

# The Triple Double: Doubling Down on Primary Care

**The issue:** The [2025 US Primary Care Scorecard](#) highlights how systemic disinvestment in U.S. primary care is posing a grave threat to the wellbeing of communities nationwide. The Scorecard, developed by researchers at the Robert Graham Center for Policy Studies in Primary Care and co-funded by the Milbank Memorial Fund and The Physicians Foundation, found that the United States spends less than **5% of total U.S. health spending on primary care**, and that share is declining. It also found that just **20% of new physicians are entering primary care**, which is leading to workforce shortages and access problems. Thirty percent of U.S. adults now report going without a usual source of care, and 12% of children lack a regular source of care; these numbers have increased even in a period of expanding insurance coverage.

**Policy can make a difference.** The Scorecard also identified a bright spot in primary care delivery: There are more primary care physicians per person in areas of higher social disadvantage than in areas of lower social disadvantage. This may reflect the presence of **community health centers, which provide high-quality, affordable, comprehensive primary care services to 1 in 10 people annually** in the United States.

**The rallying cry:** To reverse the downward trends in primary care investment and workforce, Asaf Bitton, MD, MPH, executive director of Ariadne Labs, has called for a Primary Care “Triple Double.” This feat occurs, rarely, in basketball, when a player hits double digits in at least 3 of 5 categories: points, rebounds, assists, blocks, and steals.

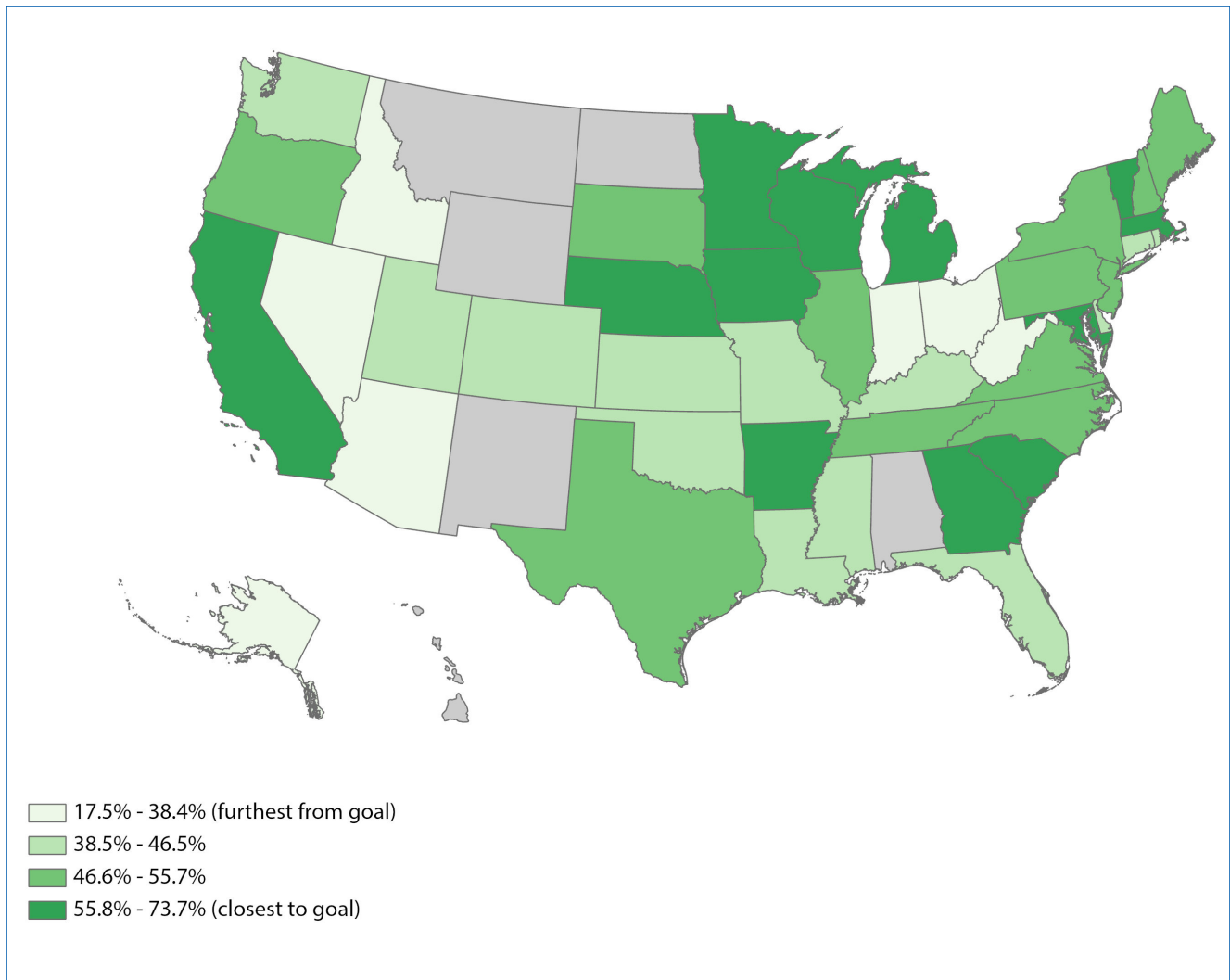
In primary care, by 2030, the US needs to:

