

# AMERICA'S PHYSICIAN GROUPS

## 2021 ADVOCACY PRIORITIES

### **Accelerating the Movement to Value**

Value-based models of care emphasize the delivery, measurement and outcomes of care as opposed to the current fee-for-service model that focuses on volume of services at the expense of cost and what is the best for patients. Innovative healthcare providers are successfully delivering improved patient care at lower costs through budget-based prospective payment models and these models must be recognized and supported.

- Account for quality of care, increase the amount of risk taken on by providers and organizations, and try to increase the number of patients receiving coverage in the most responsible and feasible way possible.
- Ensure the creation of strong incentives for the improvement of the healthcare delivery system
- Continue to move toward value-based care with a budget-based prospective payment model
- Create strong incentives that will also encourage health plans to also support budget-based prospective payment models
- Maintain the partnership between plans and providers in supporting the move to value-based care

### **Strengthening Medicare Advantage to Drive Better Value**

An integral part of the move from volume to value is supporting Medicare Advantage (MA) and the role it plays in shifting healthcare in this direction. Providers and health plans who engage in high-value, risk-based MA contracts are working diligently to improve overall quality in the MA program and should be rewarded for those efforts. The program and its providers are the cornerstone of where our system has been trending for the past decade, which is reflected in the recent expansion of telehealth services as physicians respond

to the COVID-19 pandemic.

- Congress, federal agencies, and stakeholders must work together to put in place incentives that further drive the value evolution in MA just as they are working to do so in traditional Medicare
- Incentives should offer both positive and negative reinforcement that will motivate MA plans to push budget-based prospective payment downstream to the physician group level
- Continue to support innovative providers amidst the public health emergency

### **Lowering Healthcare Costs**

Lowering the costs of care for patients through drug pricing reform and encouraging movement to lower cost care settings such as home or ambulatory care is a key piece of the value-based care movement. Technology has also progressed to the point where virtual visits offer even more convenience for patients while still allowing providers to effectively treat those suffering from chronic conditions while monitoring their health and creating effective care plans for treatment. The advantages that telehealth services represent for those patients with issues surrounding access to care, individuals with disabilities, and the elderly have been evident during the ongoing pandemic.

- Drive more care to lower cost settings such as ambulatory care and home-based care
- Ensure parity and make permanent for reimbursement of telehealth services for services in the home and outside the designated rural areas
- Allow risk adjustment eligibility for diagnoses from MA beneficiaries that are obtained from audio-only telehealth services
- Support drug pricing strategies that lower the overall cost of prescription drugs
- Create increased incentives for innovations in value-based care