



Health of US Primary Care: 2024 Scorecard

No One Can See You Now

Webinar
February 28, 2024



About the Milbank Memorial Fund

The Milbank Memorial Fund is an endowed operating foundation that works to improve population health and health equity by collaborating with leaders and decision-makers and connecting them with experience and sound evidence.

We advance our mission by:

- Identifying, informing, and inspiring current and future state health policy leaders to enhance their effectiveness;
- Working with state health policy decision makers to advance primary care transformation and sustainable health care costs, and
- Publishing high-quality, evidence-based publications and *The Milbank Quarterly*, a peer-reviewed journal of population health and health policy.

Panelists

- **Margaret Flinter**, APRN, PhD, Senior Vice President and Clinical Director, Community Health Center, Inc./Moses Weitzman Health System
- **Yalda Jabbarpour**, MD, Director, The Robert Graham Center, and Scorecard lead author
- **Gary Price**, MD, President, The Physicians Foundation
- **Kyu Rhee**, MD, President and CEO, National Association of Community Health Centers

Moderated by **Frances Stead Sellers** of *The Washington Post*

What Is the Primary Care Scorecard?

- 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 second national Primary Care Scorecard identifies five reasons why access to primary care is worsening.
- The Scorecard is designed to assess the state of primary care nationally and across states, as well as progress on the recommendations in the 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) report, *Implementing High-Quality Primary Care: Rebuilding the Foundations of Healthcare*.

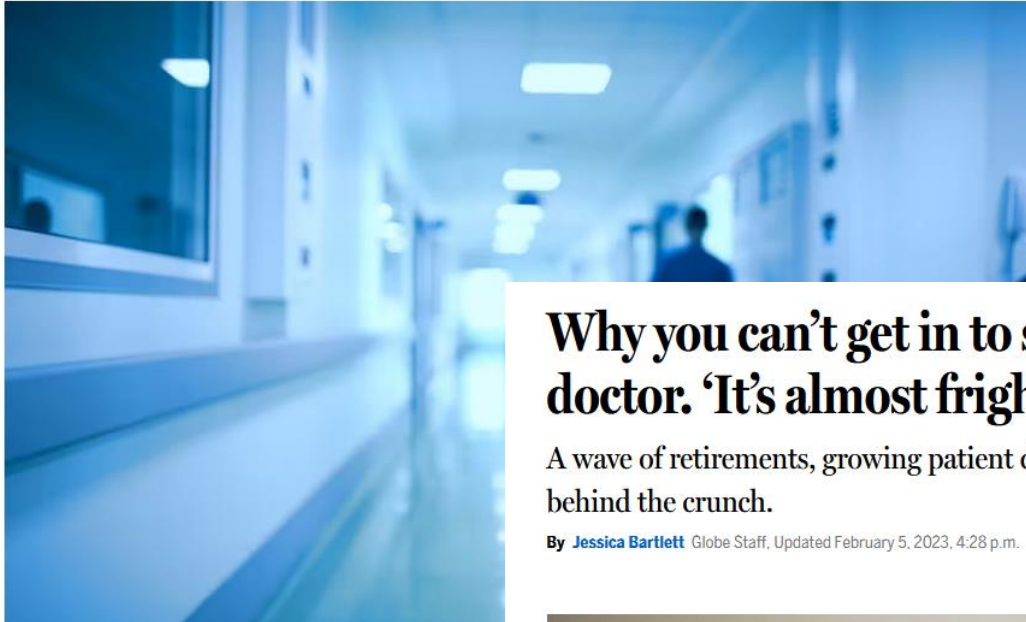
The Health of US Primary Care: 2024 Scorecard Report

Yalda Jabbarpour, MD



Opinion | The shrinking number of primary-care physicians is reaching a tipping point

By Elisabeth Rosenthal
September 5, 2023 at 8:34 a.m. EDT

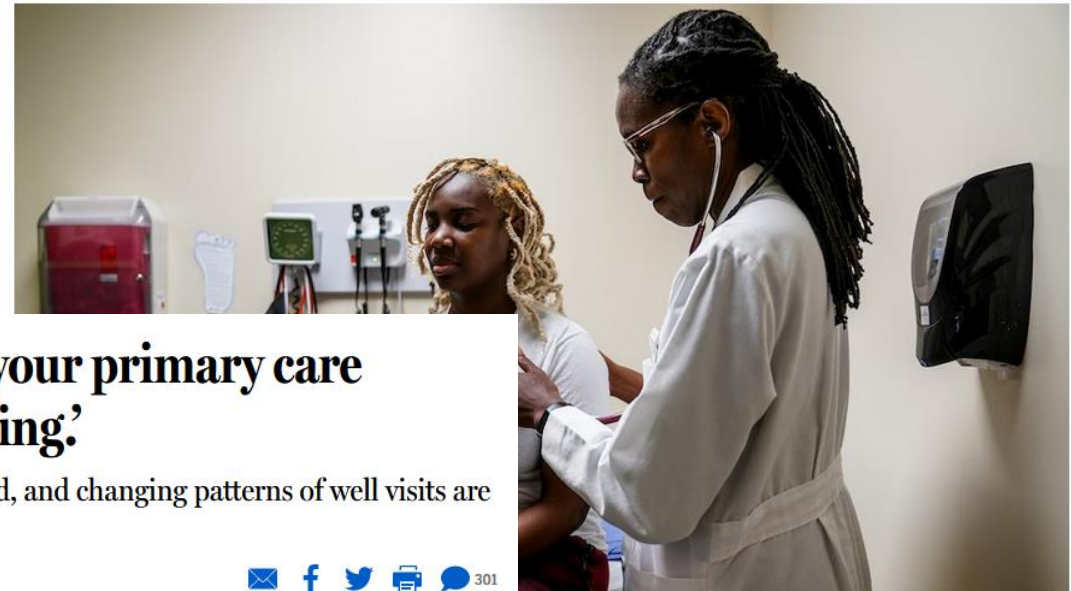


Primary care saves lives. Here's why it's failing Americans.



