

# The Critical Role of Primary Care for California

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# Implementing High-Quality Primary Care:

## Rebuilding the Foundation of Health Care

# Study Context

The Washington Post  
Democracy Dies in Darkness

Primary care saves lives. Here's why it's failing Americans.



By Frances Stead Sellers

October 17, 2023 at 6:00 a.m. EDT



- Primary care is the only part of health care system that results in **longer lives** and **more equity**
- It is **weakening** when it is needed most
- **Good Models exist**—difficult to replicate and spread

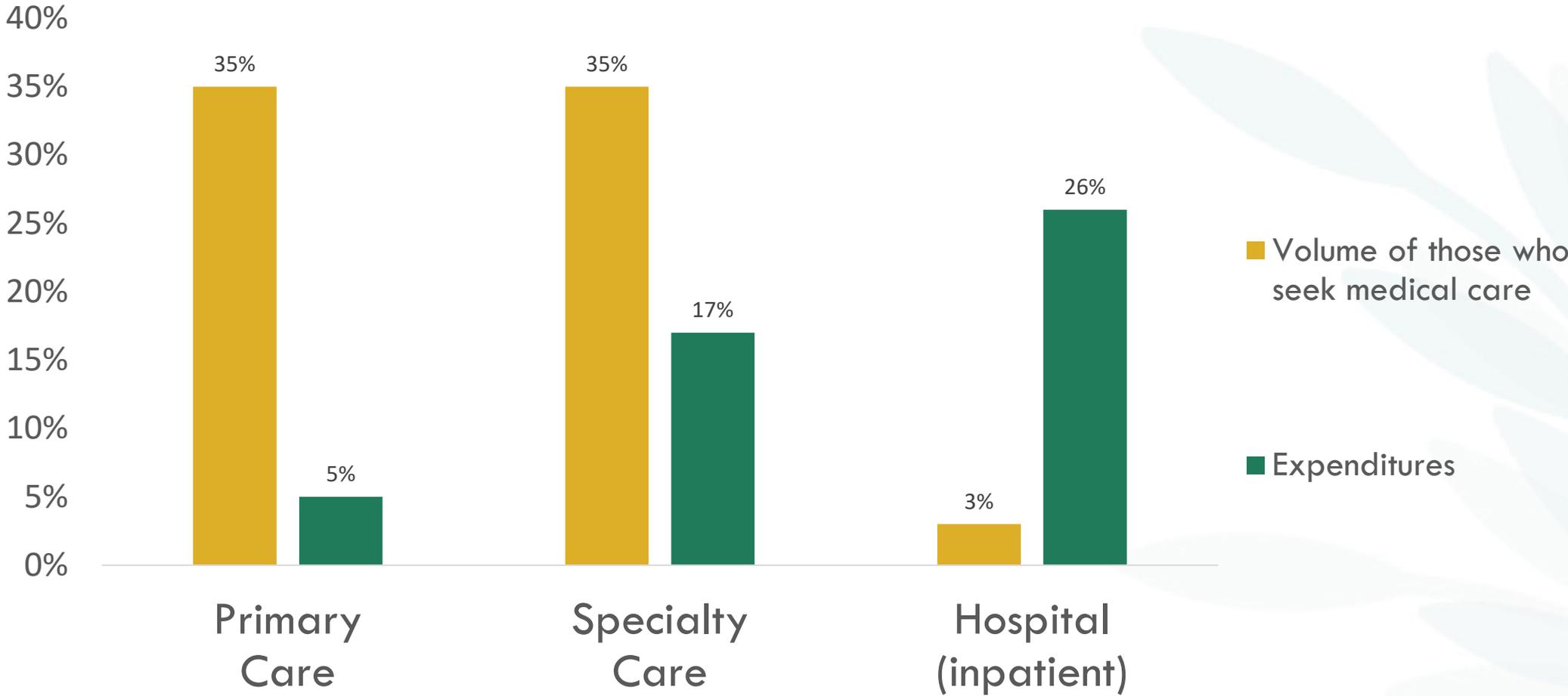
# An Updated Definition of Primary Care

High-quality primary care is the provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams that 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.

