



ACCREDITATION ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

August 1, 2022

The Office of the Assistant Secretary of Health (OASH)
Primary Health Care Team
Attn: Sarah Boateng

Submitted via email to OASHPrimaryHealthCare@hhs.gov

Re: Request for Information: HHS Initiative to Strengthen Primary Health Care (87 FR 38168)

Dear OASH Primary Care Team:

The Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) greatly appreciates the opportunity to respond to the above-referenced Request for Information. The AAAHC is a private and independent 501(c)(3) non-profit accreditation organization formed in 1979. Since its inception, AAAHC has promoted a voluntary, peer-based, and educational survey process to advance patient care. These values hold true today, as embodied in our mission statement: Improving health care quality through accreditation. With more than 6,000 accredited organizations in a variety of ambulatory health care settings, AAAHC is a leader in developing Standards to advance and promote patient safety, quality care, and value for ambulatory health care through its accreditation programs, education, research, and other resources. Currently, more than 1,000 ASCs are committed to excellence through AAAHC accreditation under the deemed status program, making AAAHC the leading Medicare-approved, non-hospital accreditation organization in the country. AAAHC also provides accreditation services to the United States Coast Guard ambulatory health centers, Federally Qualified Health Centers that receive funds from United States Health Resource and Services Administration (HRSA), Indian Health Services funded health centers, and Correctional Healthcare units under the United States Federal Bureau of Prisons (BOP). Other AAAHC accredited organizations include Community Health Centers, Student Health Centers, Medical Group Practices, and Office-based Surgery Procedure Centers.

AAAHC appreciates and supports the Initiative to Strengthen Primary Health Care and establish a federal foundation for effective and meaningful primary health care services. AAAHC believes the ability for providers, consumers, associations, and others to provide feedback and insight is essential to the success of this initiative. Improved health outcomes, including the resolution of health inequities, are the foundation of the AAAHC mission, and creating a strong delivery system for primary care is a fundamental step toward meeting these goals.

The first task described in the RFI includes building an initial HHS plan for strengthening primary health care, delineating specific actions that HHS may take within the current legislative environment. Specifically, OASH requests “information about successful approaches and innovations that improve primary health care payment, delivery models, service integration, access, workforce education, training and well-being, digital health and primary care measurement and research... [and]... information about barriers to implementation of such innovations and how they could be overcome, including specific ideas for possible HHS action.”

The National Academy of Sciences, Engineering and Medicine (NASEM) 2021 report *Implementing High-Quality Primary Care; Rebuilding the Foundation of Health Care*¹ was created as the blueprint for such a plan, developing an evidence-based implementation plan that envisioned a federal leadership role and presenting 16 evidence-based actions and 39 research-supported components under 5 thematic objectives.

1. Pay for primary care teams to care for people, not doctors to deliver services.
2. Ensure high-quality primary care is available to every individual and family in every community.
3. Train primary care teams where people live and work.
4. Design information technology that serves the patient, family, and interprofessional care team.
5. Ensure that high-quality primary care is implemented in the United States.

Of the 39 NASEM research-supported components, 34 speak to federal government action and leadership. Categorized by objective, these components are as follows:

1. Pay for primary care teams to care for people, not doctors to deliver services.
 - 1.1: *Support payment models that promote the delivery of high-quality primary care (CMS)*
 - 1.2: *Shift from fee-for-service to hybrid reimbursement (4 components: CMS)*
 - 1.3: *Increase portion of primary care spending (2 components: CMS)*
2. Ensure that high-quality primary care is available to every individual and family in every community.
 - 2.1.A: *Help beneficiaries declare a usual source of primary care (CMS)*
 - 2.2: *Create new health centers, rural health clinics, Indian Health Service facilities, etc. (HRSA)*
 - 2.3.A: *Ensure adequate access for Medicaid beneficiaries (CMS)*
 - 2.3.B: *Provide assistance to state Medicaid agencies (CMS)*
 - 2.4: *Make permanent the COVID-era rule revisions (CMS)*
3. Train primary care teams where people live and work.
 - 3.1.B: *Partner with the U.S. Department of Education to increase opportunities for under-represented students (HHS)*
 - 3.1.C: *Incentivize care team diversity (HRSA)*
 - 3.2: *Increase support for clinician training in community practices (CMS/HRSA/VA)*
4. Design information technology that serves the patient, family, and interprofessional care team.
 - 4.1: *Develop the next phase of electronic health record certification standards (ONCHIT)*
 - 4.2: *Adopt an aggregate patient data system (ONCHIT)*
5. Ensure that high-quality primary care is implemented in the United States.
 - 5.1: *Establish a Secretary's Council on Primary Care (HHS)*
 - 5.2: *Form an Office of Primary Care Research at the National Institutes of Health and prioritize research funding at the Agency for Healthcare Research and Quality (HHS)*

Although more work will be required in developing a detailed plan with additional actions, AAAHC believes the NASEM report should serve as the blueprint based on its comprehensiveness, basis in scientific evidence, and independent development.

¹ National Academies of Sciences, Engineering, and Medicine. 2021. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25983>

A more detailed plan that may involve additional actions will be required, but the priorities identified should balance the most vital actions to take in support of:

- the success of primary care;
- the long-term viability of the federal government's role in leading primary care transformation;
- the time required to build support and change practices; and
- the building of a track record of success through early program momentum.

Based on this analysis, AAAHC supports prioritization of the following actions provided within the NASEM report:

1.2.: Ensure high-quality primary care is available to every individual and family in every community.

The many benefits of primary care cannot be realized unless and until primary care is accessible to every American, regardless of geographic location, socioeconomic status, race, or other factors that create a barrier to healthcare access.

1.5.: Ensure that high-quality primary care is implemented in the United States.

Primary care services must provide high-quality care in an environment that promotes patient safety. A variety of programs exist to comprehensively serve the primary community in their demonstrated commitment to providing such care, such as Medical Home, Dental Home, and Patient-Centered Medical Home accreditation and certification.

2.1.A: Help beneficiaries declare a usual source of primary care.

High quality primary care must have a foundation built on the trusted relationship between a primary care team and the patient. Federal agencies can facilitate that relationship and conduct beneficiary education.

2.4. Make permanent the COVID-era rule provisions.

The provisions put into place during the Public Health Emergency that have successfully improved consumer access to care and health equity should be maintained, as removal of those provisions is a step backwards from the goals set forth by the current administration and may serve to further hinder the patient-provider relationship.

5.1: Establish a Secretary's Council on Primary Care

Committed leadership resources are critical to build a durable and effective primary care system, helping to ensure current and future administrations give attention to the importance of primary care.

Additionally, AAAHC encourages the OASH Primary Care Team to review the AAAHC response submission to the CMS Medicaid Access RFI from April 18, 2022, which is attached for ease of access.

Thank you for your leadership on this issue and for the opportunity to submit input on this important matter.

For any questions regarding this comment, please contact Ann Carrera, Senior Counsel, Corporate Affairs at 847-853-6060 or acarrera@aaahc.org.

Sincerely,



Noel M. Adachi, MBA
President & CEO