

COGME

Council on Graduate Medical Education

Peter Hollmann, MD
Chair
Shane Rogers
Designated Federal Officer

November 19, 2024

The Honorable Xavier Becerra Secretary
of Health and Human Services
200 Independence Ave S.W.
Washington, DC 20201

The Honorable Bernard Sanders
Chair, Committee on Health, Education, Labor
and Pensions
United States Senate
Washington, DC 20510

The Honorable Cathy McMorris Rodgers
Chair, Committee on Energy and Commerce
House of Representatives
Washington, DC 20515

The Honorable Bill Cassidy
Ranking Member, Committee on Health,
Education, Labor and Pensions
United States Senate
Washington, DC 20510

The Honorable Frank Pallone
Ranking Member, Committee on Energy
and Commerce
House of Representatives
Washington, DC 20515

Dear Secretary Becerra, Chairman Sanders, Ranking Member Cassidy, Chair McMorris Rodgers, and Ranking Member Pallone:

The members of the federal advisory Council on Graduate Medical Education (COGME, or the Council) have long recognized the value of primary care. As stated in the Council's 2022 report, [*Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities*](#), "a robust primary care infrastructure improves population health and increases health equity across communities (p. 13)." The Centers for Medicare & Medicaid Services (CMS) reinforced this position in a recent [*fact sheet*](#) by declaring "a strong foundational primary care system is fundamental to improving health outcomes, lowering mortality, and reducing health disparities." In support of primary care practices, CMS recently finalized new rules under the Medicare Physician Fee Schedule (PFS) to take effect in January 2025 that will change the way CMS reimburses for Advanced Primary Care Management (APCM) services.

As the chair of COGME, I am writing to express the Council's strong support for the new APCM rule. The COGME members, many of whom are experts and practitioners in primary care, recognize that current billing practices under Medicare often involve complicated rules and requirements for reimbursement of many common primary care services. In place of the current system, the finalized APCM rule creates a series of codes that can be reported monthly by qualifying primary care practices for each patient based on patient acuity and different levels of anticipated care. CMS states, and COGME agrees, that this revision "better recognizes and describes advanced primary care services, encourages primary care practice transformation, helps ensure that patients have access to high quality primary care services, and simplifies billing and documentation requirements."

COGME believes that the APCM rule will serve as a landmark advancement for primary care practices and has the potential to stimulate more practitioners to work in advanced primary care. COGME recognizes that the new coding and payment system makes use of lessons learned from prior CMS Innovation Center primary care initiatives and is intended to reduce administrative burden for primary care providers. To facilitate accountability, the APCM rule includes a requirement on performance measurement reporting “to include quality measures that reflect clinical actions that are indicative of high-quality primary care.” COGME notes that most practices taking part in the CMS Merit-based Incentive Payment System, primary care demonstrations, or CMS value-based payment programs already meet these reporting requirements, thus minimizing any additional reporting obligations.

Besides funding primary care in an administratively simple and understandable method, this payment method will promote the interprofessional team-based care inherent in advanced primary care. To provide comprehensive services, primary care practices often hire additional staff such as nurse care managers, pharmacists, and social workers, but CMS billing procedures have not kept up. In its 2023 Report, [*Strengthening the Rural Health Workforce to Improve Health Outcomes in Rural Communities*](#), COGME recommended that CMS test alternative payment models “that enhance the delivery of team-based interprofessional education and practice.” The APCM codes represent a step towards paying for primary care services with a hybrid system that mixes per-encounter and population-based payments to support longitudinal relationships between patients and their primary care providers and facilitate the use of primary care teams.

COGME is an independent, non-discretionary federal advisory council responsible for assessing physician workforce and national health care needs on a long-term basis and providing a public forum to enable appropriate consideration of these needs. COGME wishes to commend CMS for recognizing the importance of primary care and finalizing the APCM rule to strengthen primary care practices and streamline their administrative processes, while maintaining quality of care and financial accountability. Thank you for your consideration, and the members of COGME stand ready to provide any further information as needed.

Sincerely,

/s/Peter Hollmann, MD
Chair, COGME