NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS®

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Urban Health Plan, New York

Making America Healthier with High-Quality Primary Care

High-quality primary care is the foundation of a high-functioning health care system. When it is high-quality, primary care provides continuous, person-centered, relationship-based care that considers the needs and preferences of individuals, families, and communities. Primary care is the only part of the healthcare system where improved access is associated with better population health and longer life. Without access to high-quality primary care, minor health problems can spiral into chronic disease, chronic disease management becomes difficult and uncoordinated, visits to emergency departments increase, preventive care lags, and health care spending soars to unsustainable levels.

The National Academies of Sciences, Engineering, and Medicine formed the Committee on Implementing High-Quality Primary Care in 2019. In a 2021 report, ***Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care***, the committee identified five implementation objectives to make high-quality primary care available to all people living in the United States:

1. Pay for primary care teams to care for people, not doctors to deliver services.
2. Ensure that high-quality primary care is available to every individual and family in every community.
3. Train primary care teams where people live and work.
4. Design information technology that serves the patient, family, and the interprofessional care team.
5. Ensure that high-quality primary care is implemented in the United States.

OBJECTIVE ONE: PAYMENT REFORM

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

To meet patients' needs, primary care payment should be increased to reflect its vital role in improving societal health. Payment systems should prioritize primary care due to its impact on population health, especially in rural and underserved areas, rather than short-term financial returns.

- Evaluate and implement payment models that promote primary care delivery across Medicaid, Medicare, and private insurance.
- Shift to hybrid payment models (fee-for-service + capitation) with sufficient resources, risk adjustment, infrastructure investment, reimbursement for team-based care, and incentives for better health outcomes.
- Increase the share of spending on primary care and improve accuracy of the Medicare physician fee schedule.

Community Health Centers serve **10%** of the US population, but represent only **1%** of health care spend in the U.S.

Nationally, only **4.7%** of health care spending in the U.S. goes towards primary care.[1]

For more information, please contact federalaffairs@nachc.org

OBJECTIVE TWO: ENSURE ACCESS

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

Community-oriented models, supported by policy changes and innovative payment structures, are essential for equitable access to care.

Research shows **100 million Americans** lack reliable access to primary care due to a shortage of providers.[2]

- Increase sustainable investment in Community Health Centers, school-based health centers, rural health clinics, and Indian Health Services.
- Require all insured individuals to designate or be assigned a usual source of primary care annually.
- CMS should eliminate access barriers by protecting benefits for telehealth and team-based care.

OBJECTIVE THREE: TRAIN PRIMARY CARE TEAMS

Train primary care teams where people live and work.

Insufficient investment in primary care has led to a shortage of providers and not enough trainees entering the primary care workforce. It is essential to train primary care teams where people live and work, rather than the current hospital-centric model.

- Expand and deepen programs to recruit and train students from underrepresented backgrounds to serve their local communities, especially in rural and underserved areas.
- Expand community-based training programs, prioritize effective models like the Teaching Health Center Graduate Medical Education Program (THCGME), and align incentives to develop integrated, team-based care.

Only 15% of all GME graduates enter primary care practice, compared to 65% of Teaching Health Center GME (THCGME) graduates currently practicing in a primary care setting. **THCGME graduates are three times more likely to work in an underserved setting.**[3]

Immediate Action for the new Administration:

- The HHS Secretary should establish a Secretary's Council on Primary Care to advance implementation of high-quality primary care.
- HHS should also create a Primary Care Advisory Committee, under the Federal Advisory Committee Act, that includes members from national organizations which represent significant primary care stakeholder groups.

Sources:

[1] National Academies of Science, Engineering, and Mathematics. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. https://nap.nationalacademies.org/catalog/25983/implementing-high-quality-primary-care-rebuilding-the-foundation-of-health

[2] NACHC. Closing the Primary Care Gap. https://www.nachc.org/resource/closing-the-primary-care-gap-how-community-health-centers-can-address-the-nations-primary-care-crisis/

[3] 6 Health Resources and Services Administration. Teaching Health Center Graduate Medical Education Program. https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/teaching-health-center-graduate-medical-education-annual-report-2021-2022.pdf