



# 2026 Health of US Primary Care Report

## Primary Care: The Missing Strategy in the Fight Against Chronic Disease

Webinar  
February 12, 2026



# Panelists

- **Vishal S. Arora**, MD, Senior Advisor, Centers for Medicare and Medicaid Services
- **Jennifer Bacani McKenney**, MD, Owner, Fredonia Family Care, Kansas
- **Seiji Hayashi**, MD, MPH, Chief Medical Officer, CareFirst Community Health Plan Maryland
- **Yalda Jabbarpour**, MD, lead author and Vice President and Director, Robert Graham Center
- **Jake Quinton**, MD, MPH, Chief Medical Officer, Original Medicare. Center for Medicare and Medicaid Services

*Moderated by **Shira Schoenberg** of The Boston Globe*

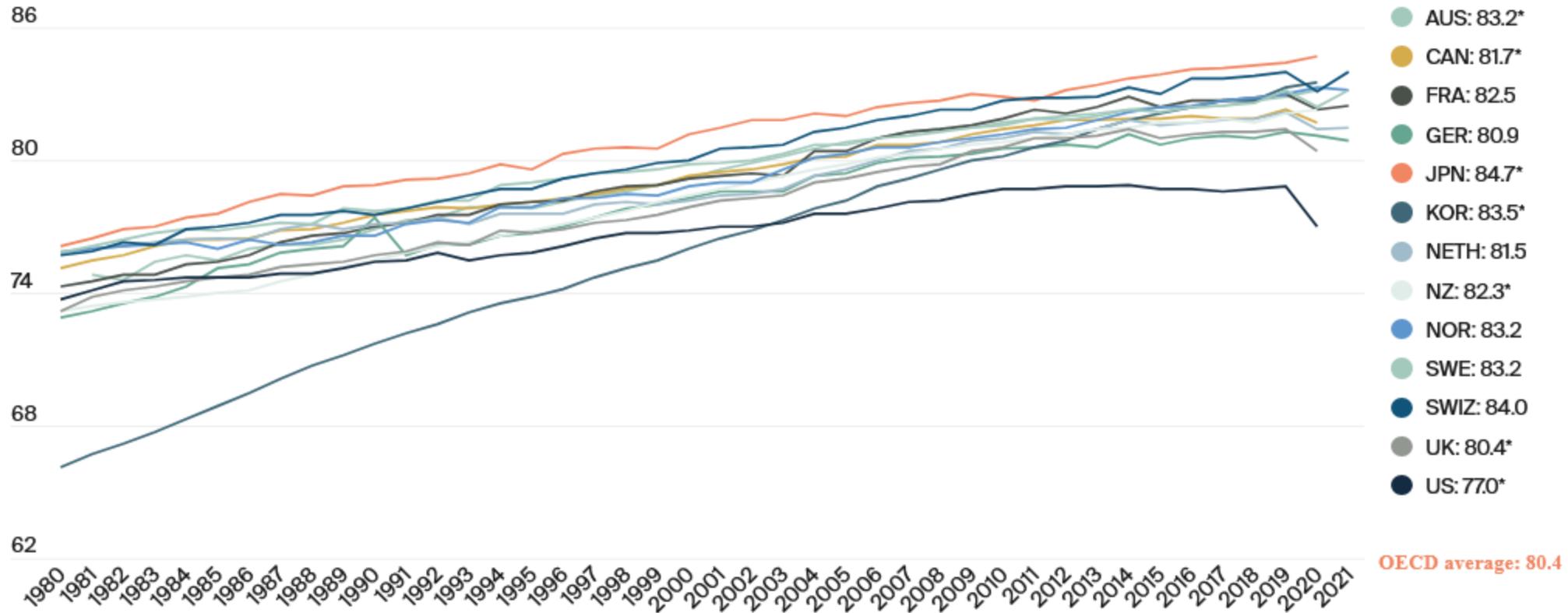
# The 2026 Health of US Primary Care Report

Yalda Jabbarpour, MD



# U.S. life expectancy at birth is three years lower than the OECD average.

Years expected to live, 1980–2021\*



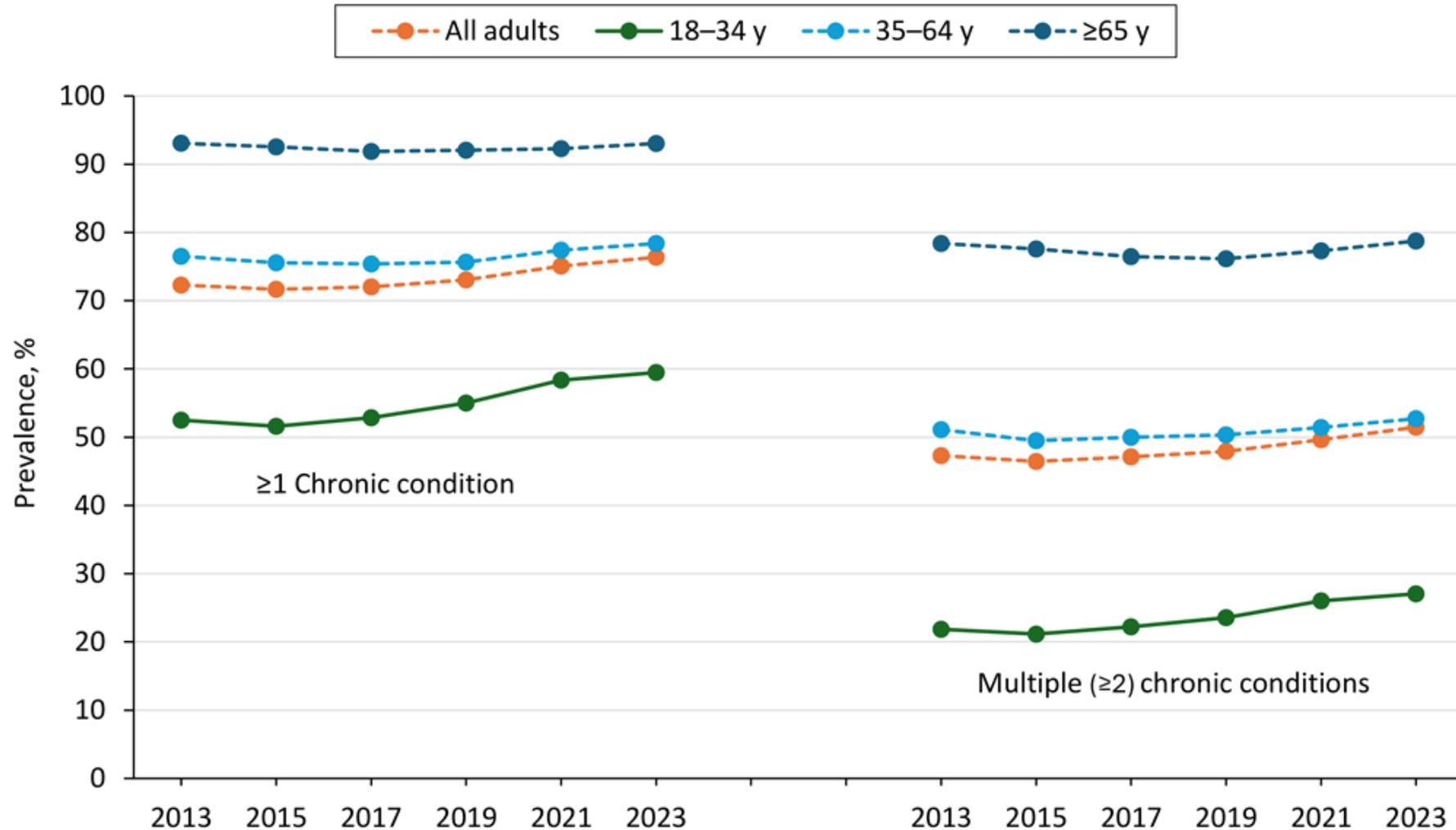
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Note: \* 2020 data. Total population at birth. OECD average reflects the average of 38 OECD member countries, including ones not shown here. Because of methodological differences, JPN and UK data points are estimates.

