



First Primary Care Scorecard

What It Reveals & What Comes Next

WEBINAR

February 22, 2023



Panelists

- **Rachel Block**, Program Officer, Milbank Memorial Fund
- **Ripley Hollister, MD**, Board Member, The Physicians Foundation
- **Yalda Jabbarpour, MD**, Director, Robert Graham Center, and lead author of the scorecard
- **Jennifer Lee, MD**, Chief Medical Officer, Alliance of Community Health Plans
- **Sunita Mutha, MD**, Director, Healthforce Center, University of California, San Francisco
- **Noam Levey**, Senior Correspondent, Kaiser Health News (Moderator)

Why This Scorecard?

Inaugural scorecard developed in response to the challenge issued in the **National Academies of Sciences, Engineering, and Medicine** (NASEM) 2021 [report](#) calling for an **annual tracking tool** to measure improvements in the implementation of high-quality primary care over time.

NASEM definition of high-quality primary care

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.

Scorecard Offers a Way to Measure Implementation and Inform Policy Change

Co-funded by the **Milbank Memorial Fund** and **The Physicians Foundation** and developed with the American Academy of Family Physician's **Robert Graham Center**, the scorecard offers baseline trend data for the nation and, when available, for states across **financing, workforce and access, training, and research.**

Scorecard Report

The Health of US Primary Care:

A Baseline Scorecard Tracking Support
for High-Quality Primary Care



BY YALDA JABBARPOUR, STEPHEN PETTERSON, ANURADHA JETTY, AND HOON BYUN,
ROBERT GRAHAM CENTER

FINDINGS

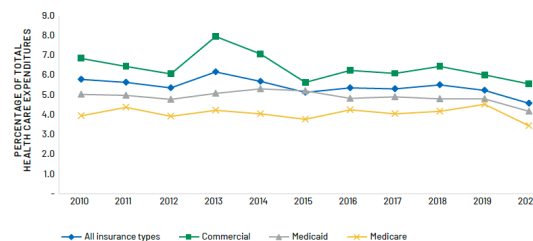
I. **Financing:** The United States is underinvesting in primary care.

From 2010 to 2020, the percentage of total health care spending allocated to primary care has been low, and little progress has been made over time. US primary care spending for all insurance types over the decade varied from 6.2% in 2013 to 4.6% in 2020. By comparison, Organization for Economic Co-operation Development (OECD) nations spent 7.8% of total health care expenditures on primary care in 2016, according to the NASEM report.

"Primary care spending" depends on payers^{7,8} and states⁹ definitions of primary care.¹⁰ For this report, primary care spending was defined¹¹ as the proportion of total health care expenditures being spent on outpatient and office-based visits to primary care clinicians (Figure 1). This "narrow" definition is restricted to outpatient and office-based expenditures to primary care physicians (PCPs), defined as family physicians, general pediatricians, general internal medicine physicians, and geriatricians. A "broad" definition adds spending for office-based care from nurse practitioners (NPs), physician assistants (PAs), behavioral health clinicians, and obstetricians/gynecologists. (Appendix B provides additional data using the broad definition, as well as information on how each of the specialties in the broad category contributes to primary care spending.)

US primary care spending for all insurance types over the decade varied from 6.2% in 2013 to 4.6% in 2020.

Figure 1: Primary Care Spending (Narrow Definition) from 2010 to 2020



Data Source: Analyses of Medical Expenditure Panel Survey (MEPS) 2010-2020. MEPS was redesigned in 2018. Data on ambulatory care expenditures derived from the consolidated, office-based, and outpatient event files. See Appendix B for details.
Notes: The primary care narrow definition is restricted to primary care physicians only. The primary care specialties included family medicine, general practice, internal medicine, pediatrics, geriatrics, and osteopathic.

