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Convening + Uniting + Transforming

PCC Policy & Advocacy Committee Meeting

Tuesday, February 18, 2025 | 3:30 – 4:30 PM ET

agenda

I.	Welcome & Announcements	Larry McNeely, Primary Care Collaborative
II.	Co-Chair Remarks	Shari Erickson, ACP Sarah Coombs, NPWF
III.	2025 Milbank Primary Care Scorecard	Yalda Jabbarpour, MD Robert Graham Center for Policy Studies
IV.	Getting The Word Out: Using the PC Scorecard in Our Work	Tod Didier Primary Care Collaborative

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Welcome & Announcements

Larry McNeely | Primary Care Collaborative

Save the Date



SCALING

What Works for Better Health

PCC Conference 2025

CALENDAR HOLD

June 4-5, 2025
Washington, DC

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2025 Milbank Primary Care Scorecard

Yalda Jabbarpour, MD | Robert Graham Center for Policy Studies

The Health of US Primary Care: 2025 Scorecard Report

Yalda Jabbarpour, MD

ROBERT GRAHAM CENTER
Policy Studies in Family Medicine and Primary Care

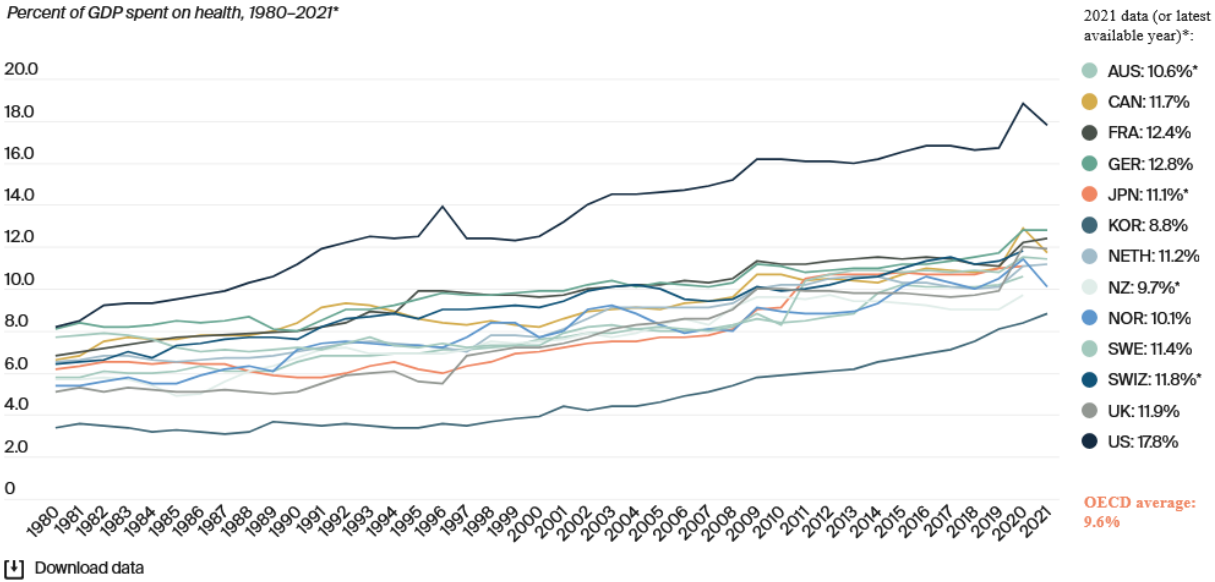
THE PHYSICIANS FOUNDATION
Empowering Physicians Improving Healthcare

Milbank Memorial Fund
Using evidence to improve population health

THE PHYSICIANS FOUNDATION
Empowering Physicians Improving Healthcare

Milbank Memorial Fund

The U.S. is a world outlier when it comes to health care spending.



