



CHILDREN'S HEALTH *alliance*

DATE: June 5, 2023

TO: The Honorable Rob Nosse, Chair
House Committee on House Behavioral Health and Health Care

FROM: Jay Rosenbloom, MD, PhD
Pediatrician, Pediatric Associates of the Northwest
Medical Director, Children's Health Alliance

SUBJECT: Investing in Oregon's Primary Care Providers

The Children's Health Alliance pediatricians care for approximately 190,000 children and their families in the Portland metro area and Salem and are committed to improving the health of all Oregon's children.

The Children's Health Alliance has consistently been a champion and advocate on legislative workgroups and multiple OHA committees to support primary care through recognition of the medical home model and increased primary care payment that meets the expectations and demands of primary care.

Today we wanted to further share why Oregon should continue to invest in Oregon's Primary Care providers.

Primary care is the front line of our health care system.

Primary care is seen as the key to improved patient experience, better health outcomes, and lower costs. It helps to prevent downstream health issues through its focus on prevention and early identification of potential health issues. It provides the best continuity of care, fosters trust, and leads to lasting physician-patient relationships.

Investing in care models that promote safe, health environments, support caregiver relationships, address health-related social needs (HRSN), and make health equity an explicit goal not only are necessary to address the immediate health of children but can improve health over the life course and possibly yield a long-term ROI.¹

The expectations for primary care providers continue to rise due to recognition of its pivotal role in providing important support to its increasingly medically and socially



complex patients. These services are often outside of the typical health care services and are not adequately paid or are paid at a rate that is lower than the cost to provide them.

Examples include:

- Identifying health-related social needs, and helping patients identify organizations that can help support their needs and provide a connection to those services
- Understanding the adverse childhood experiences of patients and/or their parents and the impact that it can have on the health of the child now and in the future and providing resources to support the patients.
- Identifying patients at risk in their social-emotional development and providing intervention strategies to support the patient and change the trajectory
- Providing care management services to complex patients to connect the patients to the care they need
- Providing outreach to patients who have not received the necessary preventive care; and working to overcome the barriers to accessing the care.
- Dedicating staff to monitor and close gaps in care to help meet the quality incentives

Prior to the pandemic, primary care was already trying to manage increased demands for services and infrastructure without the equivalent recognition in payment. The COVID pandemic amplified the challenges faced in primary care by

- Increased PPE and safety protocols;
- Increased demands on staff; changing patient demands and expectations of medical providers;
- Increased vaccine administration with the COVID vaccines;
- Waves of acute sickness such as the convergence of RSV, flu and COVID;
- Increased supply costs, and
- Severe staffing shortages

These increased costs were met with limited, if any, increase in payment rates.

Without increased payment rates, primary care providers will be faced with the elimination of programs that are critical in a robust medical home.

The current value-based payment models, which are seen by many as a key method to improve health outcomes and reduce costs, require considerable resources to manage because of the unpredictability of payment, and do not actually increase resources to providers who are asked to do more with less.



Many of the payments offered through value-based programs, such as quality incentives or shared savings, if offered, are calculated and shared well after the work is performed, making it difficult, if not impossible to invest in the resources needed to qualify for the incentive payments, and importantly provide the level of care needed and expected to serve the growing needs of patients in primary care.

Payments to primary care providers need to be shifted to upfront payment with increased investment that matches the increased demands and expectations placed on this important foundation of our healthcare system.

The investment in primary care that many of Oregon's payers have begun through movement to value-based care needs to be refined to ensure primary care practices remain financially viable. If we want to move away from paying heavily for "sick care," now is the time to ensure adequate resources are invested in prevention and early intervention, ensuring a future of healthy Oregonians. We have a unique opportunity to ensure that Oregon's primary care infrastructure remains strong as physician practices develop innovative ways to provide better care for children and families.

We appreciate the opportunity to share our perspective on the importance of investment in primary care, as well as the challenges that we face with the current reimbursement system.

¹K. Brykman, R. Houston, M. Bailey. *Value-Based Payment to Support Children's Health and Wellness: Shifting the Focus from Short-Term to Life Course Impact*. Center for Health Care Strategies. September 2021.