



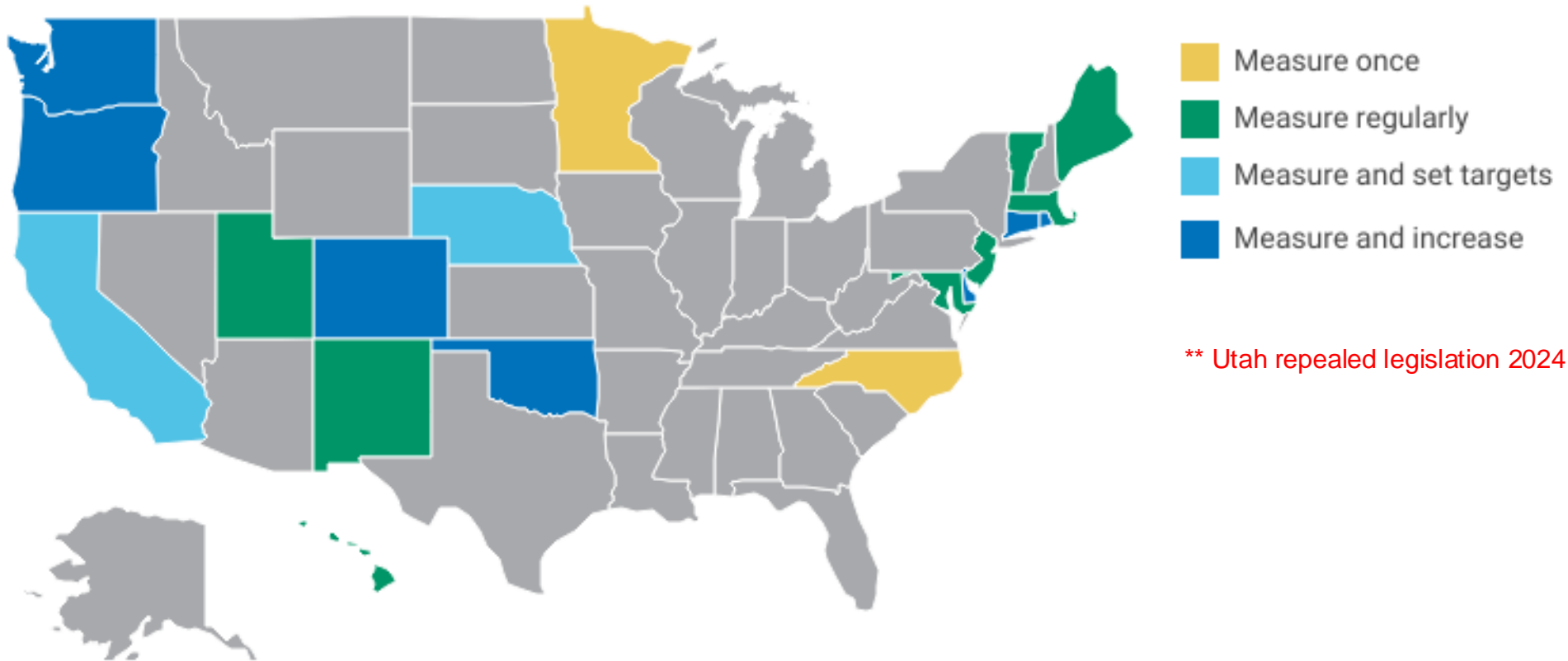
What are States Doing to Strengthen Primary Care?

