Primary Care Payment Reform Collaborative Meeting

June 12, 2025

Agenda

- Patient perspectives on primary care
- Employer/purchaser engagement
- Coordination with practice transformation
- Federal & state updates
- Housekeeping & announcements
- Public comment

Meeting Goals & Requested Feedback

GOALS

- Learn about/discuss patient perspectives on primary care
- Identify opportunities (and strategies) to engage employers/purchasers
- Brainstorm opportunities to connect/coordinate payment & practice transformation

FEEDBACK

- What are key takeaways, implications for future work?
- What are goals, next steps around employer/purchaser engagement?
- What are the best mechanisms to ensure continued coordination?

* * Incorporate equity into discussion and recommendations * *

Patient Perspectives on Primary Care

United States of Care

Venice Haynes

Senior Director of
Research and Community
Engagement

Better Primary Care from the People's Perspective:

Findings from USofCare's Primary Care Listening Research

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Venice Haynes, PhD
Senior Director of Research and Community Engagement
United States of Care
June 12, 2025

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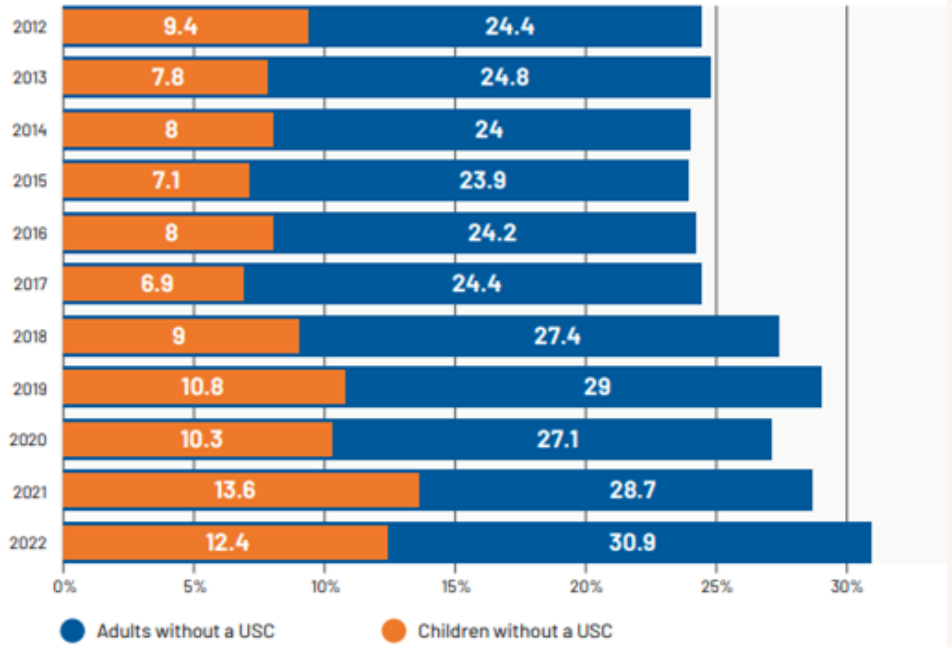
The Primary Care Landscape

- Milbank Memorial Fund's Annual Scorecard reveals that in 2022, **nearly 31% of adults and 12.5% of children lack a usual source of care**.
- We're seeing a **decline in the percentage of physicians, nurse practitioners and PAs working in primary care** – and new physicians are considerably more likely to go into specialties other than primary care (only 19% are becoming PCPs)

Figure 4. Percentage of US Population Without a USC Rises to Highest Level in Decade (2012–2022)



Source: Jabbarpour Y, Jetty A, Byun H, Siddiqi A, Park J. The Health of US Primary Care 2025 Scorecard--The Cost of Neglect How Chronic Underinvestment in Primary Care Is Failing US Patients. Milbank Memorial Fund and The Physicians Foundation. February 18, 2025. https://doi.org/10.1599/mmf.2025.0218.

METHODOLOGIES

NATIONAL POLL METHODOLOGY

The following findings were from a poll conducted with Morning Consult between August 29-September 6, 2024 among a sample of 3,306 adults including oversamples of Rural (N = 550) and POC (N = 550) adults. The interviews were conducted online and the data were weighted to approximate a target sample of adults based on age, gender, and race. Results from the full survey have a margin of error of plus or minus 2 percentage points.

FOCUS GROUPS METHODOLOGY

On October 9, 2024, two national focus groups were conducted via the online platform Discuss.io: one with rural adults and the other with young adults (ages 18–30).

LIMITATIONS

The survey was conducted among a stratified non-probability sample and then weighted to reflect the distribution of the national population. Since not every member of the population has an equal chance of being included in the sample, all of the findings may not accurately reflect the true distribution of opinions or characteristics. Additionally, the focus groups were conducted among select focus populations and by nature of the qualitative approach, are not generalizable to the general population.

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AUDIENCE DEFINITIONS

DEFINITIONS

People of Color:	Adults who are non-White *and* not of Hispanic origin or descent
AIAN/AAPI =	American Indian, Alaska Native, Asian American, Pacific Islander
Rural Adults:	Adults who self-report they live in a rural area
Gen Z	people born between 1997 and 2012
Millennials	people born between 1981 - 1996
Gen X	people born between 1965 - 1980
Baby Boomers	people born between 1964 - 1946

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KEY TAKEAWAYS

1. People are **generally satisfied** with their primary care and **highly prioritize** having a regular primary care clinician and receiving primary care services.

2. **Young adults, people living in rural communities, and people of color** face the biggest barriers to getting the primary care they need - primarily due to cost and access.

3. **Satisfaction with primary care increases as age increases** due to more established relationships with primary care clinicians and their health care coverage.

4. While insurance coverage ultimately guides the choice of primary care clinician, the ability of the **clinician to listen, communicate effectively, and is culturally responsive is most important** for adults when receiving primary care - particularly among people of color.

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What People Consider *Primary Care*

- Routine physical exams
- Screening exams
- Prescription refills
- Treatment for general health concerns
- Vaccines/immunizations
- Chronic disease management

"I think primary care would be the care that you would receive that prior to going to say a specialist, that's what I would consider primary care. Anytime needing to go to a specialist, I don't think that's primary. So your first line of defense is that care at the primary."

