

June 24, 2020

The Honorable Chuck Grassley
Chairman
U.S. Senate Committee on Finance

The Honorable Greg Walden
Ranking Member
U.S. House Committee on Energy & Commerce

The Honorable Ron Wyden
Ranking Member
U.S. Senate Committee on Finance

The Honorable Richard Neal
Chairman
U.S. House Committee on Ways and Means

The Honorable Frank Pallone, Jr.
Chairman
U.S. House Committee on Energy & Commerce

The Honorable Kevin Brady
Ranking Member
U.S. House Committee on Ways and Means

Dear Chairman Grassley, Ranking Member Wyden, Chairman Pallone, Ranking Member Walden, Chairman Neal, and Ranking Member Brady:

We are writing to request that Congress consider reinstating the Primary Care Incentive Payment Program (PCIP), which was authorized for a five-year period by Section 1833(x) of the Social Security Act and ended in 2015.

It is critical that we ensure that primary care practices are supported during and after the COVID19 pandemic given their essential role in prevention and management of chronic and other diseases and restoring the PCIP will help to accomplish that goal. As the Journal of the American Medical Association most recently reports, too many primary care practices in the U.S. are on the brink of closing due to the COVID19 pandemic.¹

Founded in 1942, The American Geriatrics Society (AGS) is a not-for-profit organization comprised of nearly 6,000 geriatrics health professionals who are devoted to improving the health, independence and quality of life of all older adults. Our members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician assistants, pharmacists, and internists who are pioneers in advanced-illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. We provide leadership to healthcare professionals, policymakers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy.

¹ Rubin. COVID-19's Crushing Effects on Medical Practices, Some of Which Might Not Survive. *JAMA*. (June 18, 2020) (noting that some primary care practices have resorted to establishing "GoFundMe" accounts to continue.) Available at: https://jamanetwork.com/journals/jama/fullarticle/2767633?guestAccessKey=69087519-a447-4b7a-9891-26ff35510fa0&utm_source=silverchair&utm_campaign=jama_network&utm_content=covid_weekly_highlights&utm_medium=email.

Geriatricians, geriatrics advance practice nurses, and other advanced practice clinicians have been on the frontlines of caring for older adults with COVID19. Together with general internists, family practitioners, pediatricians, and obstetricians and gynecologists, they are the backbone of the primary care workforce. Primary care includes five core elements: first-contact accessibility, continuity over time, comprehensiveness of care, accountability for the whole person, and coordination of care across providers and settings.² In its March 2020 report, the Medicare Payment and Advisory Commission noted its ongoing concern that the Physician Fee Schedule is not well-designed to support primary care, which requires ongoing care coordination for a panel of patients and indicated that it was exploring mechanisms for increasing payment for primary care.³ Although we widely recognize the importance of primary care in caring for all Americans, we continue to underfund those who provide that care leaving rural and urban primary care practices ill-prepared to survive a global pandemic like COVID19.

For older Americans, our primary care geriatrics workforce is essential to preventing disease and coordinating care given disease burden (many older adults have multiple chronic conditions) and complex social and medical care needs. In a 2017 report, the Health Resources and Services Administration (HRSA) documented the current shortage of geriatricians and projected increased regional shortages by 2025.⁴

Since mid-March 2020, the Larry Green Center has been tracking the impact of COVID19 on primary care practices via a weekly survey. Fifty-two percent of respondents to a recent survey reported that they lacked personal protective equipment and 27 percent of respondents skipped or deferred clinician pay, while 35 percent have furloughed staff.⁵ Additionally, more than 50 percent of respondents reported they are limited in their ability to deliver chronic and preventive care due to COVID19.⁶

We appreciate the many regulatory changes that the Centers for Medicare and Medicaid Services has made – including expansion of telehealth – however, we can and must do more to support primary care practices given the significant impact of the COVID19 public health emergency on them. Further, we are grateful that some primary care providers received funding via the CARES Act, but the resources provided to date are not reaching all primary care clinicians and available funds are not enough to

² O'Malley, et al. Disentangling the Linkage of Primary Care Features to Patient Outcomes: A Review of Current Literature, Data Sources, and Measurement Needs; *J Gen Intern Med*. 2015. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4512966/>.

³ Medicare Payment Advisory Commission. (March 2020). Report to the Congress: Medicare Payment Policy. Available at: http://medpac.gov/docs/default-source/reports/mar20_entirereport_sec.pdf.

⁴ Health Resources & Services Administration. (2017). National and Regional Projections of Supply and Demand for Geriatricians: 2013-2015. Available at: <https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/GeriatricsReport51817.pdf>.

⁵ Primary Care Practice Collaborative & Larry Green Center. (June 2020). Quick COVID-19 Primary Care Survey: Series 12 Fielded May 29 – June 1, 2020. Available at: https://www.pccpc.org/sites/default/files/news_files/C19%20Series%2012%20National%20Executive%20Summary%20with%20comments.pdf.

⁶ Primary Care Practice Collaborative & Larry Green Center. (June 2020). Quick COVID-19 Primary Care Survey: Series 13 Fielded June 5 – 8, 2020. Available at: https://www.pccpc.org/sites/default/files/news_files/C19%20Series%2013%20National%20Executive%20Summary.pdf.

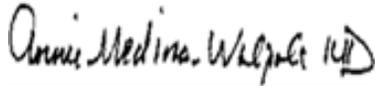
sustain practices. As practices slowly reopen, we know that patients are still deferring essential primary care visits which translates into practices continuing to struggle to remain financially viable so that they are available to care for current and future COVID19 cases, as well as provide other health services.

For these reasons, we are requesting that Congress restore the 10 percent PCIP through the end of 2025 which will strengthen primary care practices and ensure that all Americans have access to a primary care clinician. For older Americans, access to a geriatrics health professional is particularly important given their complex care needs.

We recognize that there is no current legislative language for this proposal but given the negative impact that COVID19 has had on primary care practices, we wanted to raise the potential of renewing the PCIP program with you considering its importance to ensure that we have the primary care workforce that we need to care for all Americans. We would be pleased to work with the Committees to develop legislative language.

Thank you for all you are doing to support our frontline workforce, patients, and older Americans during this challenging time. We stand ready to support you and provide guidance as the COVID19 public health emergency continues to evolve. For additional information or if you have questions, please contact Anna Kim by emailing akim@americangeriatrics.org.

Sincerely,



Annette Medina-Walpole, MD, AGSF
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer