



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

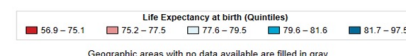
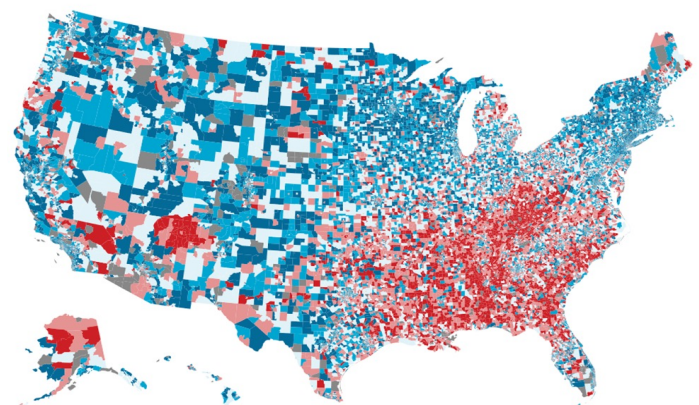


Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”

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

FIG 1.

Life Expectancy at Birth in the United States by Census Tract, 2010-2015



Source: Center for Disease Control and Prevention. *Surveillance and Data: A New View Of Life Expectancy*. CDC.gov. Published March 12, 2020. Accessed April 7, 2022. <https://www.cdc.gov/surveillance/blogs-stories/life-expectancy.html>

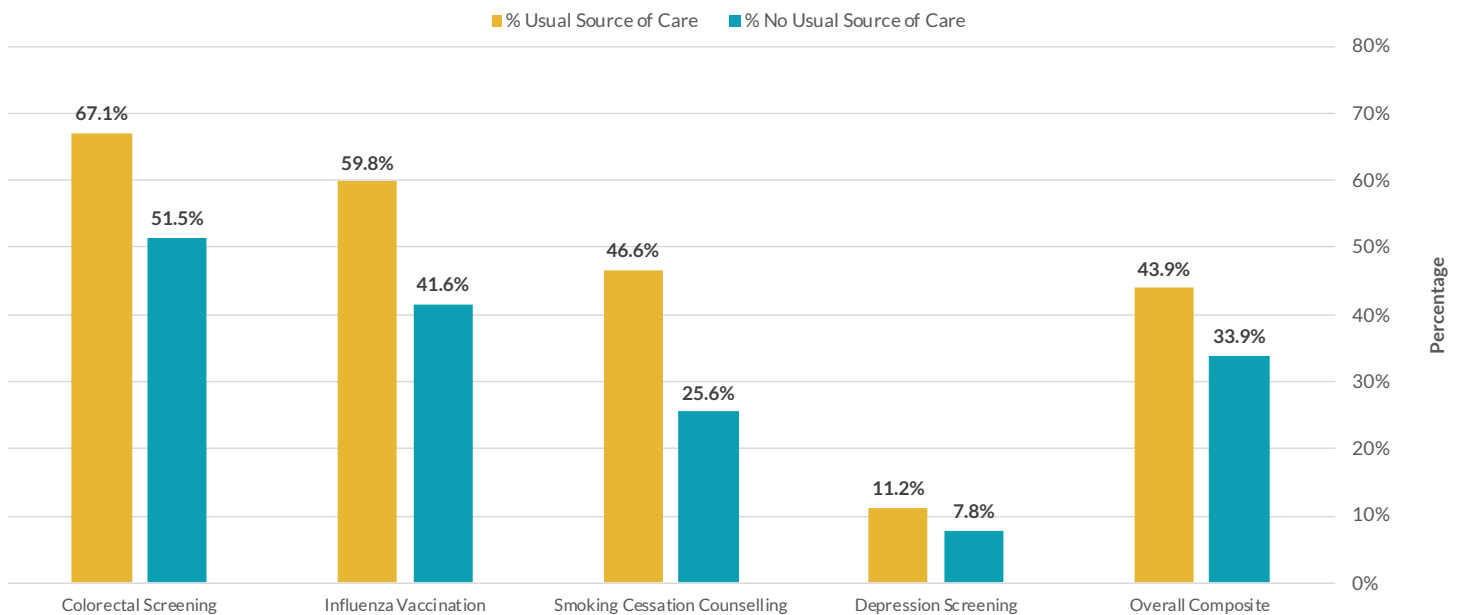


Access to Primary Care Improves Health Outcomes

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



Source: Aoki, T., Fujinuma, Y., Matsushima, M. Usual source of primary care and preventive care measures in the COVID-19 pandemic: a nationwide cross-sectional study in Japan. *BMJ Open*. 2022;12:e057418. doi: 10.1136/bmjopen-2021-057418



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.¹¹ Countries that allocate more dollars to primary care tend to have higher utilization of primary care services, better health outcomes, and longer lifespans.¹² 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.¹³
 - Comparatively, other high-income countries spend **12-14%** on primary care.¹⁴⁻¹⁵
- In 2020, **50%** of Americans delayed care due to high costs, as compared with 11% of French people and 12% of Germans.”²
- 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.¹⁶
- 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.¹⁷
- 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.¹⁸
- Patient-Centered Medical Home (PCMH)-recognized practices had on average 12 fewer emergency department visits per 100 Medicare beneficiaries than non-PCMH recognized practices.¹⁹

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.²⁰
- Following the 2009 regulation, RI was the only state in New England to increase its supply of PCPs per capita between 2009 and 2014.”²¹

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.