- Double primary care spending as a share of all spending in all insurance markets (from roughly 5% to 10%)
- Double the number of people cared for at community health centers annually (from roughly 10% to 20%)
- Double the percentage of new physicians entering primary care (from roughly 20% to 40%)

**The state of the states:** The maps below, developed by the Robert Graham Center and the Dr. John W. Hatch Center for Science, show how close each state is to targets on these three metrics and provides a baseline ranking of state primary care performance.

For more primary care data by state, see the [2025 Primary Care Scorecard Dashboard](#).

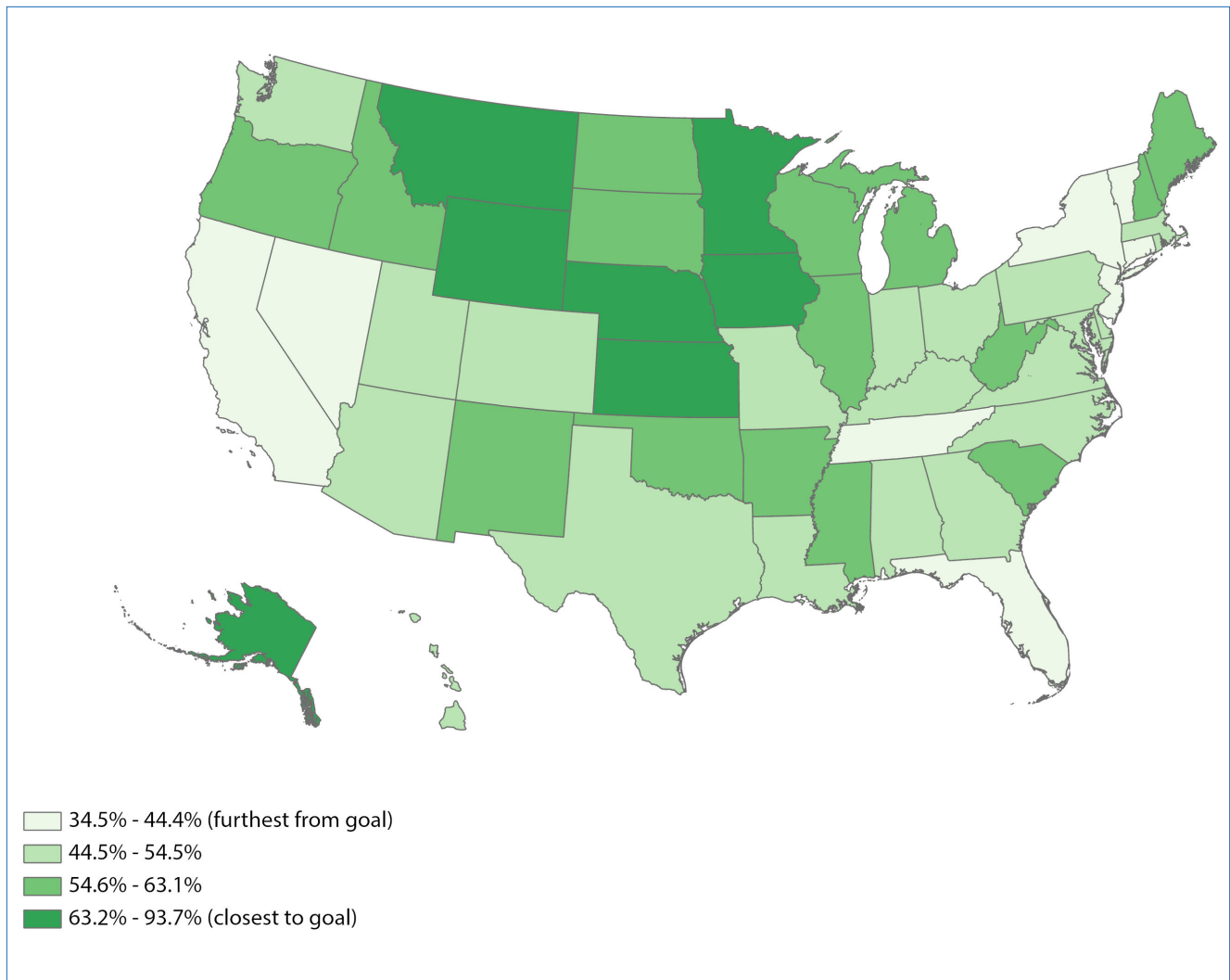
**The Triple Double: Doubling Down on Primary Care**  
**Target Area 1: Primary Care Spending (for Physicians) – Commercial Insurance**  
**2022 Performance of States Relative to 2030 Goal (8.78%)**