Association of Health Care Journalists Webinar

Diane Rittenhouse, MD, MPH
Senior Fellow, Mathematica

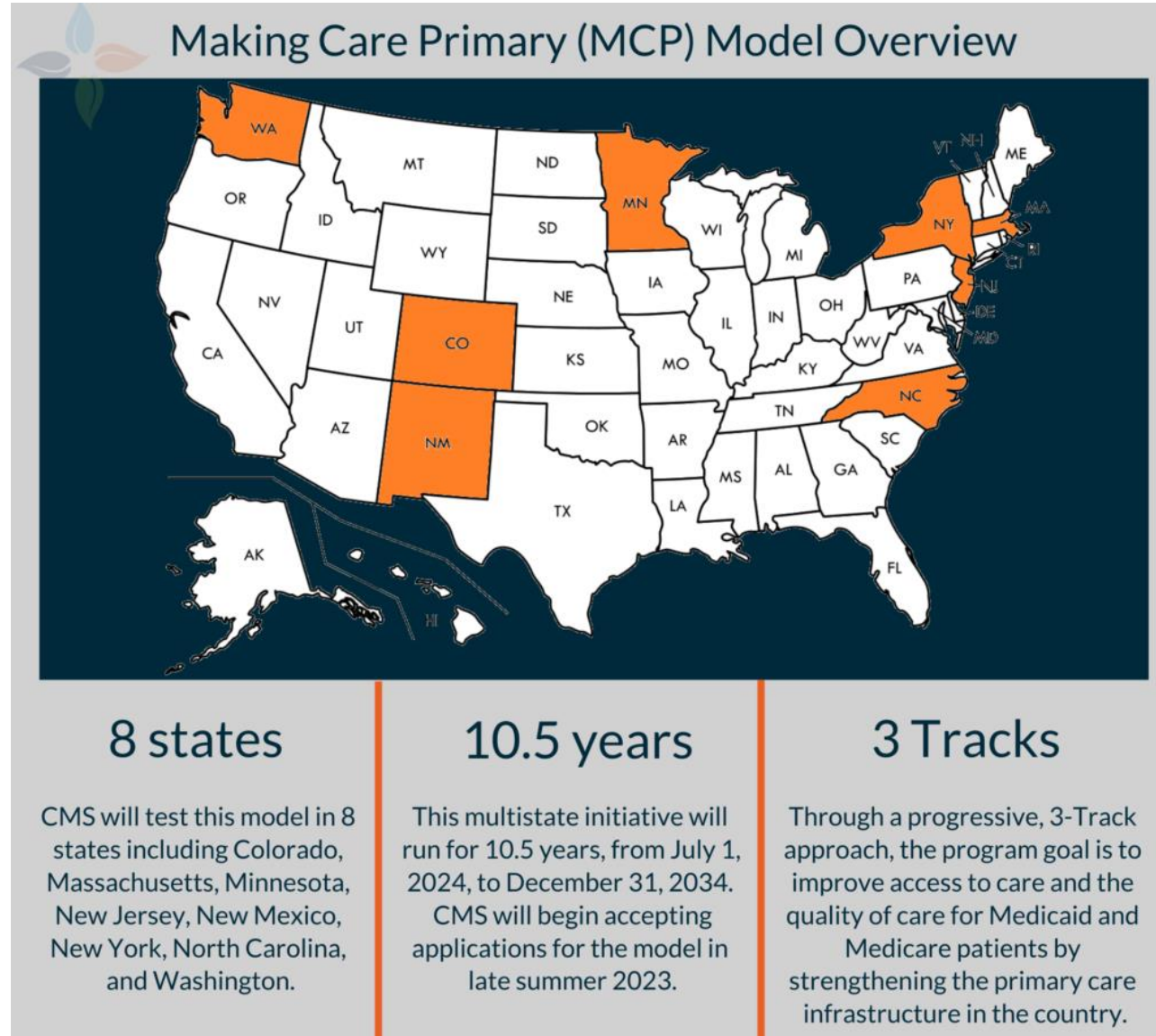
November 21, 2024

Payment: Over 20 States Have Passed Laws to Measure or Increase Spending on Primary Care



Sources: Primary Care Collaborative, California Health Care Foundation, Primary Care Development Corporation, Cohen et al. Measuring Primary Care Spending in the US by State. JAMA Health Forum May 2024;5(5).

