

IMPROVING MINNESOTA'S INVESTMENT IN PRIMARY CARE

Understanding Health Care Spending in Minnesota

The Problem

Our health care system's current fee-for-service payment model isn't working. Health care costs are high and unaffordable for many Minnesotans, and primary care—taking care of the whole patient—is not valued.

- In the U.S., spending on office visits to primary care providers continues to decline (Patient-Centered Care Collaborative, 2019). This pattern of spending runs counter to the goal of meeting patient needs in a manner that contains or reduces costs and also increases the primary care workforce shortage by incentivizing non-primary care specialties.
- Fee-for-service rewards provision of more services versus efforts to prevent patients from getting sick in the first place, overvaluing procedures/interventions and undervaluing management of chronic conditions, prevention and wellness care.

given the appropriate infrastructure and support, delivers better health. better care and lower costs.

Primary care, when

(Primary Care Collaborative, 2020)

References:

Primary Care Collaborative. (2020) Primary Care Investment. Retrieved from: www.pcpcc.org/topic/primary-careinvestment

Patient-Centered Primary Care Collaborative. (July 2019) Investing in Primary Care: A State-Level Analysis (Executive Summary). Retrieved from:

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Minnesota Department of Health Office of Rural Health and Primary Care. (2017) Overview of the Physician Workforce 2017. Retrieved from:

www.health.state.mn.us/data/workforce/phy /docs/2017pchartbook.pdf



graph source: https://www.pcpcc.org/topic/primary-care-investment (accessed 1/9/22)

The Solution

We need to embrace a value-based delivery and reimbursement model, which recognizes the importance of population health through chronic disease management, preventive health services and addressing health disparities.









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Our Next Steps

To improve health care payment models and Minnesota's investment in primary care, we first need to understand the whole picture of health care spending in our state. Currently, Minnesota only collects claims data, which misses all non-claims based payments, including value-based payments, infrastructure costs, care coordination and other patient support services.

HF 3969 will do the following:

- Require payers to annually submit non-claims, value-based payment data to the Minnesota Department of Health (MDH).
- Require MDH to report Minnesota's current claims and nonclaims data and the state's investment in primary care.
- Conduct interviews with health plan companies and thirdparty administrators to better understand the types of nonclaims based payments in use and their goals.

These actions will give policymakers a clearer, more comprehensive picture of Minnesota's health care spending. Only with the whole picture can we begin to set a vision for a payment system that is value not volume based, with a focus on keeping Minnesotans healthy while also addressing health disparities and improving cost efficacy.

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What Is Primary Care?

"[It] is the provision of integrated, accessible health care services by clinicians who are accountable for:

- addressing a large majority of personal health care needs
- developing a sustained partnership with patients and
- practicing in the context of family and community."

- Institute of Medicine

Primary care includes preventive health services, mental health care, treatment for common illnesses and chronic disease management.

Family physicians provide comprehensive primary care across the lifespan, serving as the entry point for most of a patient's health care needs and helping coordinate care with other specialists.

About the Minnesota Academy of Family **Physicians**

Representing more than 3,100 family physicians, family medicine residents and medical students, the Minnesota Academy of Family Physicians (MAFP) is a state chapter of the American Academy of Family Physicians (AAFP) and the largest physician specialty organization in Minnesota.







