

Consensus Recommendations on Increasing Primary Care Investment

Estimates indicate that the percentage of total U.S. healthcare spending on primary care ranges between 5.8ⁱ and 7.7 percentⁱⁱ, with wide variation. The highest-performing systems, both domestically and internationally, invest a much higher percentage of total healthcare spending in primary care, which is associated with improved health outcomes and lower costs.ⁱⁱⁱ

Rhode Island^{iv} and Oregon^v built successful state-level initiatives to drive additional resources to strong primary care and other states are considering similar action.^{vi} PCPCC encourages this work as well as health plan, employer, and federal government efforts to promote increased investment in primary care that supports high-value, patient-centered, and community-engaged primary care.

PCPCC has developed consensus recommendations to support such initiatives. The recommendations build upon the model of care outlined in the Shared Principles of Primary Care, which is our guiding vision endorsed by nearly 300 organizations.

Consensus Recommendations

Define the Challenge

Primary care investment should be tracked and reported through a standardized measure. Long-term, systemic change demands a system that ensures a standardized measurement at the health plan level across all payers to track and publicly report primary care investment. This data is essential to demonstrate that increases in investment lead to improved quality.

Engage Stakeholders

Primary care investment should include broad stakeholder engagement and participation representing all parts of the community and healthcare delivery system.

Broad participation is critical to sustainability and requires strategies that will:

- ✓ Convene diverse voices to shape priorities around primary care investment, including consumers, primary care and specialist clinicians, regulators, health plans, employers, community organizations, and others.
- ✓ Facilitate a continued dialogue between stakeholders that supports and engages in best practices between participants as they work to increase primary care investment while not increasing total cost of care.^{vii}
- ✓ Empower consumers through education about healthcare and the value of primary care.

Set Clear Goals

Additional primary care investment should strengthen the ability of primary care to achieve the quadruple aim through targeted strategies that support unmet needs.

Policymakers should emphasize strategies that will:

- ✓ Empower clinicians to focus on health and community outcomes such as empowering consumers, strengthening access in underserved areas, increasing coordination with community partners, and integrating behavioral health services.
- ✓ Support investments in both human assets and infrastructure that strengthens team-based primary care including; care managers, counselors, financing capital that modernizes primary care facilities, better care team integration, and support for tools that strengthen care delivery such as health information exchange.
- ✓ Allow clinicians to focus on the most appropriate outcomes without being hindered by excessive, unnecessary, or redundant documentation.

Align Payment

Primary care investment should be implemented through payment models that align incentives across participants, including consumers. Policymakers should support existing and new models that will:

- ✓ Support investments to strengthen primary care through existing but under-resourced models shown to improve value, such as patient-centered medical homes (PCMH).^{viii} Leverage these investments to accelerate movement away from fee-for-service to value-based payment.
- ✓ Align public and private payers at the state or payment program level. Aligned payments are much more likely to have a transformative impact on the delivery system because the signals are clear and consistent.

Evaluate Outcomes

Primary care investment should be evidence-based with appropriate outcome evaluation. Policymakers should allocate new resources to support practices and programs that advance progress toward regular reporting of outcomes including patient-reported outcomes, clinical outcomes, and impact on costs to the health system (acknowledging that development of primary care outcome measures is needed).

ⁱ Michael H. Bailit, Mark W. Friedberg, and Margaret L. Houy, (2017) Standardizing the Measurement of Commercial Health Plan Primary Care Spending. [Milbank Memorial Fund](#).

ⁱⁱ Christopher F. Koller and Dhruv Khullar. (2017). Primary Care Spending Rate — A Lever for Encouraging Investment in Primary Care. [New England Journal of Medicine](#).

ⁱⁱⁱ Starfield, B., Shi, L., & Macinko, J. (2005). Contribution of Primary Care to Health Systems and Health. [Milbank Quarterly](#)

^{iv} Koller, 2017.

^v Primary Care Spending in Oregon-A Report to the Oregon State Legislature (Feb 2018) [Oregon Health Authority](#).

^{vi} *Similar legislation introduced in California, Colorado, and Delaware in 2018.*

^{vii} *Total cost of care measures also need further development and refinement.*

^{viii} The Impact of Primary Care Practice Transformation on Cost, Quality, and Utilization. (2017) [Patient-Centered Primary Care Collaborative](#).