The National Academies of
SCIENCES · ENGINEERING · MEDICINE

Implementing High-Quality Primary Care:

Rebuilding the Foundation of Health Care

May 4, 2021

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

Committee Expertise

- Clinicians including physicians (family medicine, internal medicine, pediatrics), nurses, dentist, pharmacist, physician assistant
- Community health worker program Executive Director
- Health center CEO
- State and federal health policy experts
- Economist
- Medical and cultural anthropologists
- Sociologist

Study Sponsors

- Agency for Health Research and Quality
- American Academy of Family Physicians
- American Academy of Pediatrics
- American Board of Pediatrics
- American College of Physicians
- American Geriatrics Society
- Academic Pediatric Association
- Alliance for Academic Internal Medicine
- Blue Shield of California
- The Commonwealth Fund
- Department of Veterans Affairs
- FMA Health
- Health Resources and Services Administration
- New York State Health Foundation
- Patient-Centered Outcomes Research Institute
- Samueli Foundation
- Society of General Internal Medicine

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.

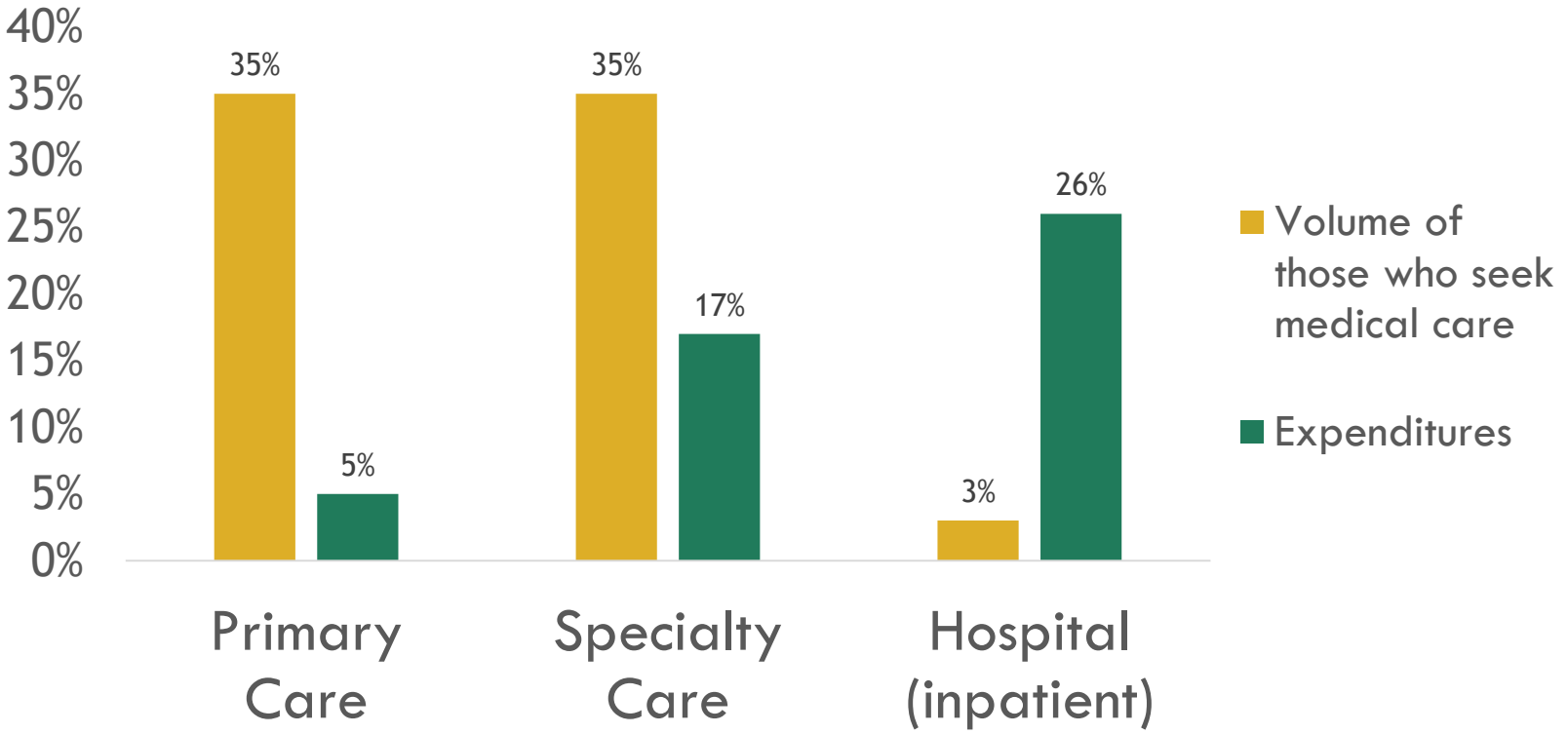
The Committee's Process

- 5 meetings, a webinar, and many conference calls
- 3 public information-gathering sessions
- 3 commissioned papers: the historical evolution of primary care; the effects of the pandemic; and payment reform
- Literature review (~6,000 articles) and synthesis of findings and conclusions
- Recommendations driven by consensus
- External peer-review by 16 experts in variety of disciplines

Study Context

- Primary care is 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.

Study Context

- Share of total health care spending on primary care is decreasing in majority of states
- COVID-19 pandemic amplified economic, mental health, and social health inequities
- Exacerbated access to care problems and financial pressures on practices
- Some meaningful policy changes, including relaxation of telehealth rules

SOURCES: Johansen et al., 2016; Martin et al., 2020