– Rural Black Woman, SC, Age 50-60

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PRIMARY CARE SENTIMENTS

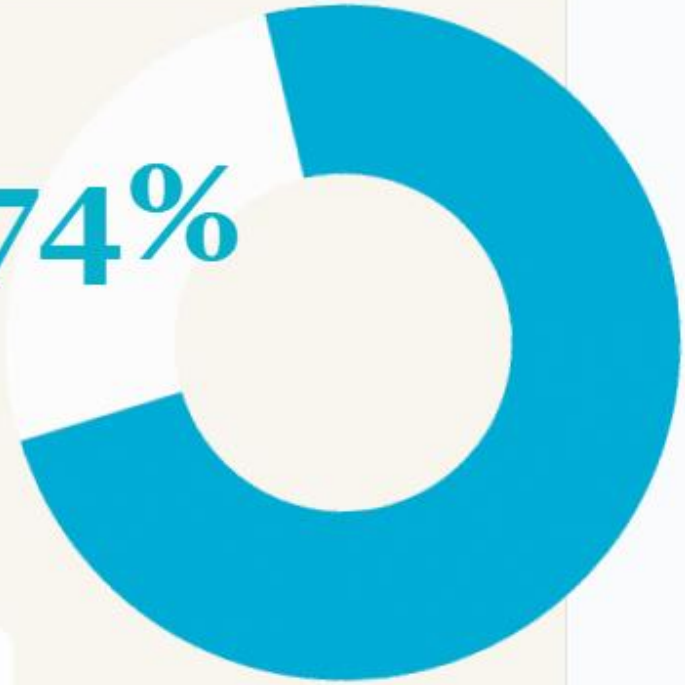
Focus group participants were asked to share the first word that came to mind upon seeing the following terms. Most words expressed around different aspects of the healthcare system were negative, but for primary care the sentiment was relatively neutral.

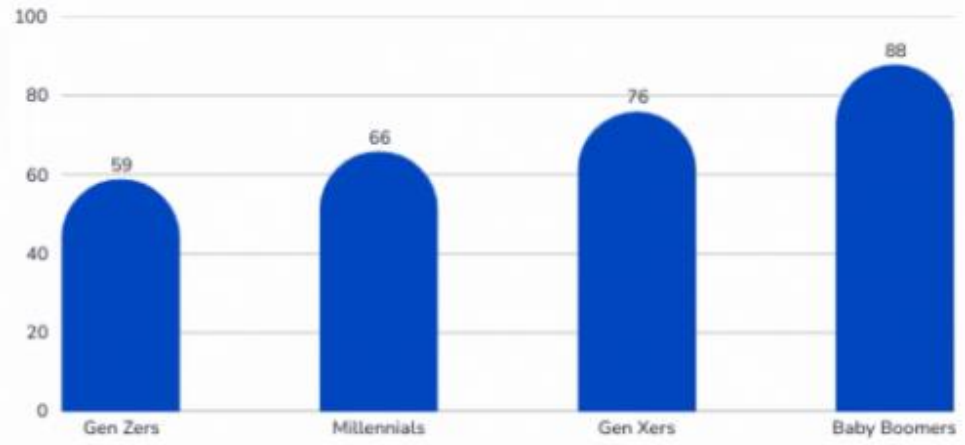
*Minute Clinics are walk in clinics designed to treat minor illnesses and injuries located inside some CVS Pharmacy and Target stores

Accessing Primary Care

When we asked 3,306 adults if they have received primary care services within the last 2 years in person or virtually...

74% of adults said they have received primary care services in person or virtual in the last 2 years

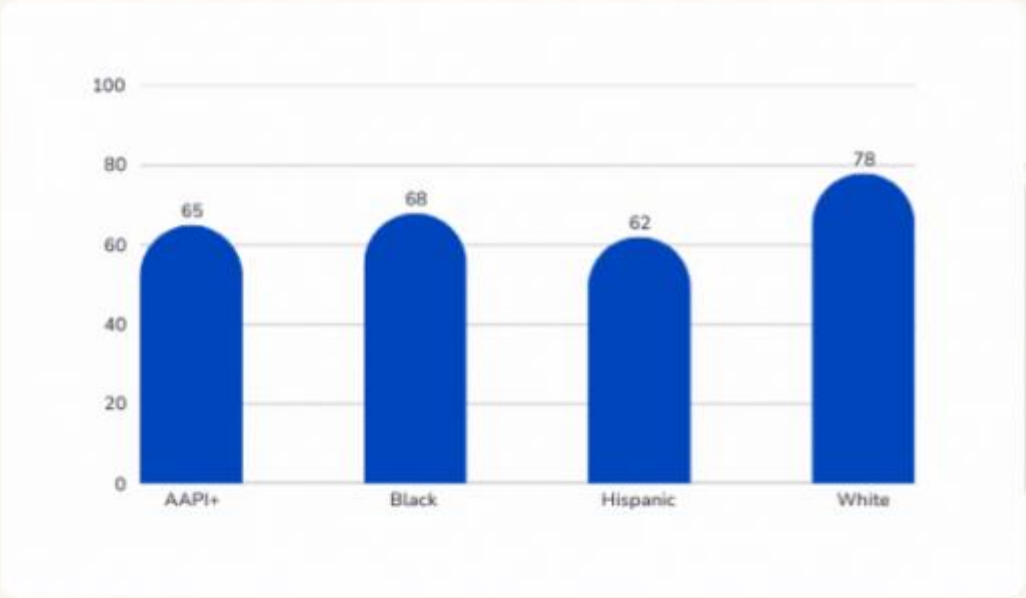




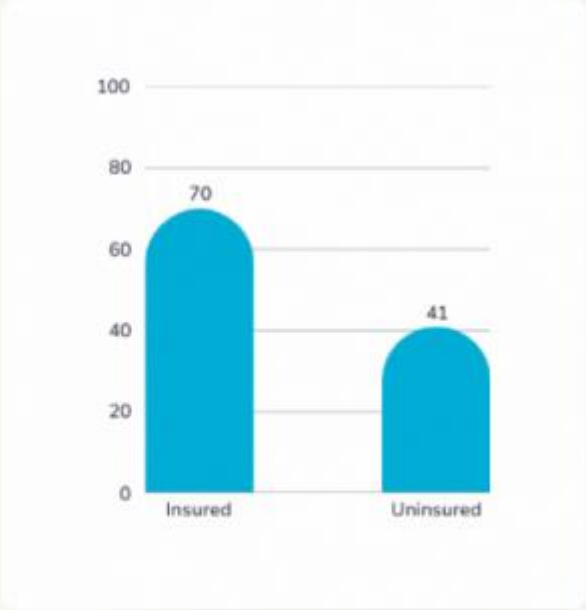
We saw that as age increased, the number of adults of receiving primary care services in the last 2 years also increased

Accessing Primary Care

We saw less utilization of primary care services among adults of color:

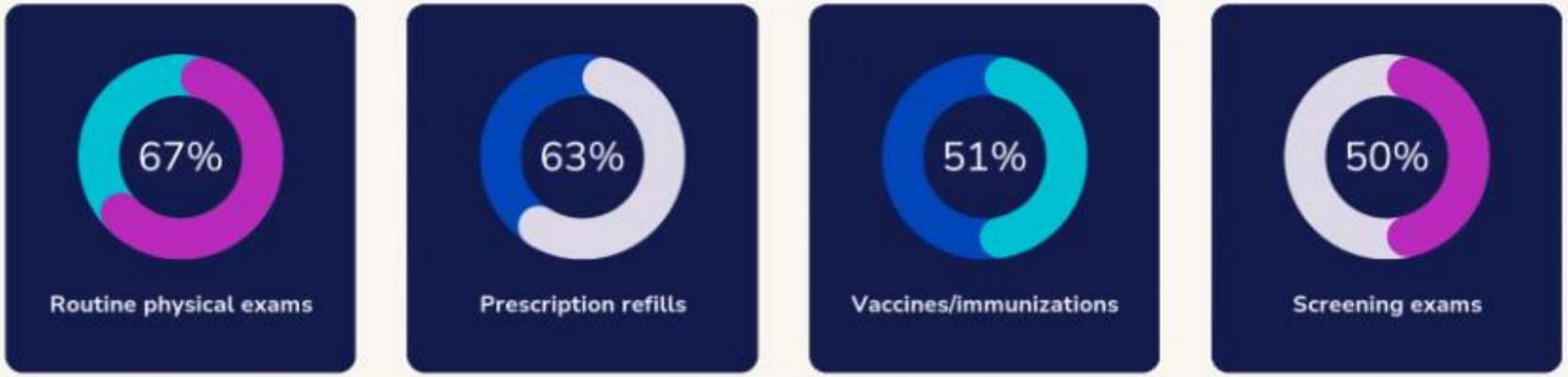


And without health insurance coverage:



