Final revisions to the Shared Principles of Primary Care (February 2025)

BACKGROUND:

The Shared Principles of Primary Care describe an ideal vision of primary care. They are intentionally aspirational. Building on the Joint Principles of the Patient-Centered Medical Home, the Shared Principles reflect an intensive multistakeholder input process. Today, over 380 organizations have signed on to them.

Since then, some have called for the Shared Principles to be re-evaluated in light of NASEM's updated definition of primary care, with greater emphasis on elements such as prevention and wellbeing. PCC asked its Advisory Group on Whole-Person Primary Care to examine the existing Shared Principles and offer feedback on potential gaps.

Staff collected feedback through a series of virtual and in-person discussions as well as via online commenting and a facilitated consensus process. PCC then broadened its solicitation for feedback to all PCC members via one-one-one discussions with Board organizational members and through a formal discussion with PCC's Policy and Advocacy Committee at its November 2024 meeting. Over several iterations, PCC staff then reviewed, synthesized, and attempted to reflect the advisory group's suggestions and broader member feedback in the proposed track changes below. In December 2024, PCC's Board formally approved the revisions. The updated language will now go to all original signatories (380 organizations) for review and an opportunity to continue their sign-on of the Shared Principles of Primary Care.

All proposed additions are to the bulleted, description-level detail only and made in the spirit of the original seven principles. While the advisory group also offered principle-level revisions—such as pulling out 'Equity' as its own principle; revising 'Person and Family-Centered' to also include communities; and adding a new principle on ecological responsibility—PCC refrained from changing or adding to the existing seven principles. We believe that changes at that level would necessitate a full reconvening of the initial multistakeholder process.

Shared Principles of Primary Care

Primary care is widely acknowledged to be essential for better health and wellbeing in the US health care system and should be foundational to all health care systems worldwide (WHO, 2008) (IOM, 1994) (Starfield, 1992). Access to high-quality primary care can help people live longer, feel better, and avoid disability (Commonwealth Fund, 2013).

Primary care has experienced significant changes in the way it is organized, financed and delivered in response to greater demand for high-quality services, rising health care costs, and increasing burden of disease across populations (Bitton et al 2016). Concepts such as the Patient Centered Medical Home emerged to describe a more advanced model of primary care. Based on lessons learned over the past decade and the continued rapid pace of change, the time is right to revisit the future of primary care.

In 2021, the National Academies of Sciences, Engineering, and Medicine affirmed primary care as a common good worthy of public concern in its report: "Implementing High-Quality Primary

Care: Rebuilding the Foundation of Health Care". The report defines ideal primary care as "whole-person, integrated, accessible, and equitable health care by interprofessional teams who 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".

Realizing the ideal vision of primary care occurs faster when all stakeholders can speak with one voice. These Shared Principles—developed by stakeholders representing all aspects of health care—describe an aspirational vision of primary care. They "focus on the 'what' and 'why' of primary care: principles that define what individuals, families, and the public should expect of primary care, and for which primary care practices should be accountable" (Epperly et al, 2019). They do not address the 'how', including payment and operations. With chronic underinvestment and a dire workforce shortage in primary care, good policy and fundamental systems change will be vital to achieving them.

The Shared Principles are designed to move the United States toward a vibrant future of person- centered, team-based, community- aligned primary care that will help achieve the goals of better health, better care, and lower costs. Achieving this future requires a common vision as well as appropriate payment, investment, training, workforce and other resources to support it.

1. Person & Family Centered

- Primary care is focused on the whole person - their physical, emotional, psychological and spiritual wellbeing, as well as cultural, linguistic and social needs.
- Primary care centers around the person to promote their wellbeing. Individuals and their families are equal members of the care team, partnering with clinicians, staff, and the broader community to pursue their health goals.
- ~~Primary care is grounded in mutually beneficial partnerships among clinicians, staff, individuals and their families as equal members of the care team.~~ Care delivery is customized based on individual and family strengths, preferences, values, goals and experiences using strategies such as care planning and shared decision making.
- Individuals are supported in determining how their family or other care partners may be involved in decision making and care.
- There are opportunities for individuals and their families to shape the design, operation and evaluation of care delivery.
- Primary care practices value, and work alongside, individuals' communities, which offer the supports and social connection integral to optimal health.