By Frances Stead Sellers

October 17, 2023 at 6:00 a.m. EDT



Why you can't get in to see your primary care doctor. 'It's almost frightening.'

A wave of retirements, growing patient demand, and changing patterns of well visits are behind the crunch.

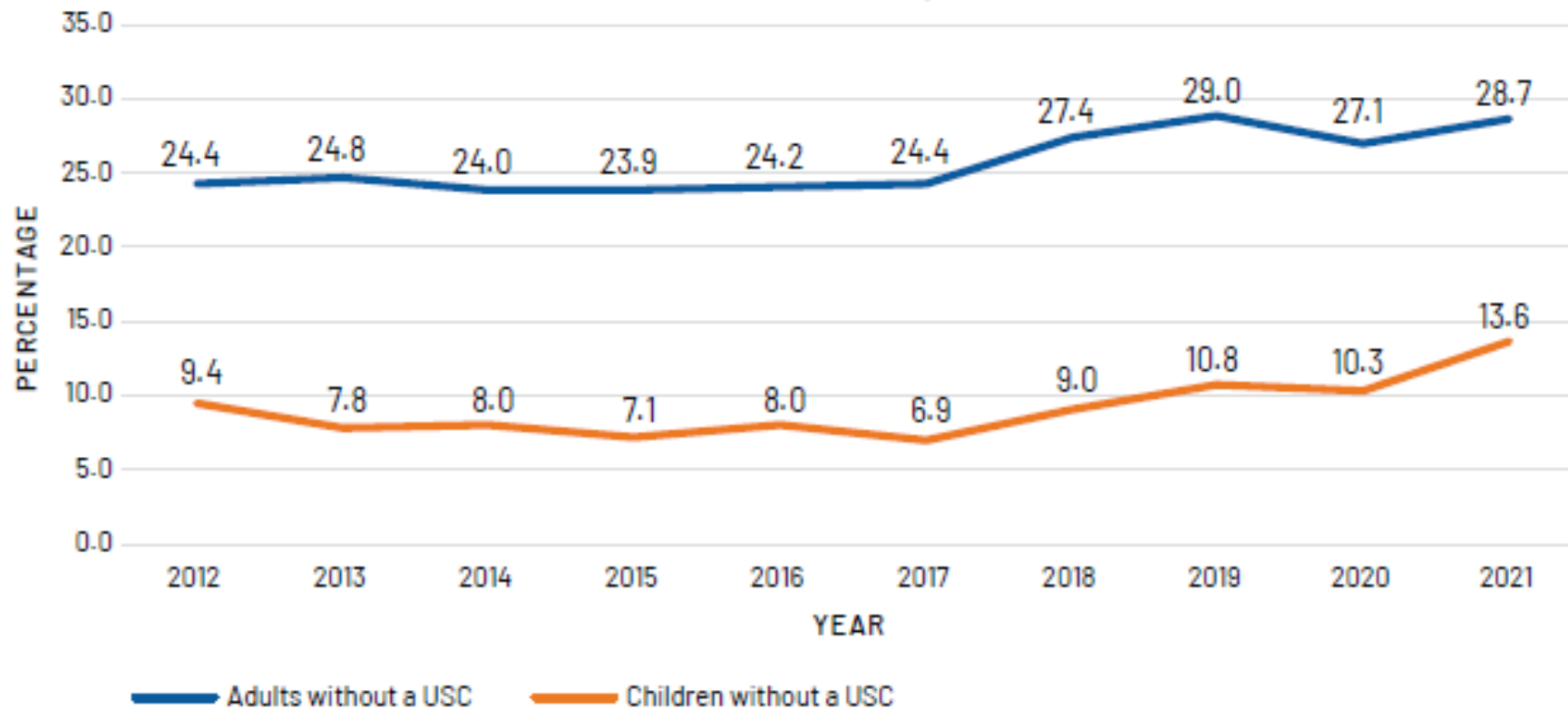
By Jessica Bartlett Globe Staff, Updated February 5, 2023, 4:28 p.m.

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Population Needs Are Not Being Met

Figure 1. The Percentage of the US Population Without a Usual Source of Care Is Rising (2012–2021)



Data Source: Analyses of Medical Expenditure Panel Survey data, 2012–2021.

Notes: Usual source of care (USC) ascertained whether that is a particular doctor's office, clinic, health center, or other place where 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 usual source of care.