Accessing Primary Care

Adults that have sought primary care services in the last 2 years went primarily for:



Less sought care for cold or flu (38%), Mental health concerns (27%) or chronic disease management (24%)

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Accessing Primary Care

Adults have generally found it easy to access primary care services (80%) but we see that number drop to 74% among adults that identify as Asian, American Indian, Alaska Native, or Pacific Islander.

80% → **74%**

Reasons adults say primary care is difficult to access include:

- **health insurance issues**
- **scheduling and wait times**
- **financial constraints**
- **provider availability**

We also see the ease of access drop significantly among Gen Zers (69%) and Uninsured adults (50%)

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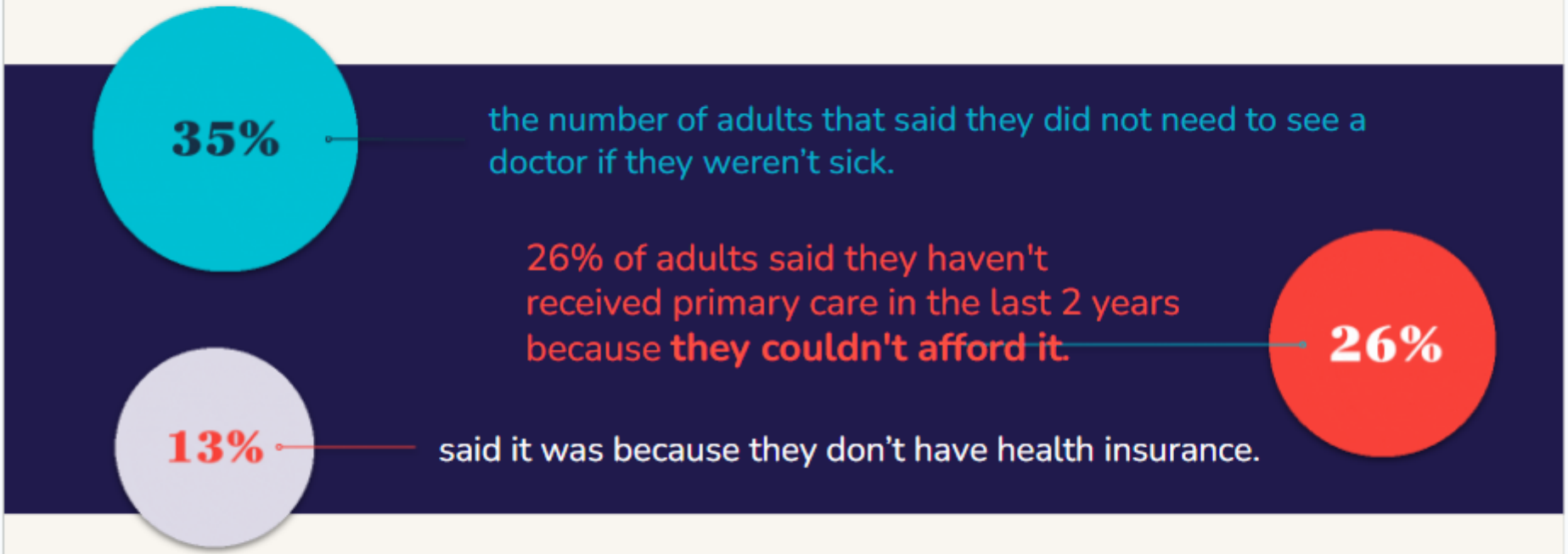
Affordability and Primary Care



This tells us that even with insurance, people are still feeling like they can't afford primary care.

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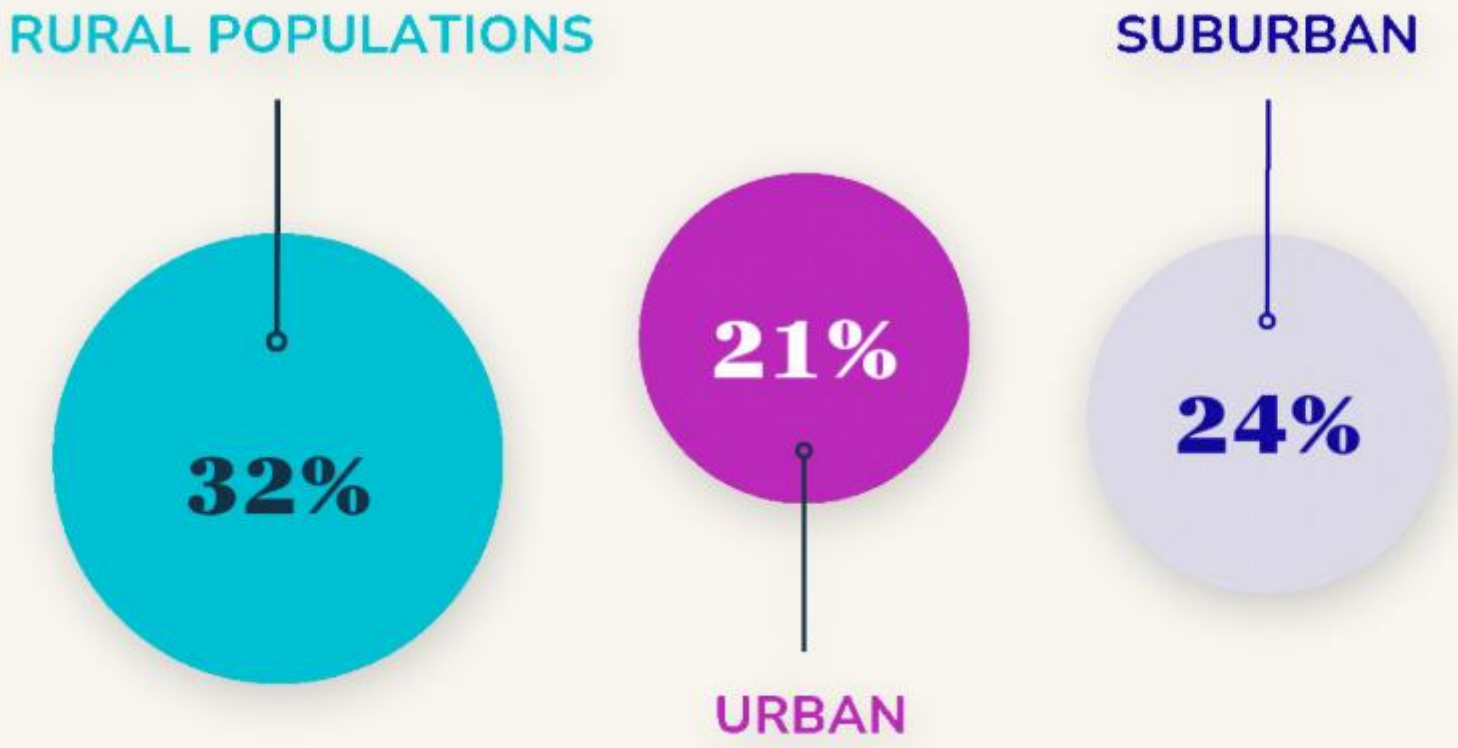
Affordability and Primary Care