Data: OECD Health Statistics 2022.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). <https://doi.org/10.26099/8ejy-yc74>

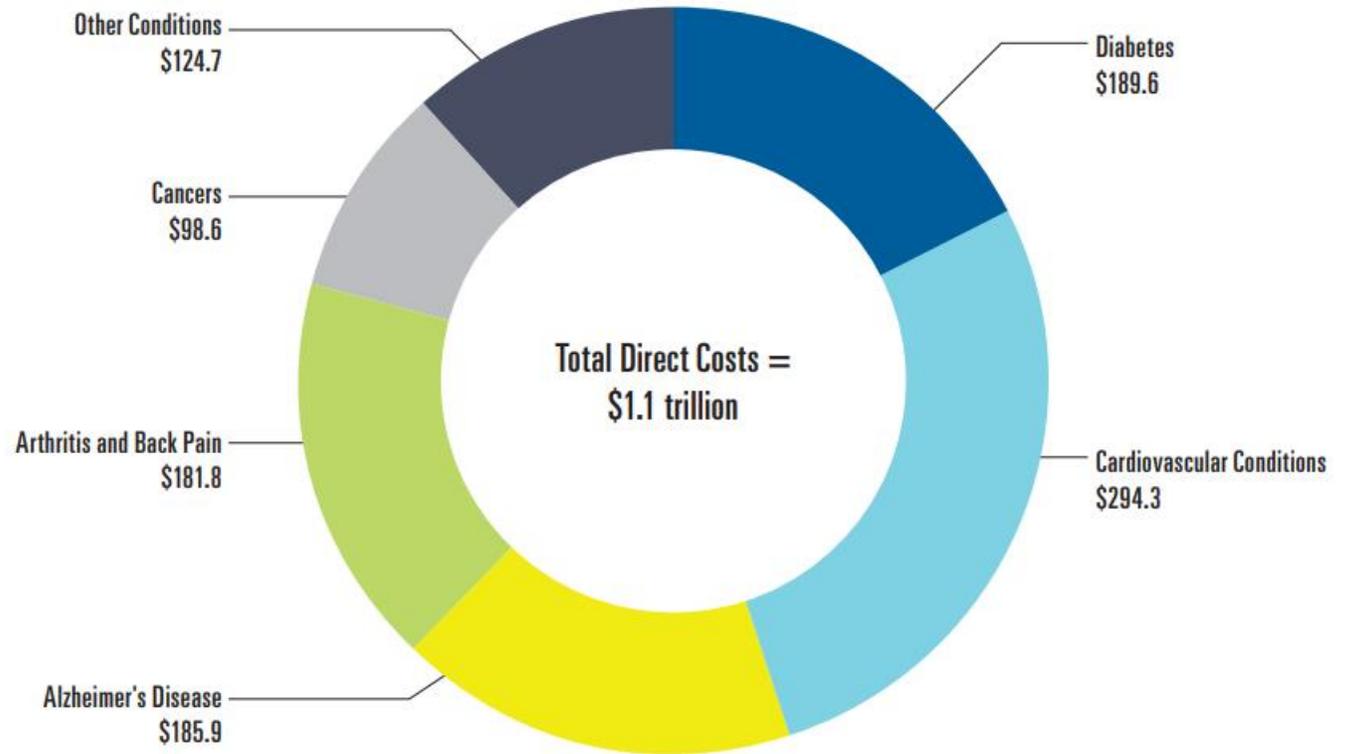
# Chronic disease rates are rising fastest among young adults, and many have more than two conditions



**By 2050,  
costs from  
chronic diseases  
are projected to hit  
around  
\$2 trillion.**

**FIGURE 1**

Total Direct Costs of Chronic Diseases in the U.S., 2016 (\$ billions)



Source: Milken Institute.