Payment: Eight State Medicaid Agencies Aligning with Medicare to Pay Primary Care More and Differently



More information:
<https://www.cms.gov/priorities/innovation/innovation-models/making-care-primary>

Accountability: Coalitions and Non-Profits Are Using State Scorecards to Organize and Advocate for Primary Care

EQUITY

Metrics focused on assessing inequities in the system
For more information on CHIAs MHIS data [Click Here](#)



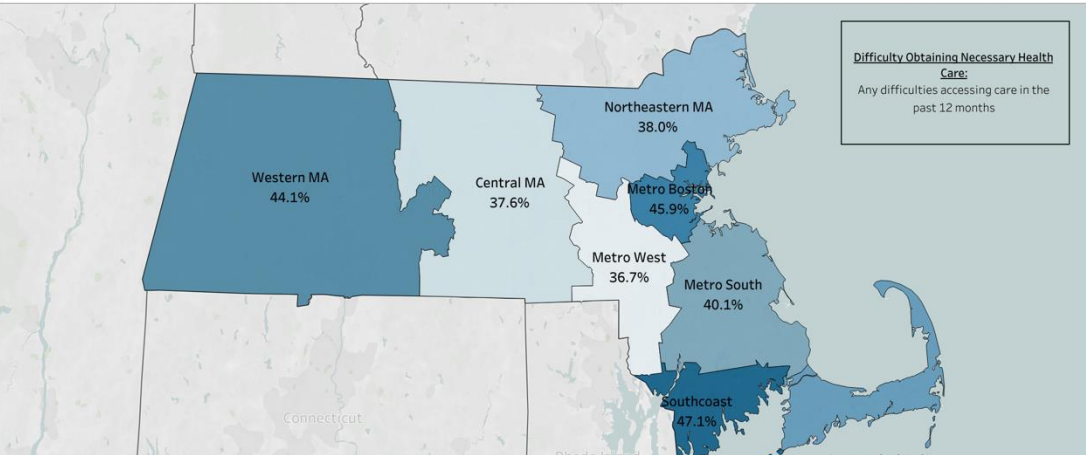
Select an Equity Metric for Regional Stratifications
Difficulty Obtaining Necessary Health Care

2023

Year

KEY

Higher Performance
Lower Performance



The State of Primary Care in New York

To support policy, programmatic and budgetary decision-making, this Scorecard reports on the current state of primary care in New York State and serves as a baseline for future measurement.



Virginia Primary Care Scorecard, 2024



About

A robust primary care infrastructure has been shown to improve the health and well-being of populations.¹ This scorecard, developed by the Virginia Center for Health Innovation on behalf of the Virginia Task Force on Primary Care, aims to provide an annual tracking tool to monitor the health and well-being of primary care in Virginia.

Scorecard measures include:

- **Expenditures** – Measures financial investment in primary care and disparities in resources
- **Workforce** – Measures the capacity of primary care clinicians to care for Virginians and variation in workforce by geographic region
- **Primary Care Use** – Measures how Virginians are using primary care
- **Outcomes** – Measures the health and well-being of Virginians based on primary-care sensitive metrics
- **Patient Experience** – Measures experiences related to accessing primary care

VTFC defines primary care using a *narrow definition* (preventive services provided by physician specialties) and a *broad definition* (includes advanced practice practitioners). For more information see [Primary Care Scorecard Report - 2024](#).

Virginia Task Force on Primary Care

The VTFC is a public-private partnership launched in August 2020 to address the sustainability challenges facing primary care. The multi-stakeholder collaborative reports on trends in primary care spend and other key issues. VTFC is funded through the Virginia Department of Health.

To learn more about the work of the VTFC visit our [website](#).