# Primary Care as a Common Good

Primary care has high societal value  
and everyone should have access  
that wants it

# Visits vs Expenditures in Medical Care



SOURCES: Johansen et al., 2016; Martin et al., 2020  
All categories are not included in the figure and thus do not add up to 100 percent.

# 5 Objectives for Achieving High-Quality Primary Care

1 PAYMENT

Pay for primary care teams to care for people, not doctors to deliver services.

2 ACCESS

Ensure that high-quality primary care is available to every individual and family in every community.

3 WORKFORCE

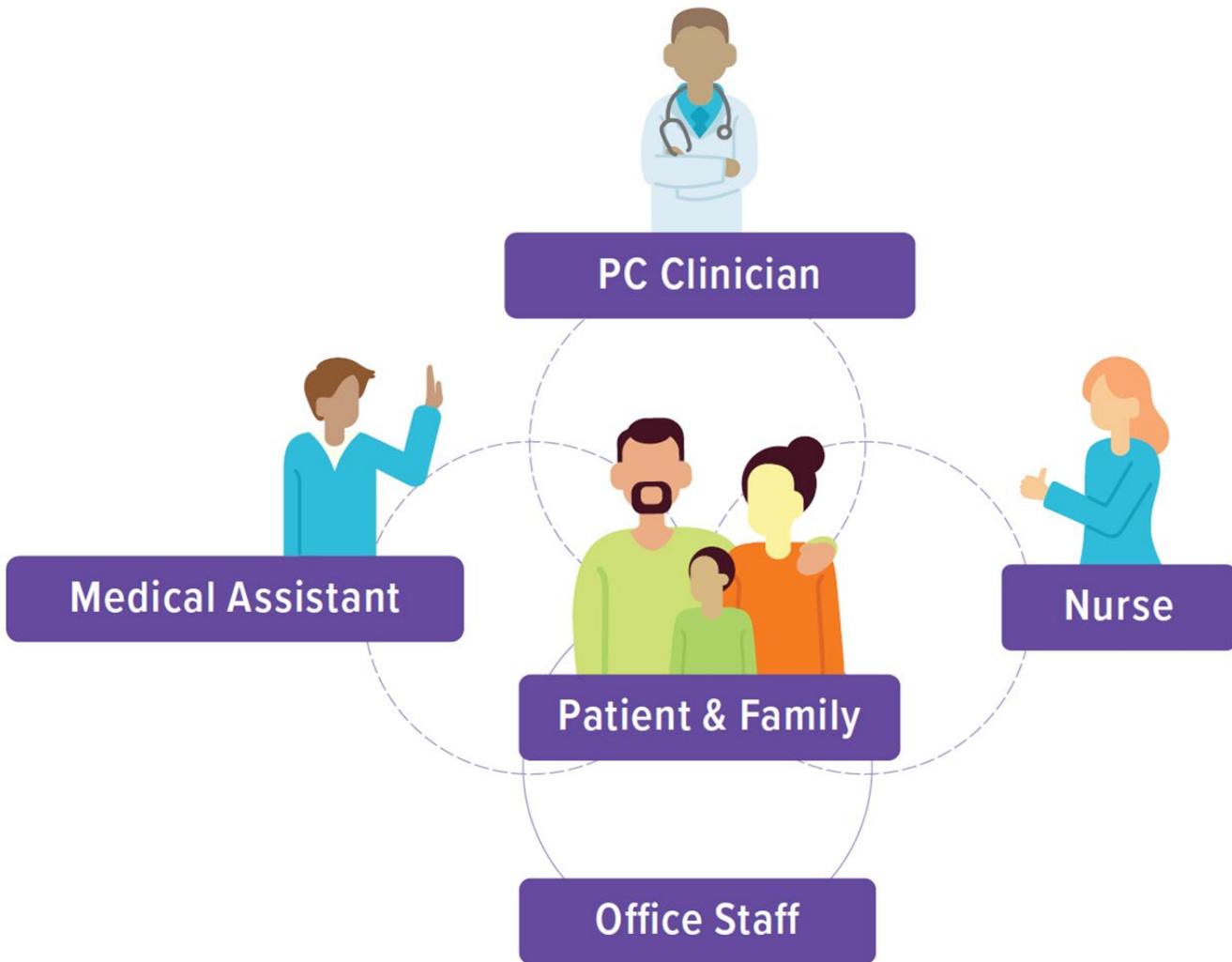
Train primary care teams where people live and work.