Data Sources: Health Care Costs Institute, 2022.

Notes: The primary care narrow definition is restricted to primary care physicians only. No state -level data on other primary care clinicians is available. Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy.

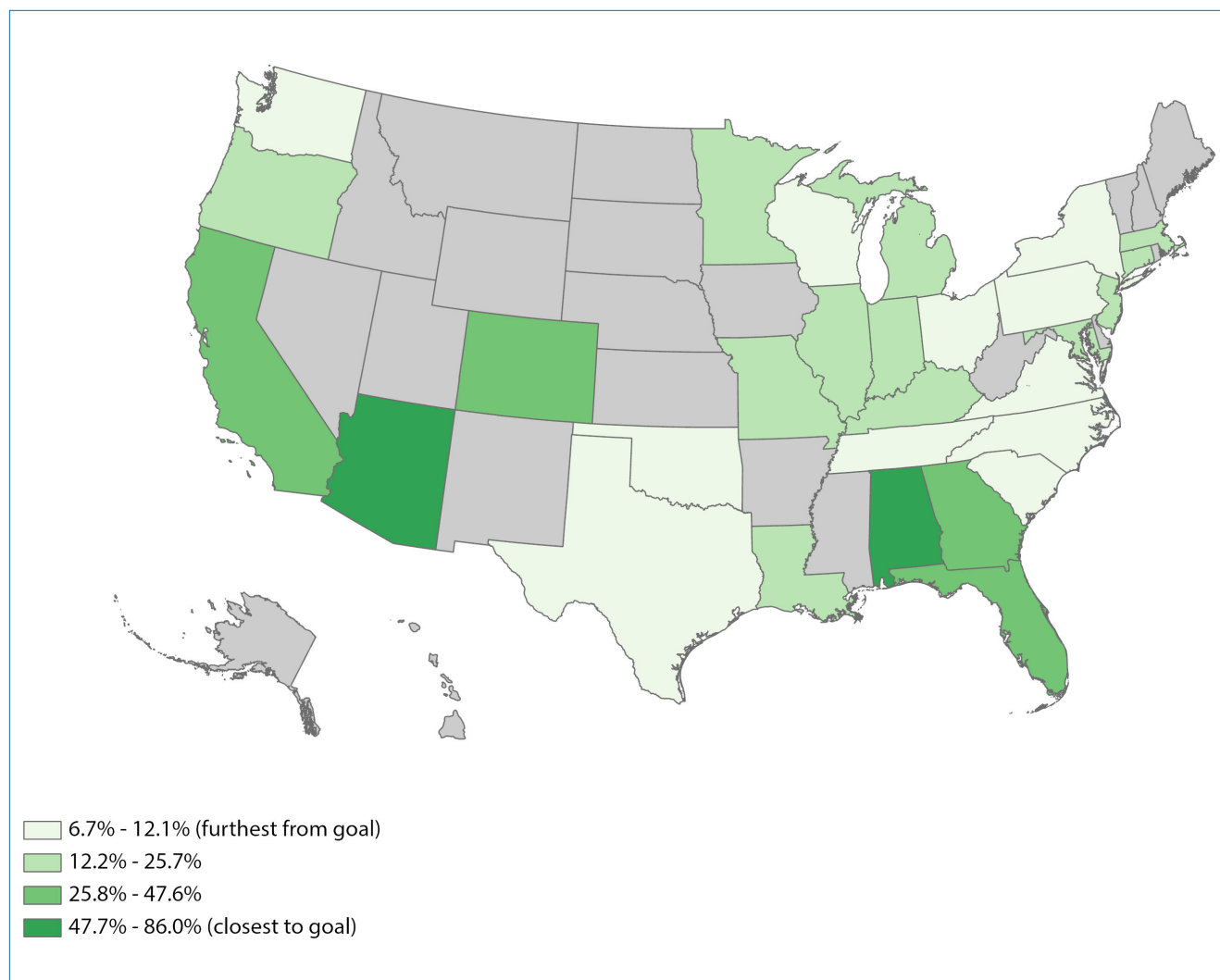
**The Triple Double: Doubling Down on Primary Care**  
**Target Area 1: Primary Care Spending (for Physicians) – Medicare Fee For Service**  
**2022 Performance of States Relative to 2030 Goal (7.72%)**