When we look more closely at the quarter of adults that say they don't seek primary care because they cannot afford it, we noticed that the **rural populations** in our sample were more likely to to say they **couldn't afford primary care** (32% compared to 21% of urban and 24% of suburban populations).



“I mean, one of the major issues in my community is access to health care, basically affordable health care.”

BLACK MAN AGE 50-60, RURAL FL

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Patient Experiences with Primary Care

Emotions that come up when trying to find a primary care clinician:

[the bigger the word, the more often it was said]

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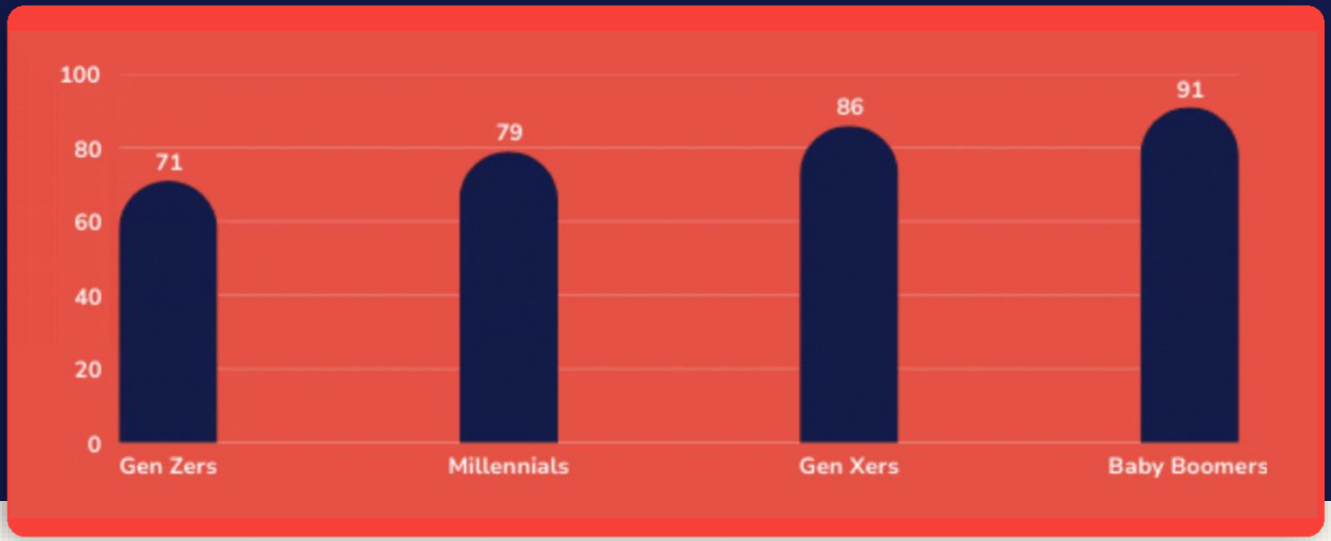
Patient Experiences with Primary Care

When we asked how much of a priority it is for adults to have a regular primary care clinician, GenZers were much less likely to consider primary care a priority than Baby Boomers…



Adults main determining factor for choosing their PCP → they were in network (57%)

What's most important to adults when receiving primary care services?

Clear communication of diagnosis and treatment options (88%)

Others important factors include: **addressing the root** of health problems, timely follow up on test results and referrals, understanding medical history, **understanding what is covered** by health insurance, and convenient appointment times

Among adults of color and those living in urban communities, their clinician having a comprehensive **understanding of cultural and linguistic differences** was also an important trait they wanted to see in their PCP.

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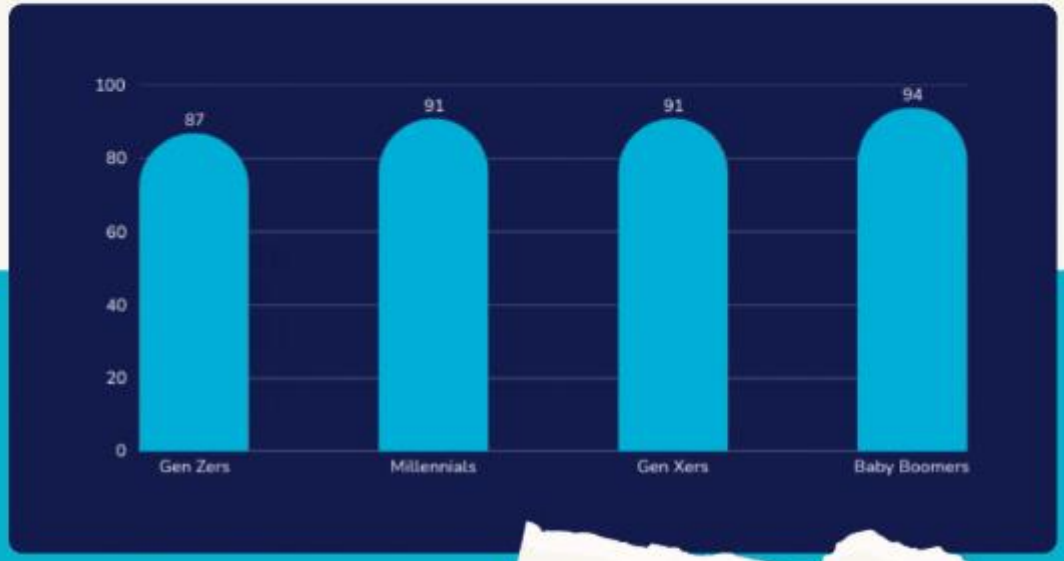
“ I was trying to find someone that I fit with, where we jive. And going from doctor to doctor, it's kind of hard because you want to make sure that when you come in, at least they remember who you are. Well maybe not who you are, but once they look at your chart and say, "Oh yeah, I remember we talked about X, Y and Z." I want that rapport with a doctor. I don't want to have to repeat everything again that I repeated a month ago.”