Online Dashboard with State Data by Indicator

Select an indicator to view state and/or national data

NASEM Recommendation:

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

Primary care spending as a share of total health care spending in commercial health insurance

[Broad Definition of Primary Care Providers](#)

[Narrow Definition of Primary Care Providers](#)

Primary care spending as a share of total health care spending in Medicare

[Broad Definition of Primary Care Providers](#)

[Narrow Definition of Primary Care Providers](#)

Primary care spending as a share of total health care spending in Medicaid

[Broad Definition of Primary Care Providers](#)

[Narrow Definition of Primary Care Providers](#)

[Percentage of primary care patient care revenue from capitation](#)

NASEM Recommendation:

Ensure that high-quality primary care is available to every individual and family in every community

NASEM Recommendation:

Train primary care teams where people live and work

[Percentage of physicians trained in rural areas or medically underserved areas](#)

Percentage of physicians, nurses, and physician assistants (PAs) working in primary care

[All](#)

[Physicians](#)

[Nurse Practitioners](#)

[Physician Assistants](#)

[Percentage of new physicians entering primary care workforce each year](#)

[Medical residents per 100,000 population](#)

NASEM Recommendation:

Design information technology that serves the patient, family, and interprofessional care team

There are no current data for this category

Roadmap to Achieve NASEM Vision

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 Health of US Primary Care: A Baseline Scorecard Tracking Support for High-Quality Primary Care

Yalda Jabbarpour, MD
Director
Robert Graham Center

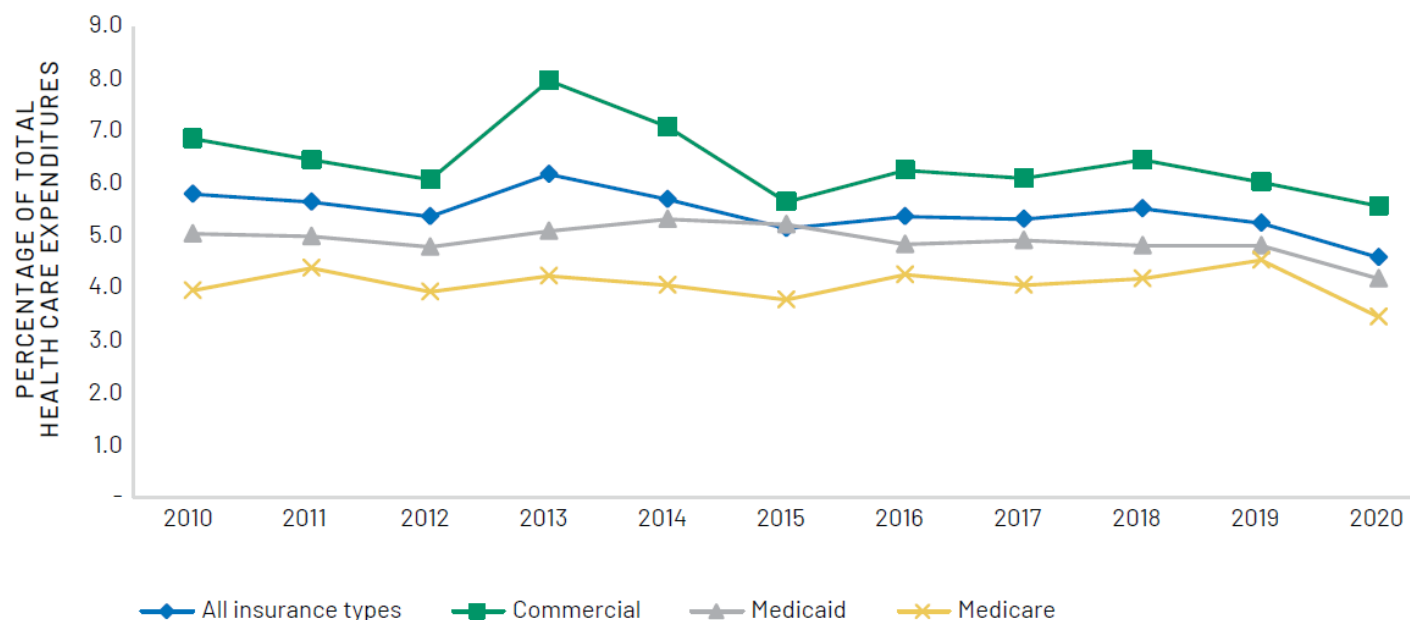


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Policy Studies in Family Medicine and Primary Care

Financing: The US is underinvesting in primary care across all payer types

Figure 1: Primary Care Spending (Narrow Definition) from 2010 to 2020



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Notes: The primary care narrow definition is restricted to primary care physicians only. The primary care specialties included family medicine, general practice, internal medicine, pediatrics, geriatrics, and osteopaths.

