

Exhibit 1. Affordable Care Act Provisions That Impact Primary Care

- **Medicare 10% increase in primary care reimbursement rates, 2011–2016 (\$3.5 billion)**
- **Medicaid reimbursement for primary care increased to at least Medicare levels, 2013–2014 (\$8.3 billion)**
- **32 million more people insured, with preventive and primary care coverage, leading to less uncompensated care**
- **Medicare and Medicaid patient-centered medical home pilots**
- **Grants/contracts to support medical homes through:**
 - **Community Health Teams increasing access to coordinated care**
 - **Community-based collaborative care networks for low-income populations**
 - **Primary Care Extension Center program providing technical assistance to primary care providers**
- **Scholarships, loan repayment, and training demonstration programs to invest in primary care physicians, midlevel providers, and community providers**
- **\$11 billion for Federally Qualified Health Centers, 2011–2015, to serve 15 million to 20 million more patients by 2015**

Exhibit 2. Distribution of Primary Care Physicians, by Practice Size (number of physicians)

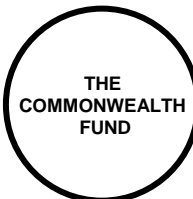
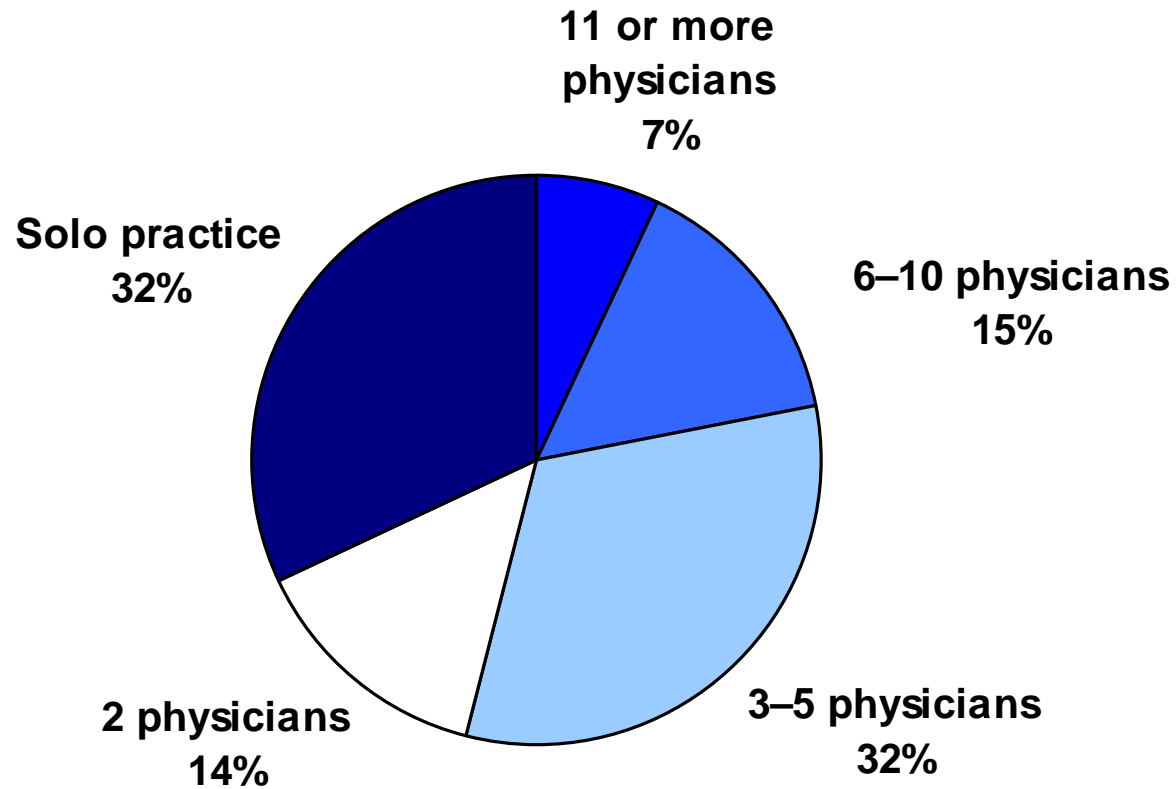
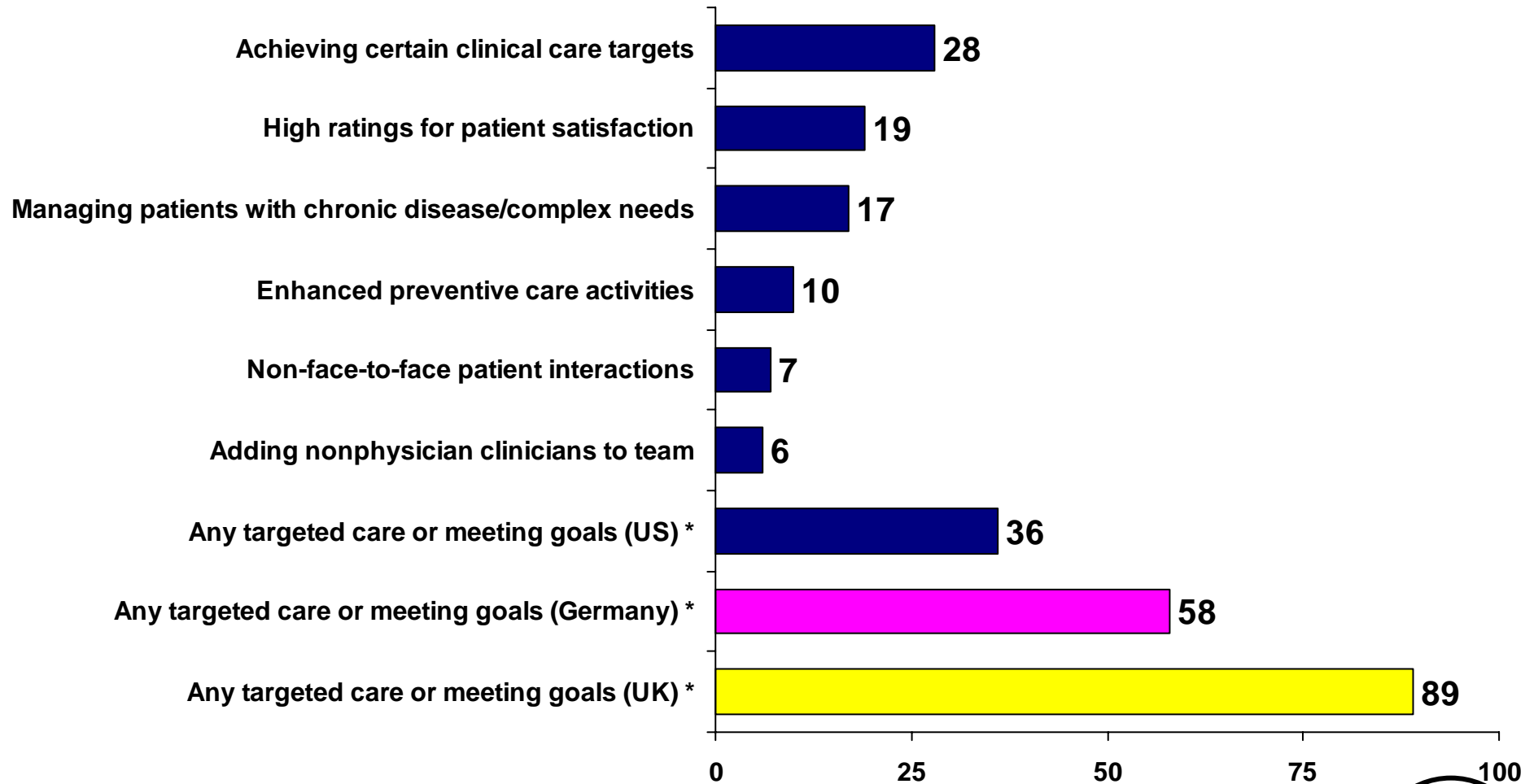


Exhibit 3. U.S. Primary Care Doctors' Reports of Financial Incentives Targeted on Quality of Care

Percent of U.S. physicians reporting they receive or have potential to receive extra payment based on quality



* Can receive financial incentives for any of six: high patient satisfaction ratings, achieve clinical care targets, managing patients with chronic disease/complex needs, enhanced preventive care (includes counseling or group visits), adding nonphysician clinicians to practice and non-face-to-face interactions with patients.