– Rural Focus group participant

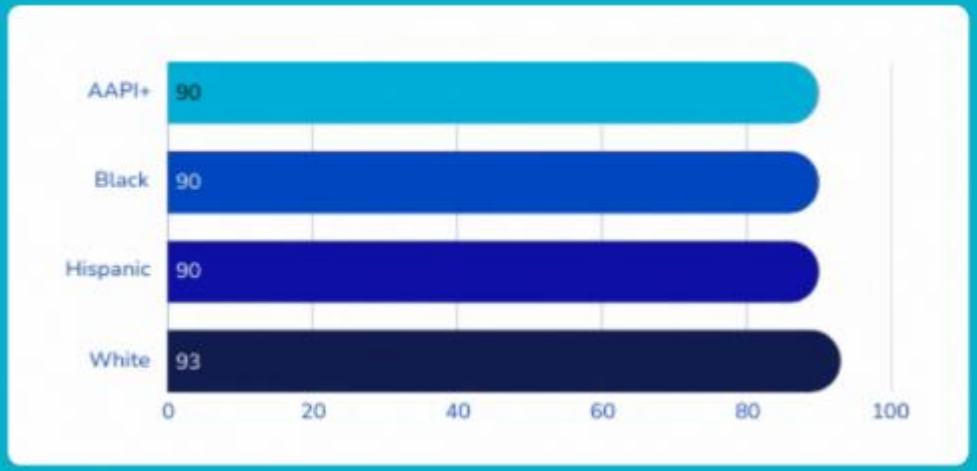
Satisfaction with Primary Care

Within our sample, a large majority of adults overall reported being satisfied with their primary care services (92%). (N = 2,441)

Similar to the trends in **utilization** of primary care services by age, we saw a similar progression among age demographics when it comes to **how satisfied** adults are with their primary care services.



We noticed that as age increases, satisfaction increases which is largely due to better insurance coverage and established relationships and trust with their clinicians.

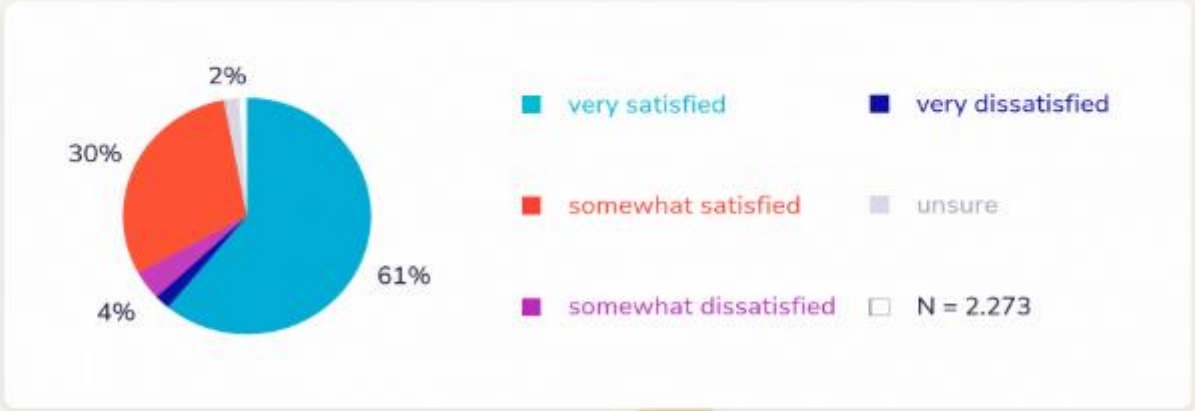


Top 3 reasons for dissatisfaction with primary care experience (N= 801):

- **Provider rushed through an appointment - 26%**
- **The provider did not spend much time with them - 23%**
- **The wait time at the doctor's office was too long 20%**

Satisfaction with Primary Care

When we asked how satisfied or dissatisfied people are with their **health insurance coverage for primary care:**



When we look at satisfaction with health insurance coverage across demographics, we see the same trend with differences across age groups:

The reasons for dissatisfaction with their health insurance coverage for primary care were

- **high out of pocket costs**
- **unexpected medical bills**
- **difficulty finding an in network provider**

Barriers & Solutions

- Rural and young people in our focus groups have a clear vision of how primary care in the U.S. should be: **accessible, affordable, and convenient.**
  - There are ways in which their experiences with primary care fall short of these ideals.
- For rural participants, some live over an hour from the nearest quality medical center and people in their community lack transportation to get there and experience long wait times.
- Young participants bemoaned expensive medical bills despite being insured, and their concerns not being taken seriously.

Participants associated accessibility with:

- **Appointment scheduling**
- **Shorter wait times**
- **Communication with practitioner for questions/concerns**
- **Having more options of practitioners**
- **Affordability for all**
- **Outreach and education**

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Affordability and Access

- ★ Participants want to see policymakers focus on reducing cost and increasing access to health care services.
- ★ Participants in our focus groups agreed that affordability was an issue in healthcare that needs to be addressed. Young participants especially expressed **distrust** of the health care system and believe that it values "profit over people."
- ★ Rural participants expressed high agreement on *convenience* being an important element of access.
- ★ Affordability was linked to accessibility, along with factors such as: distance (particularly for rural participants), wait times both to get an appointment and once they arrive.
- ★ Younger participants had a broader variety of solutions they wanted to see, but most agreed that *lowering costs,* especially *for vision and dental care* was an important focus.

Thank You!

