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Implementing High Quality Primary Care: Rebuilding the Foundation of Health Care

National Advisory Council on the National Health Service Corps

Bob Phillips, MD MSPH
Co-Chair, NASEM Committee

Nationalacademies.org/primarycare
primarycare@nas.edu

Objectives

- Summarize this report with a focus on Access and Training
- Progress to date
  - OASH Initiative to Strengthen Primary Health Care
  - National Primary Care Score Card (and NHSC-related elements)
  - No Training Champion, yet
- Environmental Challenges & Opportunities

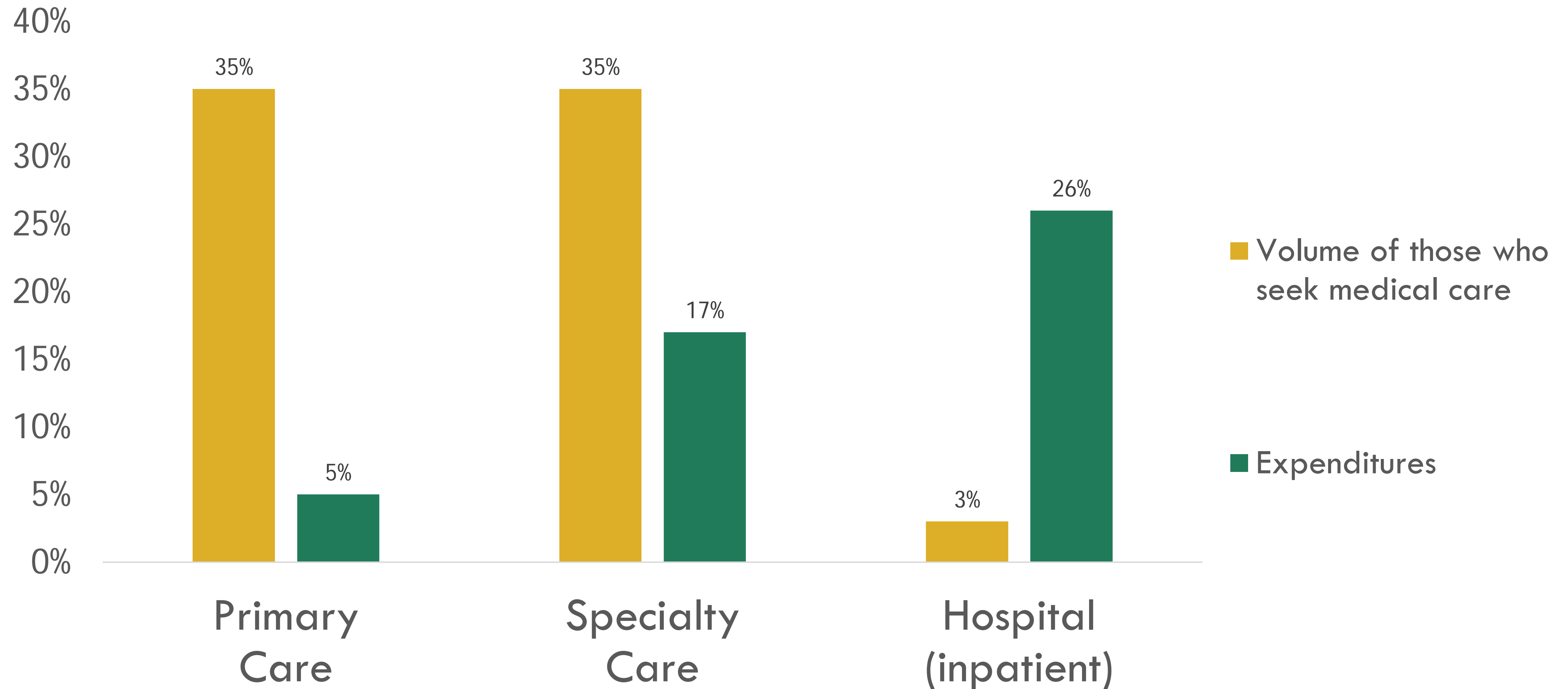
Statement of Task

NASEM committee will examine the current state of primary care in the United States and **develop an implementation plan** to build upon the recommendations from the 1996 IOM report, *Primary Care: America's Health in a New Era*, **to strengthen primary care services** in the United States, especially for underserved populations, and **to inform primary care systems** around the world.

