

## Alignment of NASEM Primary Care Study with HHS Priorities

HHS Priority	Problem	Alignment
<b>public health preparedness</b>		
<b>Strengthening National and Global Readiness for the Next Public Health Crisis</b>	Primary care was not part of the <a href="#">US Pandemic Plan</a> before the Pandemic and was not a strategy during the pandemic despite touching <a href="#">70%+ of the population yearly, providing 35% of all care, 50% of all outpatient care, 46% of all adult vaccinations and majority of child vaccinations.</a>	The Secretary's Council would work across HHS Agencies to develop strategies to quickly mobilize the primary care workforce in the event of public health emergencies and to enhance coordination between public health and primary care services in the response to crises.
<b>health equity</b>		
<b>Promoting Health Equity by Addressing Racial Disparities</b>	Primary care is the only health sector with evidence for its ability to <a href="#">improve health equity</a> . Two recent studies show its relationship to <a href="#">mortality</a> and to <a href="#">improving life expectancy</a> in Health Professional Shortage Areas. The workforce is actively eroding <a href="#">across clinician types</a> (physicians, NPs, PAs) and most dramatically in <a href="#">rural areas</a> .	The Secretary's Council would work across HHS Agencies to coordinate policies that produce and incentivize primary care career choice including CMS (payment, GME and GNE funding), HRSA (NHSC, THCs, Title VII and VIII), and potentially in collaboration with the VA (GME). The Council would work to increase the portion of <a href="#">Medicaid</a> and <a href="#">Medicare</a> beneficiaries who report a usual source of primary care. This would support equity goals and links to White House Infrastructure goals.
<b>Providing Funding to Reduce the Maternal Mortality Rate and End Race-Based Disparities in Maternal Mortality</b>	Most rural maternity care is provided by <a href="#">family medicine</a> but <a href="#">lack of support</a> for this role and the loss of critical access and <a href="#">rural hospitals</a> has <a href="#">reduced options</a> for rural women. Decreased availability of primary care maternity care has been associated with <a href="#">increased infant mortality</a> .	The Secretary's Council would work across HHS Agencies to coordinate policies that promote access to maternity care in rural and underserved areas through hospital maternity support (CMS, HRSA), FQHC, RHC, and IHS support (CMS, HRSA, ORH, OMH), and other primary care sites for delivering maternity care. Such policies should acknowledge that this will depend on the availability of varied providers including the promotion of midwifery services to vulnerable populations.

<p><b>Promotes Biomedical Research and Establishes the Advanced Research Projects Agency for Health (ARPA-H)</b></p>	<p>The salutary relationship between primary care access and equity has been long neglected by federal research funding. Primary care is less than <a href="#">0.4% of NIH grants and 1% of all federal research agency support</a>. Studying the models of primary care that improve equity and researching best methods for disseminating those models is crucial to resolving growing health inequities in the US</p>	<p>The Secretary’s Council would work across HHS Agencies and PCORI to develop a primary care research agenda and prioritize funding and create accountability</p>
<p><b>the opioid crisis</b></p>		
<p><b>Advancing the Goal of Ending the Opioid Crisis</b></p>	<p>Nearly 1/3rd of all counties and 1/2 of rural counties have no specialized addiction services. Primary care clinicians are the most widely distributed health care resource and are often the only health care available in underserved and rural communities. They have been the most common prescribers of opioids and provide the <a href="#">most visits</a> for addiction issues, particularly in <a href="#">rural areas</a>.. <a href="#">Primary care is also the largest source of behavioral health care</a>.</p>	<p>The Secretary’s Council would work across HHS Agencies to develop a primary care strategy for <a href="#">addressing opioid prescribing</a> and for expanding addiction services. There is ample evidence that behavioral health integration in primary care reduces costs and enhances the care already provided there but will need <a href="#">new payment models</a> to support it more broadly. The Secretary’s Council would also coordinate better support behavioral health delivery in primary care (SAMHSA, HRSA, and CMS).</p>