Data Sources: Medicare fee-for-service claims, 2022.

Notes: The primary care narrow definition is restricted to primary care physicians only. No state-level data on other primary care clinicians is available. Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy.

The Triple Double: Doubling Down on Primary Care  
Target Area 1: Primary Care Spending (for Physicians) – Medicaid  
2022 Performance of States Relative to 2030 Goal (8.6%)

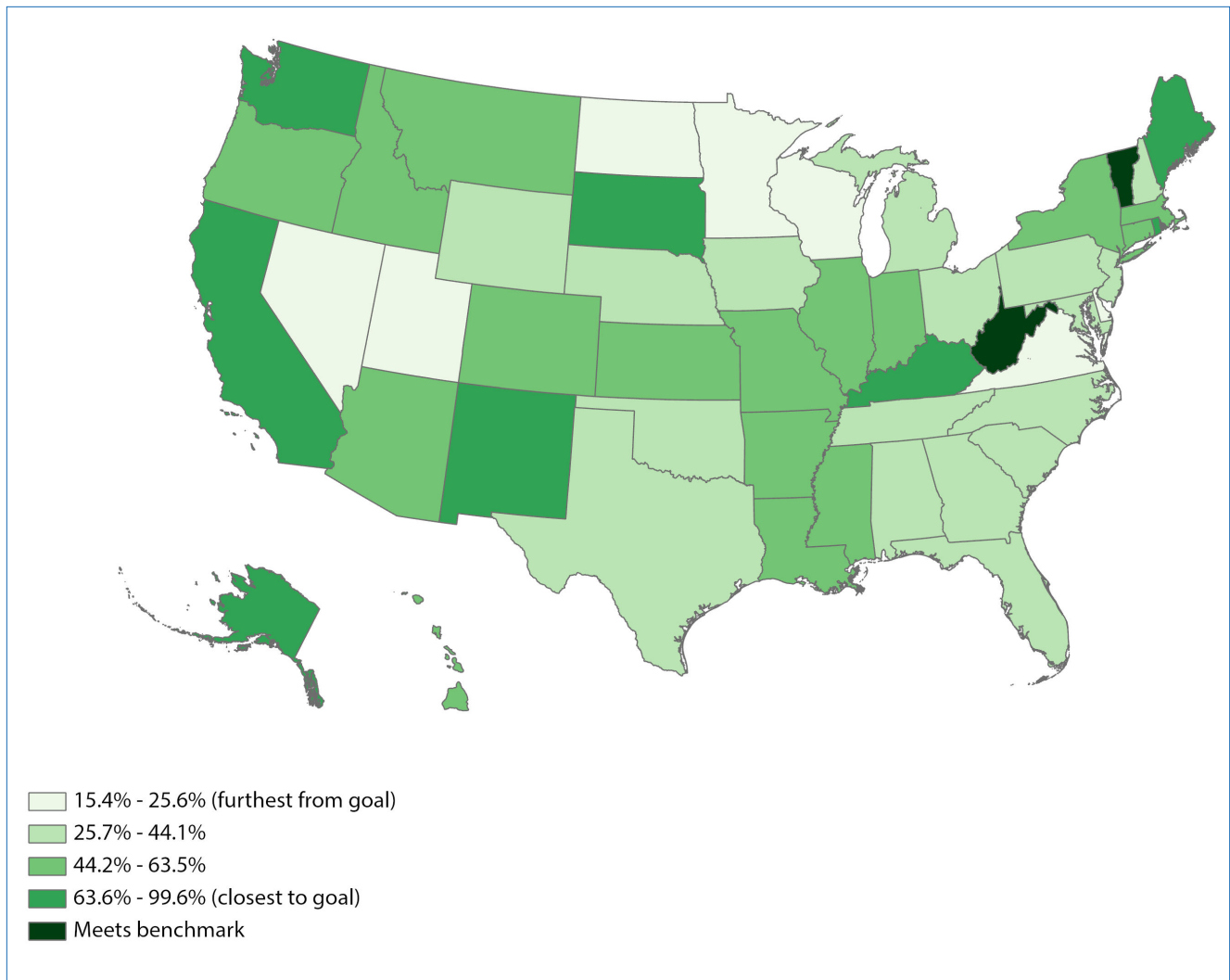


Data Sources: Analyses of Medical Expenditure Panel Survey data, 2022.

Notes: The primary care narrow definition is restricted to primary care physicians only. No state-level data on other primary care clinicians is available. Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy.

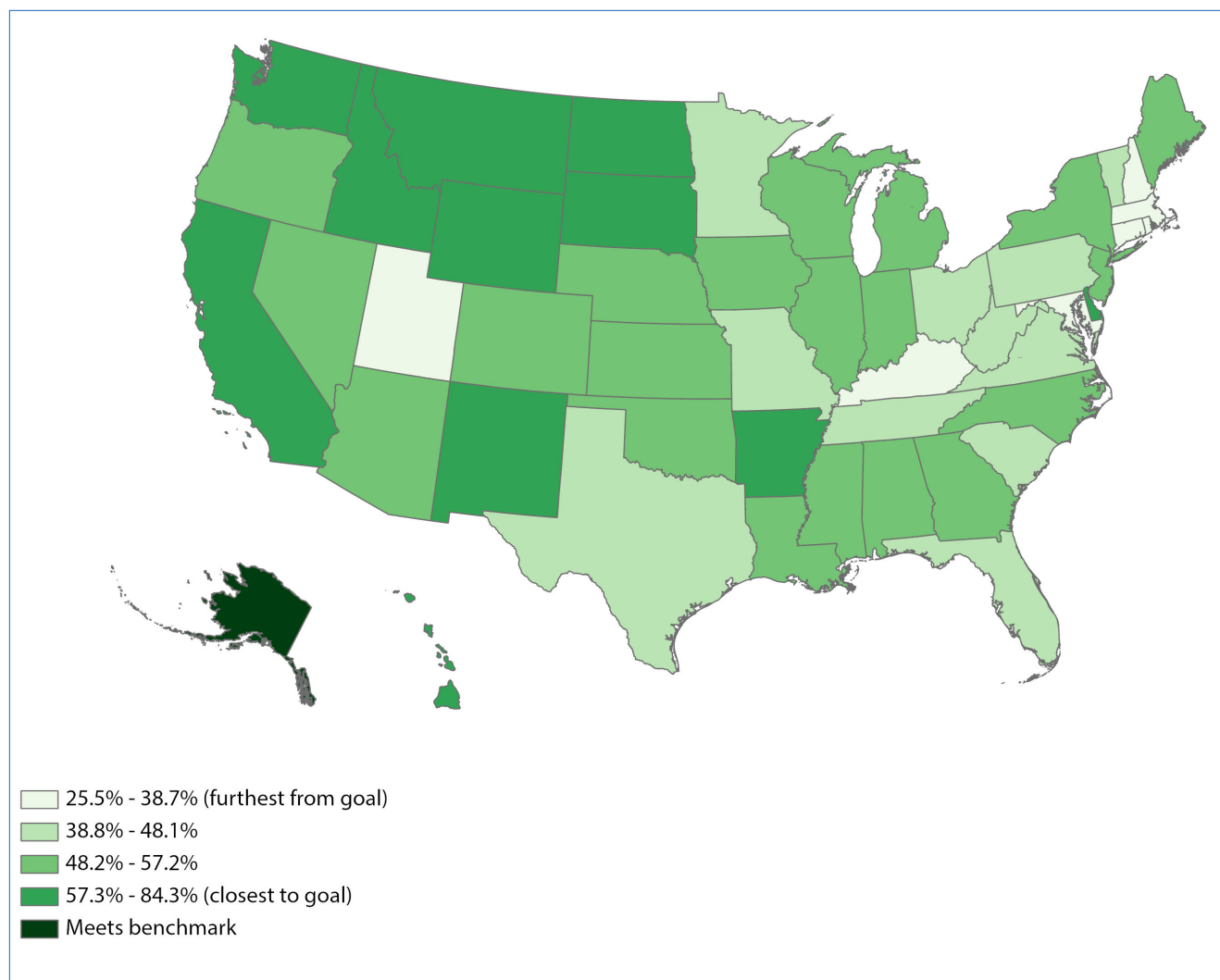
## The Triple Double: Doubling Down on Primary Care

