July 20, 2009

The Honorable Charles B. Rangel
Chairman, Committee on Ways & Means
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Charles Rangel:

The undersigned organizations write to you as members of the Patient-Centered Primary Care Collaborative. We represent a wide and diverse group of stakeholders including business, consumers, insurers, and clinicians on the front lines of health care delivery. Although we may not agree on many aspects of health care reform included in the bills being considered by Congress, we are united in our belief that primary care is the foundation of a high performing health care system. Accordingly, we offer the following recommendations for consideration as the House of Representatives continues its work on health reform legislation:

1. **Provide dedicated funding for national Medicare pilots of the Patient-Centered Medical Home (PCMHs) and grants to states to initiate PCMH projects for Medicaid, SCHIP and other state programs. Such pilots should be broadly inclusive of patients who will benefit from preventive and coordinated care through PCMHs and not be restricted to "high cost" patients.**

   We are encouraged that legislation being considered by the House of Representatives includes dedicated funding for Medicare PCMH pilots and PCMH grants to states. However, we are very concerned that the legislation would limit the Medicare pilots to high cost beneficiaries, defined as the sickest 50 percent of patients. We recommend that Congress adopt a more inclusive eligibility threshold, such as the current Medicare medical home demo criteria that eligible patients are those with one or more chronic conditions.

   A guiding principle of the PCMH is that comprehensive, continuous, coordinated, and preventive care, managed by a highly trained clinician in a transformed practice, can *prevent* complications that could result in a patient become one of the sickest 50 percent. This has certainly been found to be the case in many private sector PCMH demos (e.g., Geisinger Health System, Mid-Hudson Valley, MeritCare in North Dakota). If Congress' goal is to improve outcomes, lower costs, and prevent disease and complications associated with chronic illnesses, as it must be, it would be a serious mistake to limit PCMH eligibility only to the sickest 50 percent of patients. In addition, practices are more likely to make the investment in practice transformation to become PCMHs if more of their patients are eligible to participate and they can be assured that they will receive care coordination payments for such patients. Furthermore, we have concerns about the feasibility and unintended administrative burden of practices identifying those patients.

2. **Provide funding for primary care extension programs and other community resources to support primary care practices.**

We are pleased that the pending legislation would provide funding for community-based groups that have the capabilities and relationship with qualified PCMHs to provide 24/7 access, care coordination, care management, patient education, and disease management, similar to the North Carolina Medicaid program (see Steiner et al). We urge Congress to expand this concept to fund primary care extension programs, which would provide primary care practices with a wide range of support services relating to education, practice transformation, and sharing of best practices (See Grumbach et al.).

3. Provide increased payments to primary care clinicians.

We are encouraged that the pending legislation provides for increased Medicare payments for designated services by primary care clinicians. Studies show that the undervaluation of primary care is a principal reason why young medical students are not choosing careers in primary care. This seriously threatens the workforce we need to identify and manage health conditions of patients in the 21st century. We recommend, however, that the adjustment be increased from 5% to at least 10% on designated services by eligible primary care clinicians. A more substantial bonus is needed to send an important signal that primary care is a viable career option compared with other more highly compensated fields.

4. Fund programs to provide scholarships and loan forgiveness to primary care clinicians who serve in areas of need.

We support proposals in the pending legislation to increase funding for existing scholarship and loan forgiveness for primary care clinicians and the creation of new programs to reduce the high levels of student debt for clinicians who agree to provide primary care in areas of need.

In conclusion, we thank you for your recognition that primary care and the PCMH are keys to creating a health care system that results in high quality and affordable care. We agree that Congress needs to adopt a comprehensive strategy to support primary care, including the policies recommended in this letter. We look forward to helping you craft and refine policies to fund PCMH pilots that are broadly applicable to patients who will benefit from receiving care through a PCMH, funding for community-based programs to support primary care practices, increasing Medicare and Medicaid payments for primary care, and funding programs to reduce or eliminate student debt for primary care clinicians practicing in areas of need.

Respectfully,

Patient Centered Primary Care Collaborative
Aetna
American Academy of Family Physicians
American College of Clinical Pharmacy
American College of Nurse Practitioners
American College of Osteopathic Internists.
American College of Physicians
American Osteopathic Association
Ardmore Institute of Health

Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
Aurum Diagnostics
Biscayne Institutes
Borgess Health
CareEntrust
Center for Family & Community Medicine, Columbia University Medical Center
Center for Medical Home Improvement
Central Jersey Physician Network
Central New York Medical Support
CINA
Collaborative Health Solutions LLC
Concord Hospital Medical Group
Day Kimball Hospital
DocSite
Elliot Health Systems
Health Dialog
HRI Advisors, LLC
IBM
Impact LLC
Informediq
John D. Stoeckle Center for Primary Care Innovation
MCNT
MDS Consulting
MedEncentive, LLC
Medical Network One
Minnesota Department of Health
National Academies of Practice
National Association of Pediatric Nurse Practitioners
National Council on Aging
National Organization of Nurse Practitioner Faculties
New England Quality Care Alliance
North American Primary Care Group
Nurse Practitioners Roundtable
Pediatric & Adolescent Health Partners
Practice Transformation Institute
RMD Networks
Robert Wood Johnson Medical School
Seattle Children's Hospital
Society of Teachers of Family Medicine
Southeastern Consultants
The Fields Group
The Quantum Group
The Reifsynder Group

Thomas Group
Thomas Scattergood Behavioral Health Foundation
University of Cincinnati
University of Utah
WellCentive
WellPoint Inc.
WNC Health Coalition