Key Findings

- Virginia spent 2.3% to 4.1% of total healthcare dollars on primary care.
- Virginia lost more primary care physicians than it gained (-50 PCPs) in 2021 (most recent data available).
- An estimated 51.9% of insured Virginians had a primary care visit in 2022, with decreases across every payer from the year prior.
- Avoidable emergency department rates are rising, with 10% of visits considered avoidable.
- Virginia primary care wait times increased by 4.5 days in 2019, up from 38.3 days in 2016-2018.²





Payment: New California Office of Health Care Affordability: 5 focus areas for promoting high value

Primary Care Investment	Define, measure and report on primary care spending October 2024: Set a statewide primary care spending benchmark: 15% of total medical expenses
Behavioral health investment	Define, measure, and report on behavioral health spending Establish a benchmark for behavioral health investment
Alternative payment model adoption	Define, measure, and report on alternative payment model adoption Set standards for APMs to be used during contracting Establish APM adoption goals
Quality and equity performance	Develop, adopt, and report performance on a single set of quality and health equity measures
Workforce stability	Develop and adopt standards to advance the stability of the health care workforce Monitor and report on workforce stability metrics



Workforce: Major Public and Private Efforts to Expand Health Workforce in California

- / Nearly 4 in 10 Californians live in a Primary Care Shortage Area**
- / California Future Health Workforce Commission (2019) – primary care was an important area of focus**
- / California office responsible for health workforce was elevated to a department**
 - Department of Health Care Access and Information (2021)
 - Aims to expand and diversify the health workforce with emphasis on serving Medi-Cal members and people in medically underserved areas
- / In the past 5 years, state leaders have allocated more than \$4.3 billion to at least 16 state agencies and departments to recruit, educate, train, and retain new and existing health professionals**



Primary Care Policy: California Summit

- / **Given** that primary care is essential to improving population health and advancing health equity, the **goal** of the summit was to **reach consensus** on primary care policy priorities for California and **catalyze collaborative action** on these policies.
- / 30 health policy experts, including primary care providers, state officials, consumer advocates, community leaders, and patient representatives.

Report:

- / <https://www.chcf.org/publication/advancing-health-equity-through-primary-care-policy/>





Recommendations to Strengthen Primary Care

- / *Three foundational policies* required to strengthen primary care
- / *Ten priority policy recommendations* specific to five areas of impact
- / *A three-part approach* to increase leadership and accountability to ensure progress
- / **Multiple actors:**
 - Health care organizations
 - Purchasers, payers
 - Policymakers/regulators
 - Educators
 - Researchers/thought leaders
 - Patient advocacy organizations
 - Community-based nonprofits
 - Public health



Three Foundational Policy Recommendations

1. **Sustainably increase Medi-Cal primary care provider payments to remove all financial disincentives to serving Californians with low incomes.**
2. **Increase the proportion of health care spending directed toward primary care to enable sustained, systemwide investment in primary care services and supports; and establish transparent and enforceable timebound spending targets for public and private payers, to ensure resources are sufficient for the provision of high-quality, equitable primary care for all Californians.**
3. **Create meaningful engagement of people with lived experiences of discrimination in all California state primary care policymaking and governance bodies to identify impediments to health equity and generate solutions. Honor their community wisdom through equitable acknowledgment and compensation for their time.**



10 primary care policy priorities

- / **Connect primary care practices and community-based organizations**
- / **Establish more patient and family advisory councils in primary care**
- / **Expand and scale health professions pipeline and pathway programs**
- / **Reduce debt burden for primary care professionals**
- / **Direct state investments to educational institutions that produce more primary care professionals**
- / **Support community health workers**
- / **Expand community health centers in areas with primary care shortages**
- / **Improve data standards and sharing**
- / **Implement alternative payment models that center equity**
- / **Evaluate health care benefit design with an equity lens**



Recommended three-part approach to increase leadership and accountability

- / **California state scorecard on primary care**
- / **Task force on primary care**
- / **Office for primary care within state government**



Thank you!

drittenhouse@mathematica-mpr.com