

# Implementing High-Quality Primary Care

## *Rebuilding the Foundation of Health Care*

### ENSURE ACCESS

High-quality primary care should be person-centered, family-centered, and community-oriented. The nation must also overcome barriers to ensure access to primary care for all communities, particularly underserved populations. The COVID-19 pandemic further highlighted pervasive economic, mental health, and social health disparities that might have been reduced with better access to high-quality primary care.

The report *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care* outlines objectives to make high-quality primary care available to everyone in the United States. Community-oriented primary care models that are able to meet the specific needs of the population they serve and that partner with public health and community-based organizations—influenced by policy changes and innovative payment models—are central to **ensure that high-quality primary care is available to every individual and family in every community.**



ACCESS

**Ensure that high-quality primary care is available to every individual and family in every community.**

### RECOMMENDED ACTIONS

#### Provide Access to Everyone

Successfully implementing high-quality primary care means everyone should have access to a regular source of primary care. While this is more likely to happen when everyone has adequate health insurance, there are ways to improve and reinforce access to primary care and support relationships for both the insured and uninsured.

**ACTION:** To facilitate an ongoing primary care relationship, all individuals should have the opportunity to have a usual source of primary care.

- Medicaid, Medicare, commercial insurers, and self-insured employers should ask all covered individuals to **declare a usual source of primary care annually and should assign non-responding enrollees** to a source of care using established methods, track this information, and use it for payment and accountability measures.
- When health centers, hospitals, and primary care practices treat people who are uninsured, they should assume and document an ongoing clinical relationship with them.

#### Create New Health Centers

Health centers are a reliable source of high-quality primary care in underserved communities around the country. It is a model worthy of expansion to improve access to high-quality primary care to more underserved populations and facilitate providing a usual source of high-quality primary care to the uninsured.

**ACTION:** The U.S. Department of Health and Human Services should **target sustained investment in creating new health centers** (including federally qualified health centers, look-alikes, and school-based health centers), rural health clinics, and Indian Health Service facilities in areas with a shortage of primary care.

### Revise Access Standards

Medicaid is the second-largest payer in the country, with disproportionate numbers of children and high-needs beneficiaries. Medicaid needs a new strategy to address its documented low rates for primary care paid by state Medicaid agencies and their contractors that limit children's access to high-quality primary care.

**ACTION:** To improve access to high-quality primary care services for Medicare beneficiaries, the Centers for Medicare & Medicaid Services (CMS) should **revise and enforce its fee-for-service and managed care access standards**. CMS should also provide technical assistance to state Medicaid agencies to implement and attain these standards, and measure and publish state performance.

### Eliminate Barriers to Primary Care

The COVID-19 pandemic quickly illustrated that primary care can be delivered outside a traditional office setting, creating options to help eliminate barriers to care and forcing Medicare and other establishments to quickly scale their ability to access primary care teams virtually by video and telephone.

**ACTION:** CMS should **permanently support COVID-era rule revisions** and Medicaid and Medicare benefits interpretations that have facilitated integrated team-based care, enabled more equitable access to telephone and virtual visits, provided equitable payment for non-in-person visits, eased documentation requirements, expanded the role of interprofessional care team members, and eliminated other barriers to high-quality primary care.

### Build Relationships

Having primary care teams embedded within communities and partnering with public health and community-based organizations are crucial to build health-improving relationships with patients, families, and community members.

**ACTION:** Primary care practices should **move toward a community-oriented model** of primary care by including community members in their governance and practice design and partnering with community-based organizations.

## CONCLUSION

Everyone in the country should have access to high-quality primary care that is person-centered, relationship-oriented, and responsive to the needs of the community.

Personalized, prioritized, and coordinated care for all people and families in communities will require a system that develops and sustains strong relationships in primary care with community organizations and public health agencies, and works to ensure universal access to high-quality primary care.



### What Is High-Quality Primary Care?

High-quality primary care is the provision of 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.

To download a free copy of the full report and other resources, please visit [nationalacademies.org/primarycare](https://nationalacademies.org/primarycare).