Topic Brief: Challenges in Under-resourced Primary Care Settings

Date: 5/23/2023
Nomination Number: 0989 - 0992

Purpose: This document summarizes the information addressing four nominations submitted on May 28, 2022 (link to 0989 nomination; link to 0990 nomination; link to 0991 nomination; link to 0992 nomination) through the Effective Health Care Website. This information was used to inform the Evidence-based Practice Center (EPC) Program decisions about whether to produce an evidence report on the topic, and if so, what type of evidence report would be most suitable.

Issue: The United States invests relatively little in primary care, which may disproportionally affect more vulnerable populations. The nominator is interested in determining the financial landscape of primary care to determine where improvements can be made.

Findings: The EPC Program will not develop a new evidence product because we found a technical brief addressing the concerns of this nomination.

Background

The healthcare system in the United States is primarily disease-response driven, and invests little in preventive[1] or primary care.[2] Compared to other countries, the United States has a smaller proportion of primary care practitioners, higher per-capita total health care costs, and worse health outcomes.[3] As reported in the Medical Expenditure Panel Survey of 1996, Americans younger than 65 years with public insurance receive poorer primary care than those privately insured, and those insured by health maintenance organizations experience more barriers to access and poorer continuity of care than those with fee-for-services coverage.[4] In 2021, the United States national healthcare expenditure grew to $4.3 trillion, accounting for 18.3% of gross domestic product, and is expected to continue growing an average of 5.1 percent per year.[5] In 2016, the United States spent approximately 5.4% of total health expenditures on primary care. One of the consequence of the United States under-resourcing primary care is that medical students are deterred from pursuing this specialty.[6]

International comparisons suggest that prioritizing primary care in a country's health care system contributes to better health outcomes, health equity, and lower total health care costs. Primary care practices that provide rapid access to care, promote prevention, support care coordination, facilitate patient decision-making, and engage patients in self-management of chronic care conditions are the most effective in improving health outcomes and lowering costs.[3] Some propose increasing spending for primary care and building a more collaborative workforce structure that can serve a high volume of patients.[6] This funding to primary care, however, may

need to be applied strategically to ensure that the performance of the whole health system is supported.[7] The nominator is interested in establishing the financial context of primary care in under-resourced settings, with the ultimate goal of improving primary care for patients in this population.

Nomination Summary

The nominator submitted the following four topics to the Program: primary care delivery capacity; primary care delivery team experience; limited resources in primary care influences quality of care; and limited funding for primary care. After communications with the nominator, we decided to focus on first establishing the landscape of primary care spending in the United States.

Scope

Designing, implementing, and monitoring systemic healthcare payment reform requires a standard way of measuring and monitoring resources devoted to primary care. Therefore, approaches used to estimate primary care spending in the United States is imperative.

An in-progress technical brief on approaches used to estimate primary care spending in the United States will synthesize and present information about estimation methods, and include:

1. Who (health economists/health services researchers/ policymakers) has used different methods for estimates
2. How estimates have been used
3. Details on underlying definitions of primary care and primary care spending
4. Data sources employed
5. Expert consensus, used to inform the search strategy and guide in assessing whether a standard measure or best estimate of spending can be identified

Additional assessment will investigate the following:

1. The advantages and disadvantages of the different approaches to estimating primary care spending, including how primary healthcare spending, which is the focus of international estimates, differs from primary care spending, which is the focus in the United States and therefore this Technical Brief
2. An overview (map) of the evidence linking different primary care spending estimates to outcomes
3. Gaps that future research needs to address
4. Key considerations for developing primary care spending estimates that are valid and may be standardized

Assessment Methods

See Appendix A.

Summary of Literature Findings

The Agency for Healthcare Research and Quality (AHRQ) published a 2023 protocol[8] for a technical brief reviewing measures for primary healthcare spending. The proposed technical brief will collate information on definitions, data sources, and methodologies using to estimate primary care spending, along with other objectives.

See Appendix B for detailed assessments of all EPC selection criteria.

Summary of Selection Criteria Assessment

The United States invests relatively little in primary care, which may disproportionally affect more vulnerable populations. The nominator is interested in determining the financial landscape of primary care to ultimately determine where improvements can be made. AHRQ developed a 2023 protocol for a technical brief on primary healthcare spending that addresses the nomination.

Please see Appendix B for detailed assessments of individual EPC Program selection criteria.

Related Resources

We identified additional information in the course of our assessment that might be useful. The Centers for Medicare & Medicaid Services (CMS) Innovation Center leads many initiatives focused on new payment and service delivery models (https://innovation.cms.gov/key-concept/primary-care). Two examples of Innovation Center projects involving primary care are:

Primary Care First Model Option- an innovative payment structure to support the delivery of advanced primary care

ACO Realizing Equity, Access, and Community Health (REACH) Model- promotes health equity, promoted the inclusion of physicians and other healthcare providers in healthcare leadership/governance, and incorporates input from patients.

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Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

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Appendix A: Methods

We assessed nomination for priority for a systematic review or other AHRQ Effective Health Care report with a hierarchical process using established selection criteria. Assessment of each criteria determined the need to evaluate the next one. See Appendix B for detailed description of the criteria.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Absence of Duplication

AHRQ published a 2023 protocol for a technical brief that addresses the nominated topic, obviating the need for any formal searches.

Appendix B. Selection Criteria Assessment

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes.
1b. Is the nomination a request for an evidence report?	Yes.
1c. Is the focus on effectiveness or comparative effectiveness?	Not applicable. This is a nomination for a technical brief.
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes.
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	In 2021, the national healthcare expenditure grew to $4.3 trillion, accounting for 18.3% of GDP and is expected to grow an average of 5.1 percent per year.[5] In 2016, the United States spent approximately 5.4% of total health expenditures on primary care.
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	In 2021, the national healthcare expenditure grew to $4.3 trillion, accounting for 18.3% of GDP and is expected to grow an average of 5.1 percent per year.[5] In 2016, the United States spent approximately 5.4% of total health expenditures on primary care.
2c. Incorporates issues around both clinical benefits and potential clinical harms	Not applicable to this technical brief.
2d. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	In 2021, the national healthcare expenditure grew to $4.3 trillion, accounting for 18.3% of GDP, and is expected to grow an average of 5.1 percent per year.[5] In 2016, the United States spent approximately 5.4% of total health expenditures on primary care.
3. Desirability of a New Evidence Review/Absence of Duplication	
3. A recent high-quality systematic review or other evidence review is not available on this topic	No. AHRQ published a 2023 protocol for a technical brief that addresses the nomination.

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; GDP=gross domestic product.