4 DIGITAL HEALTH

Design information technology that serves the patient, family, and interprofessional care team.

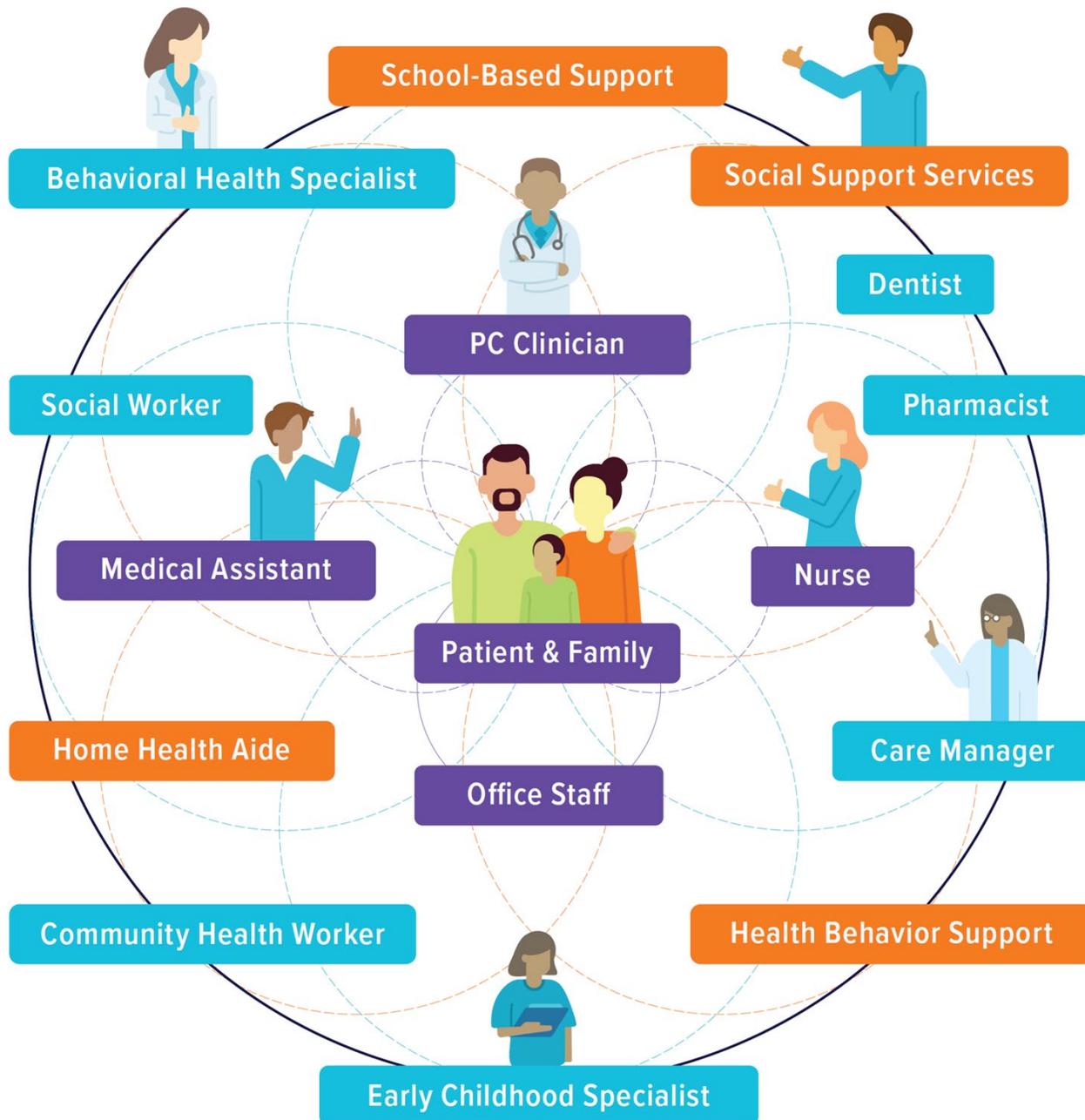
5 ACCOUNTABILITY

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



# Primary (Medical) Care

**This is the model  
that is watering  
down your  
superpowers**



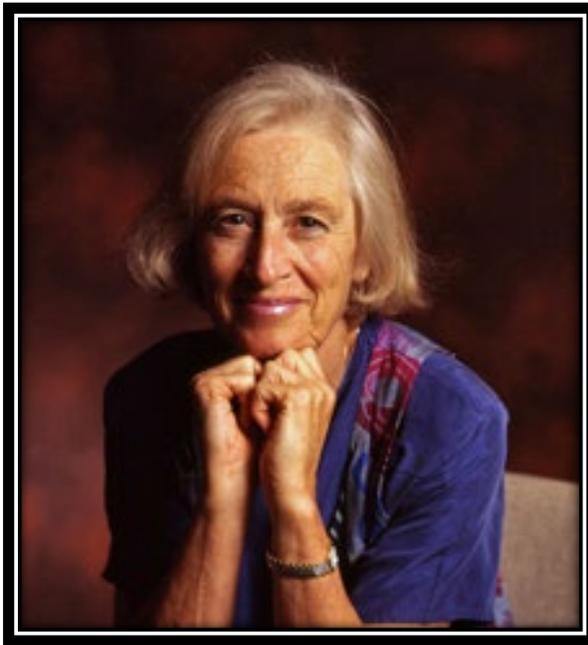
- Core Team
- Extended Health Care Team
- Extended Community Care Team

**Primary Health Care!**  
 Most of us have not  
 experienced this  
 We risk asking for too  
little