Study Context

- Primary care is the only part of health care system that results in longer lives and more equity.
- It is weakening in the U.S. when it is needed most.
- Systems, localities, and states have had success implementing high-quality primary care.

Visits vs Expenditures in Medical Care



SOURCES: Johansen et al., 2016; Martin et al., 2020
All categories are not included in the figure and thus do not add up to 100 percent.

An Updated Definition of Primary Care

High-quality primary care is the provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities.

Primary Care as a Common Good

- Primary care has high societal value among health care services yet is in a precarious status
- COVID19 revealed that there was no federal champion for primary care
  - Requires policy, oversight, and monitoring
  - Needs strong advocacy, organized leadership, and public awareness

The Committee's Implementation Plan

System View

- Target recommended actions to 3 levels of U.S. health care

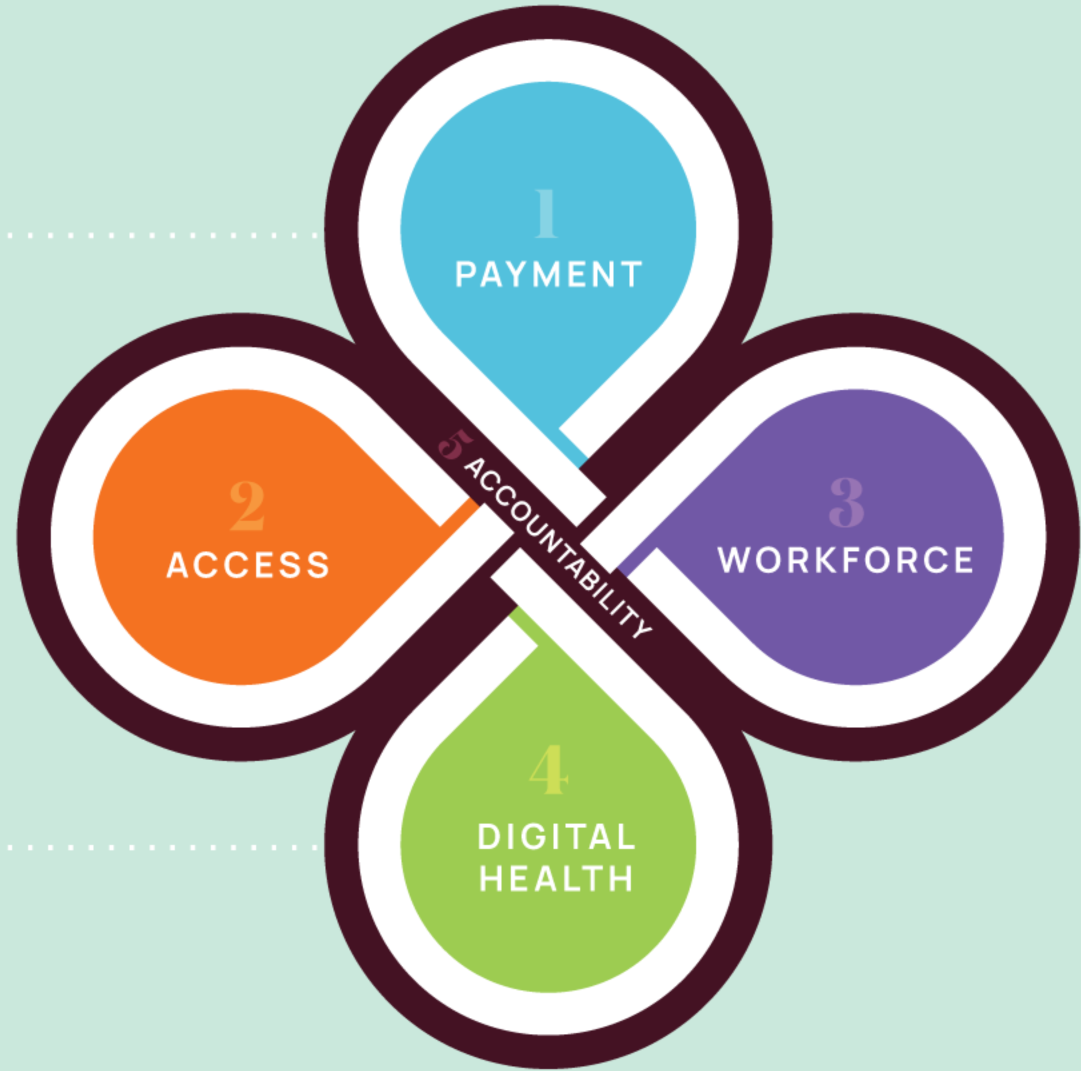
Accountability

- Establish unified body for oversight and assessment
- Create public scorecard to track progress

Policy Window

- Health Equity
- Mental Health
- COVID-19 pandemic revealed weaknesses

5 Objectives for Achieving High-Quality Primary Care



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5 Objectives for Achieving High-Quality Primary Care

1 PAYMENT
Pay for primary care teams to care for people, not doctors to deliver services.

2 ACCESS
Ensure that high-quality primary care is available to every individual and family in every community.

3 WORKFORCE
Train primary care teams where people live and work.

4 DIGITAL HEALTH
