



This Week in Physician-Led Care: Clips from News Sources
Week Ending August 7, 2020

Medical Economics: (8/7) – Six months into the COVID-19 pandemic, the consensus is that the pandemic will, in the long run, benefit ACOs and other value-based programs as many practices, including small practices, see the stability and benefit of moving towards capitation and quality bonuses.

Health Leaders Media: (8/7) –According to a recent McKinsey and Co. survey, more than half of independent physicians reported being worried that their practice would not survive the pandemic, with about a third of respondents saying they were considering partnering with a larger entity, selling their practice, or becoming employed.

Healio: (8/7) – Primary care practices are still experiencing significant strain amid the COVID-19 pandemic, with 55% of physicians surveyed reporting a stress level of 4 or 5 out of five in the last week of July. 33% of physicians reported that their stress at the time of the survey was worse than in the first month of the COVID-19 pandemic.

Fierce Healthcare: (8/6) – Families USA and United States of Care sent a letter asking Congress to direct \$50 billion of COVID-19 relief funding to primary care, rural and safety-net hospitals, and alternative payment models. PEPC was a signatory on the letter.

Advisory Board: (8/6) – Independent physician groups are not going extinct as many are looking to maintain autonomy while exploring new opportunities for partnership rather than sell.

Patient Engagement HIT: (8/5) – The COVID-19 pandemic could help set the stage for more patient engagement as patients demonstrate more interest in self-management, which could help providers transition to value-based care.

Bucks County Courier Times: (8/5) – As COVID-19 spreads into rural America, longstanding doctor shortages are now being made worse by the pandemic as a number of independent primary care physicians are shutting down. Large parts of central Pennsylvania only have one physician, and in Massachusetts, there are 30 doctors for every 10,000 state residents.

Medical Economics: (8/5) – A new study found that between 2008 and 2017, physician salaries have continued to rise in the decade since the ACA passed, with primary care doctors seeing slightly greater gains than specialists.

NY Daily News: (8/5) – Community-based physicians are continuing to struggle to obtain personal protective equipment, with many calling for funds specifically for the purchase and reimbursement of PPE for community-based independent primary care and small independent physician groups.

ACA International: (8/4) – A new report from Corporate Advisory Solutions reports that health care industry leaders are seeking a wider transformation in payment structures as the COVID-19 pandemic disrupts normal care. As such, many practices are trying to move away from fee-for-service reimbursement toward value-based payments.

GC Telegram: (8/4) – COVID-19 has pushed many primary care practitioners, especially those in small, unaffiliated practices, to the brink of financial insolvency, with one practice reporting a \$10,000 a month deficit, which isn't sustainable over any length of time.

Medical Economics: (8/3) –The latest weekly survey from the Primary Care Collaborative and the Larry A. Greene Center paints a grim picture of primary care practices, with four out of five surveyed clinicians saying their practice strain is worse now than it was in March, with 44% reporting that their patient volume continues to be down 30-50% from pre-pandemic levels.

Health Affairs: (8/3) – Provider consolidation into vertically integrated health systems increased substantially from 2016 to 2018. More than half of US physicians and 72 percent of hospitals were affiliated with one of 637 health systems in 2018. For-profit and church-operated systems had the largest increases in system size, driven in part by a large number of system mergers and acquisitions.

The Hill: (8/3) – This opinion piece notes that to prevent further consolidation in the health care system, Congress should target emergency funding to preserve the viability of small, independent primary care-focused practices. In addition to emergency funding, Congress should also consider increasing funding to regulatory agencies who monitor anti-competitive behavior in health care markets.

Health Policy Sense: (8/3) – This study by Amol Navathe and Joshua Liao examined the \$12 billion in “high impact” COVID-19 relief funds received by 395 hospitals that cared for 100 or more COVID-19 patients were distributed relating to social determinants of health. Their analysis found that a significant proportion of COVID-19 patients will be managed outside the hospital through primary care practices that are also reeling from COVID-19 financial strain. The authors propose that policymakers should offer financial relief to primary care practices, not just hospitals.

Modern Healthcare: (8/3) – HHS has reopened the COVID-19 provider relief grant portal for Medicare providers in an effort to provide more flexibility for smaller practices already operating on thin margins with limited administrative staff, giving providers until August 28th to apply.

KFF: (8/3) – The Kaiser Family Foundation released an issue brief about consolidation, highlighting that provider consolidation leads to high prices with no evidence that consolidation improves care as well as the likelihood that providers may consolidate more due to COVID-19 and the resulting economic crisis. The brief did not address that providers in value-based care models have been more protected from the economic downturn because they are not as dependent on utilization-based revenue.

Medical Economics: (8/3) –Primary care is in the midst of a crisis, with many practices facing the possibility of closure as they deal with the COVID-19 pandemic. Aledade CEO Farzad Mostashari suggests that physicians should embrace risk through value-based care.

Health Affairs: (8/3) – Between March 1 and June 30, primary care practices lost an estimated \$15 billion between February and May, with some experts believing that these financial strains will lead to increased acquisition of independent provider groups, despite evidence that consolidation leads to higher prices.