

August 13, 2020

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
Washington, D.C. 20510

The Honorable Chuck Schumer
Minority Leader
U.S. Senate
Washington, D.C. 20510

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader McConnell, Minority Leader Schumer:

The undersigned provider organizations, which strongly support the movement away from the current fee-for-service (FFS) system toward value-based care, write to express appreciation for the significant efforts underway by Congress to address the COVID-19 pandemic and to assist clinicians and hospitals. As part of these efforts, we urge Congress to support health care providers participating in value-based models by allocating additional provider relief funds to assist their efforts to not only combat the COVID-19 pandemic, but to support their continued to participation in value-based models.

Physicians and other providers have had to address numerous challenges during the pandemic to continue safely caring for our patients and their families, with financial strain chief among those challenges. Providers operating under FFS payments continue to face significant declines in revenue as utilization rates declined sharply and suddenly and have not yet rebounded to pre-pandemic levels. We greatly appreciate Congress supporting these physicians, and we request that Congress also provide direct support for those operating under value-based payment (VBP) models. The additional support is paramount in ensuring the continued shift away from the fragile, non-resilient FFS payment model toward value-based, high quality care.

In many cases, clinicians participating in VBP models have been better positioned to respond to the pandemic than those in FFS, especially when receiving prospective, predictable payments. A [survey](#) conducted by Premier, Inc. found that more APM participants use population health tools such as care management support, triage call centers, and remote monitoring to manage the pandemic and prevent spread of COVID-19 than non-APM participants. One clinically integrated network of over 1,000 independent primary care physicians located in Texas has been able to leverage their value-based care capabilities to respond to the crisis. These capabilities include proactive and planned care; implementing a centralized COVID-19 testing center; leveraging population health data to manage and predict utilization; and using claims data to understand care delivered outside of their network. In general, ACOs have experience identifying vulnerable patients and have used that to identify those at high-risk for COVID-19.

They have also used their population management systems and other tools to educate patients about minimizing exposure, make sure they have enough food and medication to stay home, remotely monitor their underlying conditions, treat cases through telemedicine, and manage post-discharge complications with integrated home health and effective relationships with post-acute providers.

However, with many practices struggling to keep their doors open, clinicians will require additional support if they are to continue to expand their participation in VBP to support investments in telehealth, data sharing technologies, and enhanced care collaboration and coordination. **Therefore, we urge Congress to consider allocating additional provider relief funds to specifically assist clinicians in continuing their efforts to not only combat the COVID-19 pandemic, but support and advance the movement to value based payment, specifically innovative payment models.**

Additionally, we recommend that Congress solicit input from current VBP participants regarding investment opportunities that would help to facilitate increased adoption of Alternative Payment Models (APMs).

We urge Congress to **support clinicians in APMs through this challenging time and consider other innovative ideas to help providers move away from FFS payment**, such as those included in the Duke Margolis Center for Health Policy, Families USA, and United States of Care [proposal](#) –“ **COVID- 19 Health Care Response and Resilience Program**” and the [Value in Health Care Act \(HR 7791\)](#), a bill offering new payment structures that encourage high-value patient care such as extending advanced APM incentive payments and modifying quality payment thresholds to ensure advanced APM participants can continue to earn said incentives.

Our members are taking responsibility in improving the health of the patients and communities they serve by holding themselves accountable for both cost and quality through APMs. This positive movement to transform our system of care must continue along with the creation of strong incentives for the delivery system to improve population health, quality, and the patient experience. Continuing to move toward value-based care will make for a stronger healthcare system infrastructure that will also be better equipped to handle future public health crises. It is important that we support the movement away from the antiquated fee-for-service reimbursement system to a system that focuses instead on the quality and efficiency of care provided.

Sincerely,

American Academy of Family Physicians (AAFP)
America's Physician Groups
Health Care Transformation Task Force (HCTTF)
National Association of ACOs (NAACOS)
Premier, Inc.

Cc: Honorable Members of the United States House of Representatives
Honorable Members of the United States Senate