Design information technology that serves the patient, family, and interprofessional care team.

5 ACCOUNTABILITY
Ensure that high-quality primary care is implemented in the United States.

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1

PAYMENT

Pay for primary care teams to care for people, not doctors to deliver services.

1. Pay for primary care teams to care for people, not doctors to deliver services

- Payers: Hybrid payment models, don’t focus on short-term savings
- CMS: Increase overall spend on primary care
- States: Facilitate multi-payer collaboration on increased overall spend on primary care

Paying for Primary Care Teams to Care for People

Full Fee-for-service:
- Phase out

Risk Adjusted Capitation + FFS + patient assignment:
- Default payment for primary care
- Revalued E&M codes
- Resources for transformation

Risk Bearing Contracts with Focus on Population Health:
- Sufficient resources and incentives for primary care

2

ACCESS

Ensure that high-quality primary care is available to every individual and family in every community.

Action 2.1: Payers should ask **all beneficiaries to declare usual source of care.** (Universal Empanelment)

Action 2.2: HHS should **create new health centers, rural health clinics, and Indian Health Service facilities in shortage areas**

Action 2.3: CMS should **revise access standards for primary care for Medicaid beneficiaries** and provide resources to state Medicaid agencies for these changes

Action 2.4: CMS should **permanently support COVID-era rule revisions**

Action 2.5: Primary care practices should **include community members in governance, design, and delivery, and partner with community-based organizations**