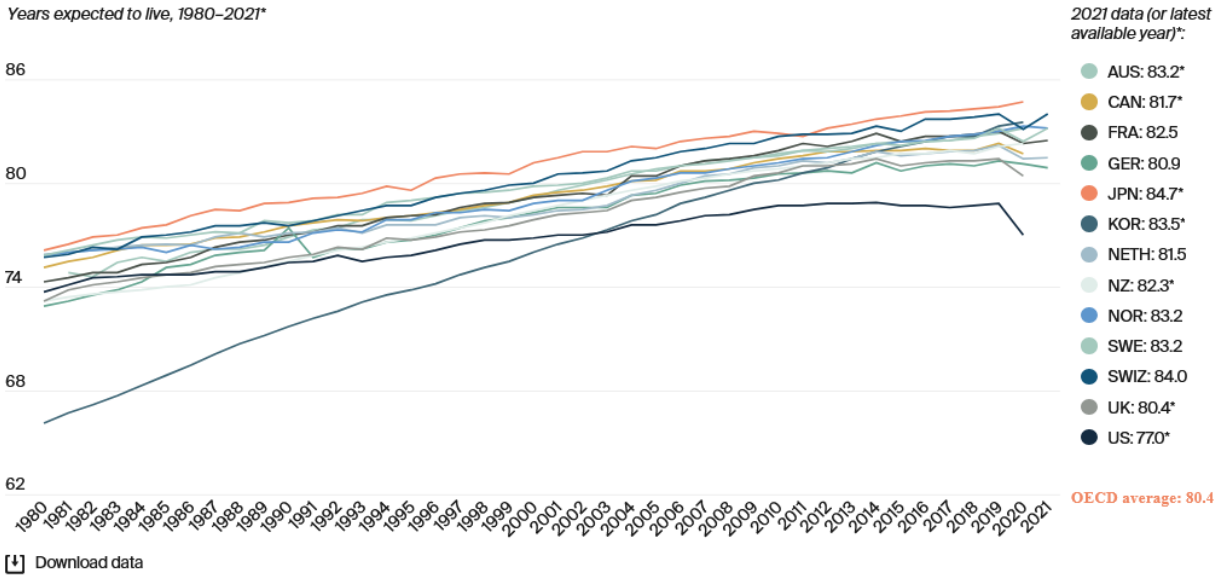
Download data

Notes: * 2020 data. Current expenditures on health for all functions by all providers for all financing schemes. Data points reflect share of gross domestic product. Based on System of Health Accounts methodology, with some differences between country methodologies. GDP = gross domestic product. OECD average reflects the average of 38 OECD member countries, including ones not shown here.

Data: OECD Health Statistics 2022.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). https://doi.org/10.26099/8ejy-yc74

U.S. life expectancy at birth is three years lower than the OECD average.



Download data

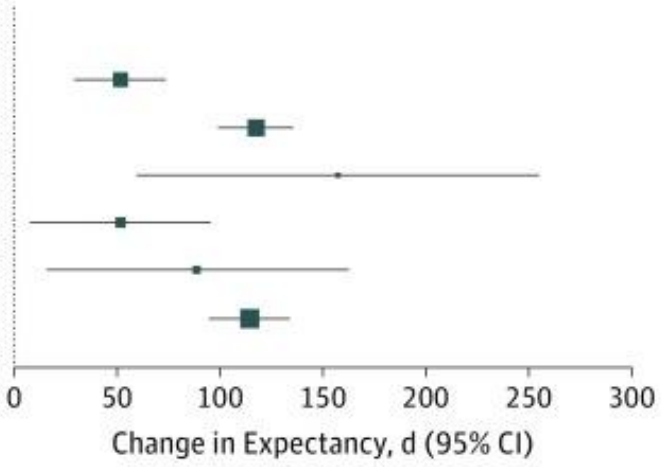
Note: * 2020 data. Total population at birth. OECD average reflects the average of 38 OECD member countries, including ones not shown here. Because of methodological differences, JPN and UK data points are estimates.

Data: OECD Health Statistics 2022.

Source: Munira Z. Gunja, Evan D. Gumas, and Reginald D. Williams II, *U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes* (Commonwealth Fund, Jan. 2023). https://doi.org/10.26099/8ejy-yc74

Changes in Life Expectancy Associated with an Increase of 10 Primary Care Physicians per 100,000 Population

Source	Change in Life Expectancy, (95% CI)
Model	
County mixed effects	51.5 (29.5-73.5)
PCSA mixed effects	117.3 (99.1-135.6)
HRR mixed effects	157.5 (59.7-255.5)
Geographically weighted	51.6 (7.6-95.6)
Instrumental variable	88.9 (15.6-162.2)
Individual-level regression	114.2 (94.7-133.8)



Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. JAMA Intern Med. 2019 Apr 1;179(4):506-514. doi: 10.1001/jamainternmed.2018.7624. PMID: 30776056; PMCID: PMC6450307.

The Cost of Neglect: How Chronic Underinvestment in Primary Care Is Failing US Patients



1. Declining investment and FFS payments are hindering primary care clinicians' ability to meet patients' growing needs.



2. Insufficient funding is diminishing the primary care workforce and access to care.



3. Misdirected GME funding is not producing enough new primary care clinicians, exacerbating access issues for patients.



4. Lack of investment in EHRs has led to burdensome systems that drain clinicians' time, thereby reducing patient access to care.