# Investing in Primary Care

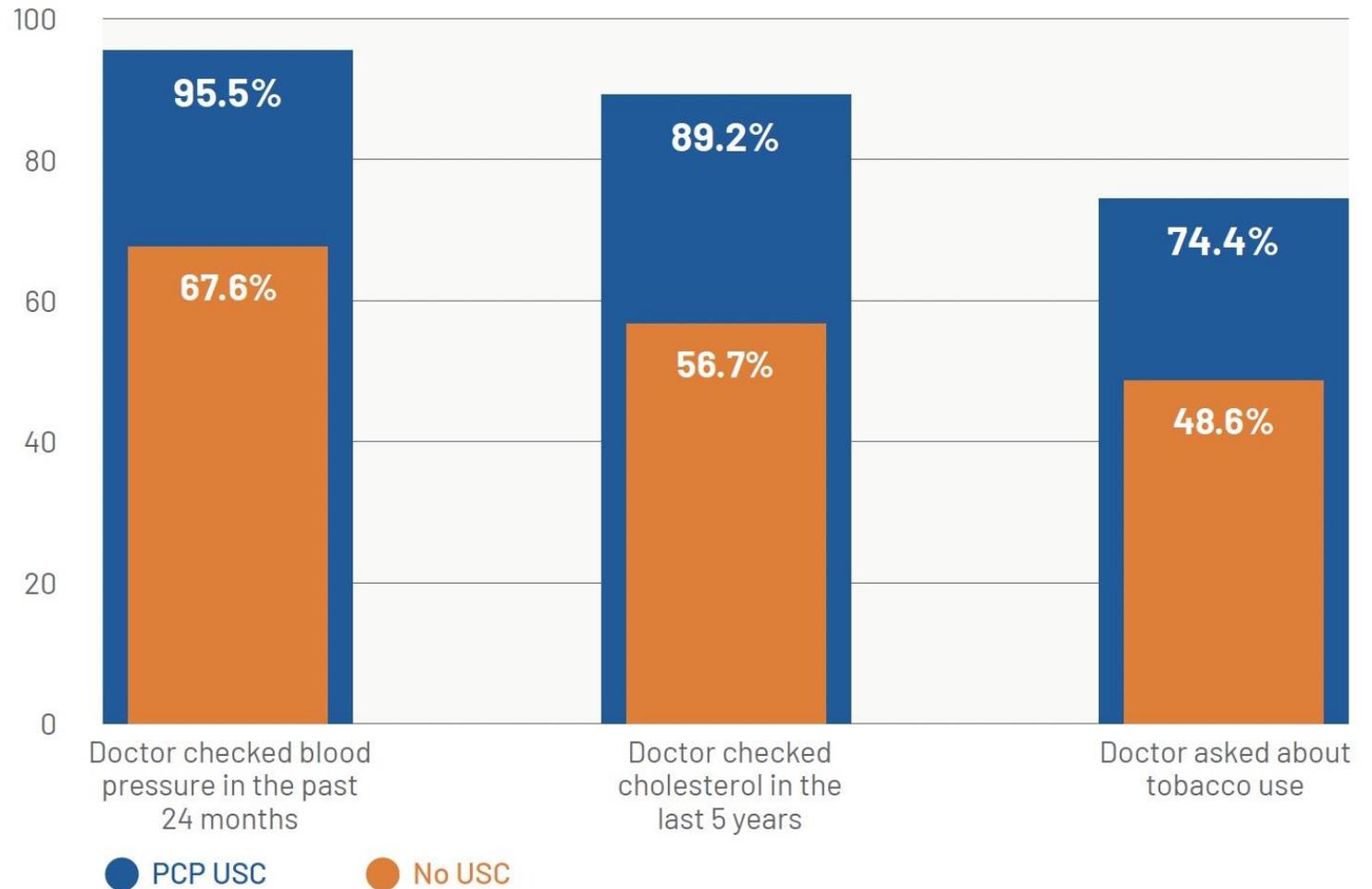
## The Missing Strategy in America's Fight Against Chronic Disease

Adults and children with a **usual source of primary care** are far more likely to receive **preventive services**.

# Having a usual source of primary care means:

- 28% more **blood pressure checks**
- 33% more **cholesterol screenings**
- 26% more **tobacco screenings**

Figure 1. Adults with a Usual Source of Primary Care Are More Likely to Be Screened for Cardiovascular Risk Factors (2016–2022)



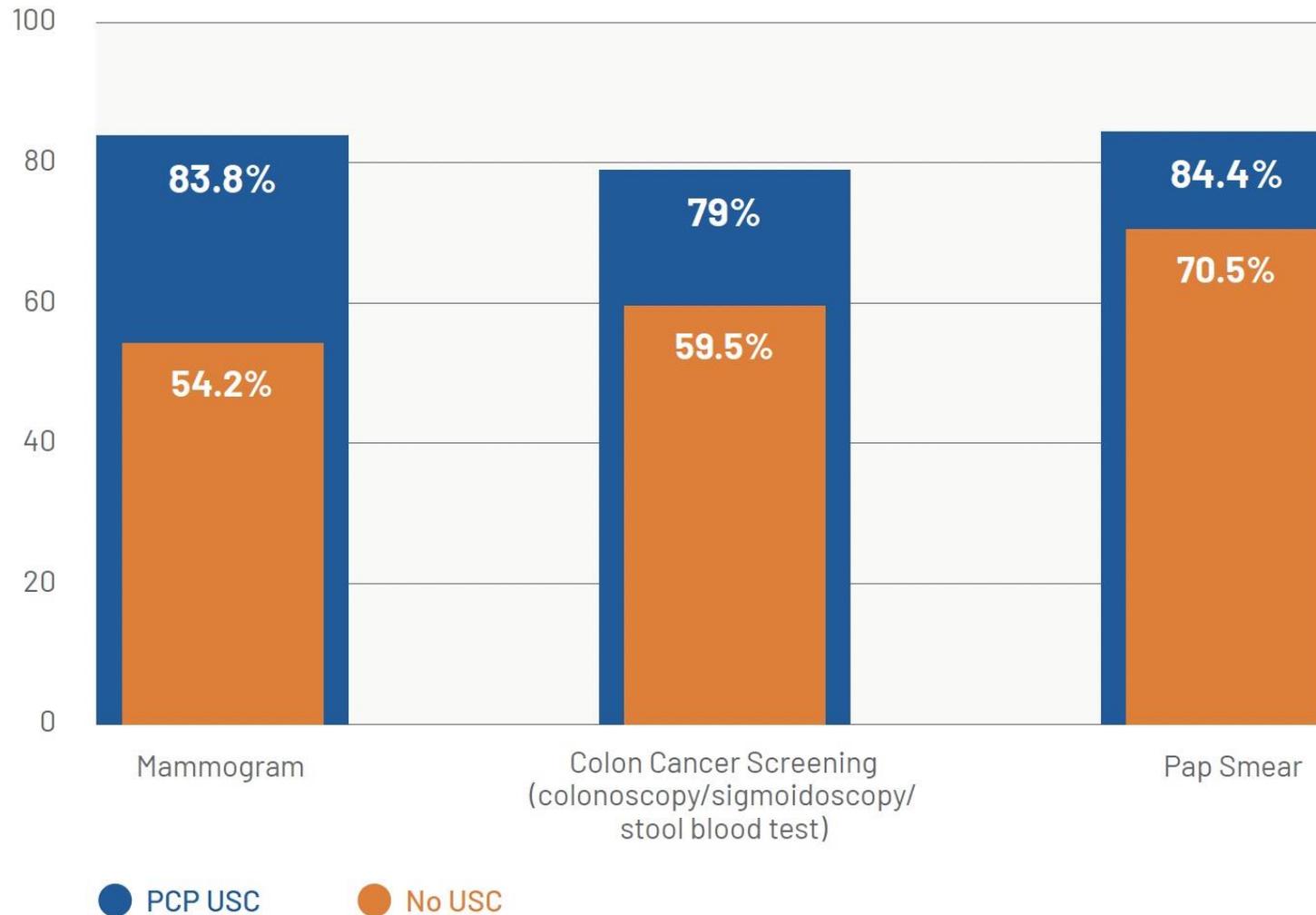
Source: Authors' analyses of Medical Expenditure Panel Survey data (2016–2022).

