

# Implementing High-Quality Primary Care

## *Rebuilding the Foundation of Health Care*

### ENSURE IMPLEMENTATION

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.

Successfully implementing a plan to create high-quality primary care requires assigning accountability. No federal agency currently has oversight of primary care, and no dedicated research funding is available. The current measures applied to primary care are not aligned with its purpose and function and fail to adequately assess its quality and ensure accountability.

Clear and meaningful measures of care, ongoing research, and leadership from the federal government are all necessary to **ensure that high-quality primary care is implemented in the United States.**



#### ACCOUNTABILITY

**Ensure that high-quality primary care is implemented in the United States.**

### RECOMMENDED ACTIONS

#### Assign Accountability

The federal government plays an active but uncoordinated role in primary care. The COVID-19 pandemic further highlighted this lack of coordination. Congressional COVID-19 relief did not specifically support primary care and primary care was not included in federal epidemic strategies before or during the pandemic. Senior secretary–level coordination of federal primary care activity in workforce training, safety net funding, payment and benefits policy, health information technology, quality measurement, and research is necessary to ensure the implementation of the report’s recommendations with the goal of achieving high-quality primary care for everyone in the United States.

**ACTION:** The Secretary of the U.S. Department of Health and Human Services (HHS) should **establish a Secretary’s Council on Primary Care** to enable the vision of primary care captured in the committee’s definition.

- Council members should include the Centers for Medicare & Medicaid Services Administrator; the Directors of the Center for Medicare & Medicaid Innovation, the Health Resources and Services Administration, and the Agency for Healthcare Research and Quality (AHRQ); the Assistant Secretary for Planning and Evaluation at HHS; and the National Coordinator for the Office of the National Coordinator for Health Information Technology.
- The council should coordinate primary care policy across HHS agencies with attention to the following responsibilities:
  - Assess federal primary care payment sufficiency and policy;
  - Monitor primary care workforce sufficiency, including training, financing, production, and preparation; incentives for federally designated shortage areas; and federal clinical assets/investments;

- Coordinate and assess the adequacy of the federal government’s research investment in primary care;
- Address primary care’s technology, data, and evidence needs, including interagency collaboration in the use of multiple data sources;
- Promote the alignment of public and private payer policies in support of high-quality primary care; and
- Establish meaningful metrics for assessing the quality of primary care that embrace person-centeredness and health equity goals. Additionally, the council should coordinate implementing the committee’s recommended actions that target federal agencies.
- As part of its coordination role, the council should verify adequate budgetary resources are allotted in respective agencies for filling these responsibilities.
- The council should annually report to Congress and the public on the progress of its implementation plan and performance.
- The council should be informed through regular guidance and recommendations provided by a Primary Care Advisory Committee created by the HHS Secretary under the Federal Advisory Committee Act that includes members from national organizations that represent significant primary care stakeholder groups.

### Create a Primary Care Research Agenda

While primary care research is instrumental to address questions that are critically important for primary care outcomes and a population-based understanding of illness and disease, it is in need of a significant boost in support and funding. At present, no federal agency is funded to advance a robust primary care research program. While AHRQ was designated by Congress to steward primary care research, no funding was allocated for this task. Similarly, primary care research currently receives less than 0.4 percent of the National Institutes of Health’s (NIH’s) research funding.

**ACTION:** HHS should **form an Office of Primary Care Research at NIH and prioritize funding of primary care research at AHRQ** via the National Center for Excellence in Primary Care Research.

### Track Implementation Progress

An implementation plan needs a set of metrics to track its progress and assess whether its objectives are achieved over time. To that end, the report proposes a scorecard (see Appendix E) of selected measures that could be managed by one or more of the sponsoring organizations, federal agencies, or other interested stakeholders.

**ACTION:** To improve accountability and increase the chances of successful implementation, primary care professional societies and consumer groups at the national and state level should **assemble and regularly compile and disseminate a “high-quality primary care implementation scorecard,”** based on the five key implementation objectives to track progress in achieving this report’s objectives. One or more philanthropies should assist in convening and facilitating the scorecard development and compilation.

## CONCLUSION

Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes, making it a common good. The strength and quality of the country’s primary care rely on having a plan that accounts for the complexity of the U.S. health care system in both the public and private sectors and affirms the fundamental responsibility of the federal government to lead this process. Ensuring that the nation can successfully implement this plan for high-quality primary care requires coordinating primary care activities at the federal level, assigning accountability, establishing effective measurement, and prioritizing funding of primary care research.



### 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).