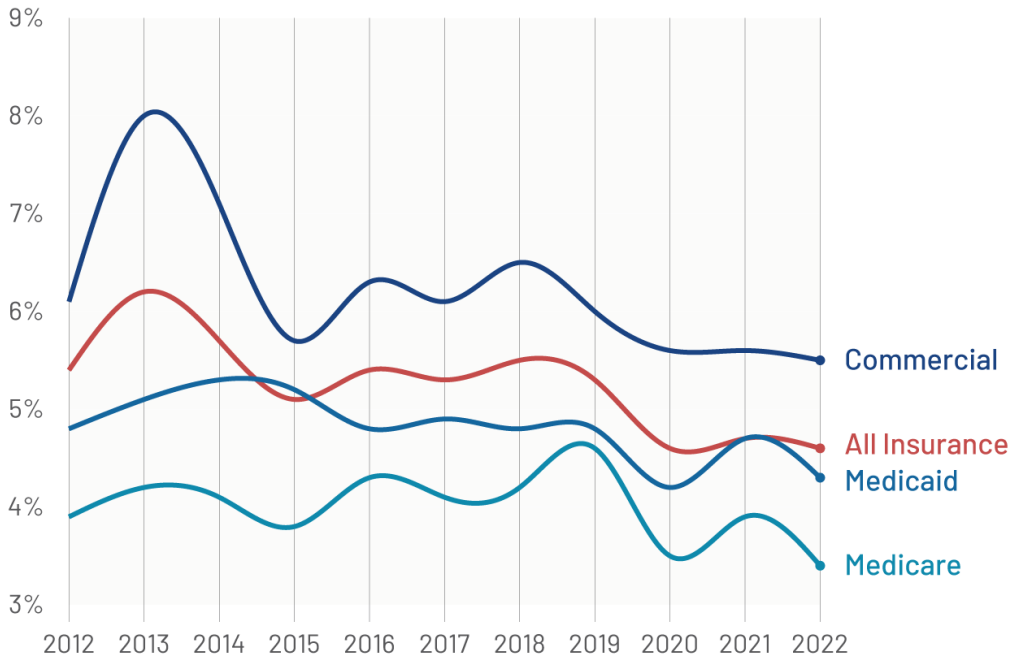


5. The lack of research dollars to study the practice of primary care is limiting evidence-based improvements in care.

Primary Care Spending (on Physicians) Continues to Decline for All Payers

FIGURE 1.

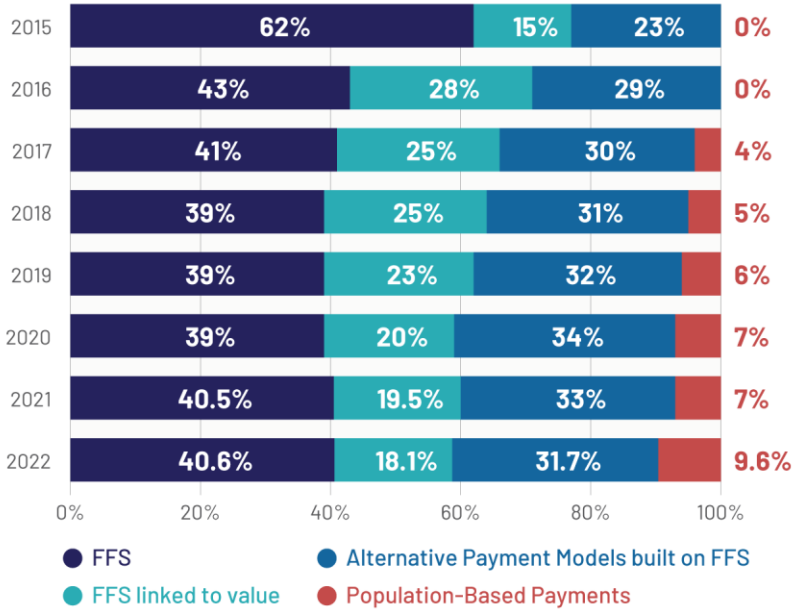
Primary Care Spending (Narrow Definition), 2012-2022



Data Sources: Analyses of Medical Expenditure Panel Survey data, 2012–2022.
Notes: The primary care narrow definition is restricted to primary care physicians only. Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy.

Slow Progress on Increasing Percent of Health Care Payments from FFS

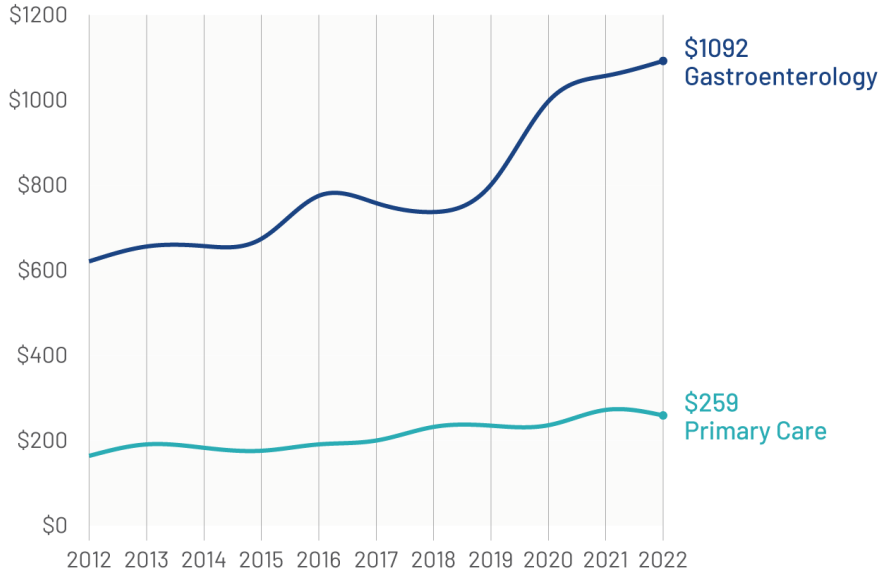
FIGURE 3.
Percent of Healthcare Payments From Fee For Service (FFS)



