# Domain 1: Is more being spent on primary care?

| Measures | Data Source | Notes |
|---|---|---|
| • Primary care spending as % of total medical expenditures<br>• Absolute $ per member, per month (PMPM) spent on primary care<br>• Primary care spending by mode of payment (e.g., fee-for-service, PMPM, shared savings) | • State all payer claims databases (APCDs)<br>• Health plan payment reports (claims + non-claims), including from:<br>   o Commercial plans, including Medicare Advantage, Medicaid managed care plans, and plans offered through ACA exchanges<br>   o Medicaid payment files<br>   o Plan administrators for self-insured employers (as feasible)<br>• Other sources of supplemental payments (e.g., state and federal grants to practices to support primary care services) | • Most states with primary care investment initiatives are using these types of measures to assess plan compliance with spending targets<br>• APCDs are often incorporating non-claims payments<br>• Measures should be reported in aggregate and by individual payer |
| • Proportion of covered lives in contract arrangements with increased primary care spending | • Health plan payment reports | |

# Domain 2: Are the dollars reaching primary care practices?

| Measures | Data Sources | Notes |
|---|---|---|
| • Practice revenues<br>• Practice primary care clinician and staff FTE | • Structured reports from sample of practice managers/leaders | • Requires primary data collection; usually no existing database on these measures<br>• For practices that are part of large organizations, report would need to tease out centralized vs decentralized staffing to validate that centralized staff FTE reported are fully in service to primary care practices<br>• Measures on revenues and FTEs should be standardized |

| | | per 1,000 empaneled patients |
|---|---|---|
| • Primary care clinician and staff compensation | • Surveys of sample of clinicians and staff and/or employers | • Some specialty-specific income data collected by existing surveys (e.g., American Academy of Family Physicians, Medical Group Management Association, Bureau of Labor Statistics) but may not have adequate sample size for state level analysis<br>• Ideally should include forms of non-payroll compensation such as loan repayment |

## Domain 3: Are practices using dollars to improve high-quality primary care?

| Measures | Data Sources | Notes |
|---|---|---|
| Elements of advanced primary care (APC) implemented by practice (e.g., integrated behavioral health) | Structured reports from sample of practice managers/leaders | • The Harvard Medical School Center for Primary Care's Primary Care Investment Guide includes a menu of APC elements with definitions that could be included in structured reporting<br>• For practices that are part of large organizations, report would need to tease out centralized vs decentralized APC elements to validate that centralized elements are truly supporting front line practices |
| • Self-assessed ratings of practice transformation | • Surveys of sample of practice managers/leaders | • Existing survey instruments including the University of California San Francisco Center for Excellence in Primary Care's Building Blocks of Primary Care |

| | | Assessment and the [Population Health Management Capabilities Assessment Tool (PhmCAT)](#) |
|---|---|---|

## Domain 4: Are the core functions of primary care improving?

| Measures | Data Sources | Notes |
|---|---|---|
| • Continuity | • Health plan claims data | • Validated [continuity](#) measures exist |
| • Comprehensiveness | • Health plan claims data | • Validated [comprehensiveness measures](#) exist |
| • Access | • Patient surveys (regular source of care, timeliness of care, other items)<br>• Electronic health record (EHR) or practice-management reports (clinicians accepting new patients, next-third available appointment, telehealth use)<br>• Claims data on primary care service utilization and unique patients served/attached to practice (e.g., % enrollees with primary care visit) | • Some states have existing surveys (e.g., [California Health Interview Survey](#)); national surveys (e.g., National Health Interview Survey, Medical Expenditure Panel Survey) often lack sufficient state level sample size |
| • Coordination | • EHR data, patient surveys | • Validated [coordination](#) measures exist but challenges for routine use |

## Domain 5: Are additional outcomes improving?

| Measures | Data Sources | Notes |
|---|---|---|
| • Quality of care | • HEDIS measures<br>• Other routinely reported measures | |

| | | |
|---|---|---|
| • Patient experience | • Patient surveys | • [Person-Centered Primary Care Measure,](#) [Clinician and Group-CAHPS](#) |
| • Clinician and staff stability and joy in practice | • Practice reports on vacancies and turnover<br>• Surveys of a sample of clinicians and staff using burnout and engagement instruments | • Short-item [burnout instruments](#) are non-proprietary for free use<br>• Consider alternative instruments to measure moral injury, joy rather than burnout |

## Domain 6: Are costs that can be reduced by better primary care decreasing?

| Measures | Data Sources | Notes |
|---|---|---|
| • Hospital and emergency department (ED) utilization and expenditures | • Health plan claims | • Focus on subset of "ambulatory care sensitive" hospital and ED utilization |
| • Diagnostic tests | • Health plan claims | • Focus on low value tests (e.g., early MRI for back pain) |
| • Pharmaceutical expenditures | • Health plan claims | • Focus on select aspects such as reductions in polypharmacy |
| • Total medical expenditures | • Health plan claims and related expenditure data | • Exercise caution in expecting short-term ROI from primary care investment |

## Domain 7 (Cross-Cutting): Is health equity improving?

- For all components, measure and compare results stratified by socially advantaged and disadvantaged groups based on income, race and ethnicity, geography, and other factors

- For primary care practice-level items (e.g., clinical staffing), stratify analyses based on populations served and/or practice location

- For patient-level items (e.g., continuity), stratify analyses based on patient groups, including location of residence

For more information, see: Grumbach K, Cohen DL, and Gold SA et al. [A Framework for Evaluating Primary Care Investment](#). Milbank Memorial Fund. March 2026.