

Implementing High-Quality Primary Care

Rebuilding the Foundation of Health Care

TRAIN PRIMARY CARE TEAMS

High-quality primary care is critical to addressing the unique needs and preferences of individuals, families, and communities but the current number of trainees entering primary care professions is inadequate. In recent years, the proportion of health care trainees choosing to enter primary care has decreased. In addition, funding for training the primary care workforce is inconsistent and insufficient, with training tending to occur in hospital settings instead of in the communities where most primary care takes place.

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. For primary care teams to address race- and ethnicity-based treatment disparities, their members should reflect the lived experience of the people and families they serve. Organizations that train, hire, and finance primary care clinicians should ensure that the demographic composition of their primary care workforce reflects the communities they serve and that the care delivered is culturally appropriate. High-quality primary care is also best done by a professionally diverse team whose members each bring unique skills in addressing the needs of the patients, families, and communities they serve.



WORKFORCE

**Train primary
care teams
where people
live and work.**

It is essential to **train primary care teams where people live and work**. This will require reshaping training programs and aligning a payment and financial system that provides incentives and rewards to create effective, integrated primary care.

RECOMMENDED ACTIONS

Expand and Diversify the Primary Care Workforce

Black, Hispanic, American Indian and Alaska Native, and Native Hawaiian and other Pacific Islander people are currently underrepresented in nearly every clinical primary care occupation. To provide everyone with high-quality primary care, care teams should reflect the diversity of the communities they serve.

ACTION: Health care organizations and local, state, and federal government agencies should **expand and diversify the primary care workforce**, particularly in areas that are medically underserved and have a shortage of health professionals, to strengthen interprofessional teams and better align the workforce with the communities they serve.

- Public and private health care organizations should ensure inclusion, support, and training for family caregivers, community health workers, and other informal caregivers as members of their interprofessional primary care team.

- The U.S. Department of Education and the U.S. Department of Health and Human Services (HHS) should partner to expand educational pipeline models that would encourage and increase opportunities for students who are underrepresented in health professions
- The Health Resources and Services Administration (HRSA), state and local government, and health care systems should redesign and implement economic incentives, including loan forgiveness and salary supplements, to ensure that interprofessional care team members, especially those who reflect the diverse needs of the local community, are encouraged to enter primary care in rural and underserved areas.
- Health systems and organizations should develop a data-driven approach to customizing interprofessional teams to meet the needs of the population they serve.

Increase Funding and Expand Settings for Training

While training individual primary care clinicians in inpatient settings is commonplace, it is not where primary care occurs and will not develop a workforce able to deliver high-quality primary care to everyone. Current funding to support the training of interprofessional primary care teams is inconsistent and insufficient.

ACTION: The Centers for Medicare & Medicaid Services, the U.S. Department of Veterans Affairs, HRSA, and states should **redeploy or augment funding to support interprofessional training** in community-based, primary care practice environments. The revised funding model should be sufficient in size to improve access to primary care and ensure that training programs can adequately support the primary care needs of the future.

- HRSA funding, via Title VII and VIII programs, for other health professions training should be increased and prioritized for interprofessional training.
- HHS should **redesign the graduate medical education (GME) payment** to:
 - Support training primary care clinicians in community settings.
 - Expand the distribution of training sites to better meet the needs of communities and populations, particularly in rural and underserved areas.
 - Prioritize effective HRSA models for existing GME funding redistribution and sustained discretionary funding.
 - Modify GME funding to support training all members of the interprofessional primary care team, including nurse practitioners, pharmacists, physician assistants, behavioral health specialists, pediatricians, and dental professionals.

CONCLUSION

The ability to deliver high-quality primary care depends on the availability, accessibility, and proficiency of interprofessional primary care teams to meet the health care needs of all individuals, families, and communities.

Those who train, hire, and finance primary care teams should ensure that the demographic composition of their interprofessional primary care workforce reflects the communities they serve. Developing a workforce able to deliver high-quality care requires reshaping what is expected of training programs and the clinical settings where the training occurs.



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.