INVESTING IN PRIMARY CARE: THE PATHWAY TO BETTER HEALTH AND EQUITY IN THE UNITED STATES

Primary care is the foundation of a well-functioning health care system and a cornerstone of healthy, thriving communities. Evidence demonstrates that health systems offering robust access to primary care have better outcomes and fewer disparities among patients, as well as overall lower costs. Recent data indicate that primary care in the United States (U.S.) is underfunded and that increased investment in primary care would increase access and ultimately produce better, more equitable health outcomes.

The Problem with Health Care in the U.S.

The U.S. is experiencing a crisis of poor physical and mental health, combined with insufficient access to primary care and preventive services. Moreover, many communities – particularly low-income communities and communities of color – experience a disproportionate burden of chronic health conditions, sickness, and shorter life expectancy.

- **Six in ten** Americans live with at least one chronic condition; many of these diseases are the leading causes of death. ¹
- **50%** of Americans delay care due to high costs. ²
- Only **8%** of adults over **age 35** receive all recommended clinical preventive services – nearly **5%** do not receive any. ³
- When compared to other high-income countries, the U.S. consistently has the lowest life expectancy at **78.8 years** compared to the average of other high-income countries (81.7). ⁴
- The gap in life expectancy for the richest **1%** and poorest **1%** is **14.6 years**. ⁵
- There are **11 infant deaths per 1,000 live births** among Black Americans. This is almost twice the national average of **5.8 infant deaths per 1,000 live births**. ⁶

Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. ⁷

- National Academy of Science, Engineering and Medicine, *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care* (2021).

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**Access to Primary Care Improves Health Outcomes**

Evidence shows that access to primary care, including proximity to and availability of providers, positively impacts population health. Availability of primary care providers or having a usual source of primary care also increases the likelihood of people using health care services, which in turn improves health outcomes. Improved access to primary care has been shown to narrow gaps in racial disparities in health outcomes, indicating primary care is an essential way to alleviate inequities.

- 10 more primary care providers (PCPs) per 100,000 people are associated with a **51.5-day** increase in life expectancy.7
  - While an increase of one PCP per 10,000 people is associated with a reduction of **1.6 deaths per 10k** for the white population, the same increase is associated with a reduction of **4.0 deaths per 10k** for the Black population.8
- One additional PCP per 10,000 people leads to:
  - 5.5% fewer hospital visits,
  - 11% fewer emergency department visits, and
  - 7% fewer surgeries.9
- Those with a usual source of care are more likely to receive preventive care services than those without a usual source of care (43.9% vs 33.9%). – Figure 2
- Greater geographic density of Federally Qualified Health Centers results in a **26-35%** reduction in emergency department use for uninsured populations.10

**FIG 2.**
Preventive care measures with or without usual source of primary care

Investment in Primary Care Strengthens Health Care Systems

Health care spending in the U.S. is significantly higher than in other high-income countries, yet the proportion of U.S. health care dollars spent on primary care is comparatively very low – as little as half of what other similar countries spend on primary care. Countries that allocate more dollars to primary care tend to have higher utilization of primary care services, better health outcomes, and longer lifespans. Within the U.S., studies show that increasing investment in primary care translates to both increased service utilization and cost reductions.

- In the U.S., primary care accounts for only about 5 to 7% of all health care expenditures.
  - Yet, primary care accounts for 35% of all medical office visits.
  - Comparatively, other high-income countries spend 12-14% on primary care.
- In 2020, 50% of Americans delayed care due to high costs, as compared with 11% of French people and 12% of Germans.
- Following the Affordable Care Act, Medicaid expansion in Kentucky and private insurance expansion in Arkansas led to a 12% increase in utilization of primary care, a 12% increase in regular care for chronic conditions, a 6% reduction in likelihood of emergency department visits, and improvement in overall self-reported health.
- A $10 increase in Medicaid reimbursement per visit generates a 1.4% increase in the probability that a Medicaid recipient had visited a doctor in the past two weeks.
- Oregon’s Patient-Centered Primary Care Home Program shows that every $1 increase in primary care expenditures related to the program results in $13 in savings in other services.
- Patient-Centered Medical Home (PCMH)-recognized practices had on average 12 fewer emergency department visits per 100 Medicare beneficiaries than non-PCMH recognized practices.

Spotlight on Rhode Island: State-level Increases in Primary Care Spending

In 2009, Rhode Island (RI) became the first state to mandate increased health care spending on primary care, requiring commercial insurers to increase primary care spend by 1% per year for the next five years. Early findings from RI’s investment efforts point to largely positive outcomes:

- Primary care spending in RI grew by 37% from 2008 to 2012, while total medical spending fell 14% during the same period.
- Following the 2009 regulation, RI was the only state in New England to increase its supply of PCPs per capita between 2009 and 2014.

Following Rhode Island’s lead, 13 states have committed to measuring or reporting on primary care spend. Of these, six states have set new primary care investment targets to increase the proportion of health care dollars required to be spent on primary care.
Investing in Primary Care Is a Smart Move

The evidence is clear that primary care is a critical mechanism for creating healthier communities with fewer chronic conditions and less preventable hospitalizations, increasing health equity, and reducing costs over the long term. However, to achieve those goals, primary care must be adequately funded. Policymakers at the federal, state, and local level should prioritize policies that increase investment in primary care, and health system actors such as insurers should consider voluntary changes to increase spending on primary care as well. Investment can take various forms and should be tailored to the needs of primary care providers and communities. Priority areas for policy change should include:

- Advancing policies to increase primary care spending across payer types at state and national levels and putting new resources into primary care infrastructure and workforce.
- Considering new payment models that increase and stabilize access to quality care.
- Prioritizing communities of color, low-income communities, and rural communities in primary care spending reforms.

References:


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