3

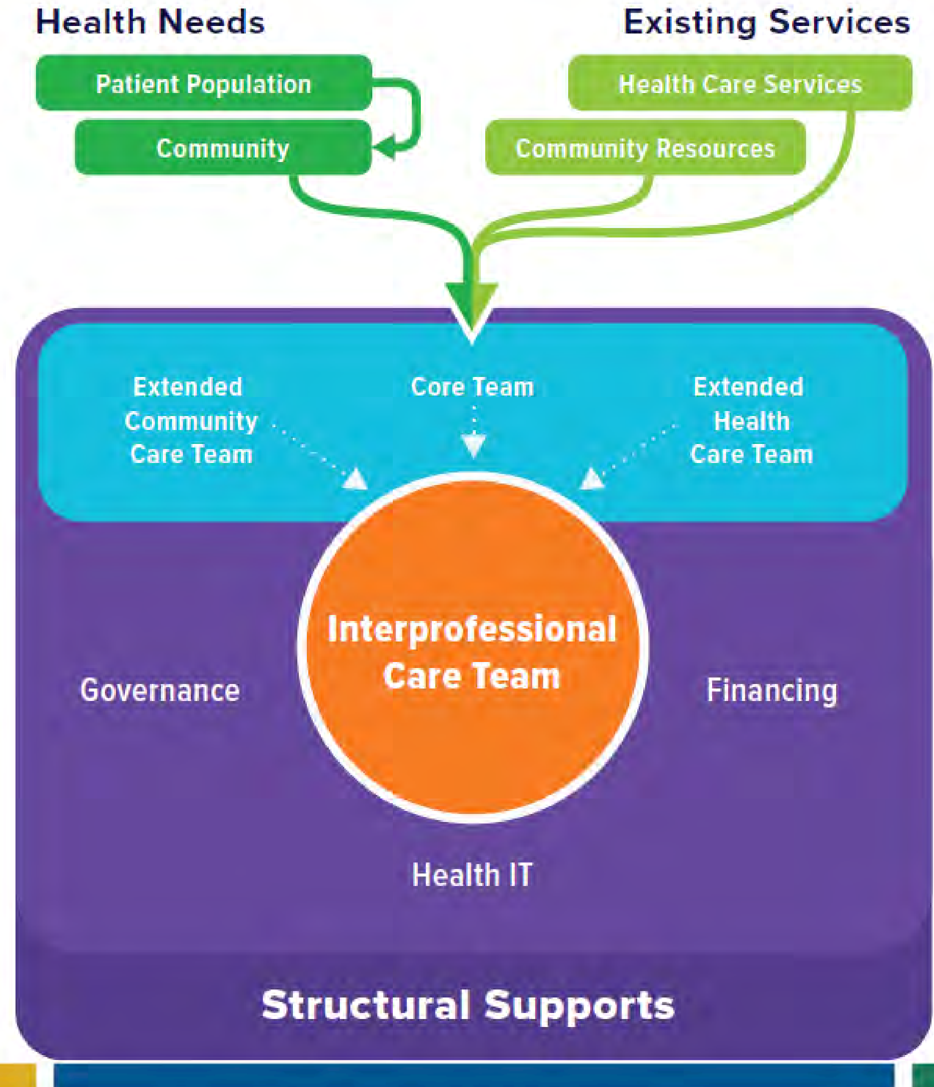
WORKFORCE

Train primary care teams where people live and work.

Integrated Primary Care Delivery

- Hybrid payment models are best for primary care integration
- Integrated primary care can address a broader range of needs more continuously over time
- Excellent integrated primary care exists in isolated examples
- Largest body of evidence supports behavioral health integration for child and adult populations

Creating a Structure to Support Team-Based Integrated Care



- Core Team
- Extended Health Care Team
- Extended Community Care Team

Action 3.1: Health care organizations should strive to **diversify the primary care workforce and customize teams to meet the needs of the populations they serve.**

Action 3.2: CMS, the Department of Veterans Affairs, HRSA, and states should redeploy or augment Title VII, Title VIII, and GME funding to **support interprofessional training in community-based, primary care practice environments.**

4

DIGITAL HEALTH

Design information technology that serves the patient, family, and interprofessional care team.

Action 4.1: ONC and CMS should develop next phase of digital health certification standards that **support relationship-based, continuous and person-centered care; simplify the user experience; ensure equitable access and use; and hold vendors accountable**

Action 4.2: ONC and CMS should adopt a **comprehensive aggregate patient data system** that is usable by any certified digital health tool for patients, families, clinicians, and care team members.

5

ACCOUNTABILITY

Ensure that high-quality primary care is implemented in the United States.

Action 5.1: The HHS Secretary should establish a **Secretary's Council on Primary Care to coordinate primary care policy**, ensure adequate budgetary resources for such work, report to Congress and the public on progress, and hear guidance and recommendations from a **Primary Care Advisory Committee that represents key primary care stakeholders.**

A Federal Champion for Primary Care

Action 5.2: HHS should form an **Office of Primary Care Research at NIH and prioritize funding of primary care research at AHRQ**.

Action 5.3: Primary care professional societies, consumer groups, and philanthropies should **assemble, regularly compile, and disseminate a "High-quality primary care implementation scorecard"** to improve accountability and implementation.