2. Continuous

- Dynamic, trusted, respectful and enduring relationships between individuals, families, communities and their clinical team members are hallmarks of primary care.
- There is continuity in relationships and in knowledge of the individual and their family/care partners that provides perspective, ~~and~~ context, and enduring trust throughout all stages of life including end of life care.

3. Comprehensive and Equitable

- Primary care addresses the whole-person with appropriate clinical and supportive services that include acute, chronic and preventive care, behavioral and mental health, oral health, health promotion and restoration, and more. Each primary care practice will decide how to tailor care to meet the needs and preferences of the communities they serve. ~~provide these services in their clinics and/or other clinicians outside the clinic~~.
- Primary care creates health and fosters quality of life by proactively addressing factors that support wellbeing in addition to detecting and treating disease.
- Primary care helps to address upstream risk factors in part by promoting and supporting healthy behaviors and conditions that contribute to optimal health. Individuals and their families are connected with culturally-aware resources and community-based supports to thrive.
- Primary care providers seek out the impact of social determinants of health and societal inequities. Care delivery is tailored accordingly, and health-related social needs are addressed in collaboration with the community.
- Primary care practices partner with health and community-based organizations to promote population health and health equity, including making inequities visible and identifying avenues for solution.

4. Team-Based and Collaborative

- Interdisciplinary teams, including individuals, ~~and~~ families, and community partners, work collaboratively and dynamically toward a common goal. Teams are ~~The services they provide, and the~~ coordinated and appropriately accountable, working ~~manner in which they work together, are~~ synergistically to deliver evidence-based care for ~~to~~ better health.
- Health care professional members of the team are trained to work together at the top of their skill set, according to clearly defined roles and responsibilities. They are also trained in leadership skills, as well as how to partner with individuals and families, based on their priorities and needs.

- Primary care clinicians and staff are supported so that they may be healthy, productive, and invested members of the team.

5. Coordinated and Integrated

- Primary care integrates the activities of those involved in an individual's care, across settings and services.
- Primary care team members proactively and effectively communicate with each other and across the spectrum of care and collaborators, including individuals, ~~and~~ their families/care partners, and community partners.
- Primary care helps individuals and families/care partners navigate the guidance and recommendations they receive from other clinicians and professionals, including supporting and respecting those who want to facilitate their own care coordination.
- Primary care is actively engaged in transitions of care to achieve better health and seamless care delivery across the life span.

6. Accessible

- Primary care is readily accessible, both in person and virtually, for all individuals regardless of linguistic, literacy, socioeconomic, cognitive or physical/geographic barriers. As the first source of care, clinicians and staff are available and responsive when, where and how individuals and families need them.
- Primary care facilitates access to~~, and advocates for, the broader health care system, acting as a gateway to~~ high-value care and community resources, and advocates for individuals and populations across the broader health care system and within the community.
- Individuals and their p~~P~~rimary care teams have ~~provides individuals with~~ easy, routine access to their comprehensive health information.
- Primary care teams are drawn from, and embedded in, the community, providing individuals with culturally and linguistically accessible care.

7. High-Value

- Primary care~~-~~ achieves excellent, equitable outcomes for individuals and families. It strives for optimal health across all facets of wellbeing.
- Primary care is sustainable, ~~including~~ using health care resources and technology wisely and considering costs to patients, payers and the system.

- Primary care practices employ a systematic approach to measuring, reporting and improving wellbeing, population health, quality, safety and health equity—~~,~~ including partnering with individuals, families and community groups.
- Primary care practices deliver exceptionally positive experiences for individuals, families, staff and clinicians.

The vision outlined in these Shared Principles of Primary Care will result in excellent outcomes for individuals and families, and more satisfying and sustainable careers for clinicians and staff. It is a vision that is aspirational yet achievable when stakeholders work together.