### Target Area 2: Percentage of Population Served Annually by a Community Health Center (CHC) 2022 Performance of States Relative to 2030 Goal (18.6%)



Data Sources: Uniform Data System, 2022, US Census Bureau Centennial Census, 2020.

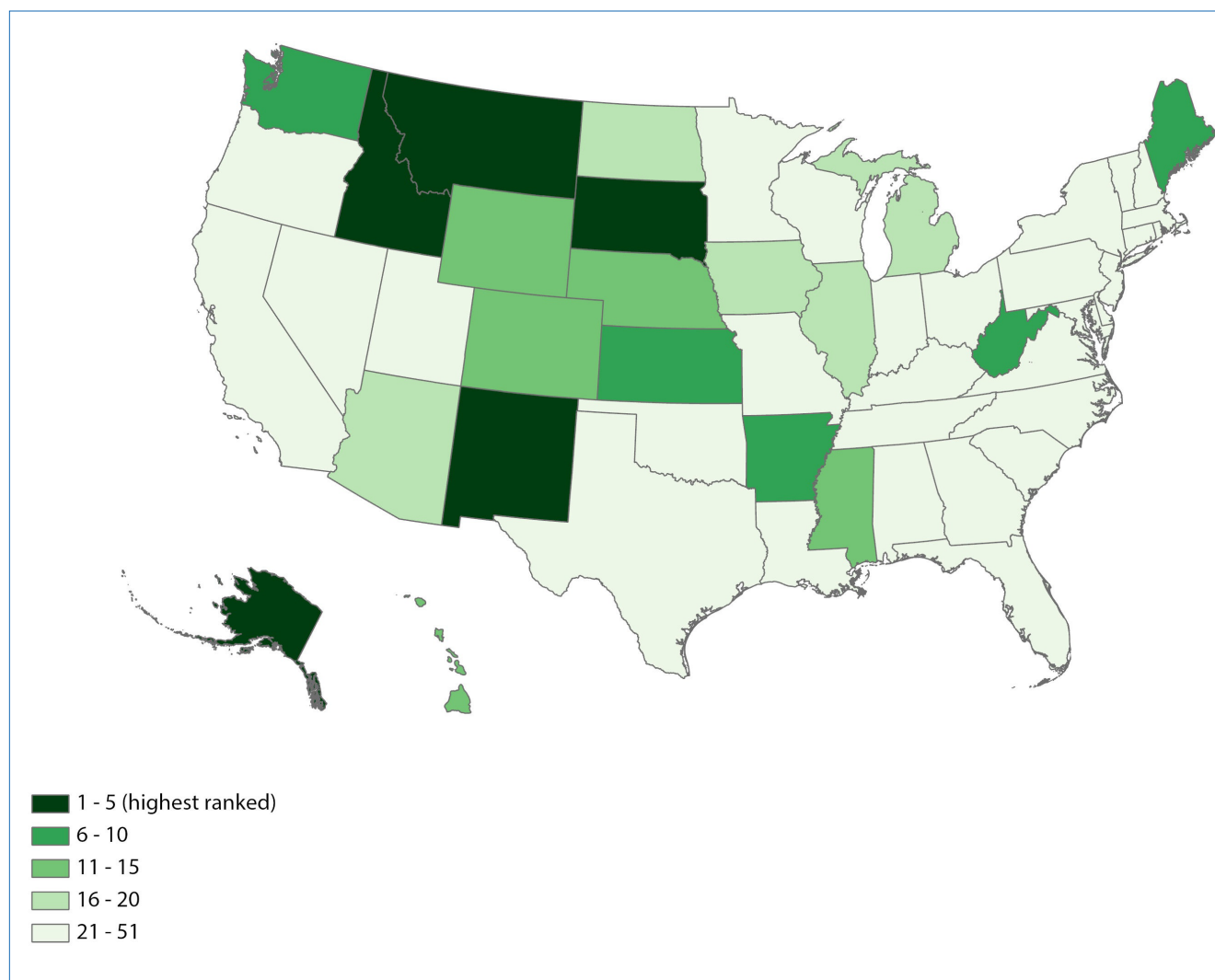
**The Triple Double: Doubling Down on Primary Care**  
**Target Area 3: Percentage of New Physicians Entering Primary Care**  
**2022 Performance of States Relative to 2030 Goal (43.2%)**