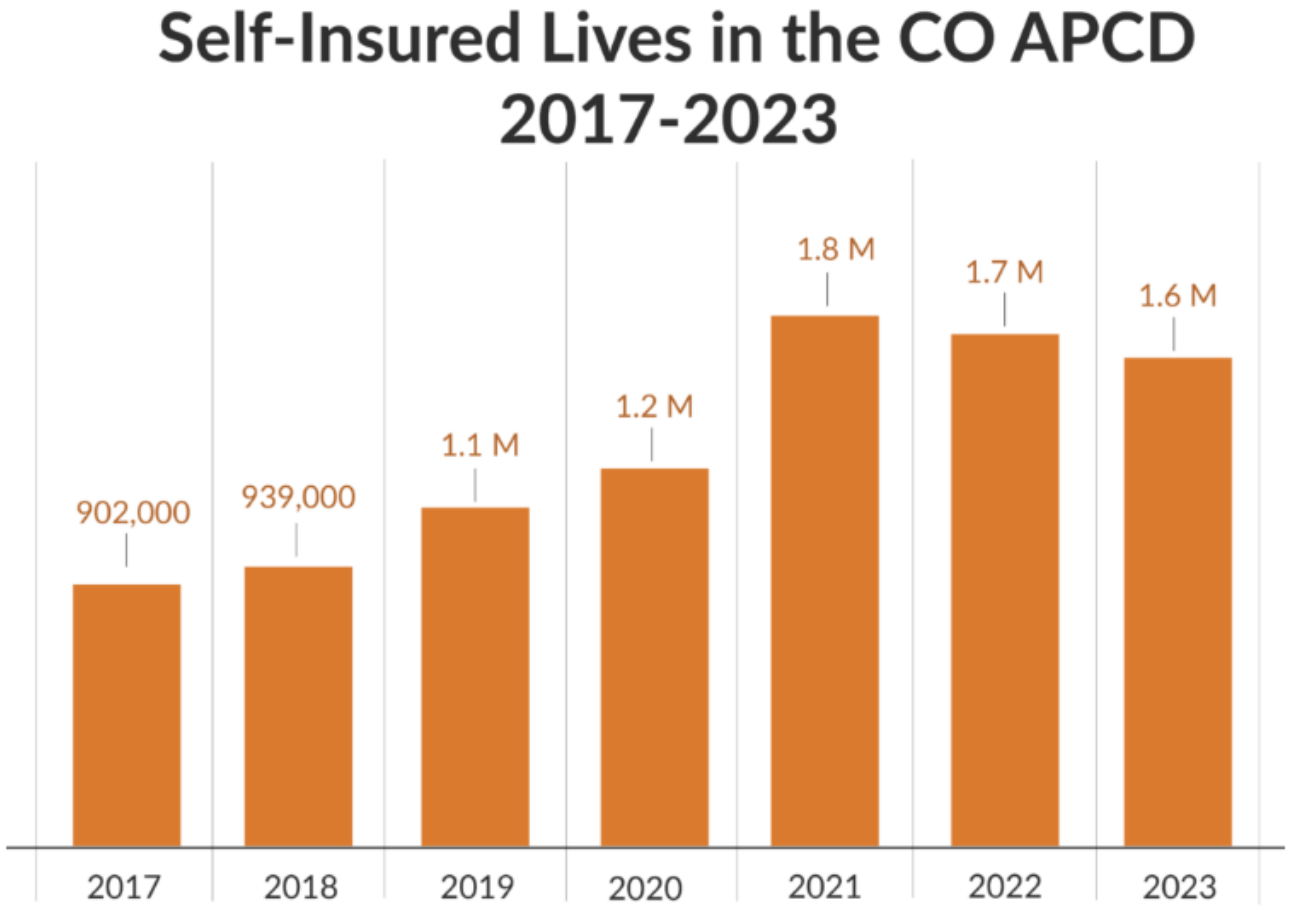
Discussion Questions

- What surprised you in the data?
- Interest in continued monitoring in Colorado?
  - Colorado Health Access Survey
- How would/does this perspective fit into the development of a comprehensive primary care strategy?
  - Who/how do we need to engage stakeholders?
- How would/does this perspective factor into the tools we have around payment/care delivery?
  - Aligned payment parameters

Employer/Purchaser Engagement

Employer/Purchaser Landscape in Colorado

- According to Census data, individuals with commercial medical insurance make up approximately 23% of the total population statewide
- CIVHC collects 100% of fully insured and individually insured commercial lives and ~50% (half) of self-insured employer-covered commercial lives
  - CO APCD currently contains approximately 25% of ERISA self-insured lives and 50% of all self-insured lives, most of which are non-ERISA based self-insured employers



Purchaser Business Group on Health

Raymond Tsai

Vice President,
Advanced Primary Care

Collaboration/Coordination with Practice Transformation Initiatives

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Data Sets Impacting Primary Care Measurement/Delivery

Impact of Removing Federal Data Sets

- Clinical decision making
  - Harder to provide quality care, provide accurate patient information
- Managing disease
  - Harder to access updated recommendations to manage health conditions
- Physician well-being
  - Increased anxiety and stress due to uncertainty around continued access
- Impact on patient health
  - Increased patient anxiety related to changes in federal policy

Discussion Questions

- What datasets, if any, do you currently access?
  - Behavioral Risk Factor Surveillance System (BRFSS)
  - Youth Risk Behavior Survey (YBRS)
  - CDC AtlasPlus – surveillance data for HIV, viral hepatitis, STD, TB
  - Area Health Resource Files
  - Social Vulnerability Index
  - Environmental Justice Index
- What are you most concerned about?
  - Immediate impacts?
  - Long-term?

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Federal & State Updates

Federal Updates - HHS

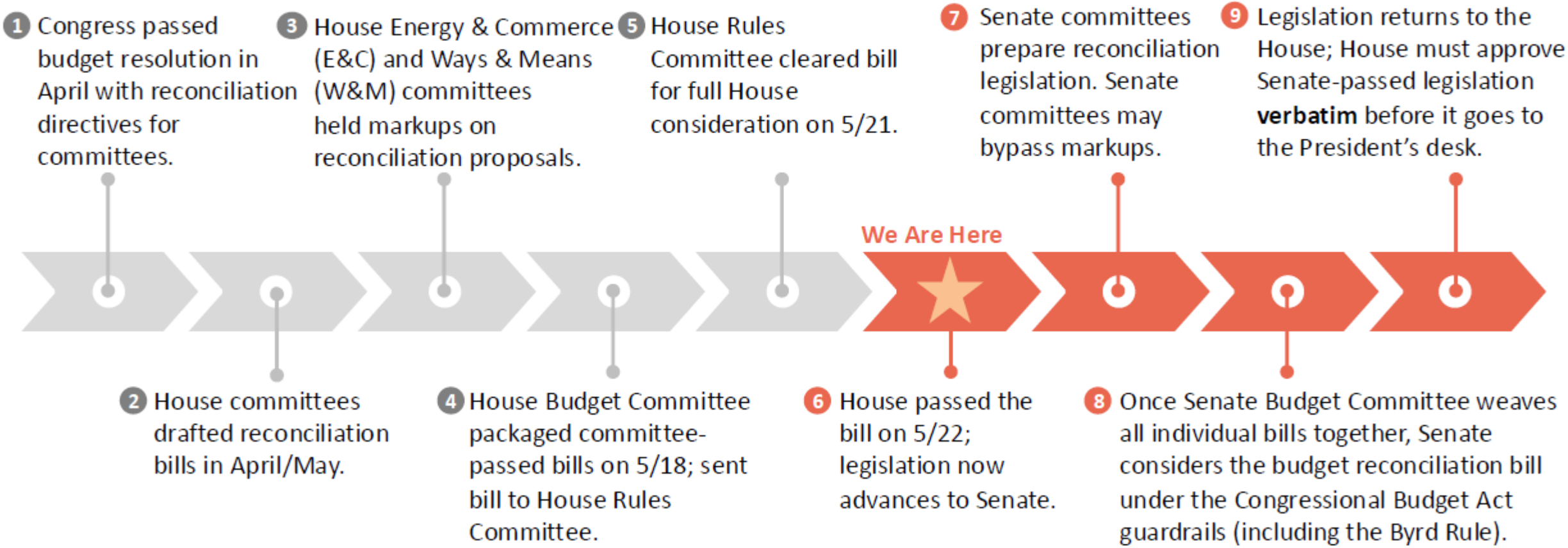
- Removal of all sitting members of CDC's Advisory Committee on Immunization Practices (ACIP)
  - "Prioritizing the restoration of public trust above any specific pro- or anti-vaccine agenda"
  - 17 members were Biden administration nominees (13 last year); Trump administration would not have been able to pick a majority until 2028
  - 8 new members named
- Oversight Initiative on Hospitals Performing Experimental Sex Trait Modification Procedures
  - Letter sent to select hospitals on May 28 outlining urgent concerns with quality standards adherence and profits related to pediatric sex trait modification procedures
- Increasing Oversight on States Illegally Using Federal Funding for Health Care for Illegal Immigrants
  - Letter sent to states on May 27 Ramp up of financial oversight "across the board" to identify and stop improper spending