Health of US Primary Care Scorecard

Primary Care Transformation

- HEALTH OF US PRIMARY CARE SCORECARD
- PRIMARY CARE INVESTMENT: STATE POLICY AND SPENDING MAPS

Despite evidence that primary care improves the health
primary care in the United States is in a vulnerable positi
from National Academies of Science, Engineering and M
High-Quality Primary Care. The Milbank Memorial Fund a
the Robert Graham Center to develop an annual "Health
implementation of high-quality primary care and inform
Committee members, who will inform measure selectio

Milbank Memorial Fund Collaborates with The Physicians Foundation and Robert Graham Center on New US Primary Care Scorecard

READ MORE

ROBERT GRAHAM CENTER

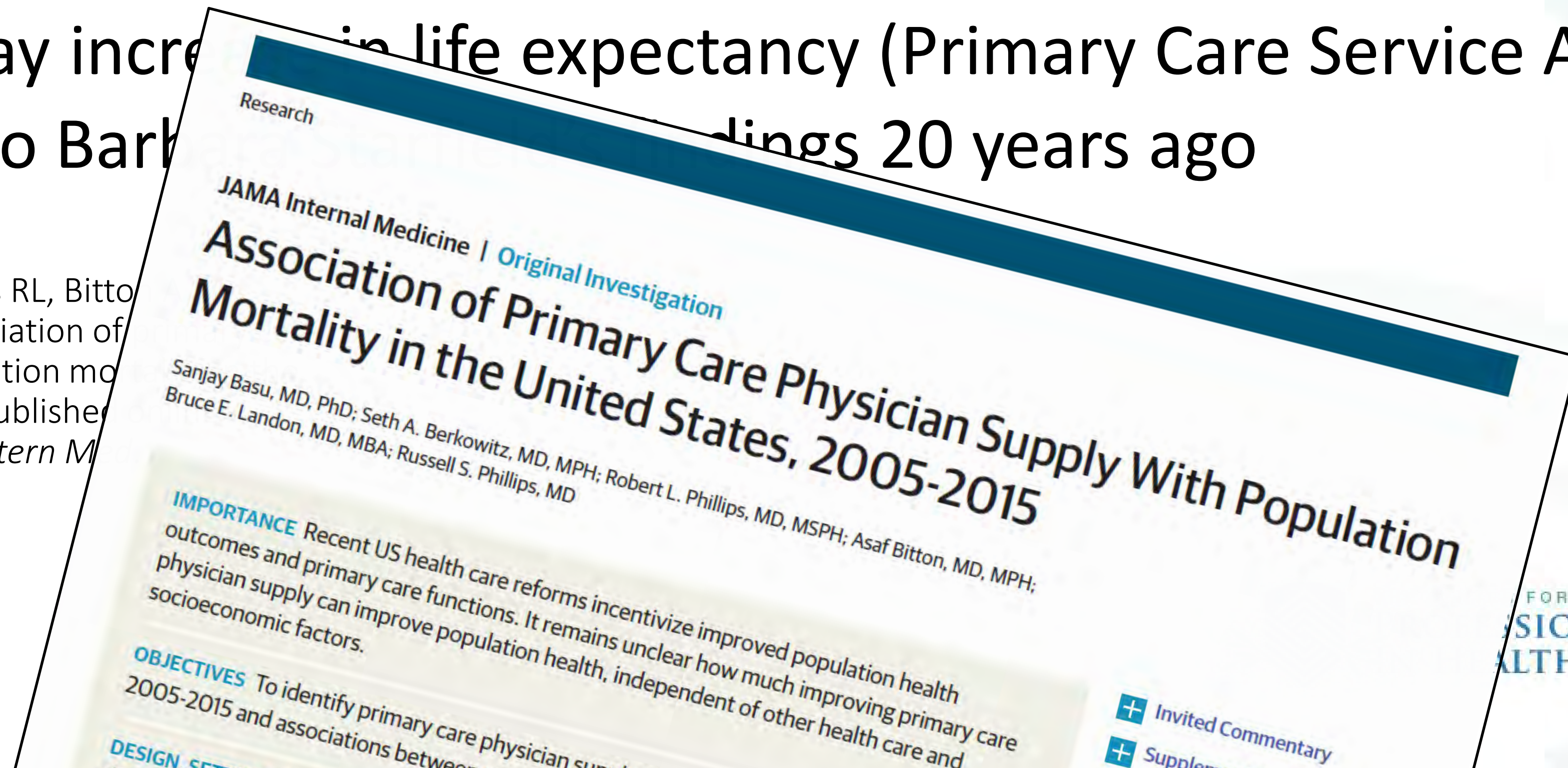
PC SCORECARD MEASURES, CONSTRUCTS, DATA and COVERAGE