Financing: No progress toward a hybrid payment model (mix of FFS/capitation)

Table 1. Percentage of Fully Capitated Physician Visits

| Year | All Physician Visits | Non-PCP Visits | PCP Visits |
|-------|----------------------|----------------|------------|
| 2010 | 6.4 | 4.4 | 8.7 |
| 2011 | 7.0 | 4.6 | 9.9 |
| 2012 | 5.5 | 3.5 | 8.1 |
| 2013 | 5.5 | 4.0 | 7.7 |
| 2014 | 5.1 | 3.5 | 7.4 |
| 2015 | 7.1 | 5.0 | 8.9 |
| 2016 | 6.8 | 4.7 | 8.6 |
| 2017 | 6.7 | 4.9 | 9.3 |
| 2018 | 6.5 | 4.4 | 9.6 |
| 2019* | 5.7 | 4.4 | 7.7 |
| 2020* | 6.2 | 5.3 | 7.6 |

Data Source: Analyses of Medical Expenditure Panel Survey (MEPS), 2010-2020. MEPS was redesigned in 2018. Data on ambulatory care expenditures derived from the consolidated, office-based, and outpatient event files. See Appendix B for details.

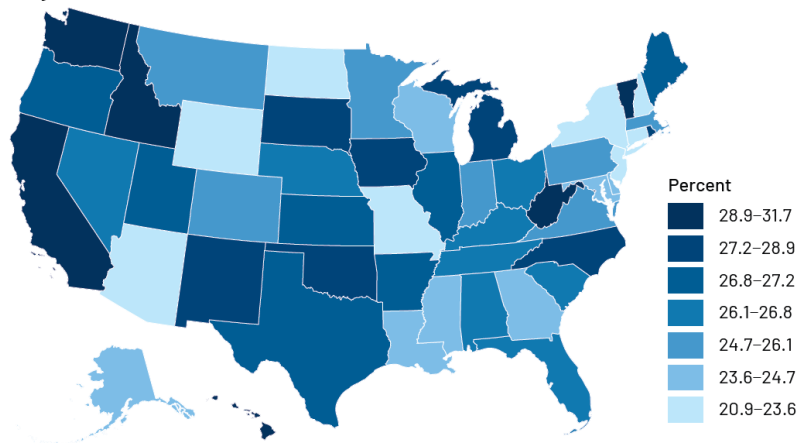
Notes: The primary care physicians included family medicine, general practice, internal medicine, pediatrics, geriatrics, and osteopaths. All other subspecialists were non-primary care physicians.

Workforce: The primary care workforce is shrinking

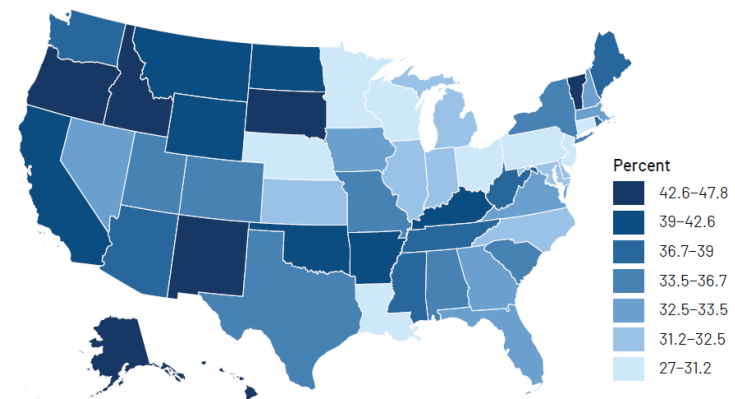
- **About 1 in 3** physicians specialized in primary care in 2010
- In 2020, **1 in 5** physicians entered the primary care workforce

Workforce: There is wide state variation in the proportion of clinicians in primary care