Data Sources: American Medical Association Masterfile, Accredited Council for Graduate Medical Education data in AMA Masterfile (Historical residency file), Centers for Medicare and Medicaid Services Medicare Physician and Other Practitioners by Provider and Service PUF files, 2022.  
Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, and 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.

For more information, see <https://www.milbank.org/primary-care-scorecard/>

## Overall Ranking on Primary Care Performance on Medicare Spending, New Physician Workforce, CHCs\*



\*Does not include PC Spend – Medicaid or commercial insurance

Data Sources: Medicare fee-for-service claims, 2022; American Medical Association Masterfile, Accredited Council for Graduate Medical Education data in AMA Masterfile (Historical residency file), Centers for Medicare and Medicaid Services Medicare Physician and Other Practitioners by Provider and Service PUF files, 2022; Uniform Data System, 2022. and US Census Bureau Centennial Census, 2020.  
Note on methods: State rank based on summary of ranks for Medicare fee-for-service primary care spending, new physicians entering primary care, and percent of the population served by a CHC.

## Triple Double and State Rankings Composite

### Top 10 in **BOLD**

State rank based on summary of ranks for Medicare fee-for-service primary care spending, new physicians entering primary care, and percent of the population served annually by a CHC.

State	Composite	State	Composite
Alabama	29	Nebraska	11
<b>Alaska</b>	<b>1</b>	Nevada	44
Arizona	18	New Hampshire	42
<b>Arkansas</b>	<b>8</b>	New Jersey	47
California	21	<b>New Mexic</b>	<b>2</b>
Colorado	13	New York	31
Connecticut	41	North Carolina	35
Delaware	30	North Dakota	16
<b>District of Columbia</b>	<b>36</b>	Ohio	40
Florida	43	Oklahoma	24
Georgia	38	Oregon	23
Hawaii	15	Pennsylvania	46
<b>Idaho</b>	<b>3</b>	Rhode Island	37
Illinois	17	South Carolina	22
Indiana	27	<b>South Dakota</b>	<b>4</b>
Iowa	20	Tennessee	49
<b>Kansas</b>	<b>7</b>	Texas	48
Kentucky	28	Utah	50
Louisiana	25	Vermont	34
<b>Maine</b>	<b>9</b>	Virginia	45
Maryland	51	<b>Washington</b>	<b>6</b>
Massachusetts	33	<b>West Virginia</b>	<b>10</b>
Michigan	19	Wisconsin	26
Minnesota	39	Wyoming	12
Mississippi	14		
Missouri	32		
<b>Montana</b>	<b>5</b>		