Source: 2009 Commonwealth Fund International Health Policy Survey of Primary Care Physicians.

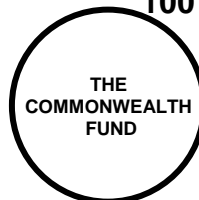
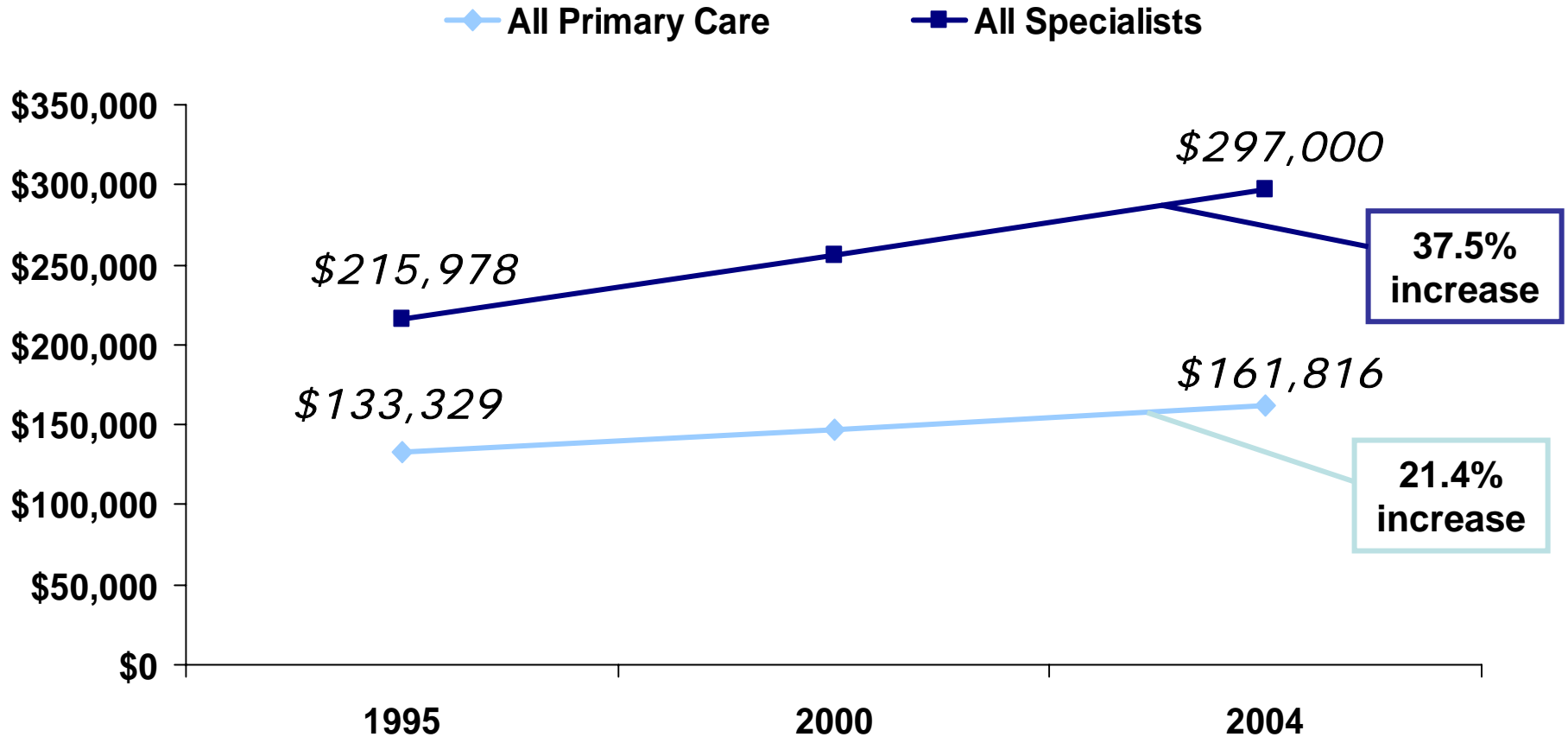


Exhibit 4. The Primary Care–Specialty Income Gap Is Widening

Median pretax compensation of physicians, 1995–2004



Source: T. Bodenheimer, R. A. Berenson and P. Rudolf, "The Primary Care–Specialty Income Gap: Why It Matters," *Annals of Internal Medicine*, Feb. 2007 146(4):301–06.