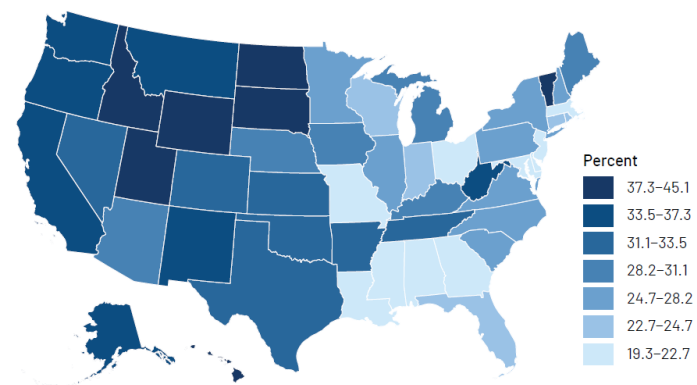
Physicians



Nurse Practitioners



Physician Assistants



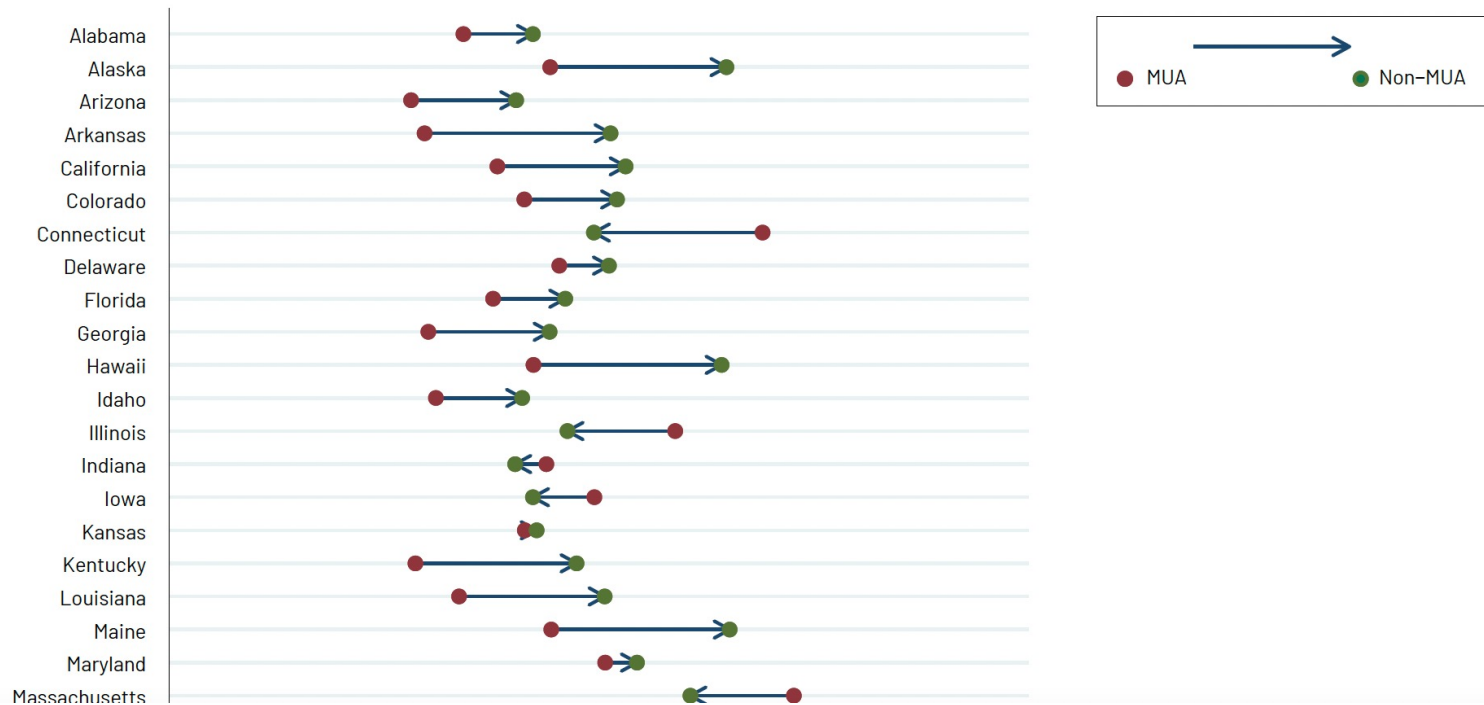
Data Source: Analyses of American Medical Association Masterfile (2020), Centers for Medicare and Medicaid Services Medicare Provider Enrollment, Chain, and Ownership System (PECOS) data (2020), and Centers for Medicare and Medicaid Services Physicians and Other Suppliers data (2020).

Notes: Primary care specialty included family medicine, general practice, internal medicine, and pediatrics.

Workforce: Gaps in access to PCPs appear to be growing

The gap in the number of primary care physicians per 100,000 people in **medically underserved areas (MUAs)** and **non-medically underserved areas** increased by 5%.

