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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.

Primary Care Accountability Today

- The 1996 report lacked any accountability mechanisms.
- The U.S. still needs an organizing body for primary care – true in public and private sectors.
- Between 2002 and 2014, family medicine received $\sim 0.2\%$ of total research funding dollars.
- Between 2012 and 2018 across all research agencies, primary care research represented only 1% of all funded projects.



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.

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.

Improving Accountability: A U.S. Scorecard

Scorecard measures are:

1. Already in use (not new)
2. Few in number, easily understood, consistent
3. Built on data that is regularly collected and publicly available
4. Appropriate for use at national and state levels

TABLE 12-1 The Health of Primary Care: A Proposed U.S. Scorecard (Summary)

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

Measure 1.1: Percentage of total spend going to primary care—commercial insurance

Measure 1.2: Percentage of total spend going to primary care—Medicare

Measure 1.3: Percentage of total spend going to primary care—Medicaid

Measure 1.4: Percentage of primary care patient care revenue from capitation

Objective 2: Ensure that high-quality primary care is
available to every family in every community

Measure 2.1: Percentage of adults without a usual source of health care

Measure 2.2: Percentage of children without a usual source of health care

Measures 2.3: Primary care physicians per 100,000 people in medically underserved areas

Measure 2.4: Primary care physicians per 100,000 people in areas that are not medically underserved

Improving Accountability: A U.S. Scorecard

Objective 3: Train primary care teams where people live and work

Measure 3.1: Percentage of physicians trained in community-based settings, rural areas, Critical Access Hospitals, Medically Underserved Areas

Measure 3.2: Percentage of physicians, nurses, and physician assistants working in primary care

Measure 3.3: Percentage of new physician workforce entering primary care each year

Measure 3.4: Residents per 100,000 population by state

Objective 4: Design information technology that serves patients, their families, and the interprofessional primary care team

The committee is not aware of adequate measures or data sources that capture the use or availability of person-centered digital health in primary care (or any health care) settings, underscoring the urgency for further research in this area

Objective 5: Ensure that high-quality primary care is implemented in the United States

Measure 5.1: Investment in primary care research by the National Institutes of Health in dollars spent and percentage of total projects funded

In Summary: Implementing High-Quality Primary Care

- Establish a Secretary's Council on Primary Care to:
 - Coordinate on primary care across HHS agencies
 - Verify adequate budgetary resources
 - Report to Congress and the public on implementation progress
- Formalize a home for Primary Care Research:
 - Create an Office for PCR at NIH
 - Prioritize PCR funding at AHRQ
- Regularly track implementation progress via a scorecard with existing measures

Download the report and view more resources at:
[Nationalacademies.org/primarycare](https://nationalacademies.org/primarycare)

Questions? E-mail primarycare@nas.edu