Exhibit 5. Timeline for Implementation of Primary Care Provisions in the Affordable Care Act

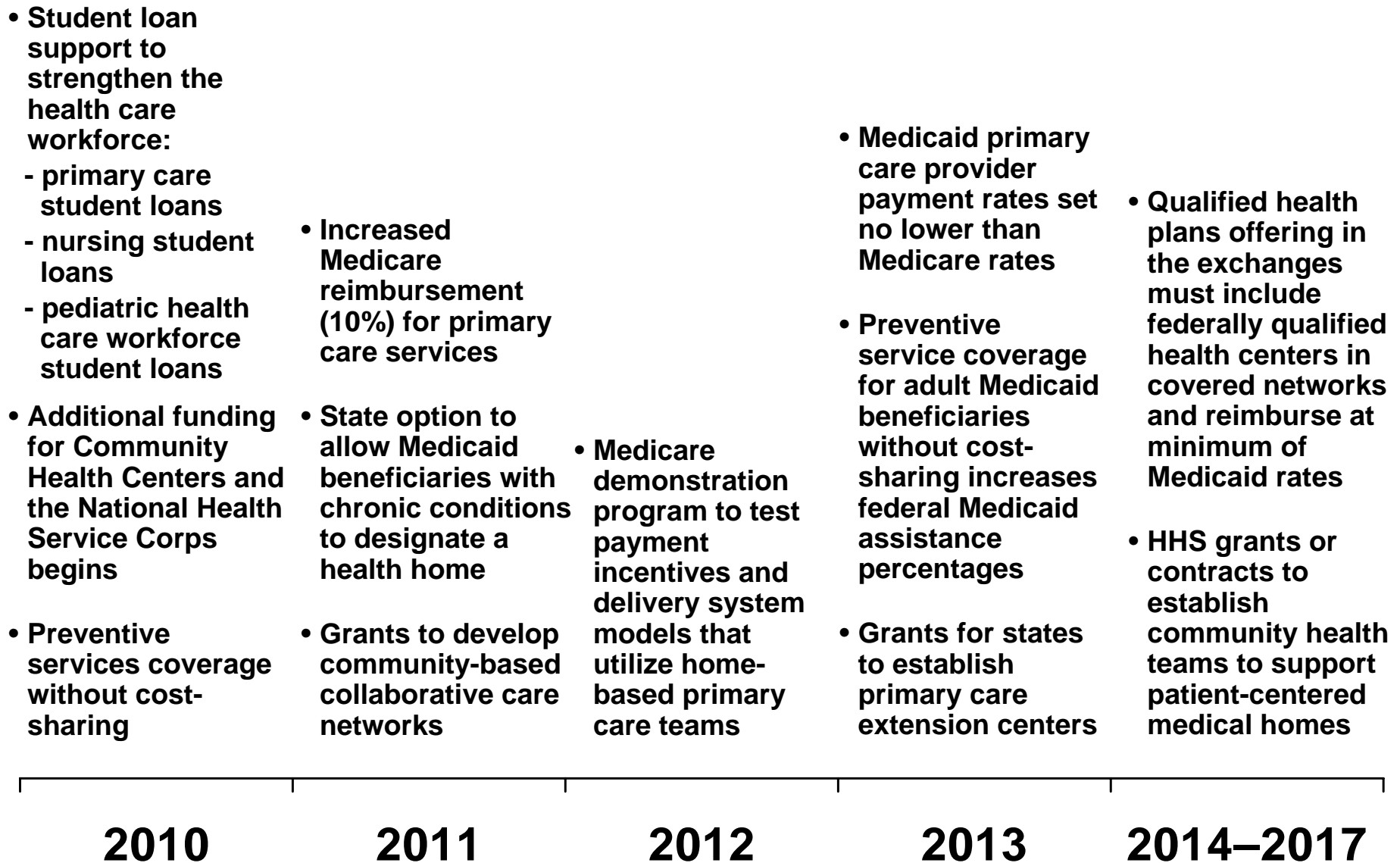


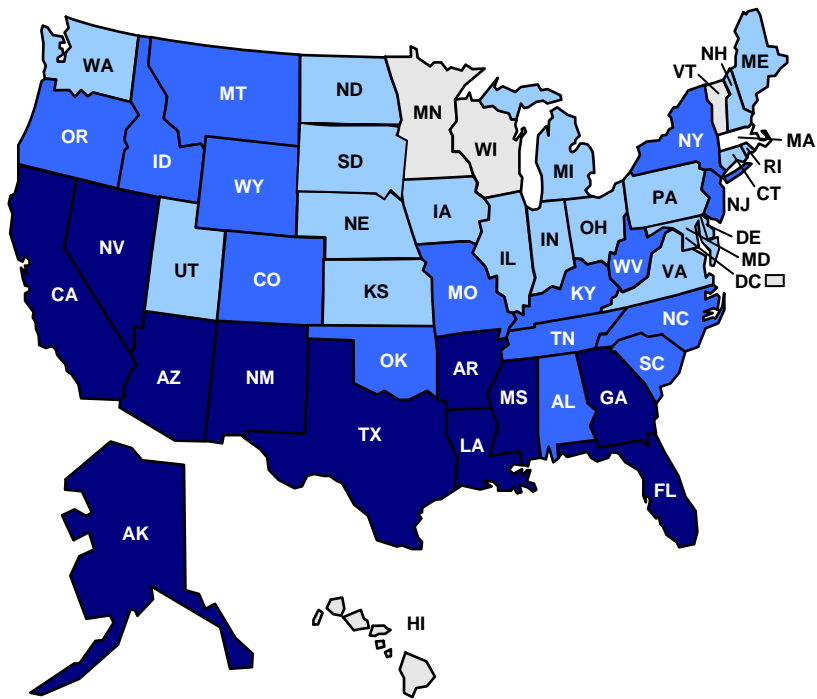
Exhibit 6. Wide Variation in Medicaid-to-Medicare Fee Ratio for All Primary Care Services, 2008

State	Ratio	State	Ratio	State	Ratio
Alabama	0.78	Kentucky	0.80	North Dakota	1.01
Alaska	1.40	Louisiana	0.90	Ohio	0.66
Arizona	0.97	Maine	0.53	Oklahoma	1.00
Arkansas	0.78	Maryland	0.82	Oregon	0.78
California	0.47	Massachusetts	0.78	Pennsylvania	0.62
Colorado	0.87	Michigan	0.59	Rhode Island	0.36
Connecticut	0.78	Minnesota	0.58	South Carolina	0.86