No One Can See You Now



1. The primary care workforce is not growing fast enough to meet population needs



2. The number of trainees who enter and stay on the professional pathway to primary care is too low and too few have community-based training



3. The United States continues to underinvest in primary care



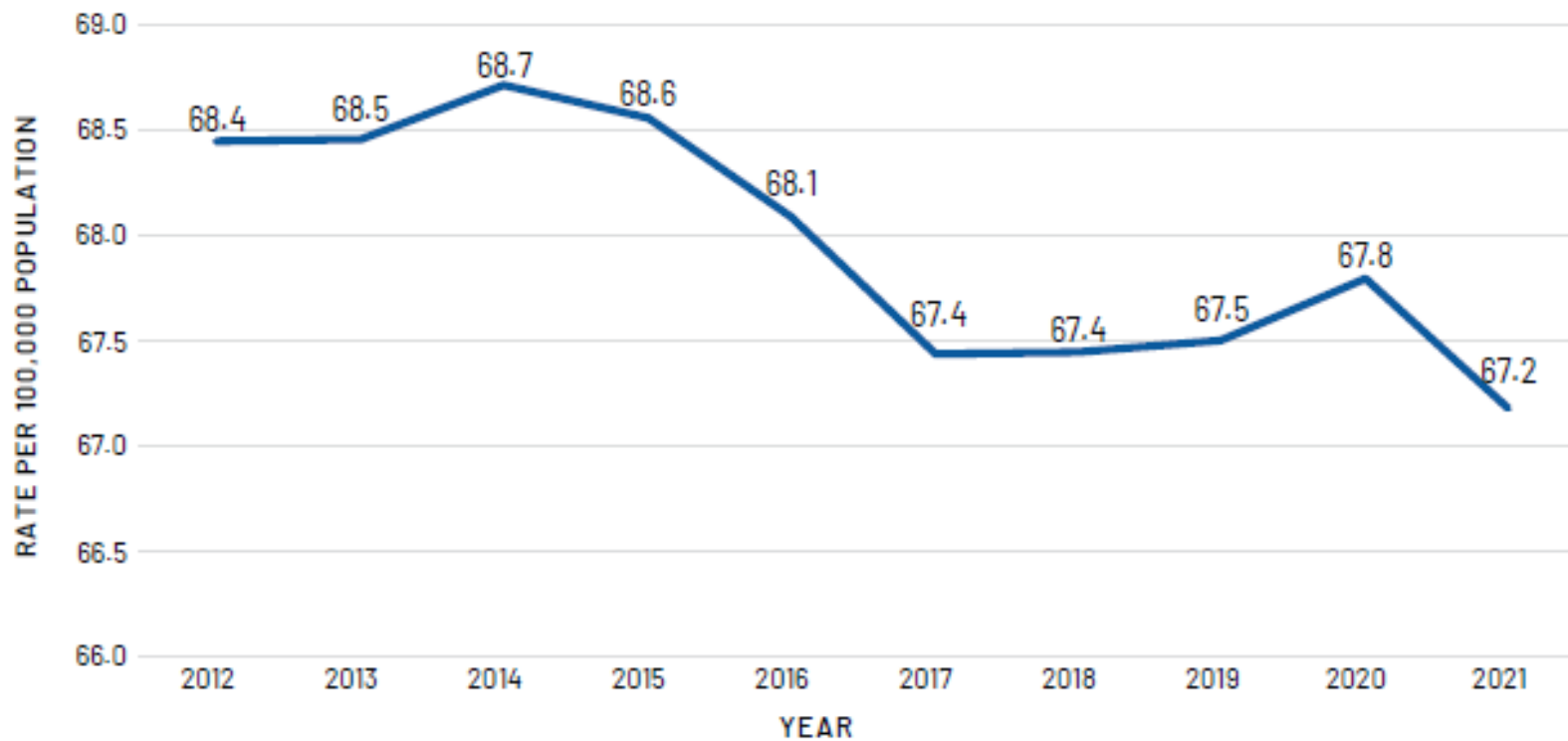
4. Technology has become an added burden to primary care



5. Primary care research to identify, implement and track novel care delivery and payment solutions is lacking

Workforce

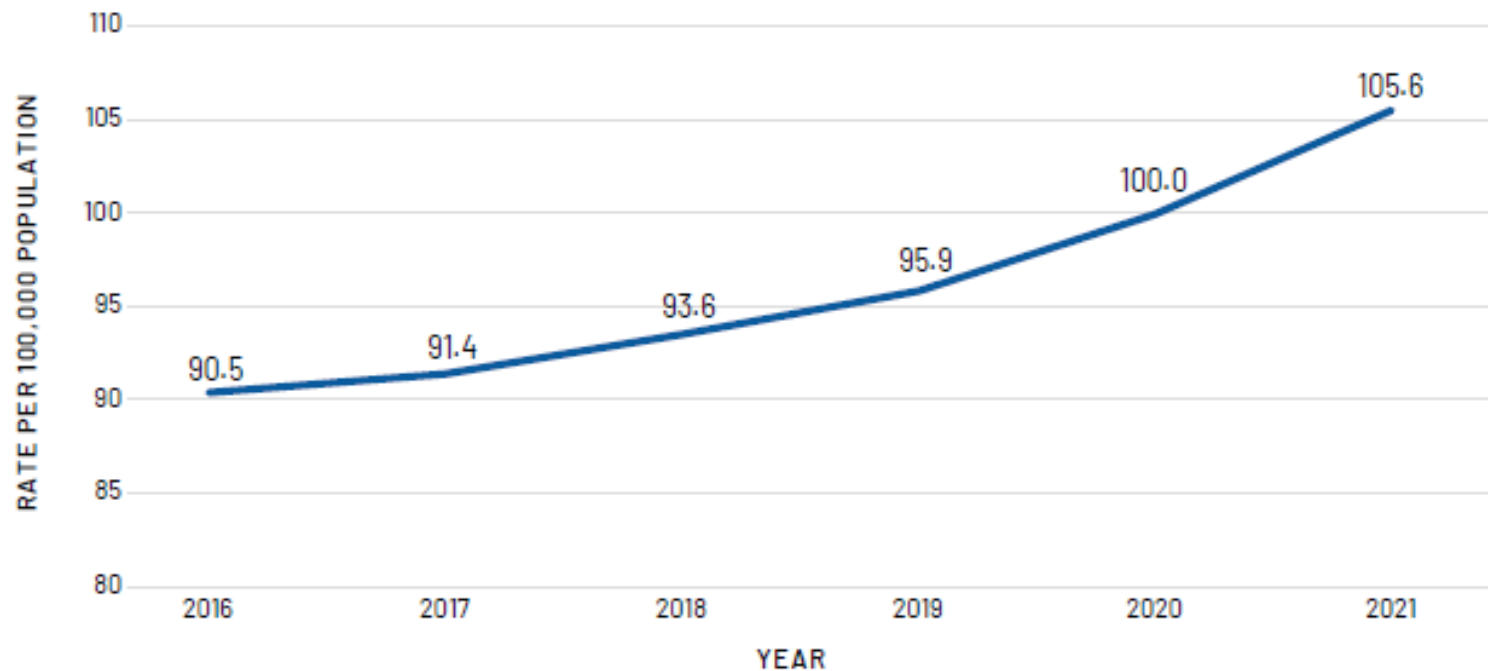
Figure 2. The Number of Primary Care Physicians per Capita Is Falling (2012–2021)



