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# Primary Care's Critical Role in Advancing Health Equity

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# Agenda

- New report on primary care and health equity
  - Background/definitions of primary care and health equity
  - Evidence linking primary care to health equity
  - Example opportunities to strengthen primary care and advance health equity
- Panel discussion
- Questions and Answers

# Introductions

**Diane Rittenhouse**

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**Sinsi Hernández-Cancio**

**Vice President for Health Justice, National Partnership for Women & Families**

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# Primary Care's Essential Role in Advancing Health Equity for California

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- To **summarize research** on the association between primary care and health equity
- To **identify specific opportunities** for both strengthening primary care and centering health equity within primary care in California

Funder: California Health Care Foundation

# Advisors

- **C. Dean Germano, MHSc**
  - CEO, Shasta Community Health Center
- **Kevin Grumbach, MD**
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- **Gerardo Moreno, MD, MS**
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# Reactors

- **Palav Babaria, MD, MHS**
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- **Beth Capell, PhD**
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- **Hal Yee, Jr., MD, PhD**
  - Chief Deputy Director, Los Angeles County Department of Health Services
- **Jill Yegian, PhD**
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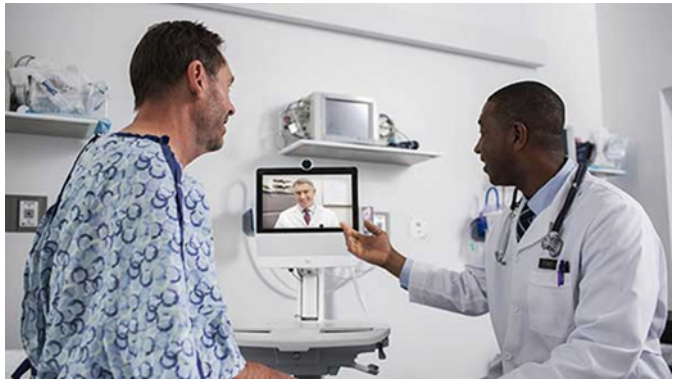
# Background

# High-Quality Primary Care



## / Primary care clinicians

- Physicians trained in generalist specialties such as family medicine, general pediatrics, general internal medicine, and geriatrics
- Nurse practitioners trained in family, gerontological, and pediatric care

## / Primary care team

- Nurses, physician assistants, medical assistants, community health workers, behavioral health counselors, social workers, and pharmacists.

# Primary Care: Study Definition

- **Whole-person orientation**
- **First point of contact** for a person experiencing new symptoms or concerns
- **Comprehensive** - includes preventive services, acute care, and ongoing management of chronic and co-morbid physical and behavioral health conditions
- **Coordinates** care for patients across the health system
- **Continuous** trusting partnerships with patients

# High-Quality Primary Care

- Happens in a **variety of settings** including private practices, community health centers, large health systems, and even in visits to a patient's home
- Ideally located in the **neighborhoods** where people live, **providing a more holistic view** of the patient's experience by fostering the primary care team's awareness of the local social, physical, and structural **determinants of health**

# Health Equity - Definition

- The World Health Organization defines **health equity** as "the *absence* of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation)."

# Primary Care Advances Health Equity

The unique qualities of high-quality primary care make it the most fair, accessible, and cost-efficient way for people, regardless of race, ethnicity, or income, to enter the health care system and obtain health services to meet their needs.

Without universal access to high-quality primary care, California and the nation will struggle to improve health and assure equity.

# Primary Care and Health Equity: The Evidence

# Summary of Findings

- **A large body of literature supports primary care's unique role in promoting equitable care and health outcomes, as well as the potential to do more.**

- **Strong evidence exists to support the connection between health equity and:**
  - **Access to primary care**
  - **Continuity of care**
  - **Coordination of care**
  - **Comprehensiveness of care**

# Access to Primary Care and Health Equity (I)

- Access to stronger primary care systems is associated with improved life expectancy and lower rates of premature mortality
- Both international comparisons and across regions within the United States

# Access to Primary Care and Health Equity (II)

## / Higher primary care physician density is associated with better outcomes

- Lower avoidable morbidity and mortality and longer life expectancy in regions within the United States. Stronger association in Black than White populations.
- Reduced racial disparities in referral patterns and an increase in necessary hospital admissions for Black Americans, compared to White Americans

## / Access to higher quality primary care is associated with

- Better rates of receipt of evidence-based screening and interventions
- Earlier diagnosis and treatment of conditions (such as hypertension, lipid disorders, congestive heart failure, chronic obstructive pulmonary disease, and diabetes) and ongoing management of multimorbidity, which the elderly and groups who are economically marginalized experience at the highest rates
- Williams et al. found “Black patients able to access primary care receive preventive services at rates equal to or greater than White patients.”

