

Implementing High-Quality Primary Care in California: A Policy Roundtable

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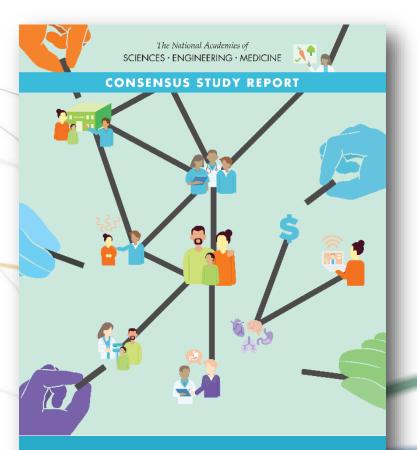


/ Kathryn Phillips, Senior Program Officer, California Health Care Foundation



Richard Seidman, Chief Medical Officer, L.A. Care Health Plan

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Implementing High-Quality Primary Care:

Rebuilding the Foundation of Health Care

Implementing High-Quality Primary Care:

Rebuilding the Foundation of Health Care in California!

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Committee Members

- Linda McCauley, Emory University (Co-Chair)
- Asaf Bitton, Ariadne Labs
- **Tumaini Coker,** University of Washington School of Medicine and Seattle Children's
- Carrie Colla, Geisel School of Medicine at Dartmouth
- Molly Cooke, University of California, San Francisco
- Jennifer DeVoe, Oregon Health & Science University
- **Rebecca Etz**, Virginia Commonwealth University
- Susan Fisher-Owens, University of California, San Francisco School of Dentistry
- Jackson Griggs, Heart of Texas Community Health Center, Inc.

- **Robert Phillips, Jr.,** American Board of Family Medicine (Co-Chair)
- Shawna Hudson, Rutgers University
- Shreya Kangovi, University of Pennsylvania
- Christopher Koller, Milbank Memorial Fund
- Alex Krist, Virginia Commonwealth University
- Luci Leykum, University of Texas at Austin
- Mary McClurg, Eshelman School of Pharmacy at University of North Carolina at Chapel Hill
- Benjamin Olmedo, Dignity Health
- Brenda Reiss-Brennan, Intermountain Healthcare
- Hector Rodriguez, University of California, Berkeley
- **Robert Weyant,** School of Dental Medicine at University of Pittsburgh

Staff: Marc Meisnere, Sharyl Nass, Tracy Lustig, Sarah Robinson, Samira Abbas NAM Fellows: Kameron Matthews, Lars Peterson, Dima Qato

Study Sponsors

- Agency for Health Research and Quality
- American Academy of Family Physicians
- American Academy of Pediatrics
- American Board of Pediatrics
- American College of Physicians
- American Geriatrics Society
- Academic Pediatric Association
- Alliance for Academic Internal Medicine

- Blue Shield of California
- The Commonwealth Fund
- Department of Veterans Affairs
- FMA Health
- Health Resources and Services Administration
- New York State Health Foundation
- Patient-Centered Outcomes Research Institute
- Samueli Foundation
- Society of General Internal Medicine

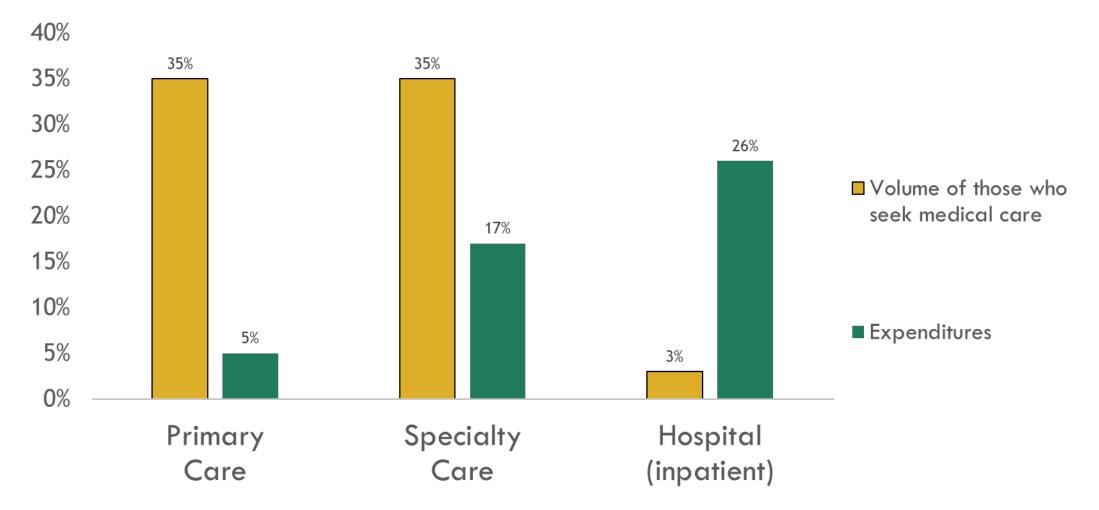
Statement of Task

NASEM committee will examine the current state of primary care in the United States and develop an implementation plan to build upon the recommendations from the 1996 IOM report, Primary Care: America's Health in a New Era, to strengthen primary care services in the United States, especially for underserved populations, and to inform primary care systems around the world.

Study Context

- Primary care is only part of health care system that results in longer lives and more equity
- It is weakening in the U.S. when it is needed most
- Systems, localities, and states have had success implementing highquality primary care.

Visits vs Expenditures in Medical Care



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SOURCES: Johansen et al., 2016; Martin et al., 2020 All categories are not included in the figure and thus do not add up to 100 percent.

Study Context

- Share of total health care spending on primary care is decreasing in majority of states
- COVID-19 pandemic amplified economic, mental health, and social health inequities
- Exacerbated access to care problems and financial pressures on practices
- Some meaningful policy changes, including relaxation of telehealth rules

An Updated Definition of Primary Care

High-quality primary care is the provision of wholeperson, integrated, accessible, and equitable health care by interprofessional teams that are accountable for addressing the majority of an individual's health and wellness needs across settings and through sustained relationships with patients, families, and communities.

Primary Care as a Common Good

• Primary care has high societal value among health care services yet is in a precarious status

- Requires public policy for oversight and monitoring
- Needs strong advocacy, organized leadership, and public awareness



5 Objectives for Achieving High-Quality Primary Care

AYMENT

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

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

workforce **Train primary care teams where people live and work.**

DIGITAL HEALTH

Design information technology that serves the patient, family, and interprofessional care team.



ACCOUNTABILITY Ensure that high-quality primary care is implemented in the United States.







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