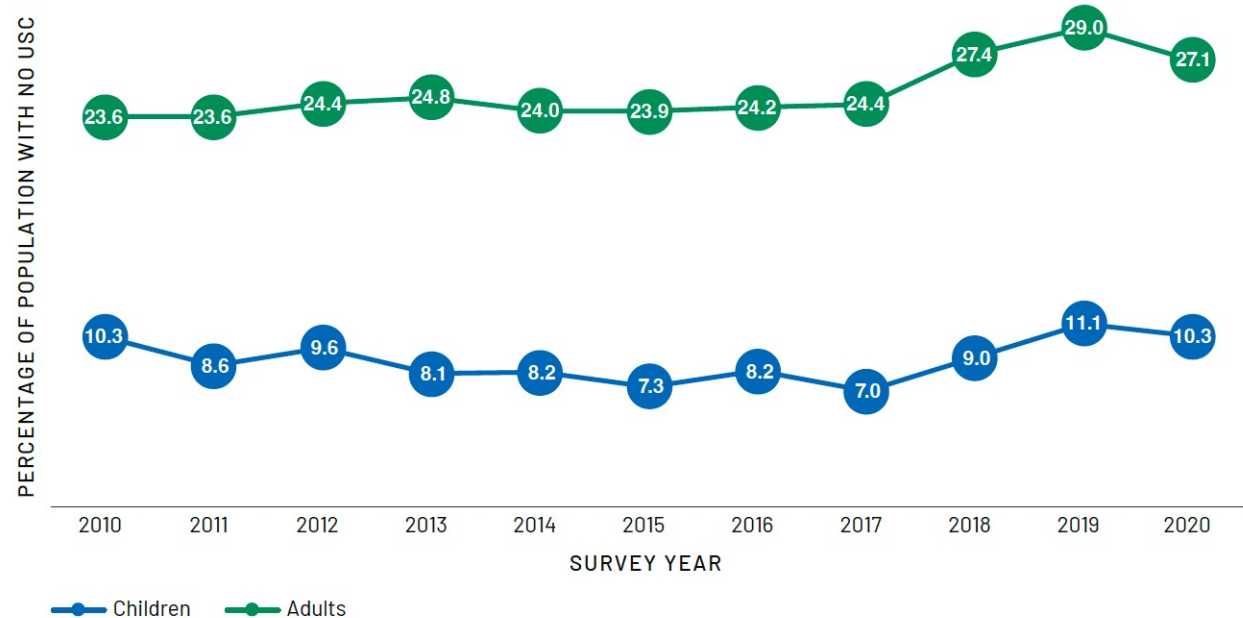
Figure 4. Primary Care Physicians per 100,000 People in MUAs and non-MUAs by State



Access: Percentage of people reporting no usual source of care is increasing

- **More than a quarter (27%)** of US adults reported that they didn't have a usual source of primary care or used the ER as their source of care in 2020, compared with 23% in 2010.

Figure 5: Percentage of the US Population Without a Usual Source of Care

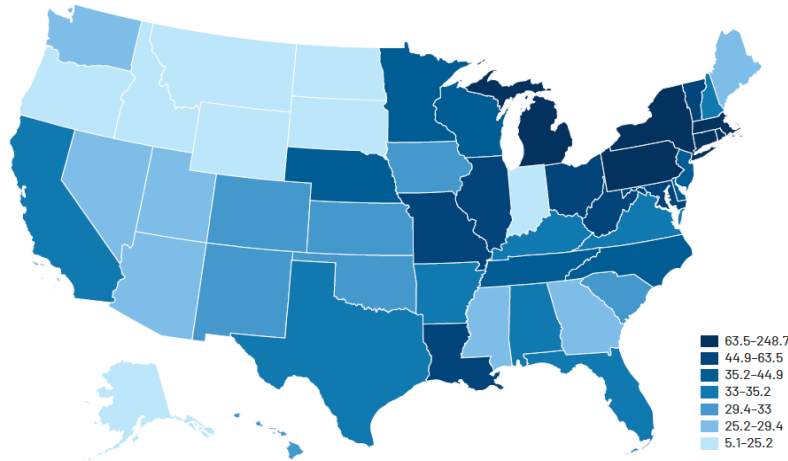


Data Source: Analyses of Medical Expenditure Panel Survey (MEPS) Data 2010-2020.