Objective 2: Ensure that high-quality primary care is available to every individual and family in every community		
2.1	Percentage of adults without a usual source of health care	NHIS
2.2	Percentage of children without a usual source of health care	
2.3	Primary care physicians per 100,000 people in medically underserved areas	NPPES, Medicare, and HPSA
2.4	Primary care physicians per 100,000 people in areas that are not medically underserved	
Objective 3: Train primary care teams where people live and work		
3.1	Percentage of physicians trained in community-based settings, rural areas, Critical Access Hospitals (CAHs), MUAs	AMA, ACGME
3.2	Percentage of physicians, nurses, and physician assistants (PAs) working in primary care	NPPES
3.3	Percentage of new physician workforce entering primary care each year	AOA, AMA, ACGME
3.4	Residents per 100,000 population by state	NPPES, ACS

Primary Care and Mortality

- Every 10 additional primary care physicians per 100 000 population was associated with:
  - 51.5-day increase in life expectancy (county)
  - 117.3-day incre… in life expectancy (Primary Care Service Area)
  - Similar to Bar… …dings 20 years ago

Basu S, Berkowitz SA, Phillips RL, Bitto… Landon BE, Phillips RS. Association of… physician supply with population mo… United States, 2005-2015 [publishe… February 18, 2019]. *JAMA Intern M…*



Research

JAMA Internal Medicine | Original Investigation

Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015

Sanjay Basu, MD, PhD; Seth A. Berkowitz, MD, MPH; Robert L. Phillips, MD, MSPH; Asaf Bitton, MD, MPH; Bruce E. Landon, MD, MBA; Russell S. Phillips, MD

IMPORTANCE Recent US health care reforms incentivize improved population health outcomes and primary care functions. It remains unclear how much improving primary care physician supply can improve population health, independent of other health care and socioeconomic factors.

OBJECTIVES To identify primary care physician su… 2005-2015 and associations betwe…

DESIGN, SE…

Invited Commentary

Supplem…

…FOR …SIONALISM & VALUE …LTH CARE

Primary Care and Mortality

- People living in whole-county Health Professional Shortage Areas, on average, have life expectancies **310 days less** than those not in HPSAs
  - Getting above the HPSA threshold (1:3500) would ad 22.4 days, on average
  - Getting to 1:150 … ld add 56.3 days
  - 40% of countie … ly 1000 have been HPSAs for more than 20 years

Ann Intern Med. 2021;174:xxx–xxx. doi:1

Annals of Internal Medicine

ORIGINAL RESEARCH

Estimated Effect on Life Expectancy of Alleviating Primary Care Shortages in the United States

Sanjay Basu, MD, PhD; Russell S. Phillips, MD; Seth A. Berkowitz, MD, MPH; Bruce E. Landon, MD, MBA; Asaf Bitton, MD, MPH; and Robert L. Phillips, MD, MSPH

Background: Prior studies have reported that greater numbers of primary care physicians (PCPs) per population are associated with reduced population mortality, but the effect of increasing PCP density in areas of low density is poorly understood.

