

CRISIS IN PRIMARY CARE

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NAPA Advisory Council on Alzheimer's
Research, Care, and Services

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No Disclosures



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THE PROBLEM



2021 National Academies of Sciences,
Engineering, and Medicine (NASEM)

*Implementing High Quality Primary Care:
Rebuilding the Foundations of Healthcare*



<https://pubmed.ncbi.nlm.nih.gov/34251766/>

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NASEM REPORT OBJECTIVES

1. Pay for **primary care teams** to care for people, not doctors to deliver services;
2. Ensure that high-quality primary **care is available** to every individual and family in every community;
3. Train primary care teams **where people live and work**;
4. Design **information technology that serves** the patient, family, and the interprofessional care team;
5. Ensure that **high-quality** primary care is implemented in the United States.



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THE HEALTH OF US PRIMARY CARE: 2024 SCORECARD REPORT

Five Reasons Why Access to Primary Care Is Getting Worse (and What Needs to Change)



<https://www.milbank.org/publications/the-health-of-us-primary-care-2024-scorecard-report-no-one-can-see-you-now/>

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Reason 1: The primary care workforce is not growing fast enough to meet population needs.

- The number of primary care physicians (PCPs) per capita has declined over time
- The rate of total clinicians in primary care, inclusive of nurse practitioners (NPs) and physician assistants (PAs), has grown over the past several years, it is still insufficient to meet the demands
 - overall population growth
 - rapidly aging population with higher levels of chronic disease
 - workforce losses during the pandemic



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Reason 2: The number of trainees who enter and stay on the professional pathway to primary care practice is too low.

- In 2021, 37% of all physician residents began training in primary care, yet only 15% of all physicians were practicing primary care three to five years after residency.
- More than half of residents with the potential to enter primary care subspecialized or became hospitalists instead
- **Too few primary care residents have community-based training**
- In 2020, only 15% of primary care residents spent a majority of their time training in outpatient settings.



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Reason 3: The US continues to underinvest in primary care.

- The investment in primary care as a share of total health care spending has **dropped from 5.4% in 2012 to 4.7% in 2021**.
- Medicaid and commercial insurer investment in primary care has decreased since 2012, and Medicare investment remains low.
- Since 2019, primary care investment has steadily declined for all payers; this decline is **most pronounced in the Medicare population**.



EXCELLENCE PASSION DIVERSITY KNOWLEDGE

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Reason 4: Technology has become a burden to primary care.

- Data limited to family physicians demonstrate that health care technologies do not serve primary care physicians adequately
- More than 40% of family physicians report unfavorable scores in electronic health record (EHR) usability,
- Over 25% report overall dissatisfaction with their EHR.



EXCELLENCE PASSION DIVERSITY KNOWLEDGE

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Reason 5: Primary care research to identify, implement, and track novel care delivery and payment solutions is lacking.

- Since 2017, only around 0.3% of federal research funding (administered through the National Institutes of Health and the Agency for Healthcare Quality and Research, for example) per year has been invested in primary care research.
- Limits new information on primary care systems, payment and delivery models, and quality.



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YOUR CHARGE FOR THE DAY

As we listen to the presentations throughout the day, keep in mind what system changes are needed to improve the quality of care for people living with dementia and their care partners.



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