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# Implementing High-Quality Primary Care:

# Ensuring Access

Nationalacademies.org/primarycare
primarycare@nas.edu

# Committee Members

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- **Asaf Bitton,** Ariadne Labs
- **Tumaini Coker,** University of Washington School of Medicine and Seattle Children's
- **Carrie Colla,** Geisel School of Medicine at Dartmouth
- **Molly Cooke,** University of California, San Francisco
- **Jennifer DeVoe,** Oregon Health & Science University
- **Rebecca Etz,** Virginia Commonwealth University
- **Susan Fisher-Owens,** University of California, San Francisco School of Dentistry
- **Jackson Griggs,** Heart of Texas Community Health Center, Inc.
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- **Mary McClurg,** Eshelman School of Pharmacy at University of North Carolina at Chapel Hill
- **Benjamin Olmedo,** Dignity Health
- **Brenda Reiss-Brennan,** Intermountain Healthcare
- **Hector Rodriguez,** University of California, Berkeley
- **Robert Weyant,** School of Dental Medicine at University of Pittsburgh

**Staff:** Marc Meisnere, Sharyl Nass, Tracy Lustig, Sarah Robinson, Samira Abbas **NAM Fellows:** Kameron Matthews, Lars Peterson, Dima Qato

# 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.

# 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
- Requires public policy for oversight and monitoring
- Needs strong advocacy, organized leadership, and public awareness

# 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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# Access to Primary Care Today

- In 2019, nearly 30 million non-elderly Americans didn't have health insurance.
- More than 80 million individuals live in a primary care Health Professional Shortage Area.
- Primary care is only part of health care system that results in longer lives and more equity.

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. Health centers, hospitals, and primary care practices should assume ongoing relationship for the uninsured they treat.

**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.

# In Summary: Ensuring Access

- Currently, the uninsured and insured alike fall between the cracks of a fragmented system.
- Move toward community-centered primary care models:
  - Include community members in governance, practice design, delivery
  - Partner with community-based organizations
- Expand primary care settings in shortage areas:
  - Ask all covered individual to declare a usual source of care and assume an ongoing relationship with the uninsured being treated

Download the report and view more resources at:
Nationalacademies.org/primarycare

Questions? E-mail primarycare@nas.edu