Notes: Usual source of care (USC) ascertained whether there is a particular doctor's office, clinic, health center, or other places that the individual usually goes when sick or in need of health advice. No usual source of care includes those who reported no usual source of care and those who indicated the emergency department as their USC.

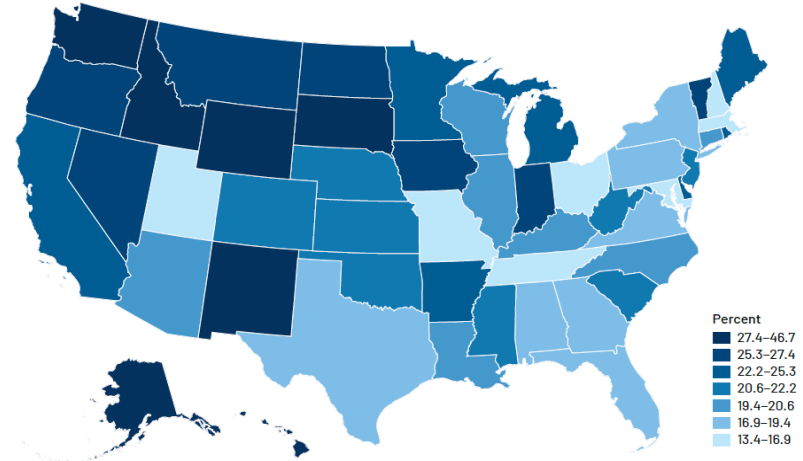
Training: There are significant geographic discrepancies between where physicians train and where people live and work

Figure 6. Medical Residents per 100,000 People by State in 2020



Data Source: Analyses of Accredited Council for Graduate Medical Education program-level data to get counts for medical residents and Area Health Resource File for the population data (2017–2020, 2022).

Figure 2. Percentage of Physicians Entering Primary Care by State in 2020

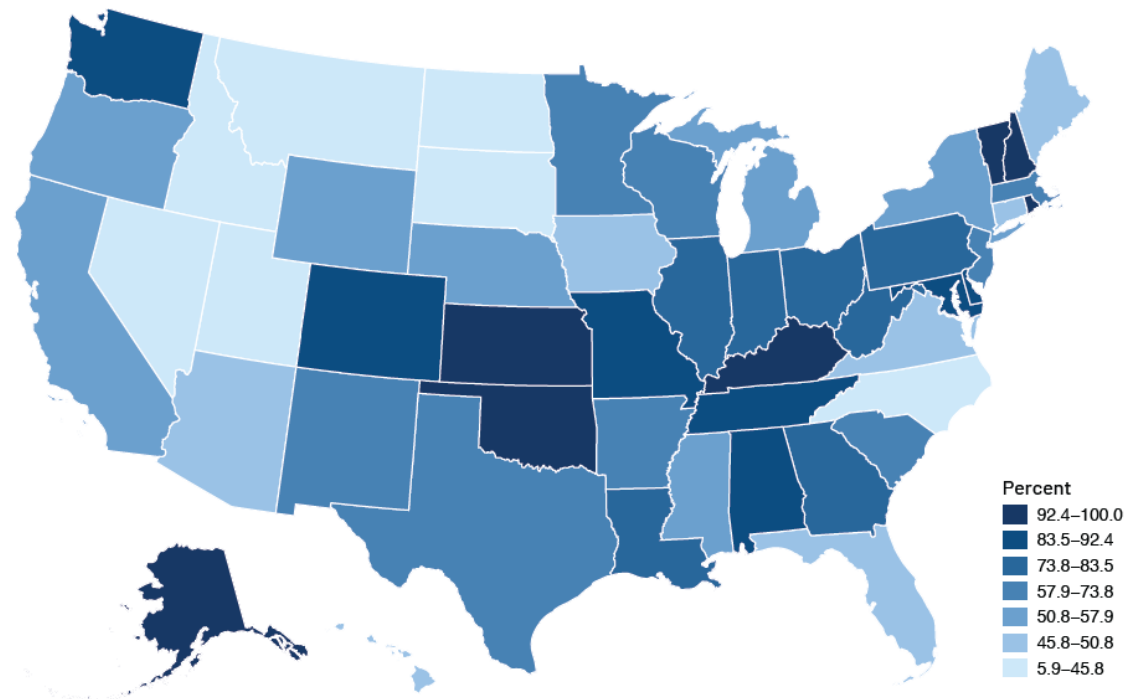


Data Source: Analyses of Accredited Council of Graduate Medical Education data in American Medical Association Masterfile, 2020.

