

# New Mexico Primary Care Payment Reform

## Frequently Asked Questions

### ***Q1. Why is New Mexico changing how primary care providers are paid?***

Research has found that accessible, equitable, and high-quality primary care is foundational to an effective healthcare system. However, the current fee-for-service (FFS) reimbursement system for primary care providers does not reward or offer incentives for primary care; in fact, the FFS payment system generally creates disincentives for primary care. Therefore, we (the Human Services Department and Primary Care Council, with input from other stakeholders) are developing and will implement a new approach to paying for primary care services that will offer appropriate incentives for enhancing the role of primary care in the healthcare system and improving the quality and efficiency of care.

### ***Q2. What are New Mexico's goals for reforming payment for primary care?***

We intend to transform and revolutionize primary care payments in New Mexico to support primary care providers and benefit the patients they serve. The new payment system is designed to increase compensation for primary care clinicians and practices, to help these providers retain their current workforce and attract new team members, to improve access to primary care services for patients, to increase health equity, to manage healthcare costs carefully to ensure that the system is sustainable, and to enable clinicians to devote the necessary time to their patients and thereby increase their satisfaction and reduce burnout.

### ***Q3. These goals sound wonderful, but as we know, the devil is in the details. How will you address the following concerns from stakeholders regarding changing payment for primary care?***

- How will individual clinicians and small practices succeed under the new system?
  - The payment model is designed so there are multiple ways that clinicians can participate and ultimately succeed, including supporting investments in a team-based approach to care and the data systems necessary to track and report performance and collaborate with other clinical organizations.
- Will the new payment system address health equity and patient experience of care?
  - The quality measures integrated into the payment system will include actionable performance measures that address health equity and patient-centered care. Please see Q6 for more detail on the quality measurement approach.
- Won't this add to doctors' administrative burden?
  - We are very sensitive to this concern, and as we implement the payment system, we will strive to minimize the administrative burden for primary care clinicians.

### ***Q4. How will this payment reform benefit providers, patients, and the people of New Mexico?***

For the people of New Mexico, we are creating a primary care system that will maintain access to care in urban, rural, and frontier communities and be sustainable in the future.

For patients, we will ensure a primary care delivery system that will offer equitable care that treats the whole person's needs and integrates physical health with behavioral health needs.

For primary care providers, the payment system will enable them to spend sufficient time with their patients rather than having to see as many patients as they can within their day and having to bring as much work home at night; and will support physician-led teams where all staff contribute at the top of their licenses and collaborate with other clinicians across the continuum of care.

***Q5. How will this new reimbursement system work?***

We are designing a three-tiered framework that will enable clinicians to participate at a level appropriate for their capabilities and tolerance for financial risk. The levels are (1) Integrated FFS Payment Reform (equivalent to [Health Care Payment Learning and Action Network \(LAN\) Framework](#) level 2c); (2) Collaborative Partnerships (equivalent to LAN 4b); and (3) Capitation with Shared Savings (equivalent to LAN 3b and 4b). The payment reform approach will be designed to gradually increase performance expectations and requirements over time to allow participating providers to develop the necessary processes, systems, and innovations to succeed.

***Q6. Is this initiative just about cutting costs?***

No, the aim of this initiative is to improve the quality of care in the New Mexico Primary Care delivery system. Quality of care is an essential component of the primary care payment reform. The quality measurement structure will include nationally validated clinical process and outcomes measures; reporting requirements; and access to care standards, person-centered measures, and health equity measures that are appropriate for New Mexico. The design is built around a glide path to improvement, with the performance expectations tied to the level of payment. In addition, initially, we will focus on the most impactful and relevant measures and then expand the requirements over time.

***Q7. What support will be offered to PCPs to help them make the transition?***

We will conduct a series of training sessions this spring and will continue to offer additional learning opportunities and technical assistance going forward. In late March, the training series will launch with an informational webinar, followed by day-long in-person regional workshops for providers and clinicians in June. The state is also exploring various grant programs and avenues of financial assistance to support providers in their efforts to establish the systems and processes to succeed in primary care payment reform. Additionally, the payment reform will leverage existing supports that facilitate data sharing, such as New Mexico's health information exchange (SYNCRONYS).