Note: PCP USC=usual source of primary care.

# Having a usual source of primary care means:

- 30% more **mammograms**
- 20% more **colon cancer screenings**
- 14% more **Pap smears**

Figure 2. Adults with a Usual Source of Primary Care Are More Likely to Receive Cancer Screenings (2016–2022)



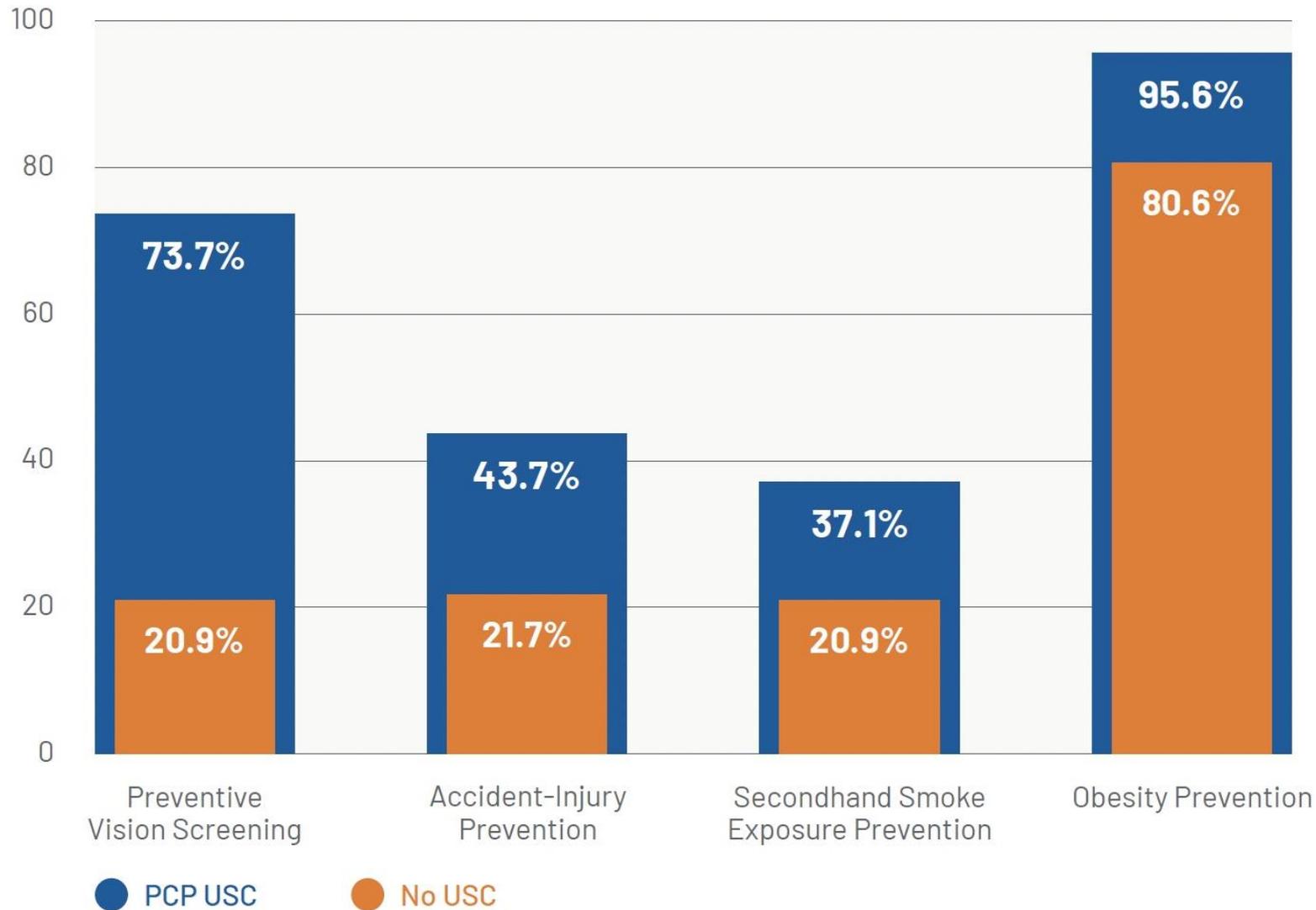
Source: Authors' analyses of Medical Expenditure Panel Survey data (2016–2022).