Data Source: Analyses of American Medical Association Masterfile (2012–2021), Centers for Medicare and Medicaid Services Physician and Other Practitioners data (2012–2021), and the American Community Survey Five-Year Summary Files (2012–2021).

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy.

Figure 3. The Number of Primary Care Clinicians (Physicians/NPs/PAs) per Capita Is Rising (2016–2021)



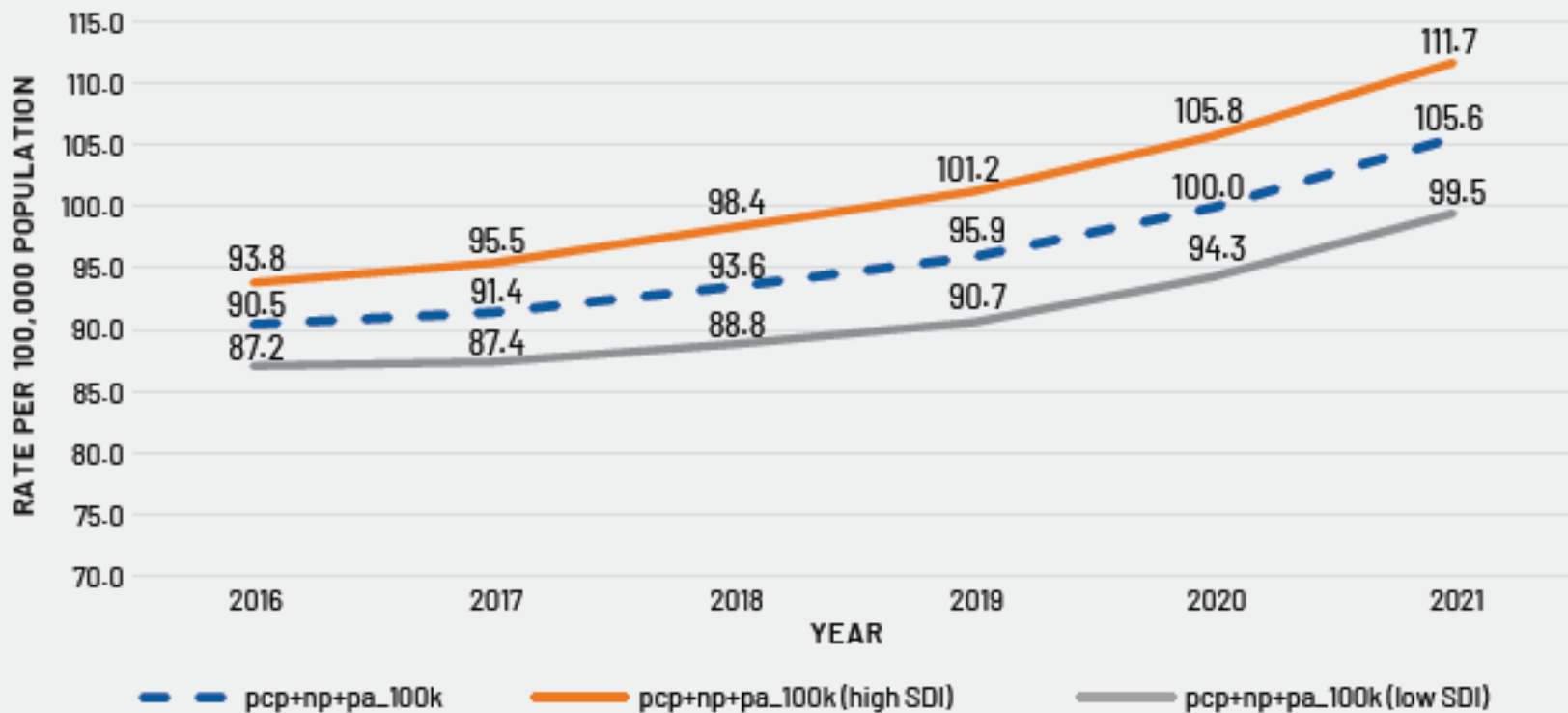
Data Source: Analyses of American Medical Association Masterfile (2012–2021), Centers for Medicare and Medicaid Services Medicare Provider Enrollment, Chain, and Ownership System data (2016–2021), National Plan and Provider Enumeration System data (2016–2021), Centers for Medicare and Medicaid Services Physician and Other Practitioners data (2012–2021), and the American Community Survey Five-Year Summary Files (2012–2021).