Data Sources: Figure created from data found in the HCP-LAN Alternative Payment Model Measurement Effort Report from 2017-2024. https://hcp-lan.org/apm-measurement-effort/

Per Visit Revenue is 1/5th of Revenue for Procedure-Heavy Specialties

FIGURE 2.
Per Visit Revenues, Primary Care vs. Gastroenterology

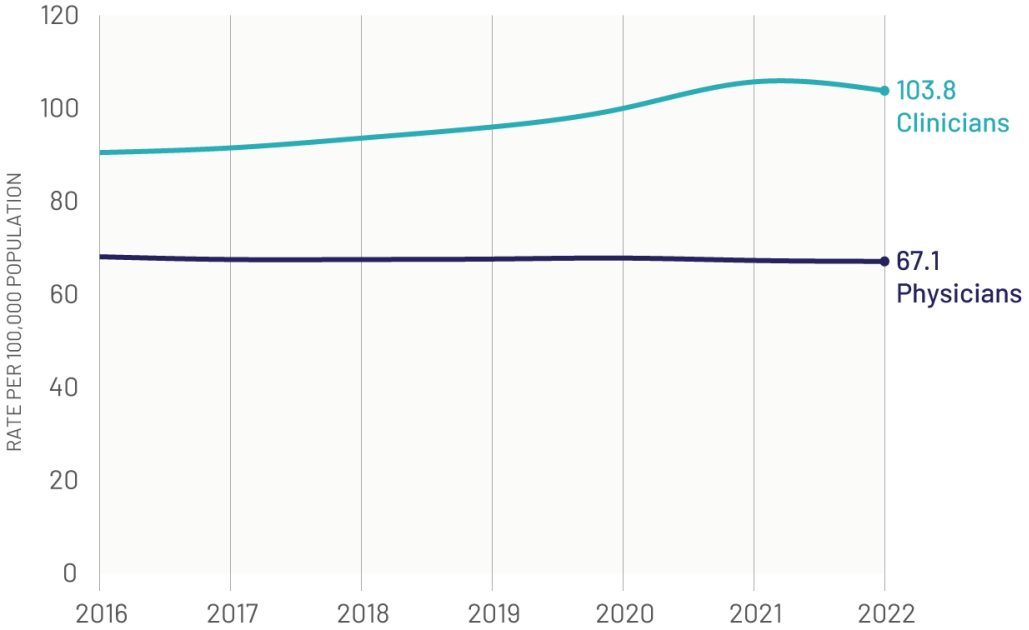


Data Sources: Analyses of Medical Expenditure Panel Survey data, 2012-2022.
Notes: The primary care narrow definition is restricted to primary care physicians only. Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy.

Rate of Primary Care Physicians Continues to Decline as the Rate of Primary Care Clinicians Remains High

FIGURE 5.

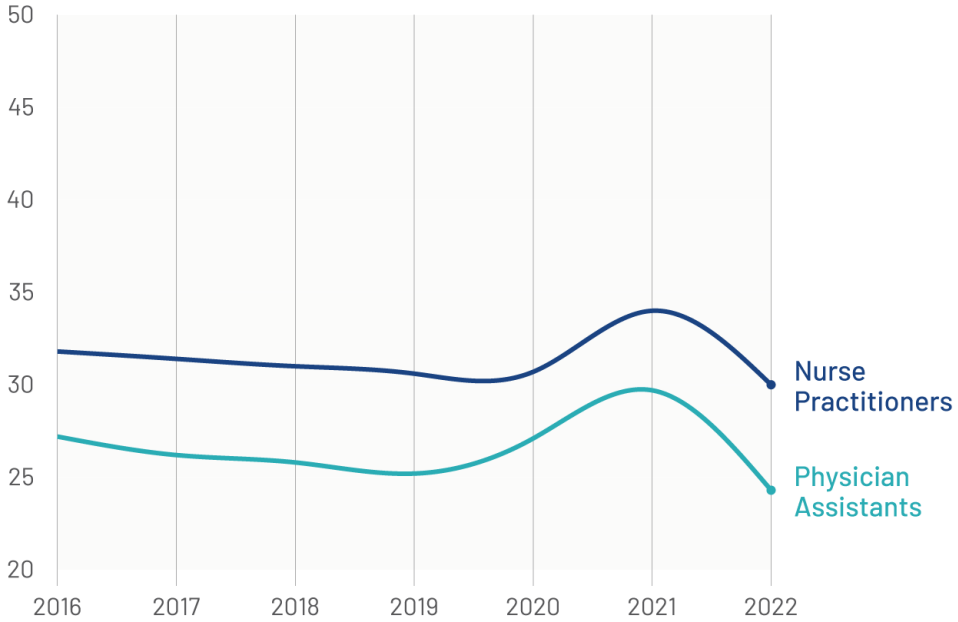
Primary Care Physicians and Clinicians per 100,000 Population



