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## **Patient-Centered Payment Needed to Preserve Primary Care**

*Many patients will lose access to essential healthcare services unless radical reforms are made to the ways Medicare and health insurance plans pay for primary care.*

Lebanon NH (August 5, 2021) – Throughout the United States, patients have been receiving notices from primary care clinicians that “the practice is closing” or “payment no longer allows us to provide the services our patients need, therefore we will be charging a monthly fee.” In a new article in *JAMA* (the *Journal of the American Medical Association*), “[Aligning Payments, Services, and Quality in Primary Care](#),” Dartmouth Emeritus Professors of Medicine John Wasson and Harold Sox and Center for Healthcare Quality and Payment Reform CEO Harold Miller recommend a radical but realistic patient-centered approach to payment and quality assurance that can reverse the threats to the nation’s primary care system.

“Everyone agrees that the methods Medicare and health insurance plans currently use to pay for primary care aren’t working,” said Wasson. “Inadequate payments, administrative burdens, and simplistic performance standards are making it more and more difficult for patients to receive the help they need to successfully manage their health problems. To solve this, we’ve proposed a patient-centered approach that will align payments with the types and intensity and services patients need, and that will take a big step toward assuring that each patient receives the evidence-based care appropriate for their needs.”

Earlier this year, a report on primary care from the National Academies of Sciences, Engineering, and Medicine (NASEM) suggested a reconfigured reimbursement model for primary care, but it stopped short of defining the specifics. The new *JAMA* article describes the specifics: (1) monthly payments for patients who enroll with the primary care practice for wellness care and chronic disease management, and (2) fees for diagnosis and treatment of new acute problems. “Monthly payments will enable a primary care practice to support a team to deliver wellness and chronic care to patients with much less administrative burden. Payment scaled to the differing needs of patients with acute illness will help to ensure that everyone gets the care they require,” said Sox.

NASEM also reported that current methods to measure quality of care are extremely inefficient and largely irrelevant. Wasson recommends the substitution of well-tested methods for quality assurance that put what matters to patients front and center. “Free technologies, like Dartmouth’s [HowsYourHealth.org](http://HowsYourHealth.org), enable primary care practices to regularly ask each patient about the health problems that are of greatest concern to them. The clinician can then use evidence-based guidelines to help deliver services that are most appropriate for that patient, and the patient

would be asked whether the services are addressing their needs. For all practices to improve outcomes while reducing avoidable use of expensive healthcare services, primary care practices would share their approaches to care delivery and patient outcomes with each other.”

“Primary care is in deep trouble. We hope that all payers will begin using this approach as quickly as possible,” Sox added. “With currently available technology, they could start tomorrow.”

### **About the Authors:**

For more than four decades, **John H. Wasson, MD** was a practicing internist and geriatrician. Dr. Wasson has led many programs devoted to the delivery and improvement of primary care including outpatient services at the Veterans Administration, Dartmouth’s Centers for Health and Aging, the Dartmouth - Northern New England Primary Care Research Network, and Idealized Office Practices at the Institute for HealthCare Improvement. He received a unique award as the "pioneer for practice-based research" from the Agency for HealthCare Quality and Research. [A recent publication](#) summarizes the results of primary care research to assure high quality care for each patient and populations of patients. He oversees the free distribution of [www.HowsYourHealth.org](http://www.HowsYourHealth.org) for easily placing the mechanisms for the assurance of quality care into routine primary care practice.

**Harold C. Sox, MD** is a retired general internist, Editor Emeritus of *Annals of Internal Medicine*, and Director of Peer Review at The Patient-Centered Outcomes Research Institute (PCORI). Dr. Sox spent most of his professional life at Stanford University and Geisel School of Medicine at Dartmouth, the latter as chair of the Department of Medicine. He chaired the U.S. Preventive Services Task Force, the Medicare Coverage Advisory Committee, and four Institute of Medicine Study Committees. He was President of the American College of Physicians and is a member of the National Academy of Medicine. His books include [Medical Decision Making](#), a standard textbook in this field.

**Harold D. Miller** is the President and CEO of the Center for Healthcare Quality and Payment Reform (CHQPR), a national policy center. Miller also serves as Adjunct Professor of Public Policy and Management at Carnegie Mellon University. Miller is a nationally-recognized expert and author of over a dozen widely-used reports on health care payment and delivery reform, including [Patient-Centered Payment for Primary Care](#). He has given invited testimony to Congress on how to reform healthcare payment, and he has worked in more than 40 states and several foreign countries to help physicians, hospitals, employers, health plans, and government agencies design and implement payment and delivery system reforms. He served for four years as one of the initial members of the federal Physician-Focused Payment Model Technical Advisory Committee that was created by Congress to advise the Secretary of Health and Human Services on the creation of alternative payment models.

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