Notes: PCP-USC=usual source of primary care. Of the eligible population, women 21–65 years old who have not had a hysterectomy and have no history of prior cervical cancer, the percentage who had a Pap smear in the last five years. Of the eligible population, women 50–74 years old who have not had a mastectomy or have no previous history of breast cancer, the percentage who had a mammogram in the last two years. Of the eligible population, all respondents 50–75 years old who have not had a colectomy or have no previous history of colon cancer, the percentage who had a colonoscopy in the last 10 years or sigmoidoscopy in the last five years, or stool blood test in the last one to three years.

For children, having a usual source of primary care means:

- 50% more **vision tests**
- 22% more **accident/injury prevention**
- 16% more secondhand **smoking counseling**
- 15% more **obesity prevention**, e.g., nutrition counseling

Figure 3. Children with a Usual Source of Primary Care Are More Likely to Receive Essential Preventive Screenings (2016–2022)



Source: Authors' analyses of Medical Expenditure Panel Survey data (2016–2022).

Note: PCP USC=usual source of primary care.

A usual source of primary care  
**reduces the burden of chronic  
disease** on people and the health care  
system by...

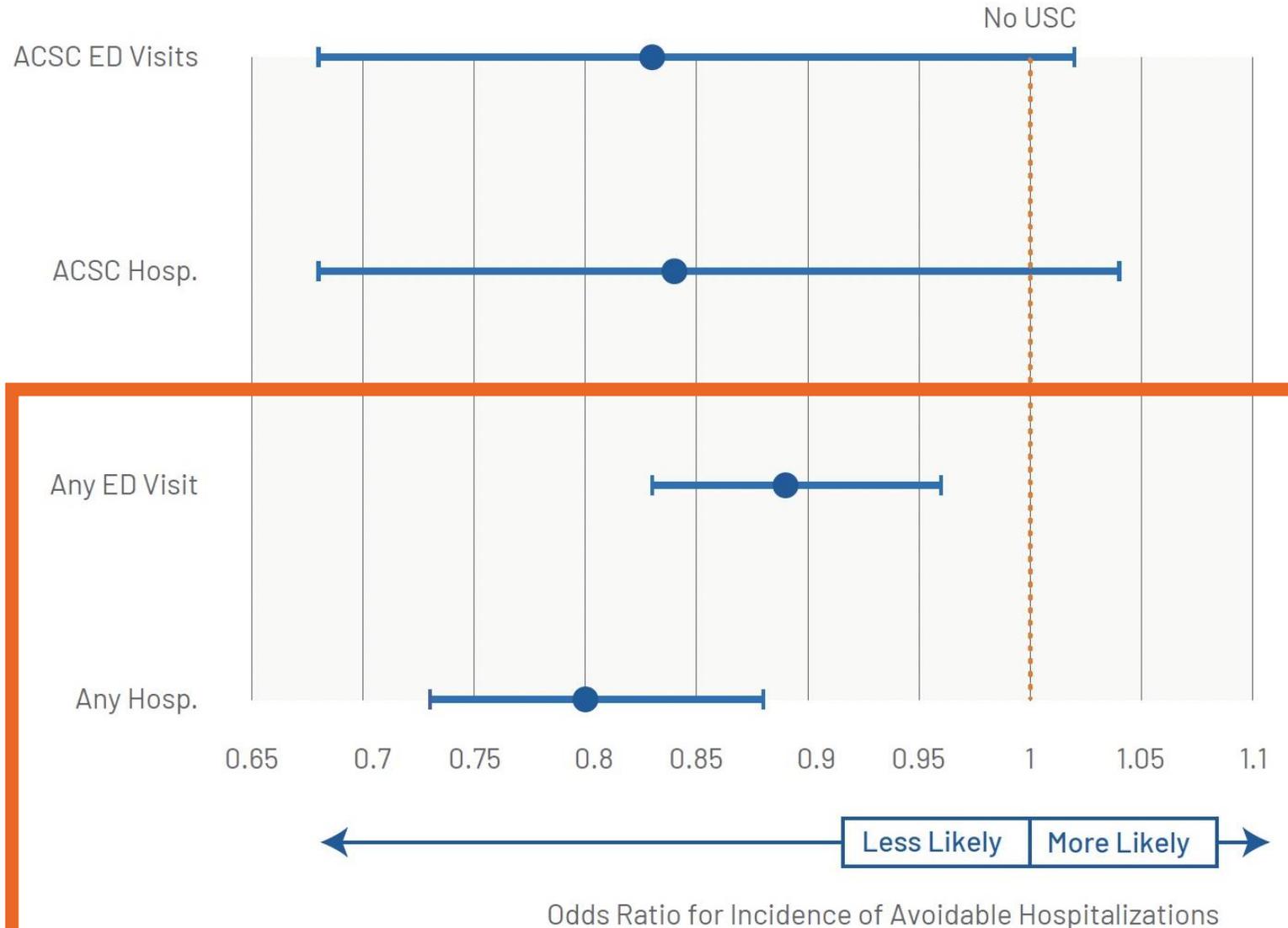
Lowering the  
rate of  
hospitalizations  
and ED visits

Lowering total  
health care  
costs

# Adults with chronic disease and a usual source of primary care are...

- 20% less likely to have a **hospitalization**
- 11% less likely to have an **ED visit**