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy. Estimates of nurse practitioners and physician assistants working in primary care were calculated and are included in this figure. (See Appendix for detailed methodology.)

Workforce

Figure 5. Primary Care Clinician Density Is Highest in High-Need Areas (2016-2021)

● Canada

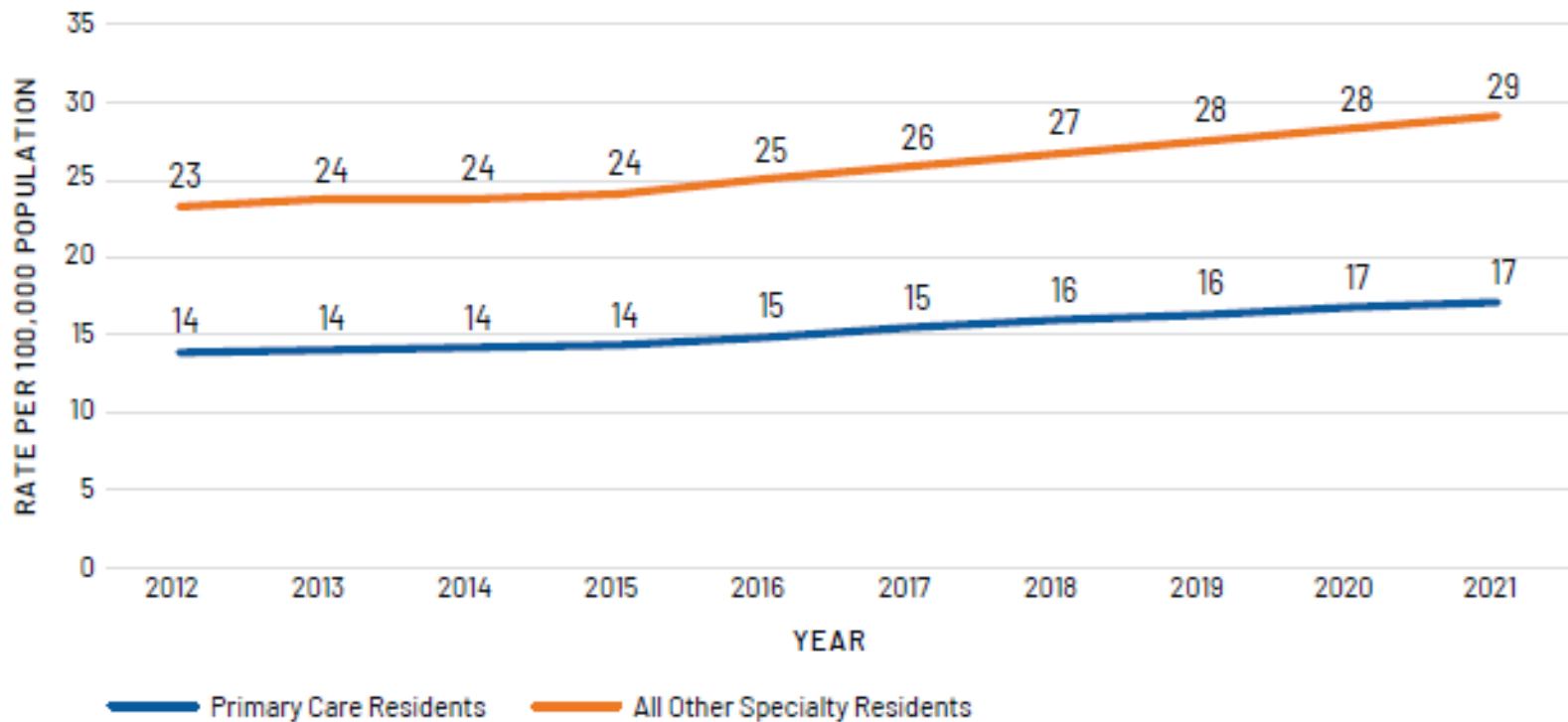


Data Source: Analyses of American Medical Association Masterfile (2012–2021), Centers for Medicare and Medicaid Services Medicare Provider Enrollment, Chain, and Ownership System data (2016–2021), National Plan and Provider Enumeration System data (2016–2021), Centers for Medicare and Medicaid Services Physician and Other Practitioners data (2012–2021), Robert Graham Center Social Deprivation Index (2012–2021), and the American Community Survey Five-Year Summary Files (2012–2021).

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy. Estimates of nurse practitioners and physician assistants working in primary care were derived and are included in this figure. (See Appendix for detailed methodology.)

Training

Figure 6. Growth in the Number of Primary Care Residents per Capita | Is Not Keeping Pace with Other Specialties (2012–2021)