# Barbara Starfield: A Powerful Legacy

*4 Cs to explain the salutary effects of Primary Care*

Care that is - 1<sup>st</sup> Contact, Comprehensive, Coordinated & Continuous



*There is now good evidence, from a variety of studies at national, state, regional, local, and individual levels that good primary care is associated with better health outcomes (on average), lower costs (robustly and consistently), and greater equity in health.*

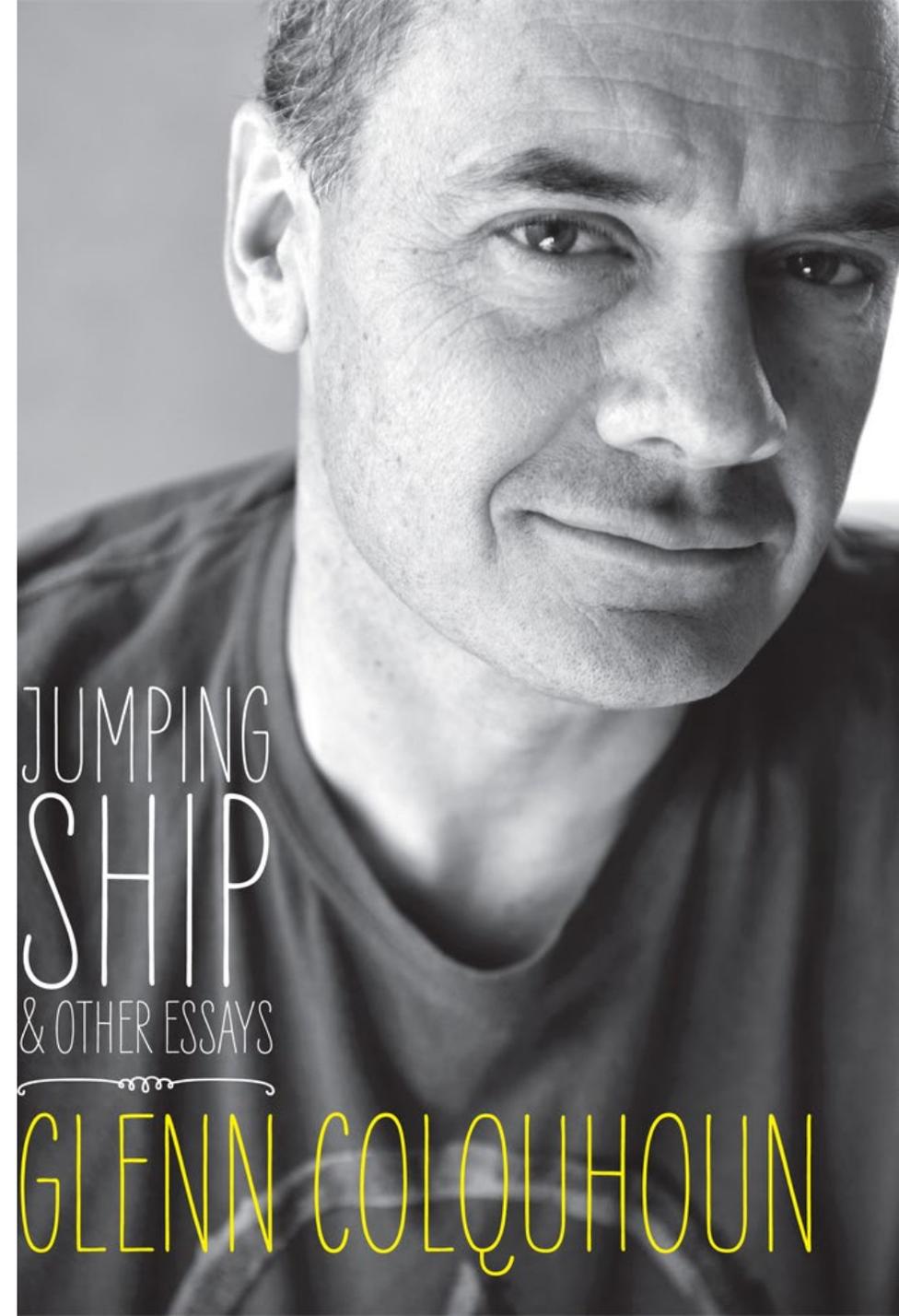
# Primary Care Orientation of Health Systems: The C's