Data Sources: Analyses of American Medical Association Masterfile (2016–2022), Centers for Medicare and Medicaid Services Medicare Provider Enrollment, Chain, and Ownership System data (2016–2022), National Plan and Provider Enumeration System data (2016–2022), Centers for Medicare and Medicaid Services Physician and Other Practitioners data (2016–2022), and the American Community Survey Five-Year Summary Files (2016–2022). **Notes:** Primary care specialties included family medicine, general practices, internal medicine, geriatrics, pediatrics, and osteopathy. Estimates of nurse practitioners and physician assistants working in primary care were calculated and are included in this figure. (See Appendix for detailed methodology.)

FIGURE 6.

Percentage of NPs and PAs in Primary Care

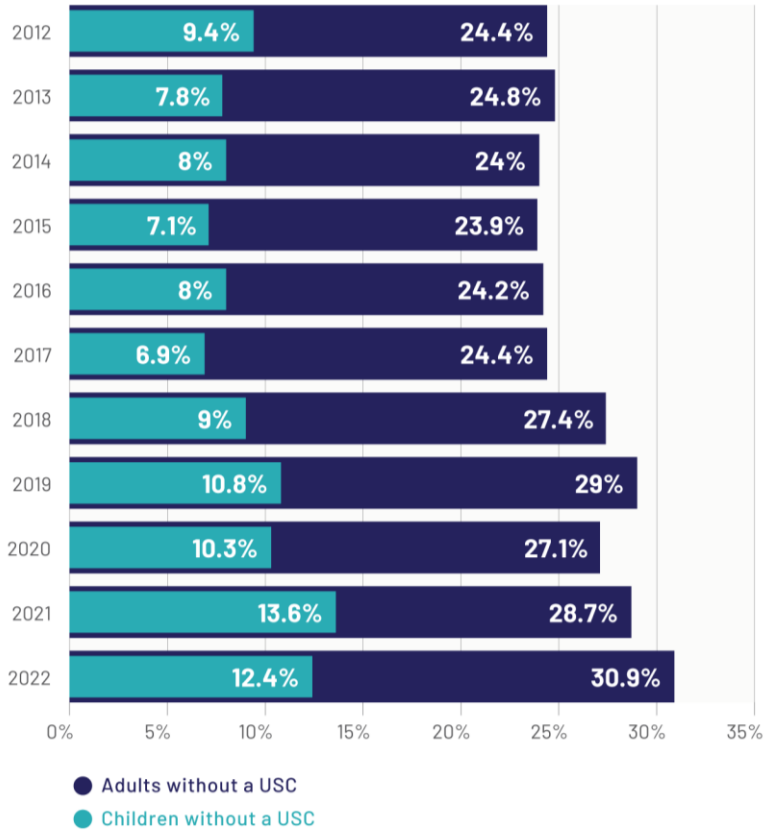


Data Sources: Analyses of Centers for Medicare and Medicaid Services Medicare Provider Enrollment, Chain, and Ownership System data, National Plan and Provider Enumeration System data, and Centers for Medicare and Medicaid Services Physician and Other Practitioners data, 2016–2022.
Notes: Primary care specialties included family medicine, general practice, internal medicine, geriatrics, pediatrics, and osteopathy. Estimates of nurse practitioners and physician assistants working in primary care were derived and are included in this figure. (See Appendix for detailed methodology.)

Percentage of NPs and PAs in Primary Care Drops to New Low

Percentage of US Population Without a Usual Source of Care Rises to Highest Level in Decade

