



**This Week in *Physician-Led Care*: Clips from News Sources**  
**Week September 11, 2020**

**Revcycle Intelligence**: (9/11) – In MedPAC’s session on telehealth last week, staff presenters discussed the idea of allowing clinicians participating in Advanced Alternative Payment Models to continue providing telehealth services to patients outside of rural areas and to patients in their homes, as a way to drive participation in APMs and increase payment rates for telehealth services.

**Health Payer Intelligence**: (9/11) – As more health care leaders recognize the need to move towards value-based care, this article outlines four strategies needed to advance value-based care during and after the COVID-19 pandemic.

**Knox News**: (9/10) – Nearly six months into the pandemic, many providers are having to deal with the consequences of delayed care as patients who have put off checkups, vaccinations, and medication refills are now increasingly returning to primary care offices.

**State of Reform**: (9/9) – According to the latest Larry A. Green Center and Primary Care Collaborative survey, 22 percent of clinicians are considering leaving primary care. Additionally, over 2 percent of primary care practices have already closed permanently during the past 6 months and another 2 percent considering bankruptcy.

**Health Affairs**: (9/9) – As telehealth becomes more of a core and enduring function in primary care delivery, telehealth policies need to expand to optimize access and quality as well as permanently increase reimbursements. Failing to address these barriers, which affect the least resourced primary care practices, will only serve to widen patient-level disparities in access to quality telehealth.

**Healthcare Finance News**: (9/9) – A recent study found that clinicians who were affiliated with health systems had better performance scores and were less likely to receive payment penalties in the MIPS program. The author notes that the correlation between higher scores with physicians in health systems aligns with the existing trend toward clinician consolidation as health systems have the capacity for more sophisticated analytics, informatics and administrative support help to maximize performance and reimbursement under value-based payment programs.

**The Washington Post:** (9/8) – For primary care physicians, COVID-19 is an “extinction-level event” that requires a stronger policy response from government and insurance companies as many physicians struggle to stay open given the dire financial combination of low patient volume, less revenue, higher operating costs and little to no federal support.

**D Magazine:** (9/8) – 59 percent of physicians think COVID-19 will cause independent physician practices to close. According to the Survey of America’s Physicians, approximately 16,000 primary care practices have already closed across the country and 43 percent of physicians reduced staff.

**Revcycle Intelligence:** (9/8) – According to a recent survey of healthcare industry leaders, 41% of all respondents agreed or strongly agreed with the statement that COVID-19 has helped to further push the healthcare industry away from fee-for-service and towards value-based care and contracting.

**MedPage Today:** (9/6) –COVID-19 presents an opportunity for the healthcare system to adopt value-based payment models, however, this article outlines the structural challenges employer-sponsored plans face in aligning incentives with geographically concentrated healthcare providers.