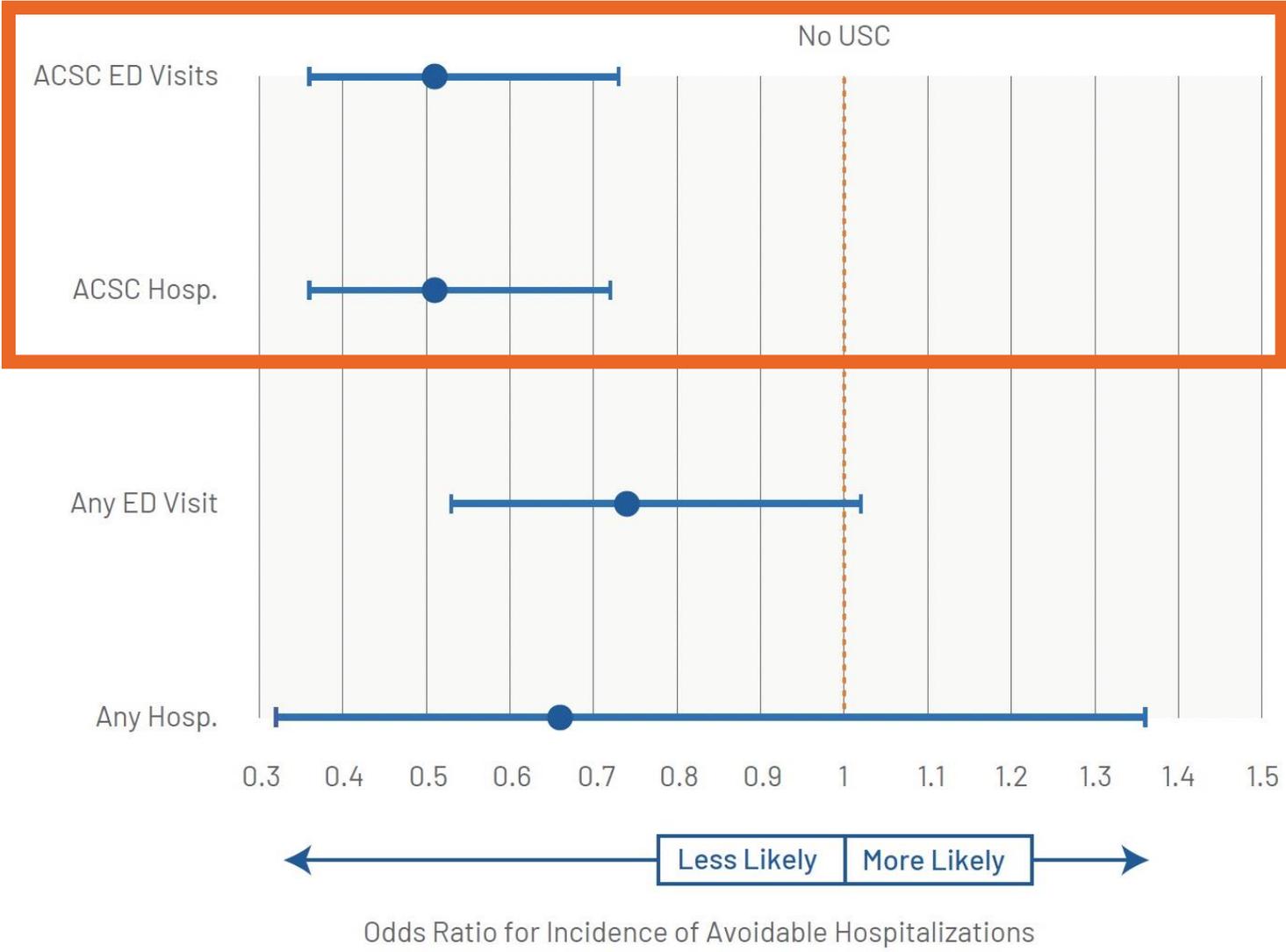
Figure 4. Adults with Chronic Disease Who Have a Usual Source of Primary Care Are Less Likely to Have an ED Visit or Hospitalizations (2016–2022)



Source: Author analyses of Medical Expenditure Panel Survey data (2016–2022).

Notes: ACSC=ambulatory care sensitive conditions. ED=emergency department. USC=usual source of care. Chronic disease includes having any of the following: asthma, cardiovascular disease, chronic obstructive pulmonary disease, diabetes, hypertension, or stroke. Adjusted for age, gender, race, education, income, insurance type, health status, region, and survey year.

Figure 5. Children with Chronic Disease Who Have A PCP Are Less Likely to Have an ED Visit or Hospitalization (2016–2022)



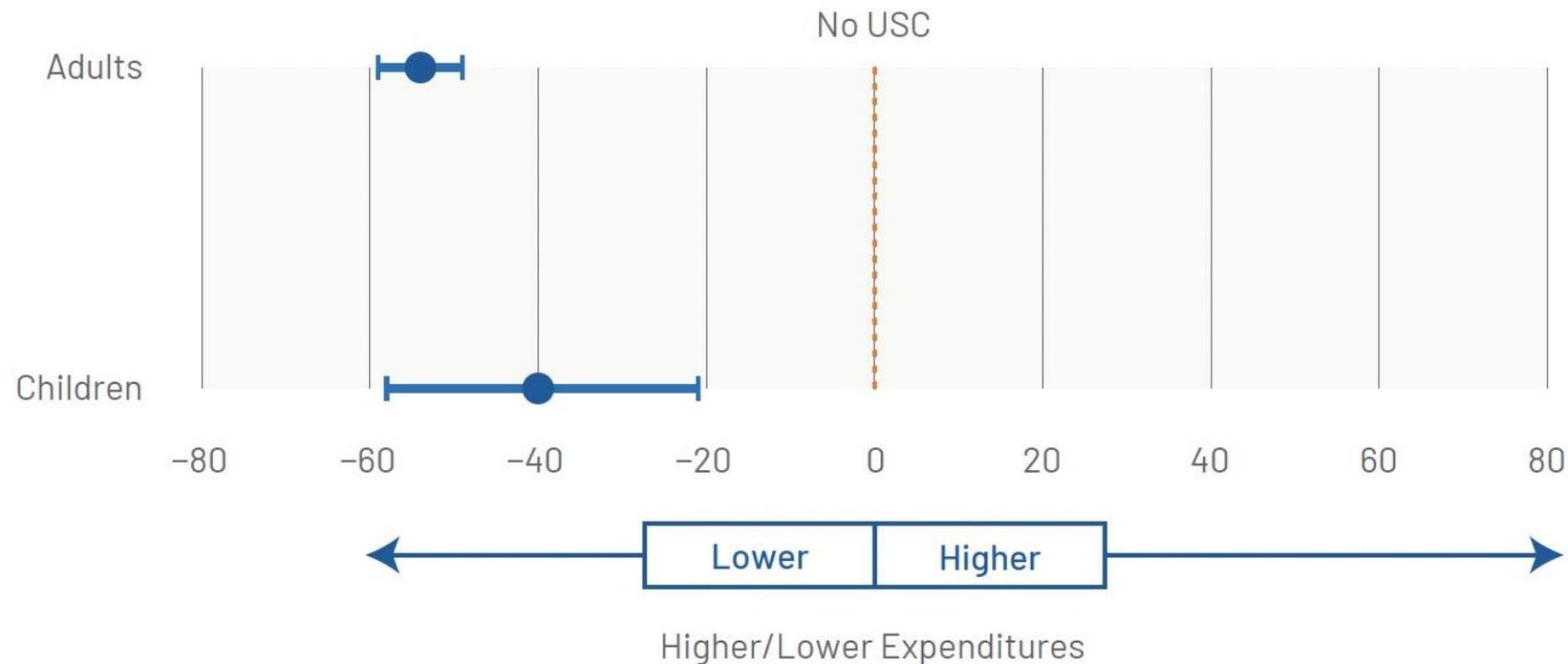
Children with chronic disease and a usual source of primary care are...