FIGURE 4.
Percentage of US Population Without a Usual Source of Care

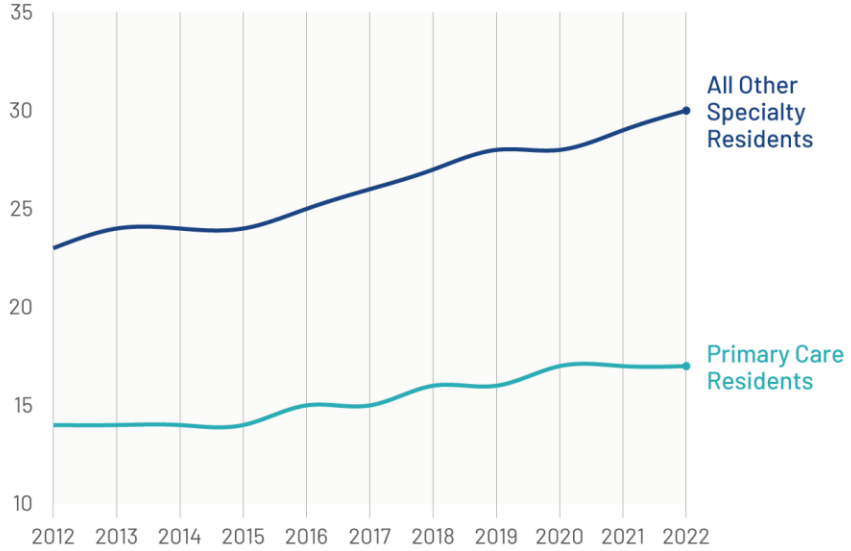


Data Sources: Analyses of Medical Expenditure Panel Survey data, 2012-2022.
Notes: Usual source of care (USC) ascertained whether that is a particular doctor's office, clinic, health center, or other place where the individual usually goes when sick or in need of health advice. No usual source of care includes those who reported no usual source of care and those who indicated the emergency department as their usual source of care.

Disparity Widens in Residents Per Capita Growth Between Primary Care and All Other Specialties

FIGURE 8.

Primary Care vs. All Other Specialty Residents per 100,000 Population

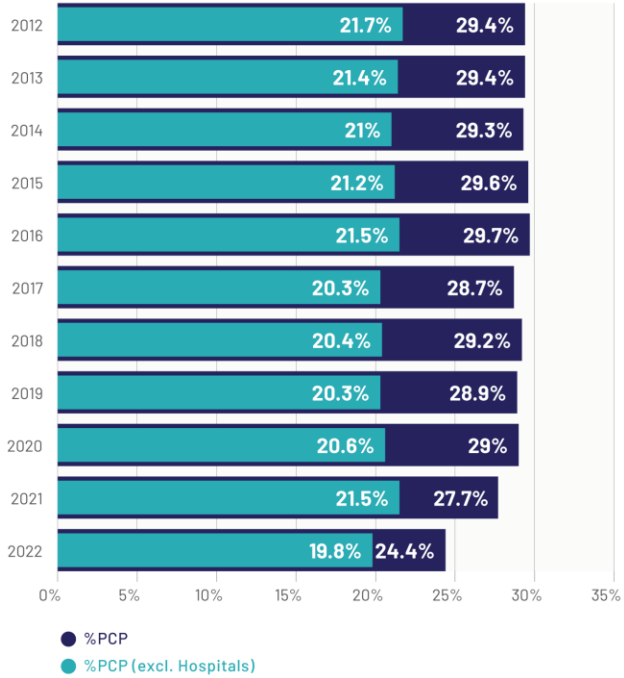


Data Sources: Analyses of Accredited Council of Graduate Medical Education program-level data to get counts for medical residents and Area Health Resource File for the population data, 2012-2022
Notes: Primary care specialties included family medicine, internal medicine, geriatrics, and pediatrics.

Percentage of New Physicians Entering Primary Care Drops to Lowest Rate in a Decade

FIGURE 9.

Percentage of New Physicians Entering Primary Care, 2012-2022

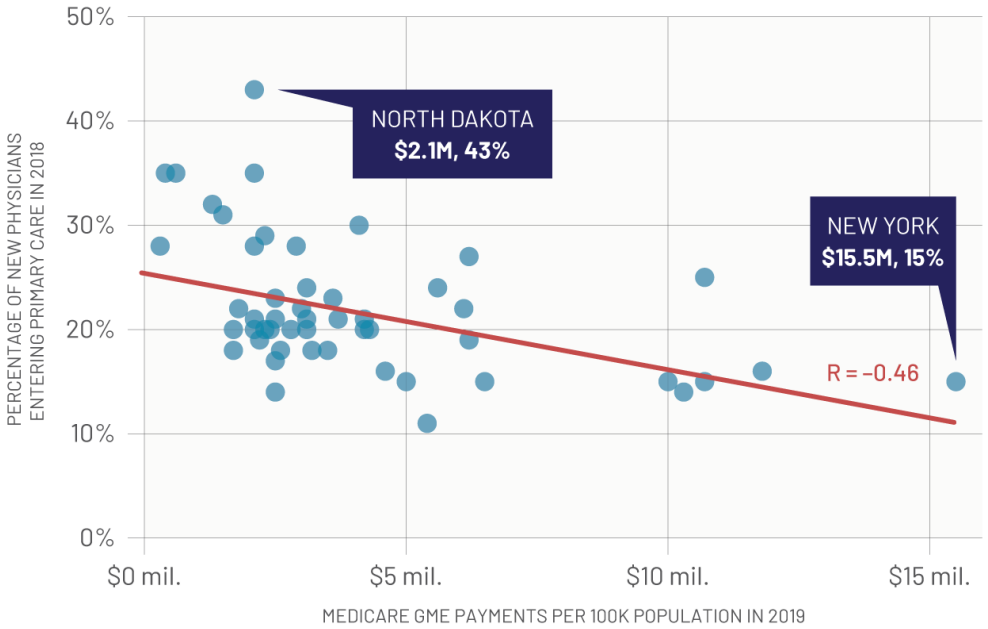


Data Sources: Analyses of the 2024 American Medical Association Historical Residency File, the 2024 American Medical Association Masterfile, and the 2012-2022 Center for Medicare and Medicaid Services Physician and Other Practitioners data
Notes: Primary care specialties included family medicine, general practices, internal medicine, geriatrics, and pediatrics. Specialty for doctors of osteopathy (DOs) are not always included in the American Medical Association Masterfile, so these data may be an underestimation of the true workforce. (See limitations in Appendix for more details.)