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

The Committee's Implementation Plan

System View

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

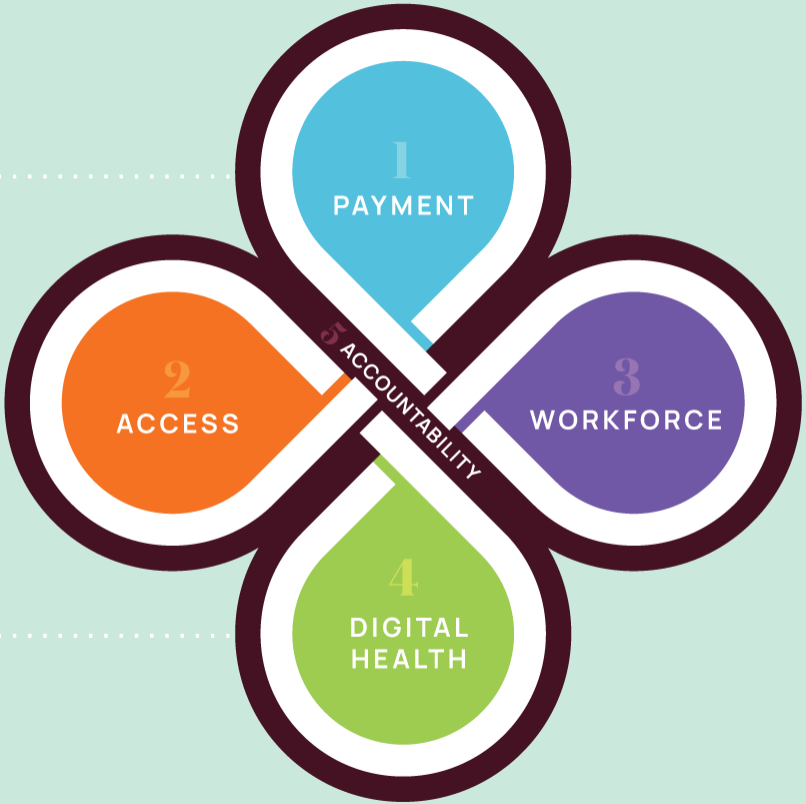
Accountability

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

Policy Window

- Population is concerned with future of U.S. health system
- COVID-19 pandemic revealed weaknesses

5 Objectives for Achieving High-Quality Primary Care



The National Academies of
SCIENCES • ENGINEERING • MEDICINE

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.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

1

PAYMENT

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

Action 1.1: Payers should evaluate and disseminate payment models based on their ability to promote the delivery of high-quality primary care, not short-term cost savings.

Action 1.2: Payers using fee-for-service models for primary care should shift toward hybrid reimbursement models, making them the default over time. For risk-bearing contracts, payers should ensure that sufficient resources and incentives flow to primary care.

Action 1.3: CMS should increase overall portion of health care spending for primary care by improving Medicare fee schedule and restoring the RUC to advisory nature.

Action 1.4: States should facilitate multi-payer collaboration and increase the portion of health care spending for 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. 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.

3

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.

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.

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

Objective 2: Assure 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	
Potential data source: National Health Interview Survey (NHIS) (CDC, 2021)	Sample performance 14.6 percent (2018) (CDC, 2018)
Measure 2.2: Percentage of children with a usual source of health care	

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.

The National Academies of
SCIENCES • ENGINEERING • MEDICINE

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

Questions? E-mail primarycare@nas.edu