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- Practice Characteristics
  - First-contact
  - Longitudinality (continuity over time)
  - Comprehensiveness
  - Coordination
  - Family-centeredness
  - Community orientation

# The Therapeutic Uses of Ache

Of all the conditions I do see that no one ever taught me about, ache is by far and away the most common...Sometimes people point at it and roar, ‘Fix that—it must be a disease.’ Nonetheless, **It requires careful midwifery.**



JUMPING  
SHIP  
& OTHER ESSAYS

GLENN COLQUHOUN

# 58 yo Female, difficult Blood Pressure

- Blood pressure and anxiety both difficult to wrangle
  - Multiple meds would not reduce her blood pressure
  - Patient had obvious struggles with anxiety but refused medication
- After 3 years, reveals that she was sexually abused by her father
  - Difficulty with trust (including in me) and had not taken any medications
  - Affecting family relationships and huge source of her anxiety

# 58 yo Female, difficult Blood Pressure

- Finally able to forgive her father
  - Began taking medication, doing yoga and mindfulness practice
  - Began exercising, losing weight
  - Blood pressure normalized
  - “friendly” divorce
  - Cared for her father after he developed dementia until his death
  - found the love of her life 2 years later
- ***Ache*** often needs a midwife to get to healing

“The good physician knows his patient through and through,  
and his *knowledge is bought dearly*...the secret of the care of  
the patient is in caring for the patient.”

Peabody FW. The care of the patient. JAMA 1927; 88:877-882

88:877-882

“*Continuity* is a mechanism to achieve knowledge;

*Longitudinality* is the mechanism for achieving understanding.”

Barbara Starfield

## Higher Primary Care Physician Continuity is Associated With Lower Costs and Hospitalizations

Andrew Bazemore, MD, MPH<sup>1</sup>  
 Stephen Petterson, PhD<sup>1</sup>  
 Lars E. Peterson, MD, PhD<sup>2,3</sup>  
 Richard Bruno, MD, MPH<sup>4</sup>  
 Yoonkyung Chung, PhD<sup>1</sup>  
 Robert L. Phillips Jr, MD, MSPH<sup>2</sup>  
<sup>1</sup>Robert Graham Center for Policy Studies, Washington, DC  
<sup>2</sup>American Board of Family Medicine, Lexington, Kentucky  
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<sup>4</sup>Baltimore Medical System, Baltimore, Maryland



### ABSTRACT

**PURPOSE** Continuity of care is a defining characteristic of primary care associated with lower costs and improved health equity and care quality. However, we lack provider-level measures of primary care continuity amenable to value-based payment, including the Medicare Quality Payment Program (QPP). We created 4 physician-level, claims-based continuity measures and tested their associations with health care expenditures and hospitalizations.