Notes: Primary care specialties included family medicine, general practice, internal medicine, and pediatrics.

Training: In some states, only 6% of resident physicians train in MUAs or rural counties, where most community-based training occurs

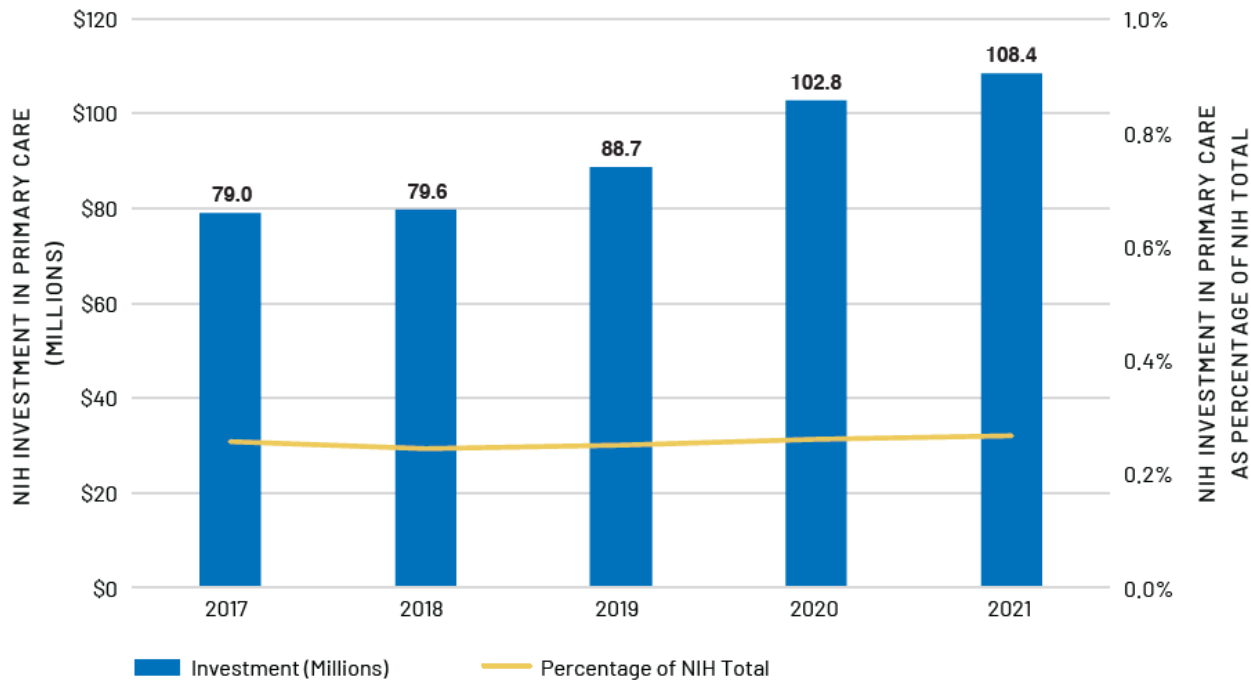
Figure 7: Percentage of Physician Residents Trained in a Medically Underserved Area or Rural County by State in 2020



Data Source: Analyses of site-level information from publicly available Accredited Council for Graduate Medical Education data, MUA HRSA Data Warehouse, Medically Underserved Area Dataset (2020), and United States Department of Agriculture Rural-Urban Continuum Codes.

Research: Almost no federal funding for primary care research

Figure 8: NIH Investment in Primary Care in Millions of Dollars and as a Percentage of Total Funding



Data Source: NIH RePORTER, 2017-2021.

Notes: Family medicine as proxy for primary care, unadjusted dollars.

Data Gaps Hinder Implementation

A lack of timely, disaggregated data hinders the accurate measurement and implementation of high-quality primary care at the national and state levels.

Supply and
training of non-
physicians?

Percentage of
revenue from
hybrid (FFS &
capitated)
payments?

Impact of
information
technology?

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