Delaware	1.00	Mississippi	0.84	South Dakota	0.85
District of Columbia	0.47	Missouri	0.65	Tennessee	N/A
Florida	0.55	Montana	0.96	Texas	0.68
Georgia	0.86	Nebraska	0.82	Utah	0.76
Hawaii	0.64	Nevada	0.93	Vermont	0.91
Idaho	1.03	New Hampshire	0.67	Virginia	0.88
Illinois	0.57	New Jersey	0.41	Washington	0.92
Indiana	0.61	New Mexico	0.98	West Virginia	0.77
Iowa	0.89	New York	0.36	Wisconsin	0.67
Kansas	0.94	North Carolina	0.95	Wyoming	1.17

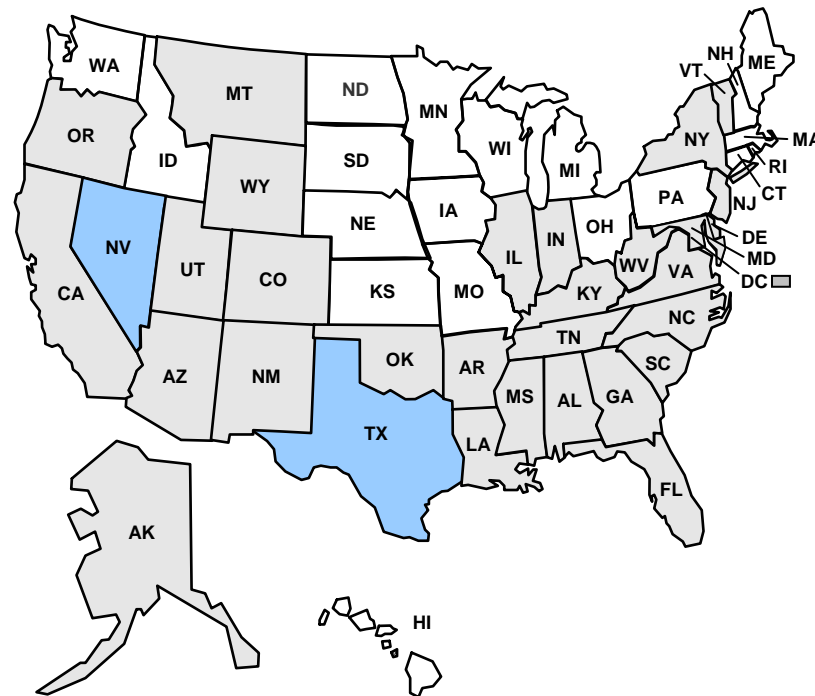
Source: Adapted from S. Zuckerman, A. F. Williams, and K. E. Stockley, "Trends in Medicaid Physician Fees, 2003–2008," *Health Affairs* Web Exclusive, April 28, 2009, w510–w519.

