

Primary Care Talking Points

What is Primary Care?

- Primary care is where people generally first bring their symptoms and health concerns and have their first encounter with the health care system.
- It is characterized by an ongoing, continuous partnership between patients and their physician and other primary care providers. Primary care focuses on the whole person, as they exist in their family, community, and population and includes care for multiple illnesses, preventive care, mental health and health promotion.
- Primary care provides a “medical home:” where team-based care addresses the large majority of personal health care needs in a comprehensive manner

What Does Primary Care Do for the Nation?

- **Lowers Costs and Improves Health**
 - Investments in primary care have been shown by many studies to lower costs in a health system and have an “excellent return on investment; giving patients better quality health care” and “bend the cost curve.”¹
 - A recent study states “If every American made use of primary care, the health care system would see \$67 billion in savings annually.”²
 - People with a usual source of care have better health outcomes and fewer disparities in health outcomes and lower costs.³
 - The Government Accountability Office (GAO) reports that “Ample research in recent years concludes that the nation’s over reliance on specialty care services at the expense of primary care leads to a health care system that is less efficient. At the same time, research shows that preventive care, care coordination for the chronically ill, and continuity of care --- all hallmarks of primary care medicine – can achieve improved outcomes and cost savings.”⁴
- **Produces Economic Benefits, including Jobs**
 - The Robert Graham Center estimated that one full time family physician creates an average of five full-time supporting staff positions⁵
 - The economic impact of one family physician was \$904,696 on average, nationally⁶
 - Estimates show that family physicians generate a nationwide economic impact of more than \$46 billion per year.⁷ This is a conservative estimate, and does not include a number of intangible and other tangible economic benefits of family physicians, such as their contribution to the generation of income for other local health care organizations such as hospitals and nursing homes.
 - A 2001 report examining the impact of the Oklahoma Physician Manpower Training Commission found that 338 physicians assisted by the program were responsible for creating almost 17,000 jobs annually yielding an estimated income of \$415 million, with rural counties benefiting the most.

¹ Grumbach, Kevin , “High Value Primary Care: New Evidence on the Excellent Return on Investment in Primary Care,” Commonwealth Fund and Alliance for Health Reform Briefing, December 13, 2010

² Access Granted: The Primary Care Payoff, August 2007, National Association of Community Health Centers, The Robert Graham Center, Capitol Link (pgs 1-2)

³ Healthy People 2020, Access to Health Services (healthypeople.gov/2020)

⁴ Testimony before the Committee on Health, Education, Labor, and Pensions, U.S. Senate. Primary Care Professionals: Recent Supply Trends, Projections and Valuation of Services. Statement of A. Bruce Steinwald, Director Health Care, United States Accountability Office. February 12, 2008 GAO-08-472T

⁵ <http://www.graham-center.org/online/graham/home/tools-resources/directors-corner/dc-economic-stimulus.html>

⁶ ibid

⁷ ibid

- **Increases Access To Quality Health Care**
 - Having a usual primary care provider is associated with greater patient trust in the provider, good patient-provider communication, and increased likelihood that patients will receive appropriate care⁸
 - Multiple studies from the Johns Hopkins Bloomberg School of Public Health have demonstrated that disparities in health care outcomes due to income inequality and socioeconomic status are reduced when there is an adequate supply of primary care.
 - Having no usual source of care and relying on Emergency Departments (EDs) for care are associated with worse health outcomes and higher costs. Providing everyone access to a usual source of care, particularly to a patient-centered medical home, could further improve continuity of care and reduce avoidable ED visits and health care costs⁹
 - “More than 12 times as many people are seen in primary care physicians’ offices as in hospitals. Thus, the design and implementation of first-rate primary care in the United States is a critical focus needing urgent attention” by Congress and others.¹⁰
 - Support for programs such as Title VII health professions training is an investment in the long-term health of the primary care provider pipeline which produces more physicians to provide quality care.
 - Title VII, section 747, administered by HRSA, is the only federal program aimed directly at training primary care physicians. On December 12, 2008, the Institute of Medicine released a report¹¹ which points to the drastic decline in Title VII funding. Within that report, the IOM terms Title VII an “undervalued asset.”
- **Provides Rural Health Care**¹²
 - Rural health and the economic viability of rural communities are integrally connected.
 - The ability to attract businesses into rural communities is greatly linked to a viable rural health services system.
 - In most rural communities health services are often one of the biggest, if not the biggest, employer.
 - Research literature shows that health care status improves with economic status
While most medical specialties tend to cluster in urban areas and near academic health centers, family physicians are the specialists that are most likely to work in the poorest rural and urban areas.¹³ These underdeveloped geographies are also the ones most likely to be medically underserved.
 - Family medicine's traditions of training in ambulatory and hospital care, caring for adults and children of either gender, and providing maternity and newborn care have made FPs the preferred rural health care professional. Between 1995 and 1999, primary care physicians provided 61 percent of all physician office visits in non-MSA counties compared with 50 percent in MSAs.³ In the same time period, 69 percent of all primary care office visits in non-MSA counties were made to FPs and GPs.¹⁴

⁸ Healthy People 2020, Access to Health Services (healthypeople.gov/2020)

⁹ Having a Usual Source of Care Reduces ED Visits, Jan 2009 <http://www.graham-center.org/online/graham/home/publications/onepaggers.html>

¹⁰ The contemporary ecology of US medical care confirms the importance of primary care September 2001 <http://www.graham-center.org/online/graham/home/publications/onepaggers.html>

¹¹ Institute of Medicine; HHS in the 21st Century: Charting a New Course for a Healthier America,

¹² National Rural Health Association Policy Brief: Rural Economic Development Policy Brief (<http://www.nrharural.org>)

¹³ The Family Physician as Economic Stimulus, <http://www.graham-center.org/online/graham/home/tools-resources/directors-corner/dc-economic-stimulus.html>

¹⁴ The family physician workforce: The special case of rural populations July 2005 <http://www.graham-center.org/online/graham/home/publications/onepaggers.html>