POINTS ON CARE

A data brief series examining all aspects of primary care access

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.

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References:

- ¹ National Center for Chronic Disease Prevention and Health Promotion. Centers for Disease Control and Prevention. Published April 30, 2019. <https://www.cdc.gov/chronicdisease/index.htm>
- ² Doty MM, Tikkanen RS, FitzGerald M, Fields K, Williams RD. Income-Related Inequality In Affordability And Access To Primary Care In Eleven High-Income Countries. *Health Affairs*. Published online December 9, 2020;10.1377/hlthaff. doi:10.1377/hlthaff.2020.01566
- ³ Borsky A, Zhan C, Miller T, Ngo-Metzger Q, Bierman AS, Meyers D. Few Americans Receive All High-Priority, Appropriate Clinical Preventive Services. *Health Aff (Millwood)*. 2018;37(6):925-928. doi:10.1377/hlthaff.2017.1248
- ⁴ Ortaliza, J., et al. How does U.S. life expectancy compare to other countries? Peterson-Kaiser Health System Tracker. Published September 28, 2021. Accessed April 7, 2022. <https://www.healthsystemtracker.org/chart-collection/u-s-life-expectancy-compare-countries/>
- ⁵ Chetty R, Stepner M, Abraham S, et al. The Association Between Income and Life Expectancy in the United States, 2001-2014. *JAMA*. 2016;315(16):1750-1766. doi:10.1001/jama.2016.4226
- ⁶ Osterman M, Hamilton B, Martin J, Driscoll A, Valenzuela C. Births: Final Data for 2020 Number of births (millions) Rate Number. *National Vital Statistics Reports*. 2022;70(17).
- ⁷ Sanjay Basu, et al. Association of Primary Care Physician Supply with Population Mortality in the United States, 2005-2015. *JAMA Internal Medicine*. 2019;179(4), 506-514. doi:10.1001/jamainternmed.2018.7624
- ⁸ Shi L, Macinko J, Starfield B, Politzer R, Xu J. Primary care, race, and mortality in US states. *Social Science & Medicine*. 2005;61(1):65-75. doi:10.1016/j.socscimed.2004.11.056
- ⁹ Steven J. Kravet et al. Health Care Utilization and the Proportion of Primary Care Physicians. *JAMA Internal Medicine*. 2008; 121(2), 142-148. Doi: 10.1016/j.amjmed.2007.10.021
- ¹⁰ Julia B. Nath, et al. Access to Federally Qualified Health Centers and emergency department use among uninsured Medicaid-insured adults: California, 2005-2013. *Academic Emergency Medical Journal*. 2019; 26 (2), 129-139. Doi: 10.1111/acem.13494
- ¹¹ Schneider, E., et al. Mirror, Mirror 2021: Reflecting Poorly Health Care in the U.S. Compared to Other High-Income Countries. The Commonwealth Fund. Published August 4, 2021.
- ¹² The Lancet. Prioritising primary care in the USA. Elsevier. 2019; 394(10195):273. doi:10.1016/S0140-6736(19)31678-2
- ¹³ McCauley, L., et. al. Chapter 3: Primary Care in the United States: A Brief History and Current Trends. In: McCauley, L. et. al, eds. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*. Washington, D.C. National Academies Press; 2021:71-92
- ¹⁴ Martin S, Phillips RL, Petterson S, Levin Z, Bazemore AW. Primary Care Spending in the United States, 2002-2016. *JAMA Intern Med*. 2020;180(7):1019-1020. doi:10.1001/jamainternmed.2020.1360
- ¹⁵ The Organisation for Economic Co-operation and Development, *Realising the Full Potential of Primary Health Care*, Policy Brief, 2019, available at <https://www.oecd.org/health/health-systems/OECD-Policy-Brief-Primary-Health-Care-May-2019.pdf>.
- ¹⁶ Sommers BD, Blendon RJ, Orav EJ, Epstein AM. Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance. *JAMA Intern Med*. 2016;176(10):1501-1509. doi:10.1001/jamainternmed.2016.4419
- ¹⁷ Alexander, D. & Schnell, M. The Impacts of Physician Payments on Patient Access, Use, and Health. *National Bureau of Economic Research*. 2019; 26095:1-63. Doi: 10.3386/w26095
- ¹⁸ Gelmon S, Wallace N, Sandberg B, Petchel S, Bouranis N. IMPLEMENTATION of OREGON'S PCPCH PROGRAM: EXEMPLARY PRACTICE and PROGRAM FINDINGS Final Report.; 2016. <https://www.oregon.gov/oha/HPA/dsi-pcpc/Docs/PCPCH-Program-Implementation-Report-Final-Sept-2016.pdf>
- ¹⁹ Latest Evidence: Benefits of NCQA Patient-Centered Medical Home Recognition. National Committee for Quality Assurance (NCQA). https://www.ncqa.org/wp-content/uploads/2019/09/20190926_PCMH_Evidence_Report.pdf. Published June 2019. Accessed April 7, 2022.
- ²⁰ Koller, C. & Khullar, D. Primary Care Spending Rate - A Lever for Encouraging Investment in Primary Care. *New Eng. J. Med*. 2017; 377(18) 1709-1711. Doi: 10.1056/NEJMp1709538
- ²¹ Office of the Health Insurance Commissioner. Primary Care Spending in Rhode Island Commercial Health Insurer Compliance.; 2014. <http://www.ohic.ri.gov/documents/Primary-Care-Spending-generalprimary-care-Jan-2014.pdf>