PRIMARY CARE:
ITS ESSENTIAL ROLE IN A VALUE-BASED HEALTH CARE SYSTEM

As American health care transitions from volume to value, successful employers, plans, and health systems are finding strong primary care to be absolutely essential. Yet nationally, the United States spends only 4-8% of health care dollars on primary care, compared to an average of approximately 12% among other industrialized countries each of which spends substantially less on health care than the United States. To build an American health care system that delivers better care at a lower cost, primary care must become a national health policy priority.

Primary Care Works: New Payment Models

With bipartisan support in Washington, DC and state capitols, innovative models of primary care delivery and reimbursement are saving money even as they improve patient outcomes.

A Look at the Evidence

- **Patient-Centered Medical Home**: A primary care delivery model focused on care coordination and team-based practice.
  
  **RESULTS**: 21 out of 23 recent studies of the PCMH model showed improvement on cost metrics.

- **Collaborative Care Model**: A team-based approach to treat depression and anxiety in the primary care setting.
  
  **RESULTS**: A review of 79 studies show CCM is associated with significant improvement in depression and anxiety outcomes.

- **Independence at Home**: Home-based primary care for patients with multiple chronic conditions.
  
  **RESULTS**: Medicare demonstration achieved cost savings of 11% over two years while improving quality performance.

States Where PCMH Models Have Lowered Spending

(for Medicare and/or Medicaid populations)

Source: NCHC Analysis of data from the Patient-Centered Primary Care Collaborative’s PCMH Map at [https://pcpcc.org/initiatives/evidence](https://pcpcc.org/initiatives/evidence)
A National Strategy to Strengthen Primary Care: Payment Model

- **Build on what’s working:**
  - Continue to improve chronic care management codes in Medicare’s Physician Fee Schedule.
  - Integrate payment streams and clinician training for primary care and behavioral health.
  - Make Comprehensive Primary Care Plus and Independence at Home models available to practices across the country.
  - Implement MACRA’s Merit-based Incentive Payment System (MIPS) and Alternative Payment Model provisions.

- **Support future delivery and payment model innovations:**
  - Ensure CMS can continue to test new alternative payment models (APM) initiatives and the authority to refine and expand ongoing APMs that lower costs and/or improve outcomes.

- **Prevent disruption of patient access to primary care:**
  - Ensure affordability of private coverage, including through subsidies or tax credits for premium and cost-sharing expenses.
  - Maintain federal support for state Medicaid and CHIP programs.
  - Continue to reduce the number of Americans without health coverage.

### Sources


### Future Fact Sheets in this series will address:

**High-Value Care for Underserved Communities**


**Building a Strong Primary Care Workforce**

The supply of primary care practitioners is outpaced by anticipated demand. This workforce crisis is particularly acute in lower-income communities that tend to be afflicted by higher rates of chronic disease.