# Continuity and Health Equity

## / Associated with:

- Lower mortality rates
- Improvements in health and lower spending for ambulatory care sensitive hospitalizations for children
- Fewer disparities between Black, Hispanic and White populations in
  - Receipt of recommended cancer screening services
  - Rates of receipt of several types of evidence-based, high-value services
  - Personal trust
  - Patient adherence to recommended preventive services (including vaccines) and medications

# Coordination and Health Equity

- Reduces the extreme burden of interacting with a fragmented and disorganized health care system for patients with multiple chronic conditions and disabling conditions

- Associated with increased patient satisfaction and following evidence-based recommendations for treatment and self-care

- More coordinated primary care is associated with reduced racial and ethnic disparities in e.g., preventable ED visits and improved blood pressure control.

# Comprehensiveness and Health Equity

## / Associated with

- Better health outcomes at lower costs
- Improved health
- Improved self-management of chronic conditions
- Improved adherence to physician advice
- Better self-reported health outcomes
- Reduced disparities in disease severity as a result of earlier detection and prevention across different populations
- Behavioral health integration into primary care may help reduce mental health disparities for Latinos; helps address access barriers including stigma, mistrust, location, transportation

# The Counterfactual

- In absence of high-quality primary care, people experience inequitable access to care and more fragmented, more costly, and duplicative service use, partly from poor coordination of care across providers and settings.
- Patients' perceptions of poorer care coordination associated with higher odds of self-reported medial errors, medication errors, and laboratory errors.
- As availability of primary care physicians declined due to inadequate support and reimbursement, patients experienced a decline in patient-centeredness

# Yet, in the United States

- Systemic underinvestment in primary care resulting in a depleted workforce struggling to deliver high-quality primary care in a weakened infrastructure.
- First National Primary Care Scorecard released last week
- Despite primary care accounting for 35% of US health care visits, primary care accounts for only 5.4% of health care expenditures in the United States.
- Primary care services are shifting from local communities to become more centralized and consolidated under increasingly powerful hospital systems.
- Medicare fee-for-service reimbursement rates have come under the control of hospitals and specialists and influenced by powerful actors such as medical imaging and device manufacturers.
- Fewer medical students pursue primary care than specialist careers because of lower compensation for primary care, (average debt was $250,000 in 2022).

# Opportunities to Strengthen Primary Care and Advance Health Equity

# Paradigm Shift Is Needed

- **Recognizing high-quality primary care as a common good**
- **Embracing the diversity of primary care practice settings and investing resources according to need**
- **Proactively applying principles of equity and justice to all decisions**
- **Building accountability for action**

# Meanwhile… Specific opportunities

## Multiple actors

- Health care organizations
- Purchasers
- Payers
- Policymakers/regulators
- Educators
- Researchers/thought leaders
- Patient advocacy organizations
- Community-based nonprofits
- Public health

## Multiple arenas

- Community engagement
- Workforce education and training
- Clinical practice transformation
- Health system leadership
- Data, measurement, and reporting
- Payment and spending
- Research

# Examples of Specific Opportunities

- **Involve people with lived experiences of discrimination in primary care policymaking and governance bodies...**
- **Expand and scale pipeline programs…**
- **Promote equitable access to telehealth…**
- **Strengthen access to and quality of language assistance services…**
- **Provide an option for primary care continuity after hours and on weekends…**

# Examples of Specific Opportunities (cont'd)

- **Use validated screening tools to identify social determinants of health and social needs…**
- **Increase the overall proportion of health care spending directed toward primary care…**
- **Increase Medicaid physician payment levels…**
- **Implement and encourage participation in equity-focused alternative payment models…**

# Panel Discussion

# Questions?

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# Thank you!

Please send any questions or feedback to Diane Rittenhouse at drittenhouse@mathematica-mpr.com.