NASEM Primary Care Report Recommended Action 5.1

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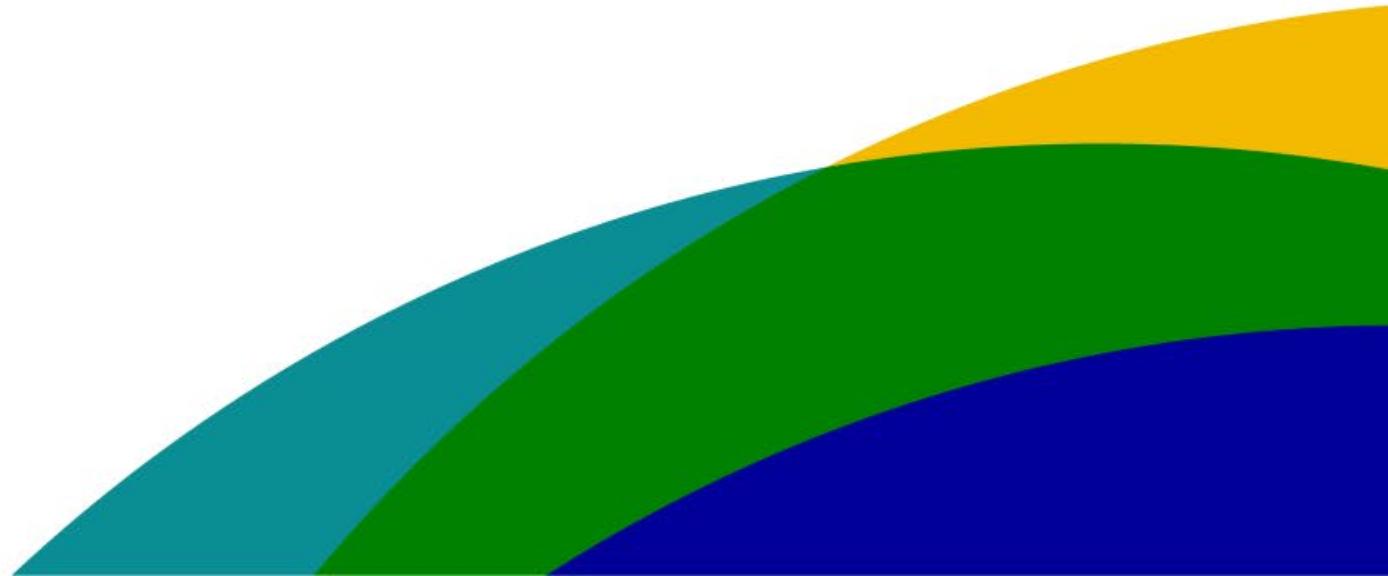
- The Secretary's Council on Primary Care should be informed through regular guidance and recommendations provided by a Primary Care Advisory Committee, created by the HHS Secretary under the Federal Advisory Committee Act, that includes members from national organizations that represent significant primary care stakeholder groups, such as patients, certifying boards, professional organizations, health care worker organizations, payers, and employers.

# Comments and Questions

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## Discussion Question 1

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What recent ACICBL recommendations could be elevated to support the NASEM Primary Care Report recommendations?



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## Discussion Question 2

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What additional action steps could HHS take right now to advance toward the NASEM Primary Care Report goal state?



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## Discussion Question 3

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What else should HHS consider when planning actions to strengthen primary health care?



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## Contact:

**Shannon McDevitt, MD, MPH**  
[smcdevitt@hrsa.gov](mailto:smcdevitt@hrsa.gov)

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Office of the Assistant Secretary for Health  
Department of Health and Human Services