50% **less likely** to have visit and hospitalization for a condition that can be treated in an outpatient setting

Source: Authors' analyses of Medical Expenditure Panel Survey data (2016–2022).  
Notes: ACSC=ambulatory care sensitive conditions. ED=emergency department. USC=usual source of care. Chronic disease includes asthma, attention deficit hyperactivity disorder, diabetes, and epilepsy. Adjusted for age, race/ethnicity, gender, region, income, insurance status, health status, and survey year.

# A usual source of primary care lowers **total health care costs** by 54% for adults and 40% for children

Figure 6. Adults and Children with Chronic Disease Who Have a Usual Source of Care Have Lower Total Health Care Expenditures (2016–2022)



Source: Authors' analyses of Medical Expenditure Panel Survey data (2016–2022).

Notes: USC=usual source of care. Adjusted for age, race/ethnicity, gender, region, income, insurance status, health status, and survey year.

**Continuity of primary care** is essential to **prevent the progression** of chronic disease as it reduces...

Avoidable  
hospitalizations

ED visits

Health care  
costs

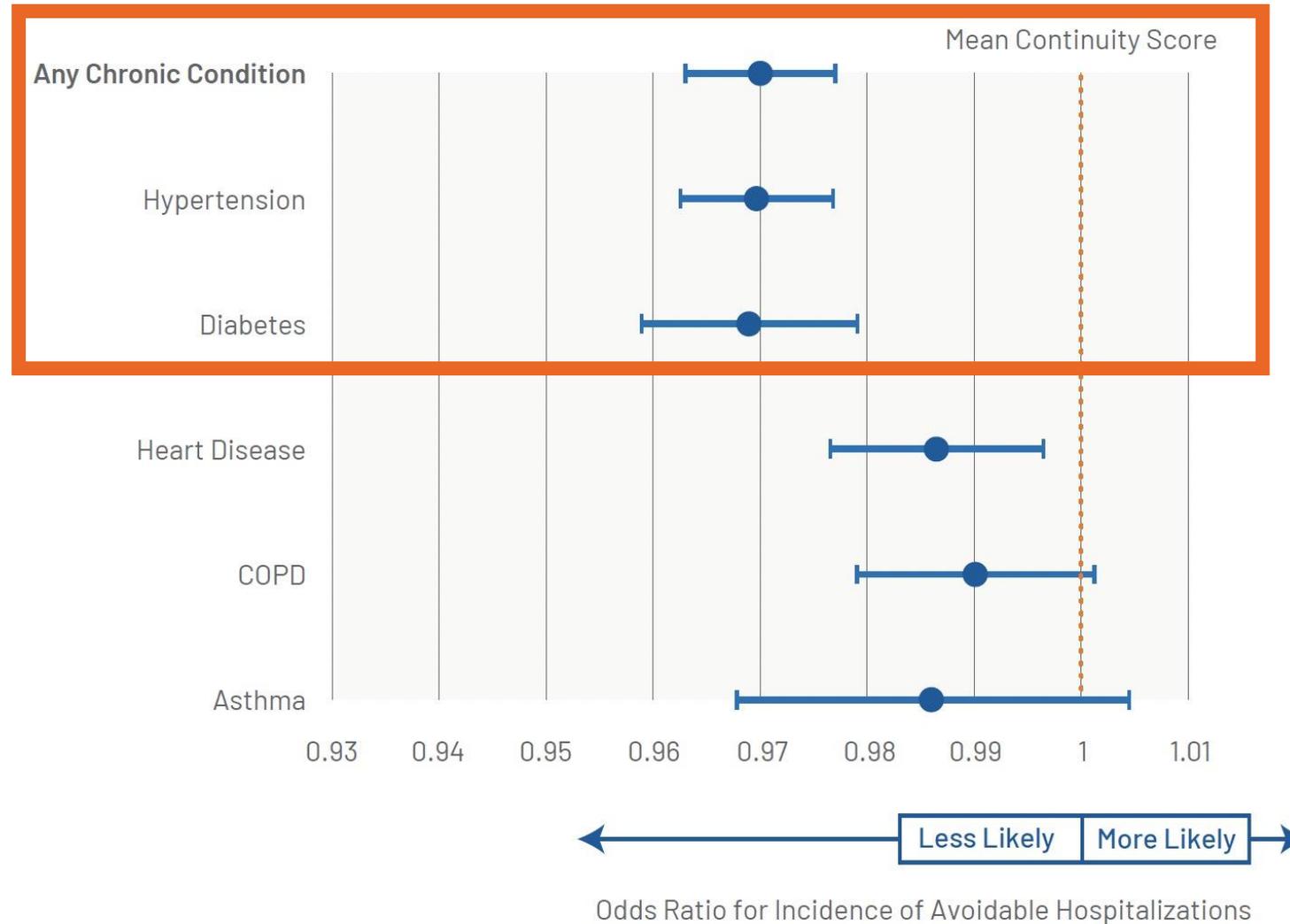
# More continuity of care with a primary care clinician means...

