Primary Care Development Corporation

Transform New York Communities and Achieve Health Equity By Investing In Primary Care

Primary care saves lives, leads to improved individual and community health, and is unequivocally central to health equity—yet the New York and the U.S. as a whole continue to undervalue and underfund it, leaving many New Yorkers without access to high-quality primary care in their own communities.

When it is available, accessible, and affordable, primary care is a cornerstone of vibrant, thriving communities and helps keep families healthy, children ready to learn, and adults able to pursue education and participate in the workforce. Primary care has not only been shown to reduce overall health care costs but is the only part of the health system that has been proven to lengthen lives and reduce inequities at the population level. Experts have concluded, unequivocally, that "[w]ithout access to high-quality primary care, preventive care lags, minor health problems can spiral into chronic disease, chronic disease management becomes difficult and uncoordinated, visits to emergency departments increase, and health care spending soars to unsustainable levels."[i]

But primary care has been underfunded for years. Nationally, primary care accounts for approximately 35 percent of all health care visits each year—yet only about 5 to 7 percent of all health care expenditures are for primary care.[ii] This lack of investment in primary care is one of the core problems affecting access to quality primary care in the United States and it impacts both patients and providers, and leads low-quality care, poor health outcomes, and an overburdened and burnt-out workforce that loses experienced professionals and has trouble attracting new ones.[ii, iv] The harms of underinvestment in primary care are not felt equally across populations but instead hit hardest in communities already suffering from other health and social inequities.

The COVID-19 pandemic underscored and exacerbated existing health care disparities. People living in historically disinvested and rural communities, people of color, and low-income people had less access to primary care even before the pandemic and experienced both more COVID infections and greater COVID-related mortality and morbidity.

As New York, and the rest of the world, continues to grapple with the effects of the COVID-19 pandemic, the health care system is showing extreme signs of strain.[v] New York is currently facing a primary care access crisis. As of September 30, 2022, almost 6.5 million New Yorkers live in Health Resources and Services Administration (HRSA)-designated primary care Health Professional Shortage Areas.[vi] Further, by 2033, the national primary care physician supply is projected to fall short of demand by as much as 55,000 providers,[vii] and in New York State, there will likely be a compounded situation where new shortages develop and existing shortages are exacerbated.[viii]

Deliberately investing in primary care is one of the most effective ways to solve these urgent problems, save lives, improve individual and community health, and move toward health equity. Increased investment in primary care would make care more accessible, increase the number of providers, and support those providers to provide the full range of integrated services most needed in underserved communities, while reducing overall health costs over the long term.

[i] National Academy of Science, Engineering and Medicine, *Implementing High-Quality Primary Care Rebuilding the Foundation of Health Care,* Chapter 3 (2021), available at https://www.nap.edu/read/25983/chapter/3.; see also Mark W. Friedberg, Peter S. Hussey, & Eric C. Schneider, *Primary Care: A Critical Review of the Evidence on Quality and Costs of Health Care*, 29 Health Affairs Vol. 5, May 2010, abstract available at https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2010.0025.

[ii] National Academy of Science, Engineering and Medicine, *Implementing High-Quality Primary Care Rebuilding the Foundation of Health* Care, Chapter 3 (2021), available at https://www.nap.edu/read/25983/chapter/3; *Patient Centered Primary Care Collaborative, Investing in Primary Care: A State Level Analysis*, July 2019, available at https://www.pcpcc.org/sites/default/files/resources/pcmh_evidence_report_2019_0.pdf.

[iii] See Primary Care Development Corporation, *The intersection of COVID-19 and chronic disease in New York City: underscores the immediate need to strengthen primary care systems to avoid deepening health disparities,* Points On Care Series, May 2020, https://www.pcdc.org/wp-content/uploads/Points-on-Care-_-Issue-3-COVID-_- FINAL.pdf.

[iv] Primary Care Development Corporation, *The intersection of COVID-19 and chronic disease in New York City: underscores the immediate need to strengthen primary care systems to avoid deepening health disparities,* Points On Care Series, May 2020, https://www.pcdc.org/wp-content/uploads/Points-on-Care-_-Issue-3-COVID-_- FINAL.pdf.

[v] See, e.g., Assistant Secretary for Planning and Evaluation, Issue Brief, *Impact of the COVID-19 Pandemic on the Hospital and Outpatient Clinician Workforce*, May 3, 2022, available at https://aspe.hhs.gov/sites/default/files/documents/9cc72124abd9ea25d58a22c7692dccb6/aspe-covid-workforce-report.pdf; Matt McNeil, Extraordinary Impacts on the Healthcare Workforce: COVID-19 and Aging, 8 Del. J. of Pub. Health 164 (2022), available at ncbi.nlm.nih.gov/pmc/articles/PMC9894049/.

[vi] Bureau of Health Workforce, Health Resources and Services Administration (HRSA), U.S. Department of Health & Human Services, Designated Health Professional Shortage Areas Statistics, as of September 30, 2022, at 5, https://data.hrsa.gov/Default/GenerateHPSAQuarterlyReport (last visited December 4, 2022).

[vii] Association of American Medical Colleges, *The Complexities of Physician Supply and Demand: Projections From 2018 to 2033*, June 2020, available at https://www.aamc.org/system/files/2020-06/stratcomm-aamc-physician-workforce-projections-june-2020.pdf.

[viii] University of Albany, School of Public Health, The Center for Health Workforce Studies, New York Physician Supply and Demand through 2030, University of Albany 2009, available at https://www.albany.edu/news/images/PhysicianShortagereport.pdf.

For more information, please contact:

JORDAN GOLDBERG
Director of Policy
jgoldberg@pcdc.org
(212) 437-3947