More Medicare GME Funding in a State Associated with Lower Percentage of New PCPs

FIGURE 10.

Medicare Funding and % of Workforce Entering Primary Care by State

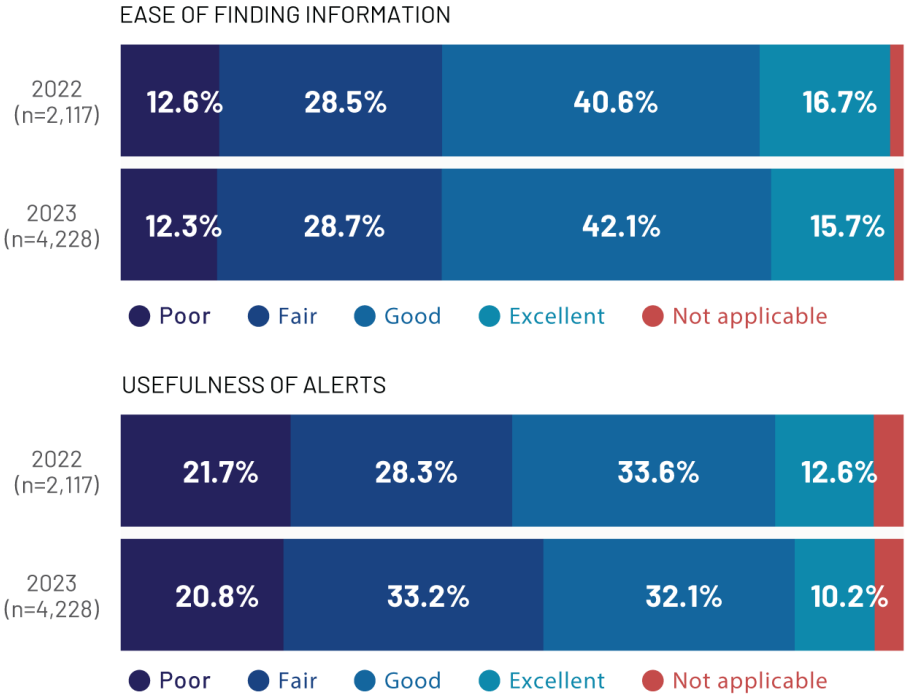


Data Sources: Analyses of the 2019 RGC's Graduate Medical Education For Teaching Hospitals; the 2019 Area Health Resource File; the 2024 American Medical Association Historical Residency File; the 2024 American Medical Association Masterfile; and the 2012-2022 Center for Medicare and Medicaid Services Physician and Other Practitioners data **Notes:** DC was excluded. Primary care specialties included family medicine, general practices, internal medicine, geriatrics, and pediatrics. Hospitalists were excluded. Specialty for doctors of osteopathy (DOs) are not always included in the American Medical Association Masterfile, so these data may be an underestimation of the true workforce. (See limitations in Appendix for more details.)

Almost Half of Family Physicians View EHR Usability as Poor or Fair, and Over ¼ Are Dissatisfied Overall with Their EHR

FIGURE 13.