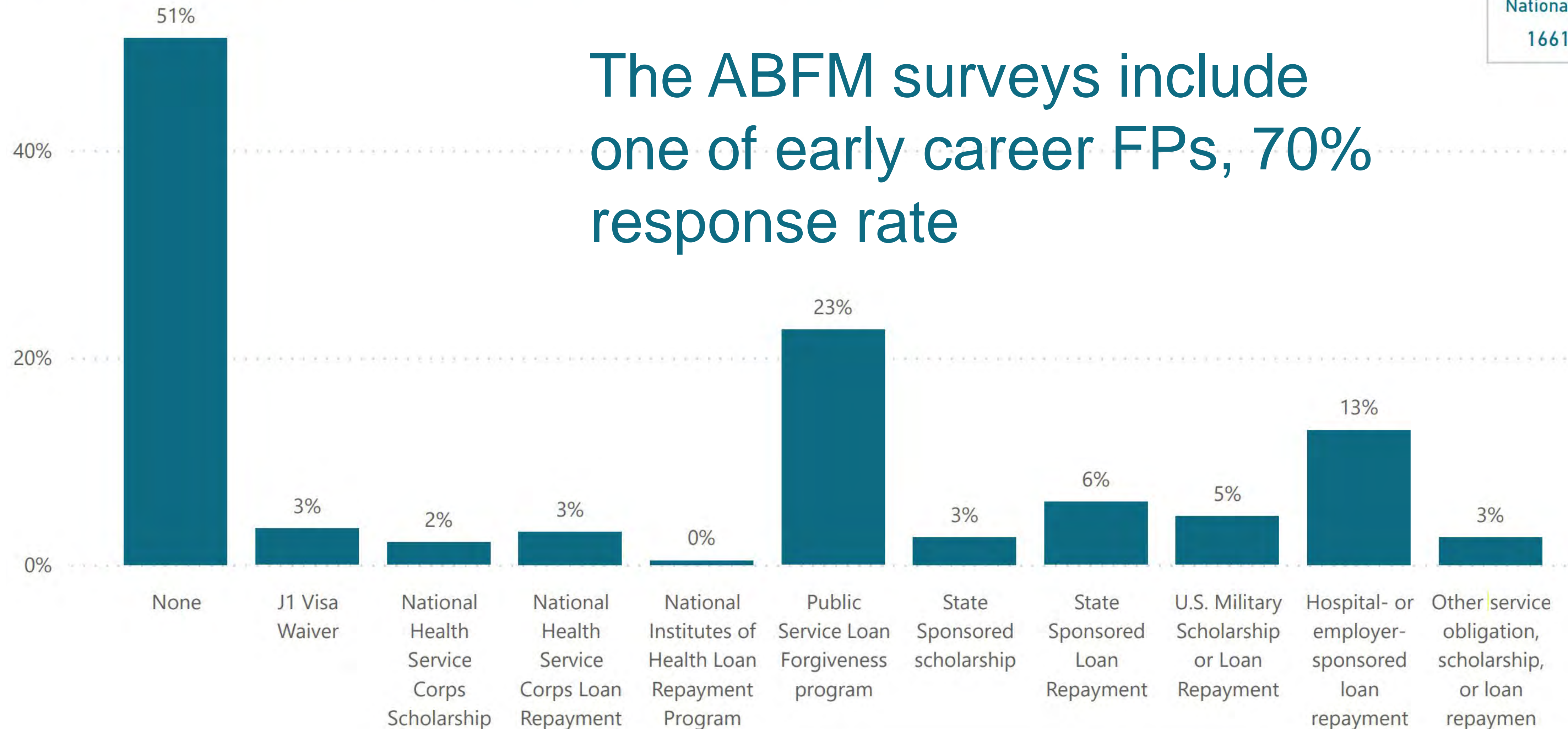
Objective: To estimate how alleviating PCP sho… change life expectancy and mortalit…

Design: Generali… and …

increasing the density of PCPs above the 1:3500 … would be expected to increase mean lif… days (median, 19.4 days … such countie…

ALISM & VALUE
CARE

Early career Family Physicians and NHSC vs PSLF



NHSC vs Public Service Loan Forgiveness

National Graduate Survey 2016 - 2020 (>10,000 FPs)

- PSLF uptake tripled, NHSC uptake remained static (<5%)
- NHSC FPs were more likely
  - In rural practice (23.29% to 10.84% PSLF)
  - In full Health Professions Shortage Areas (12.5% to 3.70% PSLF)
  - To work with medically underserved populations (82.17% to 24.22% PSLF)
- PSLF is less effective than NHSC in directing physicians to underserved settings

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IN HEALTH CARE

Teaching Health Centers

Teaching Health Center Graduates were significantly more likely to:

- To practice in a rural location (17.9% to 11.8%)
- To practice within 5 miles of their residency program (18.9% to 12.9%)
- To care for medically underserved populations (35.2% to 18.6%)

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NHSC and THC are on-target for NASEM Rec's

- How do we make NHSC preferred over PSLF?
  - Better financial deal?
  - More support?
  - More choice?
  - Better lifestyle?
- Besides expansion of THCGME
  - Help CMS and VA evaluate GME funding outcomes?
  - Synergy between NHSC and THCGME?
  - Partner with or strategically support other training programs that produce rural and underserved workforce?

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Download the report and view more resources at:

Nationalacademies.org/primarycare

Questions? E-mail bphillips@theabfm.org