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Implementing High-Quality Primary Care:

The Future Workforce

Nationalacademies.org/primarycare
primarycare@nas.edu

Committee Members

- **Linda McCauley,** Emory University *(Co-Chair)*
- **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.
- **Robert Phillips, Jr.,** American Board of Family Medicine *(Co-Chair)*
- **Shawna Hudson,** Rutgers University
- **Shreya Kangovi,** University of Pennsylvania
- **Christopher Koller,** Milbank Memorial Fund
- **Alex Krist,** Virginia Commonwealth University
- **Luci Leykum,** University of Texas at Austin
- **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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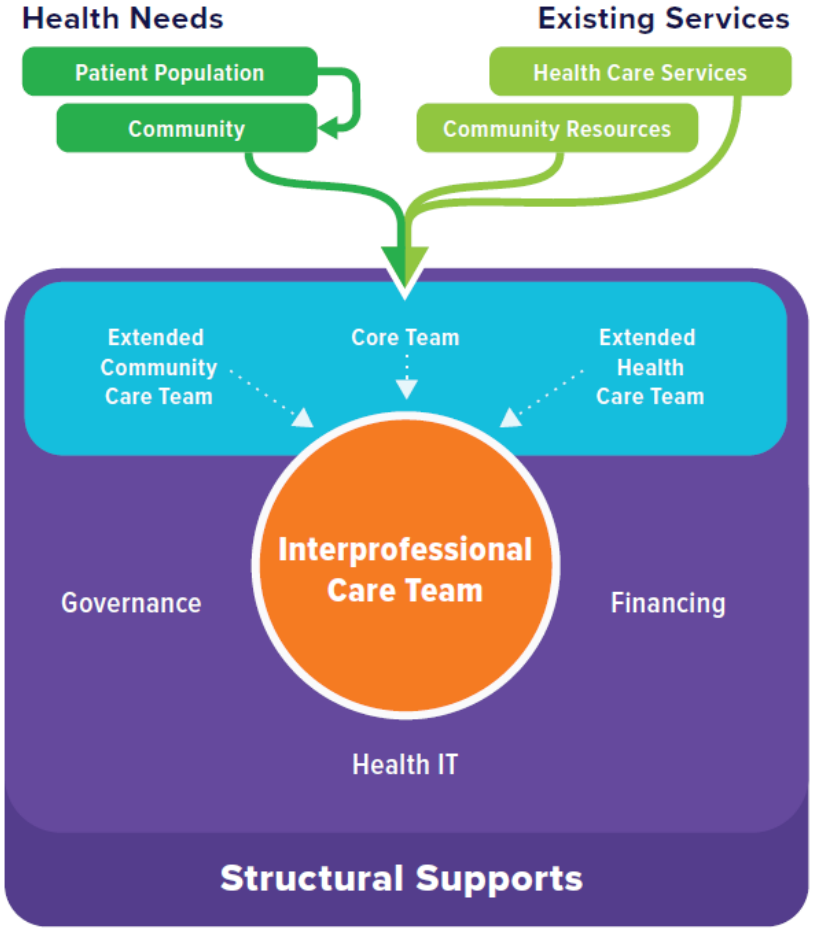
Creating a Structure to Support Team-Based Integrated Care



The Interprofessional Primary Care Team

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

The Primary Care Workforce Today

- Greater density of primary care physicians is associated with increased life expectancy.
- On average 24% of medical education trainees (physicians) go to primary care, and less than 8% go to rural practice.
- Non-white professionals are under-represented in nearly every clinical health care occupation.
- Most primary care training occurs in hospitals.

Integrated Primary Care Delivery

- Relational provision of whole-person care that produces person, family, and community health and well-being
- Relies on interprofessional team-based care and payment models that can support them
- Largest body of evidence supports behavioral health integration for child and adult populations.

WORKFORCE

Train primary care teams where people live and work.

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. Government agencies should expand educational pipeline models and improve economic incentives.

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.

In Summary: Building the Future Workforce

- Currently, primary care physicians lack diversity and train in hospitals and academic health centers.
- Prioritize the diversification of the primary care workforce:
  - Include, train, support family caregivers, CHWs, other team members
  - HHS and DoED should expand educational pipeline models
- Train diverse team members in the community settings they will serve:
  - Redeploy or augment funding, including HRSA and GME funding

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

Questions? E-mail primarycare@nas.edu