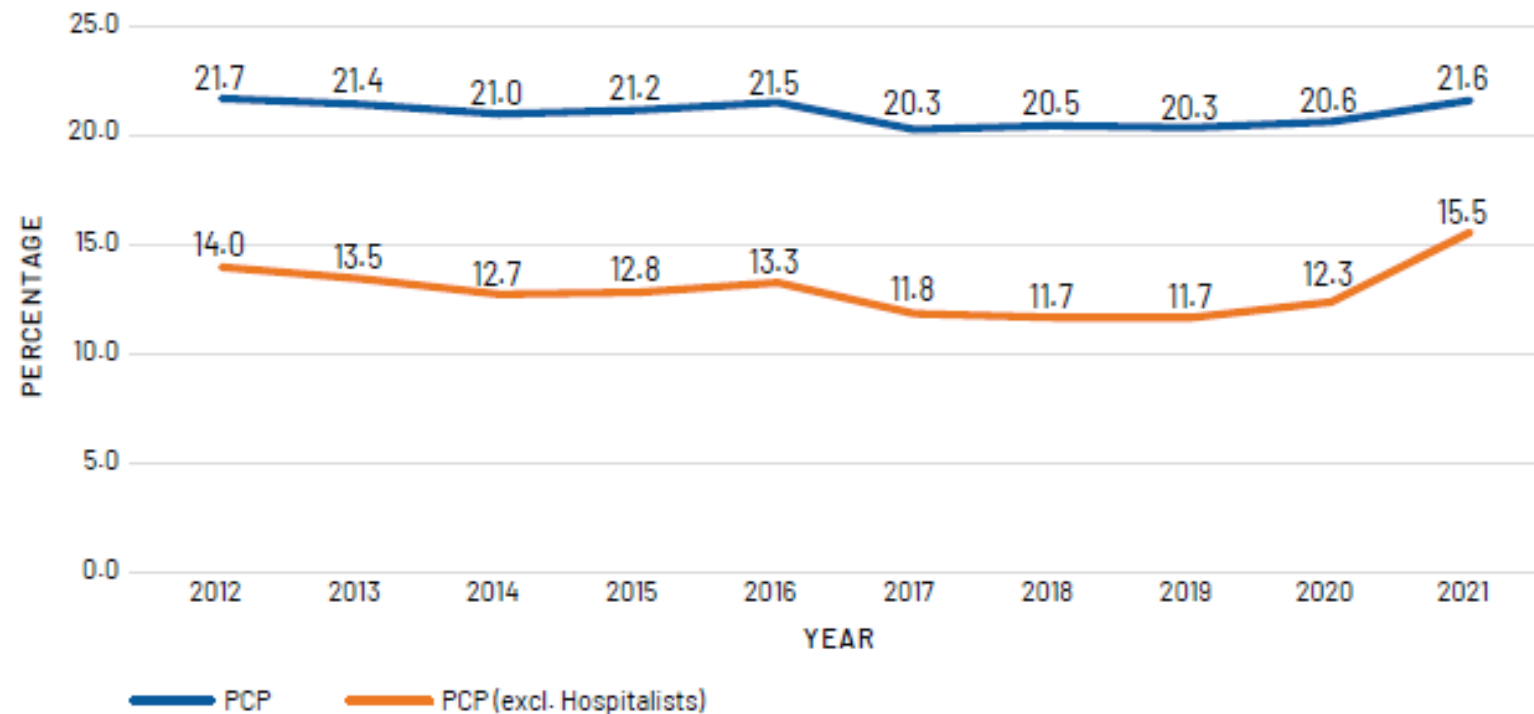


Data Source: Analyses of Accredited Council of Graduate Medical Education program-level data to get counts for medical residents and Area Health Resource File for the population data, 2012–2021.

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

Training

Figure 7. Only 15% of Physicians Actually Entered Primary Care Practice in 2021



Data Source: Analyses of the 2023 American Medical Association Historical Residency File, the 2023 American Medical Association Masterfile, and the 2012–2021 Centers for Medicare and Medicaid Services Physician and Other Practitioners data.

Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics. Specialty for doctors of osteopathy (DOs) are not always included in the American Medical Association Masterfile, so these data may be an underestimation of the true workforce. (See limitations in Appendix for more details.)