Exhibit 7. Uninsured Rate Among Adults Ages 19–64, 2008–09 and 2019

2008–09



2019 (estimated)



23% or more

19%–22.9%

14%–18.9%

7.1%–13.9%

7% or less

Data: U.S. Census Bureau, 2009–10 Current Population Survey ASEC Supplement; estimates for 2019 by Jonathan Gruber and Ian Perry of MIT using the Gruber Microsimulation Model for The Commonwealth Fund. Source: Commonwealth Fund State Scorecard on Child Health System Performance, forthcoming 2011.

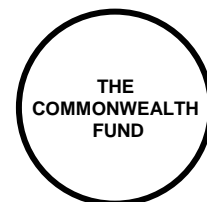
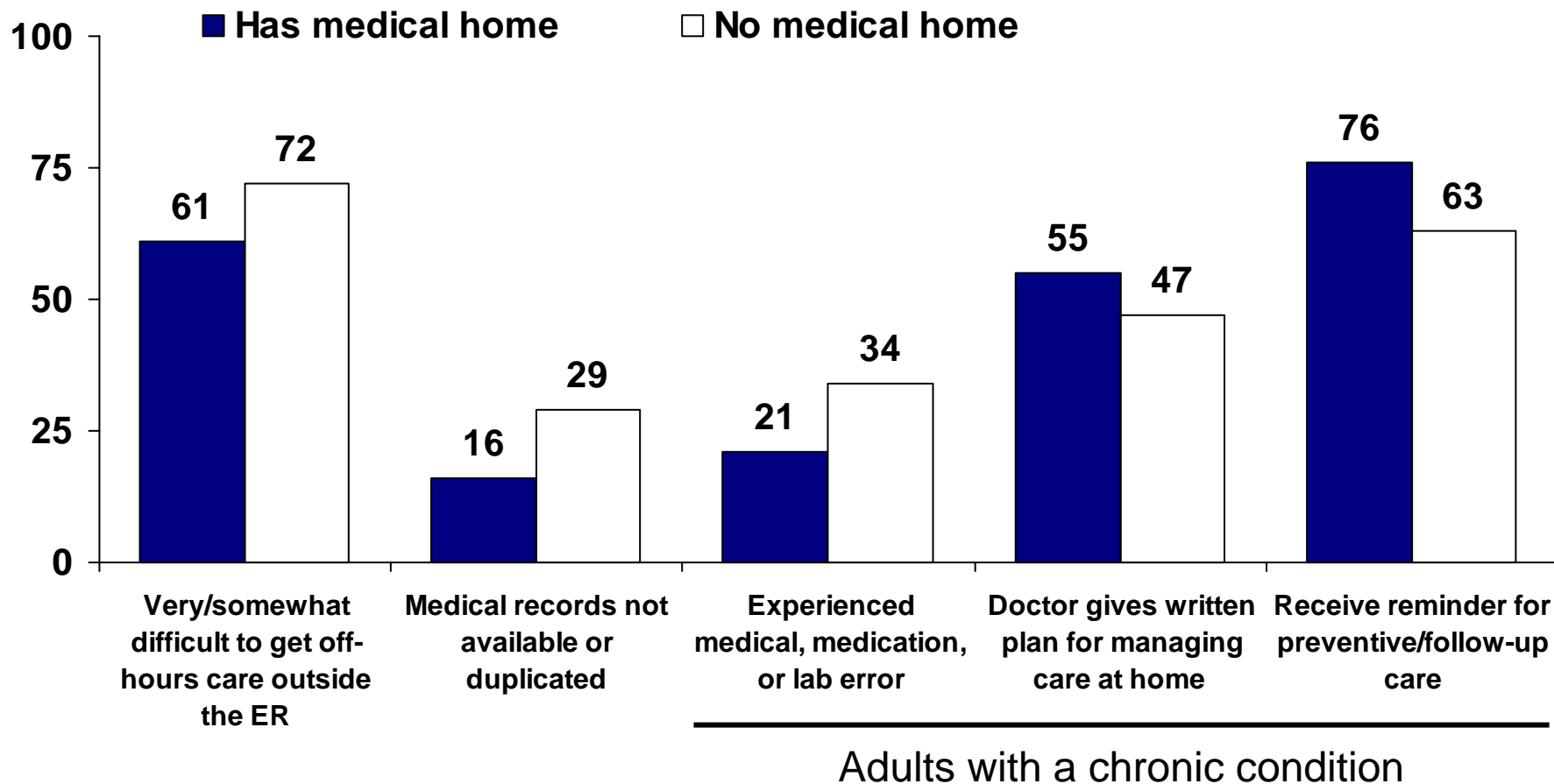