13–1. Electronic Health Record Usability

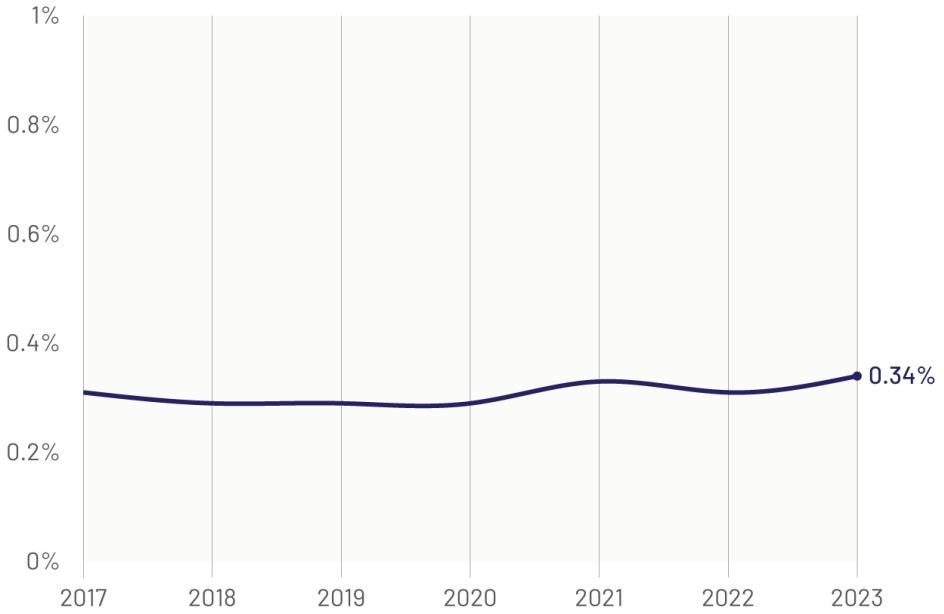


Data Sources: Data Sources: American Board of Family Medicine Continuing Certification Questionnaire (CCQ), 2022-2023
Notes: A total 6,345 respondents completed EHR usability questions. A total 12,709 respondents completed EHR satisfaction questions.

Federal Research Funding for Primary Care Grows Marginally but Remains Below 1% of Total Budget

FIGURE 14.

Federal Research Dollars (as a percent of total) into Primary Care, 2017-2023



Data Sources: NIH RePORTER, 2017-2023
Notes: Federal investment includes spending from the National Institutes of Health (NIH), the Centers for Disease Control and Prevention, the Agency for Healthcare Research and Quality, and the Food and Drug Administration. Funding given to family medicine departments was used as a proxy for funding to primary care.

What is the cost of neglect?



Primary care services undervalued, undermining ability to provide high-quality care



Increasing workloads and practice inefficiencies limit access for patients



Practice environments that are not attractive to trainees limiting our ability to grow the workforce



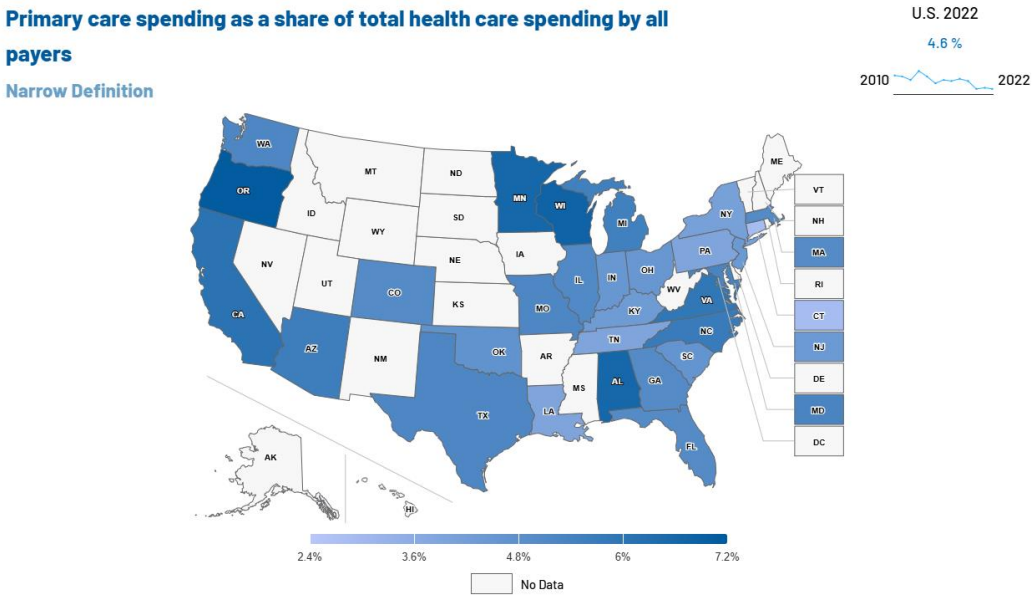
Burdensome EHRs that do not serve clinicians or patients



Limited research funding is stalling evidence-based improvements in care

Find the report and data dashboard on milbank.org





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Getting The Word Out: Using the PC Scorecard in Our Work

Tod Didier | Primary Care Collaborative
Christine Haran | Milbank Memorial Fund

Milbank Memorial Scorecard

- Milbank Memorial Fund's Primary Care Scorecard was **released earlier today**
- The scorecard finds overall spending on primary care has dipped to **4.6% of all spending** and only **3.4% of Medicare spending**
- More than **30% of U.S. adults lack a usual source of care** – the highest level in a decade

Amplifying the Scorecard

- **Milbank Memorial Fund** will be amplifying on social media, including **LinkedIn** and **BlueSky**
- **PCC** will be sharing on its own social media feeds, including **X** and **LinkedIn**, and will be adding it as primary care news to our website
- PCC and MMF have also partnered on a short, **20-minute video interview**, in which Ann and Chris discuss major findings from the report and the policy implications
- Will turn into a **newsletter** to our interest list, the Hill and be sharing **excerpts on social media**

Interview with Chris Koller



- Highlights **major findings** from the report including overall spend and usual source of care
- Discusses the **policy implications** and **potential solutions** to underinvestment
- Calls for stronger state and federal action