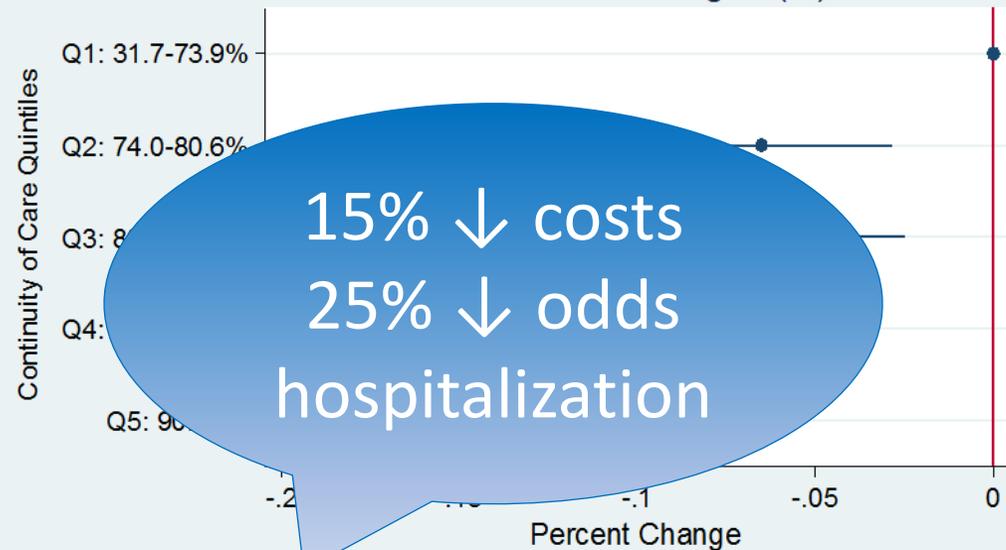
**METHODS** We used Medicare claims data for 1,448,952 beneficiaries obtaining care from a nationally representative sample of 6,551 primary care physicians to calculate continuity scores by 4 established methods. Patient-level continuity scores attributed to a single physician were averaged to create physician-level scores. We used beneficiary multilevel models, including associations with total Medicare Part A & B expenditures (allowed charges, logged), and any hospitalization.

**RESULTS** Our continuity measures were highly correlated (correlation coefficients ranged from 0.86 to 0.99), with greater continuity associated with similar outcomes for each. Adjusted expenditures for beneficiaries cared for by physicians in the highest Bice-Boxerman continuity score quintile were 14.1% lower than for those in the lowest quintile (\$8,092 vs \$6,958;  $\beta = -0.151$ ; 95% CI,  $-0.186$  to  $-0.116$ ), and the odds of hospitalization were 16.1% lower between the highest and lowest continuity quintiles (OR = 0.839; 95% CI, 0.787 to 0.893).

**CONCLUSIONS** All 4 continuity scores tested were significantly associated with lower total expenditures and hospitalization rates. Such indices are potentially useful as QPP measures, and may also serve as proxy resource-use measures, given the strength of association with lower costs and utilization.

*Ann Fam Med* 2018;16:492-497. <https://doi.org/10.1370/afm.2308>.

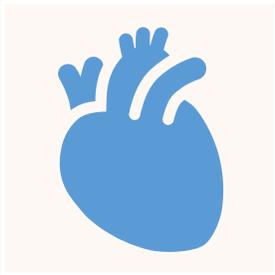
Association between Physician Continuity of Care and Patient Total Allowed Charges (ln)



Data: 2011 Medicare Claims Data.  
 Outcome is the natural log (ln) of patient Part A and Part B spending.  
 Multi-Level Analysis, 1,021,409 beneficiaries and 6,182 Family Physicians and General Internists.  
 Model includes controls of physician and patient characteristics (see above)

See also: [BMJ 2017;356:j84](https://doi.org/10.1136/bmj.j84)  
<http://dx.doi.org/10.1136/bmj.j84>

# When patients and family caregivers are part of an ongoing, long-term relationship with a clinician...



Their health is better in a wide range of chronic disease areas including diabetes, asthma, cancer, and dementia and there is reduced mortality