3-4% lower likelihood of being **hospitalized** for:

- Any chronic condition
- Hypertension
- Diabetes

...for every 10% increase in continuity scores

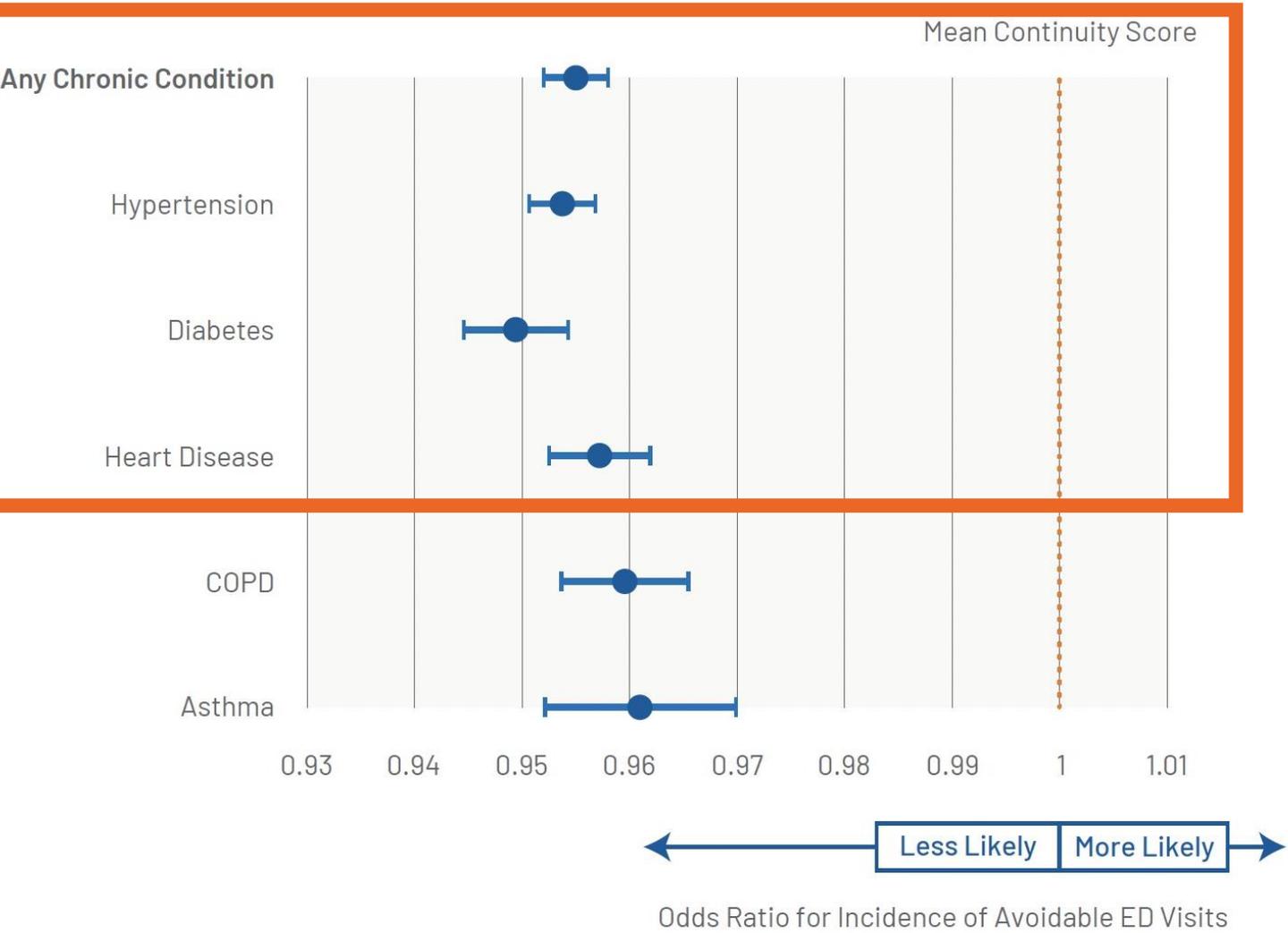
Figure 7. Higher Levels of Primary Care Continuity Are Associated with Lower Odds of Hospitalization for Patients with Chronic Disease



Source: Authors' analyses of Medicare fee-for-services claims data (2018–2019).

Note: COPD=chronic obstructive pulmonary disease. Adjusted for age, sex, race/ethnicity, dual eligibility status, comorbidities, total evaluation and management visits to a usual source of care provider, and census region.

**Figure 8. Higher Levels of Primary Care Continuity Are Associated with Lower Odds of ED Visits for Patients with Chronic Disease**



More continuity of care with a primary care clinician means...

4-5% lower likelihood of **ED visits** for:

- Any chronic condition
- Hypertension
- Diabetes
- Heart disease

...for every 10% increase in continuity scores

Source: Authors' analyses of Medicare fee-for-services claims data (2018–2019).  
 Note: COPD=chronic obstructive pulmonary disease. ED=emergency department. Adjusted for age, sex, race/ethnicity, dual eligibility status, comorbidities, total evaluation and management visits to a usual source of care provider, and census region.

**Health care costs** decreased 15% for every 10% increase in continuity score

Figure 9. Percentage Changes in Costs Associated With Increased Continuity of Primary Care



Source: Authors' analyses of Medicare fee-for-services claims data (2018–2019).

Note: COPD=chronic obstructive pulmonary disease. Adjusted for age, sex, race/ethnicity, dual eligibility status, comorbidities, total evaluation and management visits to a usual source of care provider, and census region.

# You can't fight chronic disease without primary care

- A usual source of primary care increases the likelihood of screening for the most common causes of morbidity and mortality in children and adults
- Once someone has a chronic disease, a usual source of primary care decreases their chances of going to the ED or being hospitalized and lowers total cost of care
- For patients with chronic disease, continuity of primary care matters

## But:

- Our updated Primary Care Scorecard data dashboard shows **less than 5% of total health care spending goes to primary care**. This financial neglect contributes to an overburdened workforce and the fact that **1 in 3 Americans lack access to a regular source of care**.

# Find the thematic report and 2026 Scorecard Data Dashboard on [milbank.org](https://milbank.org)



Primary care spending as a share of total health care spending by all payers

Narrow Definition