Payment

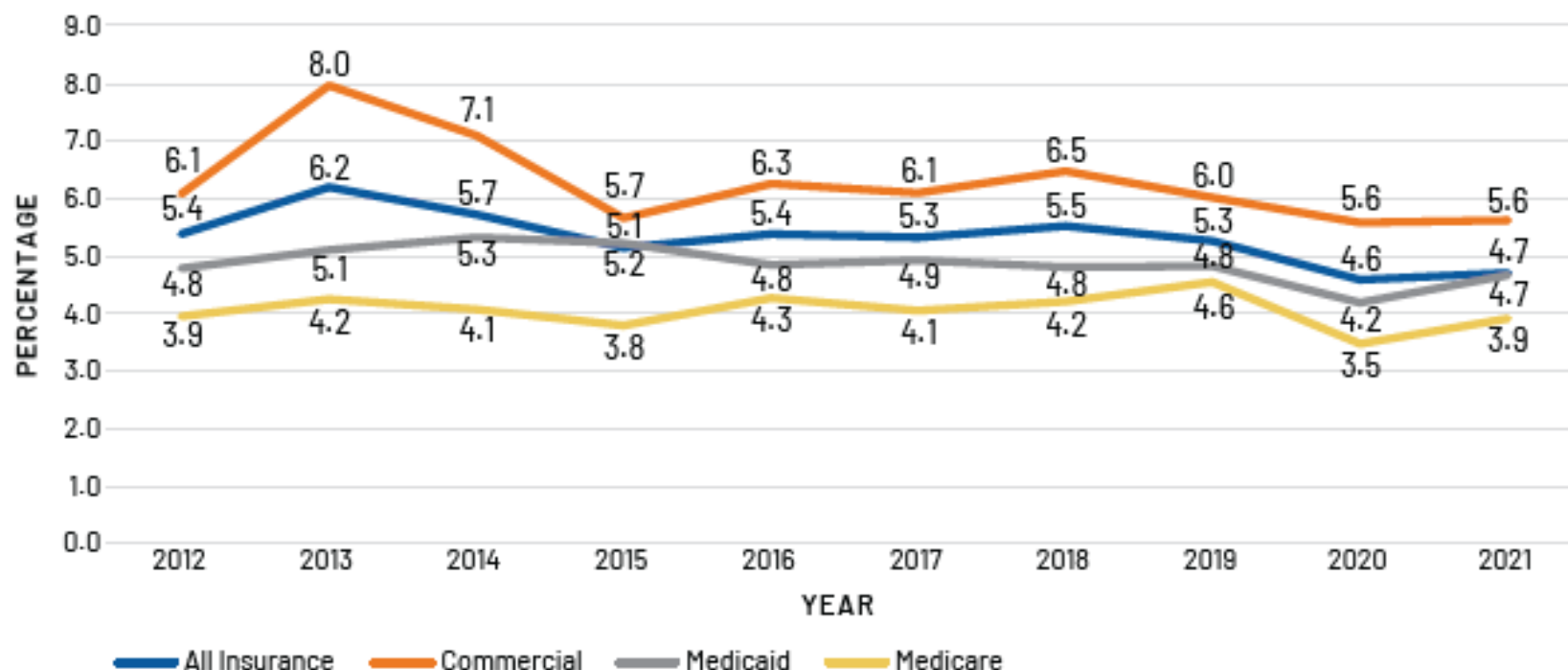
Data Source: MEPS

Definitions: Primary Care Spend (calculated for the US and 29 states)

- Primary Care Spend Narrow – Primary care physicians (family physicians, general practitioners, pediatricians, geriatricians, internists)
- Primary Care Spend Broad – Primary care physicians, nurse practitioners, physician assistants, psychiatrists, mental health non-physicians and OB-GYNs

Payment

Figure 9. Primary Care Spending (Narrow Definition) Remains Low Across All Insurers (2012-2021)

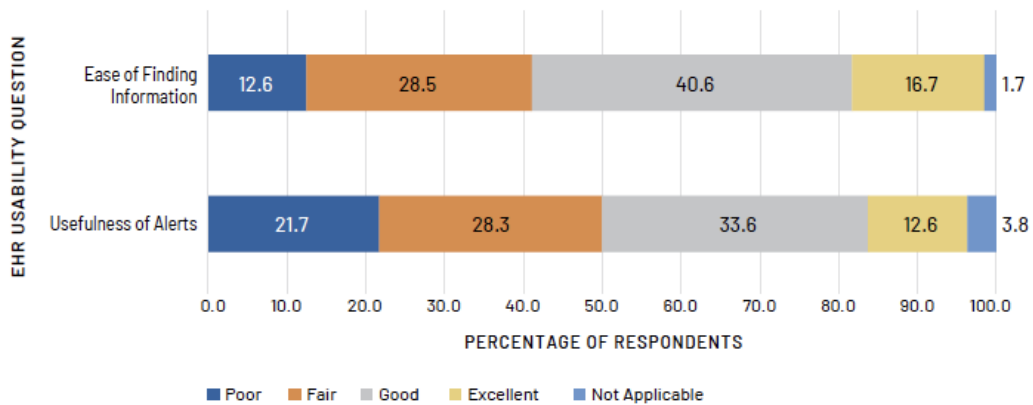


Data Source: Analyses of Medical Expenditure Panel Survey data, 2012–2021.

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

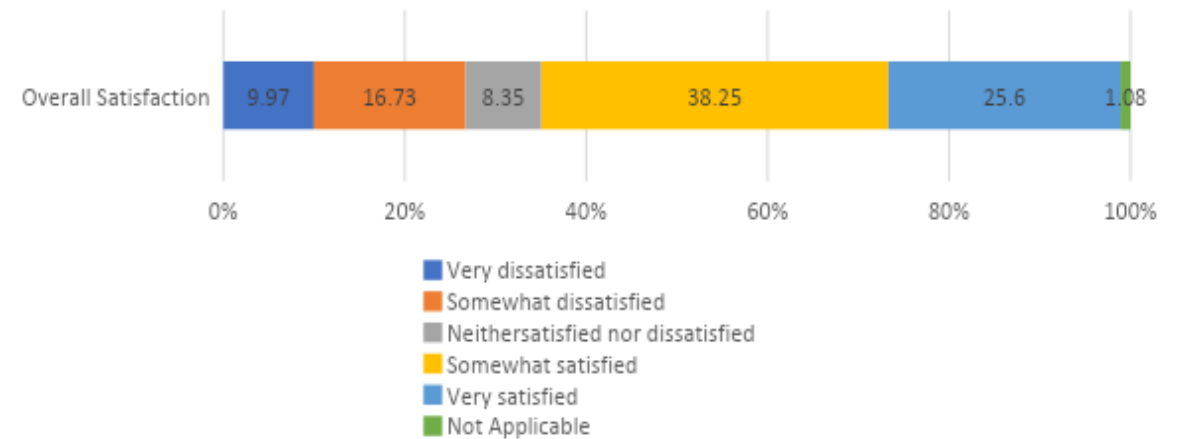
Digital Health

Figure 10. Nearly Half of Family Physicians Rate EHR Usability Poor or Fair in 2022



Data Source: American Board of Family Medicine recertification exam, 2022
 Notes: A total of 2,117 respondents completed the EHR usability questions.⁷⁴

Figure 10- More Than One-Third of Family Physicians Were Not Satisfied with Their EHR