Federal Updates

- Depts of Labor, HHS, Treasury - Healthcare Price Transparency
  - RFI on how to improve prescription drug price transparency
  - Updated guidance for health plans and issuers to eliminate meaningless or duplicative data, make cost information easier for consumers to understand and use
  - New guidance requiring hospitals to post actual prices of items and services, not estimates (CMS issued RFI on how to boost hospital compliance and enforcement)
- CMMI – Model Updates
  - Kidney Care First (KCF) ending one year early (12/31/25)
  - Comprehensive Kidney Care Contracting (CKCC) extended by one year
    - Reducing quarterly capitated payments, eliminating bonus for successful transplants
  - REACH ACO – narrowing risk corridor in Global risk option, increasing Quality Withhold

Federal Updates

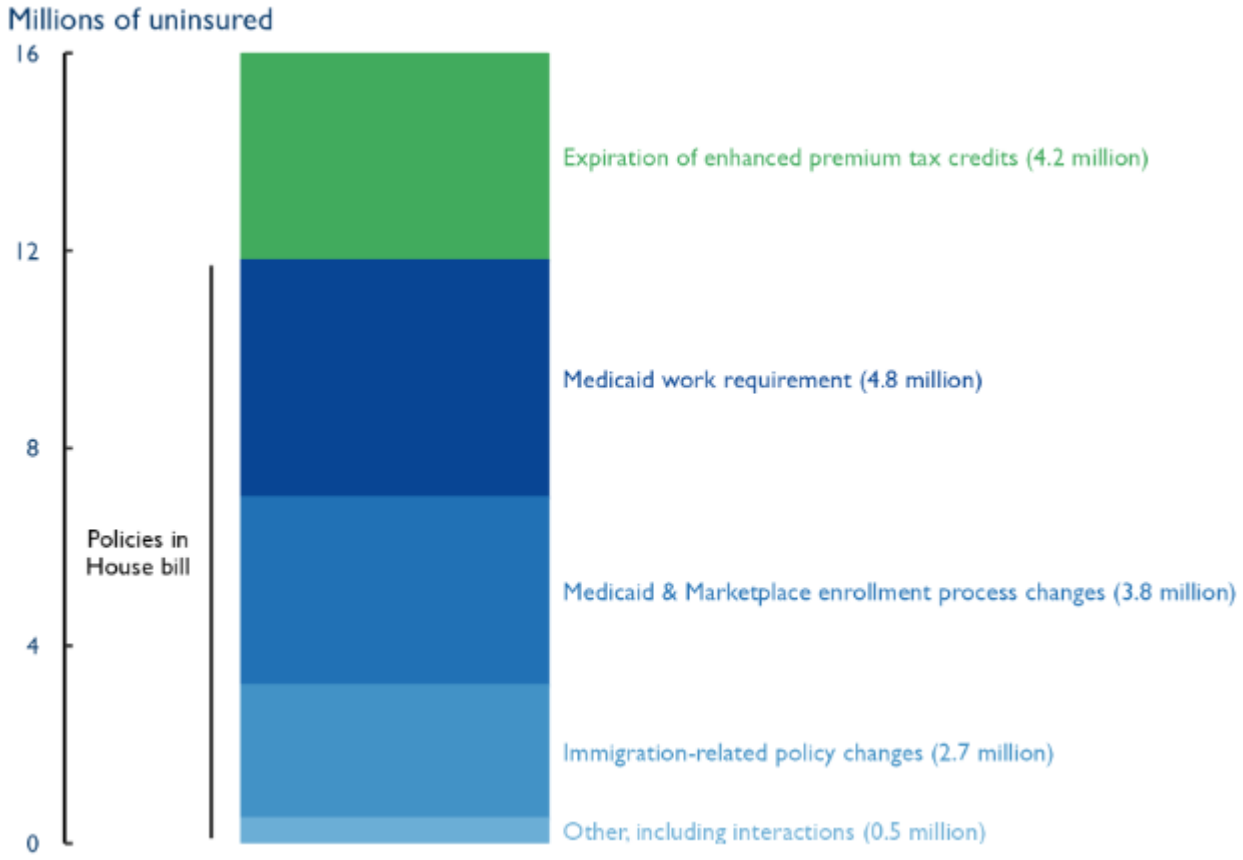
- Budget reconciliation



State Health & Value Strategies – Marketplace and Private Insurance Provisions in the House Reconciliation Bill webinar

