

Viohl and Associates Highlights: Bipartisan Policy Center Webinar – Advancing Comprehensive Primary Care in Medicaid

Overview

On July 7, 2020 the Bipartisan Policy Center (BPC) hosted an online seminar on advancing the future of comprehensive primary care in the wake of the COVID-19 pandemic. The webinar began with commentary from **Laurie Zephyrin, M.D.**, vice president of delivery system reform at The Commonwealth Fund, and **Lisa Harootunian**, senior policy analyst at the BPC's Health Project. After their opening remarks, **Sheila Burke**, strategic policy advisor at Baker Donelson and a fellow at the BPC moderated a panel discussion with **Hemi Tewarson**, director of the health division of the National Governors Association (NGA), **Ben Shaffer**, deputy secretary and Medicaid director at the Executive Office of Health and Human Services for the State of Rhode Island, and **Dr. Kelly Thibert**, resident member of the Board of Directors at the American Academy of Family Physicians (AAFP). Following brief introductory statements from the panelists, **Ms. Burke** guided the discussion. A recording of the full webinar can be found [here](#).

Highlights

Opening Statements and a Summary of the New BPC Report

Dr. Zephyrin and Ms. Harootunian explained that comprehensive primary care is characterized by its delivery of holistic care through the use of multi-disciplinary healthcare teams, electronic reporting and records, and data sharing. While the use of comprehensive care has led to improved health outcomes, Medicaid managed care organizations (MCOs) have generally been slow to cover and encourage the use of comprehensive primary care. The aim of the BPC's recent report, **Ms. Harootunian** explained, was to advance comprehensive primary care by Medicaid MCOs by identifying barriers and making informed recommendations.

The BPC makes four key recommendations in its report: 1) Support a comprehensive framework for improving comprehensive primary care in Medicaid; 2) Improve access to insurance and healthcare services; 3) Strengthen the Medicaid workforce, and; 4) Target racial, ethnic and economic disparities in healthcare. Additional details and policy suggestions associated with these recommendations can be found in BPC's [full report](#).

Panelists' Statements

Ms. Tewarson described challenges in advancing comprehensive primary care from the perspective of state governments. She explained the NGA has focused on advancing primary care through effective investment in behavioral health integration and controlling costs, but the COVID-19 pandemic has dramatically changed the discussion. Presently, the NGA's health division's work has shifted to addressing budget shortfalls that can impact states' Medicaid programs.

Mr. Shaffer echoed **Ms. Tewarson**, noting budgetary challenges have become his state's biggest obstacle to improving healthcare. He explained that prior to the pandemic, Rhode Island was actively exploring enhanced reimbursement rates for Medicaid primary care providers, community health workers, and other care team workers that address social determinants of health (SDOH) as a way to improve healthcare outcomes and strengthen the Medicaid workforce. As a way to improve Medicaid primary care going forward, **Mr. Shaffer** suggested the federal government issue guidelines to states regarding what percent of their Medicaid budgets should be spent on primary care.

Dr. Thibert explained primary care has played a crucial role in addressing SDOH and as a method of preventative care. She voiced support for the BPC's recommendation to expand the primary care workforce and invest in primary care, since she felt it would improve overall health outcomes. She also believes such investment would support the continued expansion of telehealth and measure its efficacy, especially as the COVID-19 pandemic ends.

Panel Discussion

Ms. Burke asked panelists how the federal government ought to help states improve primary care in the American health care system. **Ms. Tewarson** and **Mr. Shaffer** pointed to Vermont and North Carolina as examples of how states can innovate with the support of the federal government, noting improved health care access in Vermont as a result of the all-payer model, and North Carolina's promising new approaches to addressing SDOH. **Ms. Tewarson and Mr. Shaffer** agreed that the federal government should support states' efforts to pursue new models of payment, especially value-based payment models, and explore new funding mechanisms.

Ms. Burke then asked **Dr. Thibert** what should be done to improve primary care from her perspective as a physician. **Dr. Thibert** responded that health officials designing models of primary care should consider how to best help physicians build trust among their patients. **Dr. Thibert** explained that "building trust" is crucial for getting patients to utilize the full breadth of services offered by comprehensive models of primary care, and helps physicians better connect patients on their SDOH needs. **Dr. Thibert** also said she believed addressing inequities in the health care system is necessary for improving health outcomes, especially for Medicaid patients who are disproportionately impacted by these inequities.

Ms. Burke asked panelists what role telehealth should play in improving primary care. **Dr. Thibert** responded that expansions to telehealth usage should be sustained even after the pandemic is over, since it has improved many Medicaid patients' access to primary care and preventative medicine. **Mr. Shaffer** agreed that he supported the increased utilization of telehealth to provide services, but argued that supporters should consider payer concerns about telehealth misuse so that telehealth is only used in situations where it is most appropriate. For example, he noted that telehealth has proved useful in integrating behavioral health care with primary care, but less useful for the delivery of some other health services. **Ms. Tewarson** echoed **Mr. Shaffer's** concerns.

Throughout the Q&A, panelists discussed Medicaid's role in covering non-traditional health-related services, like Medical Nutritional Therapy, and services delivered in community-based and non-clinical settings. **Mr. Shaffer** said he supported Medicaid coverage of non-traditional services, but noted it was important to understand the limitations of healthcare providers in their role, and urged a systemic approach to addressing SDOH. **Ms. Tewarson** noted that states are increasingly looking for dollars in their Medicaid budgets to invest in non-traditional services. **Dr. Thibert** emphasized the importance of community health workers and physicians' ability to be touch-points for connecting patients with other social services.

Panelists also discussed payment reform throughout the session. **Mr. Shaffer** said new payment arrangements, such as value-based payments and capitated models, will be crucial for creating the financial sustainability necessary to provide new, non-traditional care services and pave the way for other reforms that could improve primary care. **Ms. Tewarson** said she felt it was also important to invest in existing payment models during the pandemic, i.e. fee-for-service, since fee-for-service providers are necessary to ensure there are enough providers for all Medicaid beneficiaries to have access to health services during a health crisis while transitioning to new models of payment.