

Patient-Centered  
**Primary Care**  
COLLABORATIVE

May 16, 2018

The Honorable Richard Shelby  
Chairman  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Patrick Leahy  
Vice Chairman  
Committee on Appropriations  
U.S. Senate  
Washington, DC 20510

The Honorable Rodney Frelinghuysen  
Chairman  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Nita Lowey  
Ranking Member  
Committee on Appropriations  
U.S. House of Representatives  
Washington, DC 20515

Dear Chairman Shelby, Vice Chairman Leahy, Chairman Frelinghuysen and Ranking Member Lowey:

The Patient-Centered Primary Care Collaborative (PCPCC) writes to express its concern with proposed funding rescissions to the Centers for Medicare and Medicaid Innovation (CMMI) through the Spending Cuts to Expired and Unnecessary Programs Act, H.R. 3 under title X of the Congressional Budget and Impoundment Control Act of 1974. The PCPCC strongly encourages Congress to address federal funding through the regular appropriations process and avoid the uncertainty about Congressional funding priorities caused by the rescission process.

Founded in 2006, the PCPCC is a not-for-profit multi-stakeholder membership organization dedicated to advancing an effective and efficient health system built on a strong foundation of primary care and the patient-centered medical home. Representing a broad group of public and private organizations – including payers, healthcare clinicians and other providers, leading corporations and patient and consumer advocacy groups – the PCPCC’s mission is to unify and engage diverse stakeholders in promoting policies and sharing best practices that support growth of high-performing primary care to achieve the “Quadruple Aim”: better care, better health, lower costs, and greater joy for clinicians and staff in delivery of care.

PCPCC strongly supports CMMI’s work to drive the shift to higher value healthcare, and we encourage you to maintain funding for the CMMI at the level previously stipulated by Congress. CMMI funds are an important investment in transforming our healthcare system, and the potential savings from such investment can significantly strengthen our nation’s fiscal health.

PCPCC urges Congress to continue to drive the Center for Medicare & Medicaid Services (CMS) to focus on the long-range vision of what our healthcare system should be and what

individual steps are needed to achieve that vision. We believe many promising efforts are underway at CMS, and we look forward to new, innovative models at CMMI under the leadership of Director Boehler.

Leadership by CMMI is more important than ever as it races against time to find models that can maintain Medicare's promise to our aging population and Medicaid's commitment to those with the most need. We need continued, aggressive innovation at CMS to ensure the bipartisan goals in the Medicare Access and CHIP Reauthorization Act (MACRA) are met in a way that meets patient needs and is feasible for clinicians to implement.

CMMI must be allowed to get to strong quantitative outcomes on programs currently underway that are critical to the transformation of primary care – including the Comprehensive Primary Care Plus (CPC+) and Accountable Care models. While outcomes have not yet fully materialized, there is a palpable system transformation happening under these programs that we have yet to fully realize and learn from. From [PCPCC's review of the peer-reviewed literature](#), we know that care delivery transformation generally takes four-five years to achieve. We look forward to CMMI's upcoming work on direct provider contracting, as we think there may be opportunity to strengthen primary care through these new models.

Thank you for your time and attention to this request. If you have any questions, please contact Chris Adamec, Director of Policy at [cadamec@pcpcc.org](mailto:cadamec@pcpcc.org) or 202-640-1212.

Sincerely,



Ann Greiner  
President and CEO