Federal Updates

One Big Beautiful Act (OBBA) Impact Estimates – Coverage Losses

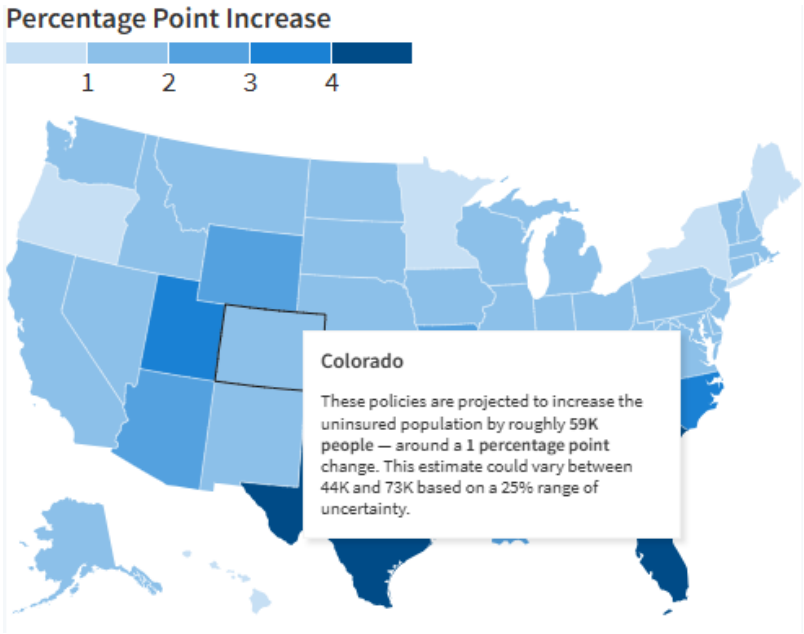


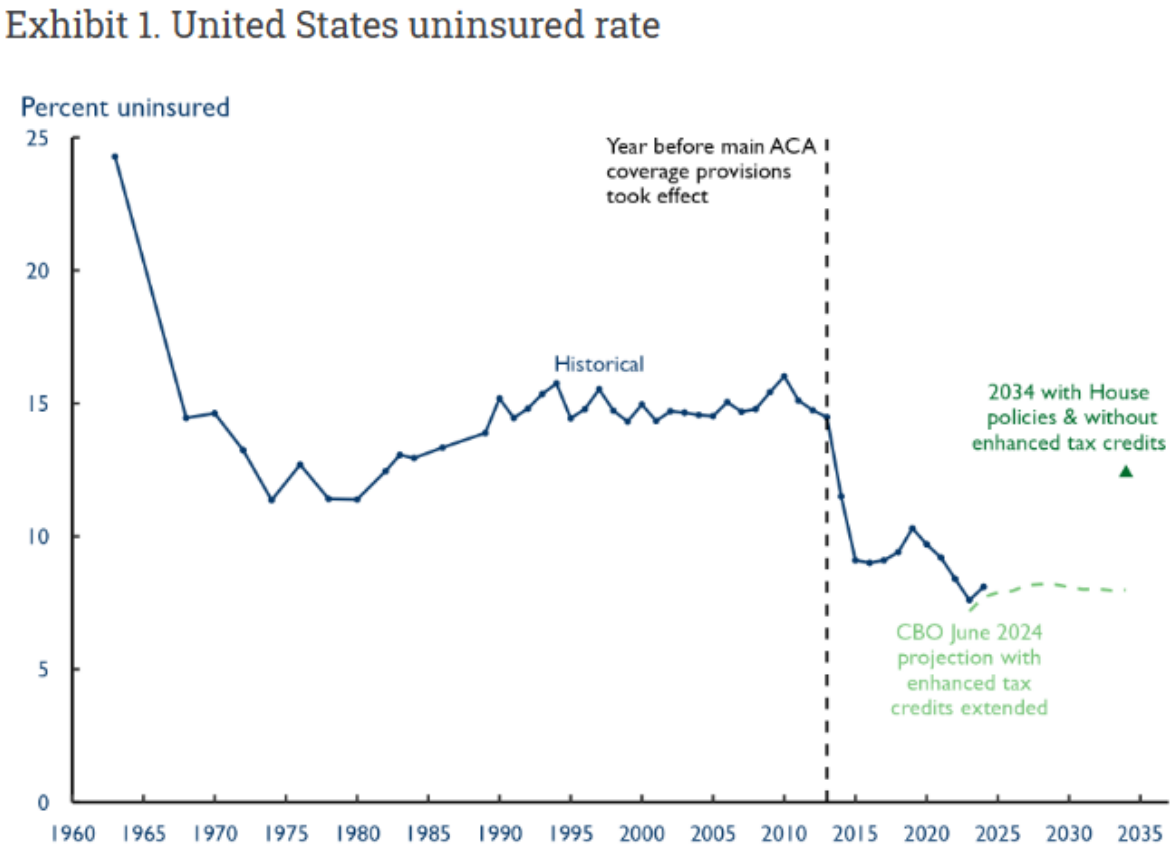
4.2 million	Expiration of enhanced premium tax credits
10.9 million	Reconciliation package (Marketplace & Medicaid)
900,000	Proposed Marketplace integrity rule
16.0 million	TOTAL

An Additional 8.2 Million People are Expected to Be Uninsured from Changes in the ACA Marketplaces - KFF 6.10.25
Taking Stock Of The Health Coverage Impacts Of The House Reconciliation Bill - Health Affairs 6.10.25

Federal Updates

One Big Beautiful Act (OBBA) Impact Estimates – Coverage Losses





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Attorney General Lawsuits

On behalf of Colorado, Attorney General Phil Weiser has joined at least 20 lawsuits against the Trump administration since January

- Federal election changes
- Health & Human Services grant cuts ($11 billion)
- Department of Education cuts (staff layoffs)
- K-12 Teacher Preparation Grants (training in rural school districts)
- Defending Consumer Protections Bureau
- Birthright citizenship
- Gender-Affirming Care (EO ending federal spending to hospitals, criminalizes doctors)
- Defunding medical & public health research (indirect costs capped at 15%)
- Federal worker buyout
- DOGE access to payment systems
- Federal funding freeze ($3 trillion in federal assistance
- HHS Restructuring
- Stop return of seized machine gun devices (ATF)
- Illegal immigration conditions on emergency services, infrastructure funding (FEMA, DOT)

Federal Updates

- CMS Quality Conference – July 1-2, 2025
  - Register here
- NASEM Standing Committee on Primary Care
  - Recording of May 29-30 open meeting available here

State Updates

- Final legislative session updates
  - Final veto count = 11
    - HB25-1088 Costs for Ground Ambulance Services
    - HB25-1026 Repeal Copayment for Dept of Corrections Inmate Health Care
    - HB25-1220 Regulation of Medical Nutrition Therapy
  - Signing statements
    - “Benefit” bills – concerns about premium increases
- HCPF Updates
  - ACC 3.0 launches on July 1, 2025
  - Integrated Care Sustainability Policy Webinars
    - Policy training for FQHCs/RHCs – June 20, 11:30 - 12:30 pm
    - Policy training – June 20, 9 – 11 am

State Updates

- DOI Press Release
  - End of enhanced tax credits + impact of Reconciliation bill estimated to lead to as many as 110,000 Coloradans losing health insurance access
    - Rate increases for those who don't lose coverage will have destabilizing impact on individual health insurance market
  - Estimated loss of approximately $100 million in federal "pass through" money, which funds affordability programs
    - Reinsurance will receive maximum amount of state funding allowed by law ($90 million), but loss of federal funds will impact ability to lower premiums
  - Reduction of Reinsurance Program's impact alone estimated to increase premiums in 2026 by 7% along Front Range, as much as 16% for rural Colorado
    - Front range = nearly $1,500 annually (family of 4); Rural Colorado = over $4,300 annually (family of 4)
  - Should Congress fail to extend tax credits altogether, net premiums could increase on average by 104% for Coloradans that receive them

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Housekeeping & Announcements

Housekeeping & Announcements

- Meeting minutes – approve April & May meeting minutes
- Membership update
  - Current terms – please respond by end of June
  - Co-chair positions
  - PCPRC Standing Operating Procedures & Rules of Order

Collaborative Chair/Co-Chair(s)

Collaborative members may nominate and elect member(s) to serve as a Chair or as Co-Chairs, to assist Division staff with administrative and substantive tasks, such as meeting planning, agenda development, and goal planning. At the first meeting of the calendar year, Collaborative members may nominate fellow members to serve as Chair/Co-Chair(s), and/or notify Division staff in writing of their interest to be candidates. The election of the Chair/Co-Chair(s) will be conducted at the subsequent meeting, in accordance with the voting procedures contained in the "**Decisions and Voting**" section of this document. Co-chair election will also occur after a Co-chair has left the Collaborative, including after Co-chairs have reached their term length maximums.

Draft Schedule

APRIL

Updates & Priorities

MAY

Accountable Care Organizations

JUNE

Patient perspectives on primary care;
Engaging with employers;
Coordination with practice transformation initiatives

JULY

SUMMER BREAK

AUG

Data – sources, gaps;
CDPHE presentation;
Guest speaker(s) from Virginia

SEPT

* * Review APM Parameters * *

Comprehensive Primary Care Discussion

OCT

Access – sources of care;
Flow of dollars

NOV

CIVHC Report/ Recommendations

DEC

Draft Recommendations

* * * **DRAFT Proposal** * * *

Public Comment

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Thank you!!

WELCOME

Dana Pepper
Vice President, Provider Performance and Network Services
Colorado Access

Erin McCreary
Consumer
Colorado Springs

Mannat Singh
Executive Director
Colorado Consumer Health Initiative (CCHI)