Exhibit 8. Impact of Medical Homes on Quality of Care

Percent of adults reporting



Note: Medical home includes having a regular provider that knows you, is easy to contact, and coordinates your care.

Errors include medical mistake, wrong medication/dose, or lab/diagnostic errors.

Source: 2007 Commonwealth Fund International Health Policy Survey.

Data collection: Harris Interactive, Inc.

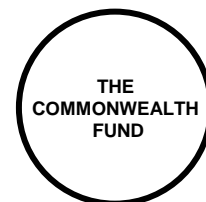


Exhibit 9. Opportunities in the Affordable Care Act for Federally Qualified Health Centers

- **Eleven billion dollars provided over five years to expand the federally qualified health center (FQHC) program beyond amounts previously appropriated.**
- **New teaching health center grant program to support new or expanded primary care residency programs at FQHCs, with \$125 million authorized for fiscal years 2010–12, and \$230 million additional funding to cover direct and indirect expenses of teaching health centers to train primary care residents in expanded or new programs.**
- **Loan forgiveness for pediatric subspecialists and mental or behavioral health service providers working with children and adolescents in a federally designated health professional shortage area, medically underserved area, or areas with a medically underserved population.**
- **Training/workforce development, including demonstration grants for family nurse practitioner training programs supporting providers in FQHCs.**
- **Grants to FQHCs to promote positive health behaviors and outcomes in medically underserved areas through the use of community health workers.**
- **Essential health benefits requirement for insurance plans offered in the new health insurance exchanges will ensure that networks of preferred providers include FQHCs, and that payments by qualified health plans to FQHCs are at least as high as the payments under Medicaid.**
- **New prospective payment system for Medicare-covered services furnished by FQHCs, including preventive services, with \$400 million in expected additional revenues for health centers.**



Exhibit 10. Affordable Care Act and Primary Care: Impact of Selected Provisions on Patients and Providers

- **Fifty million Medicare beneficiaries in 2011 will have free access to currently covered preventive services, such as high-blood-pressure screening, alcohol misuse counseling, and colon cancer screening.**
- **Up to 40 million people in 2011 and 90 million by 2013 will no longer have to make a copayment for recommended preventive screenings, including cancer screenings.**
- **Nearly 40 million Medicaid enrollees in 2013 will have access to free preventive care services.**
- **In 2011, 50 million Medicare seniors will be eligible for free annual wellness check-ups and personalized prevention plans.**
- **A 10 percent bonus will be paid to primary care practitioners who see Medicare patients (2011–2015).**
- **Payment rates for primary care physicians who see Medicaid patients will be increased (2013–2014).**
- **Starting in 2011, as many as 10 million Medicaid patients who have at least one chronic condition could have a “health home” to help them manage their condition. An estimated 8 million newly eligible Medicaid beneficiaries with at least one chronic condition could have a health home by 2014.**
- **The Affordable Care Act and the American Recovery and Reinvestment Act (the so-called stimulus package) will together support the training of more than 16,000 new primary care providers over the next five years.**

