



Primary Care First aims to improve quality, improve patient experience of care, and reduce expenditures. The model will achieve these aims by increasing patient access to advanced primary care services. The specific approaches to care delivery will be determined by practice priorities. Practices will be incentivized to deliver patient-centered care that reduces avoidable hospital utilization.

## INNOVATION

Primary Care First fosters practitioner independence by increasing flexibility for primary care, providing participating practitioners with the freedom to innovate their care delivery approach based on their unique patient population and resources. Primary Care First rewards participants with additional revenue for taking on limited risk based on easily understood, actionable outcomes.

Primary Care First provides the tools and incentives for practices to provide comprehensive and continuous care, with a goal of reducing patients' complications and overutilization of higher cost settings, leading to higher quality of care and reduced spending.

## PAYMENT MODEL

- **Care Management Fees:** Participating practices will receive per member per month (PMPM) payments to support practice redesign and care management efforts.
- **Professional Population-Based Payments:** Practices will also receive monthly professional population-based payments to care for patients in innovative ways and provide steady monthly income, regardless of in-office patient visits.
- **Evaluation and Management Services:** Patient office visits will continue to be paid, with certain Evaluation and Management services paid at a discounted rate.
- **Performance-Based Adjustment:**
  - **Utilization Performance Adjustment:** Practices meeting utilization targets will be rewarded with positive adjustments to care management fees. Practices who fail to meet at least one utilization metric will receive a negative adjustment to care management fees. Utilization performance is measured and adjusted on a quarterly basis.
  - **Clinical Quality Adjustment:** Practices that qualify will also receive a performance-based adjustment for meeting clinical quality measures. Clinical quality adjustments are calculated and paid on an annual basis.

The Primary Care First model does not replace the existing practice foundation. Rather it builds upon it, coordinating services for the medical neighborhood in order to provide access to care on multiple levels. This shift results in benefits for both patients and physicians.

## COMPREHENSIVE FUNCTIONS

### 1. Access and Continuity

Because health care needs and emergencies are not restricted to office operating hours, primary care practices optimize continuity and timely, 24/7 access to care guided by the medical record. Practices track continuity of care by provider or panel.

### 2. Care Management

Participating primary care practices proactively assess their patients to determine their needs and provide appropriate and timely chronic and preventive care, including medication management and review.



### 3. Comprehensiveness and Coordination

Comprehensiveness refers to meeting patients' medical, behavioral, and health-related social needs in pursuit of each patient's health goals. The practice will act as the hub of care for patients, playing a central role in helping patients and caregivers navigate and coordinate care. Coordinated care is associated with overall lower utilization and costs, less fragmented care, and better health outcomes.

### 4. Patient and Caregiver Engagement

Primary care practices engage patients and their families in decision-making in all aspects of care, including improvements in the system of care. Practices integrate culturally competent self-management support and the use of decision aids for preferred sensitive conditions into usual care.

### 5. Planned Care and Population Health

The practice will organize the care delivery to meet the needs of the entire population of patients served by the practice. Using team-based care, the practice will proactively offer timely and appropriate preventive care, and consistent evidence-based management of chronic conditions. Practices will improve population health through use of evidence-based protocols in team-based care, through identification of care gaps at the population level, and through measuring and acting on the quality of care at both the practice and panel levels.

Primary Care First is a regional, multi-payer approach to care delivery and payment. Primary Care First focuses on outcomes rather than processes and fosters innovation and flexibility for practices to achieve easily understood and actionable outcomes.