

PCC 2023 EVIDENCE REPORT RELEASE

Health is Primary

Charting a Path to Equity & Sustainability

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Alison Huffstetler, MD Medical Director Robert Graham Center





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Evidence Report
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Approach to the Evidence

- Scoping review:
 - Supply of primary care
 - Demand for primary care; demands on primary care
 - The intersection of supply and demand
- Evaluation of the current state of supply changes in primary care
 - Incorporated all clinician types as they enter the workforce
 - Anticipated retirement at 65 years old
- Policy Implications





Supply: workforce training and distribution

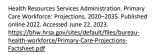
Projected Supply and Demand for Selected Occupation in Primary Care, 2035

Occupation	Supply	Demand	Percent Adequacy
Family Medicine	124,390	138,670	90%
General Internal Medicine	89,040	107,570	83%
Geriatrics	7,950	9,080	88%
Pediatrics	61,240	62,560	98%
Nurse Practitioners	189,340	92,450	205%
Physician Assistants	62,680	41,720	150%

Training Expansion

Training Locations

Rural Workforce Changes International Medical Graduates







Supply: changes in clinical practice







Changes in Retirement

Retention and Practice Patterns

Patient Panel Size

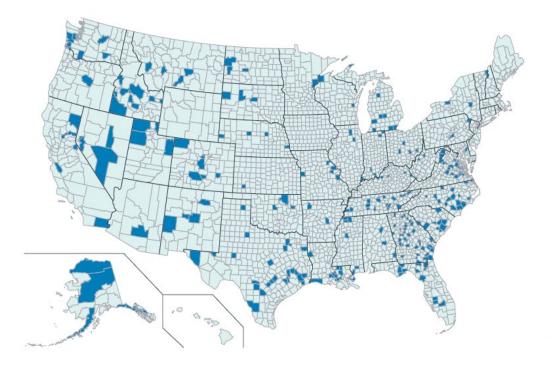




Demand for:

where people live and who needs care Percent Change among the 65 & Older U.S. Population: 2010–2019 vs. PCPs per 100,000 Population (2020)

High growth and low capacity counties







Demand on: what is expected of primary care

Social Determinants of Health

Loneliness

Behavioral Health/ Mental Illness

Administrative Burden





The Intersection of Supply and Demand

Team based care

☐Use of full licensure

Relies on knowledge of role

Workforce diversity

CEnsures care team reflects community

Direct primary care

Total access

1 Satisfaction

Retail clinics

Timely access

Lack of continuity

Telehealth

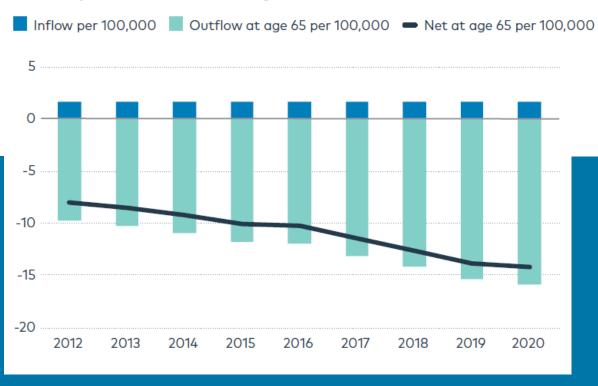
Timely access

Limited functionality





Inflow and Outflow, Primary Care Physicians per 100,000 Population, 2012–2020 (with Physician Retirement at Age 65)







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Policy Solutions



Data: increase transparency and reliable reporting to enable data-driven decision making



Payment: invest in, and invest differently in primary care teams; expand Community
Health Centers



Workforce: recruit, retain, diversify and support the primary care team

Education: incentivize primary care pathways

Employers & health plans: promote primary care relationships, remove financial barriers









Q & A



PCC's 2023 Summit







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Thank you!