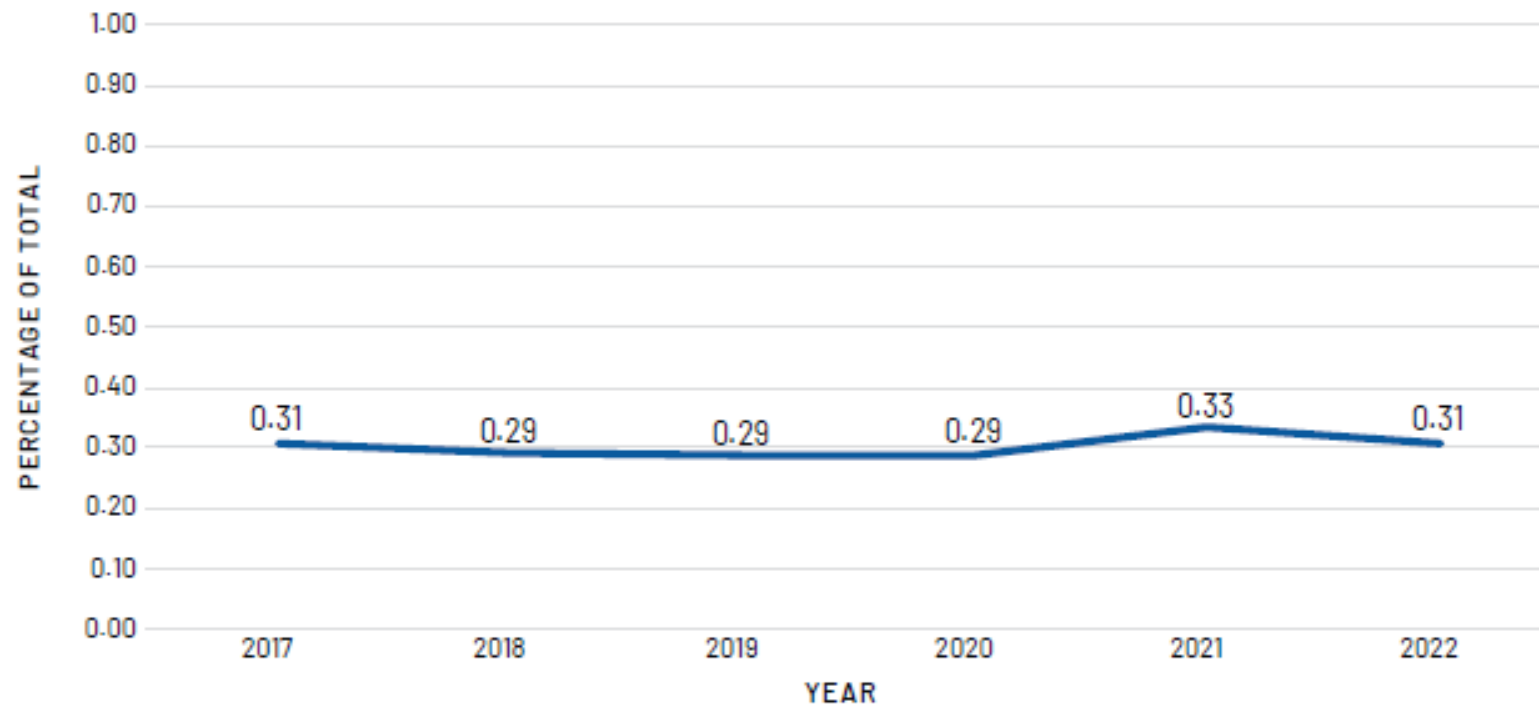


Data Source: Analyses of 4,261 family physicians who sought continuing certification from American Board of Family Medicine during 2022 and who reported providing direct patient care.

Notes: A total of 2,117 respondents completed the EHR Usability questions. ⁶⁶

Research

Figure 12. Federal Research Investment in Primary Care Was Nearly Nonexistent (2017–2022)



Data Source: NIH RePORTER, 2017–2022.

Notes: Federal investment includes spending from the National Institutes of Health (NIH), the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, and the Food and Drug Administration. Funding given to family medicine departments was used as a proxy for funding to primary care.

Why Can't Anyone See You Now?



Insufficient
workforce



Not enough
trainees choosing
primary care



Lack of
investment to
support teams



Digital health that
adds to workload
instead of
supporting
primary care



No support to
study models of
care delivery and
payment
solutions

Find the report and data dashboard on milbank.org

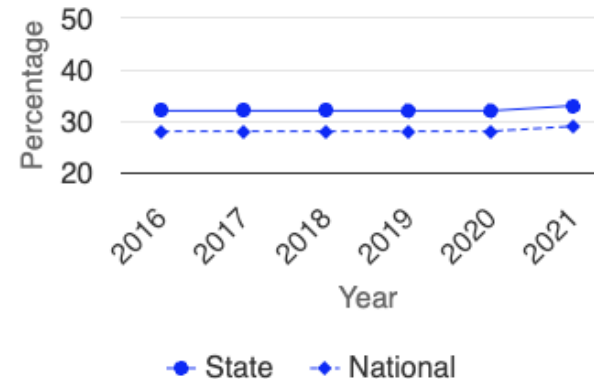


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BY: YALDA JABBARPOUR, ANURADHA JETTY, HOON BYUN, CHRISTINE HARAN, ANAM SIDDIQI, STEPHEN BETTERSON, JEONGYOUNG PARK

Workforce

Percentage of Physicians, Nurse Practitioners, and Physician Assistants Combined Working in Primary Care in Montana (2016 - 2021)



Percentage of Primary Care Physicians Working in Primary Care in Montana (2016 - 2021)