There are lower healthcare costs, including total costs, emergency department costs, nursing home costs, and hospital admissions costs



There is higher clinician and patient satisfaction



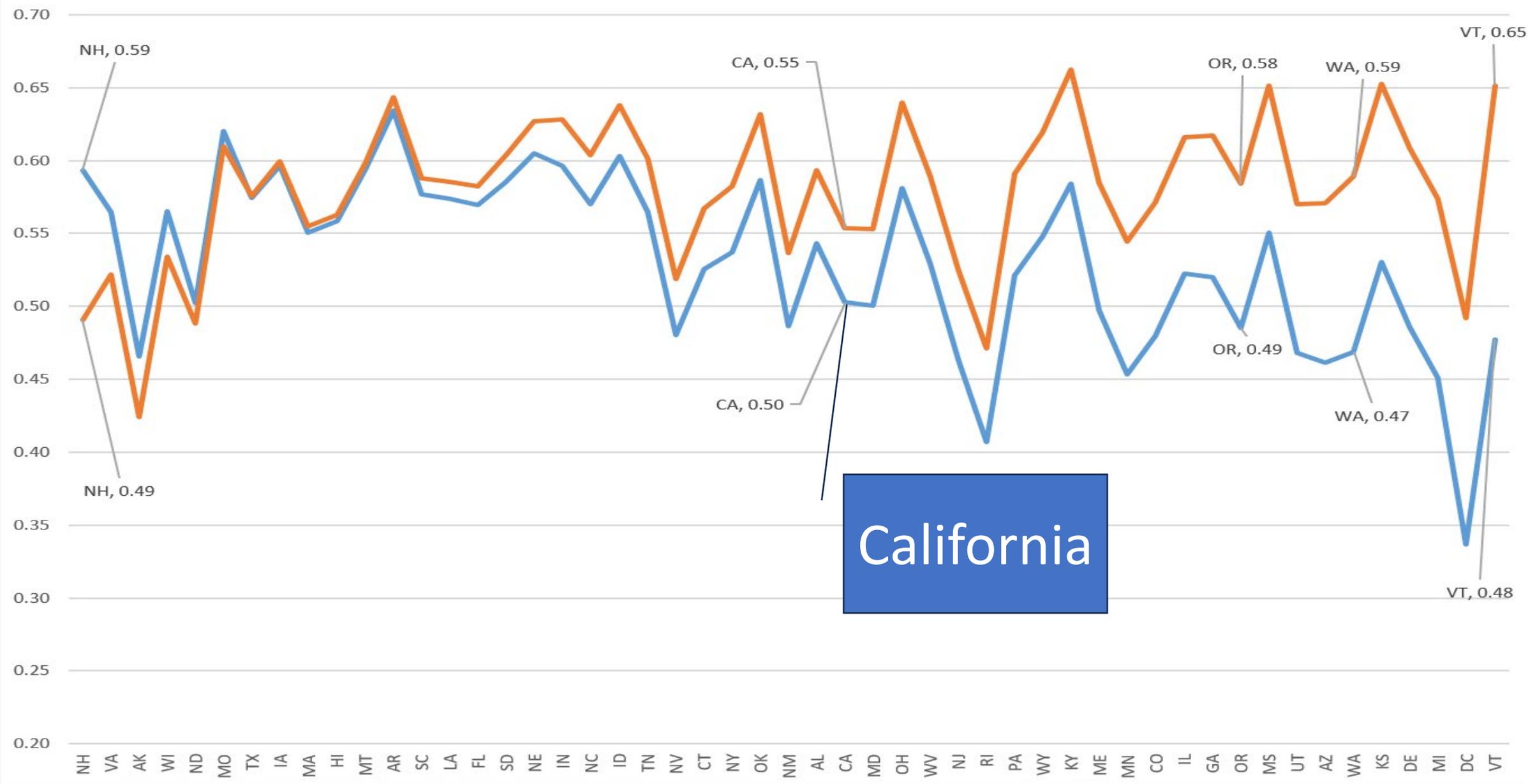
There is reduced healthcare utilization

The loss of longitudinal relationships in primary care results in approximately \$979 million in excess health care expenditures for public and private payers annually

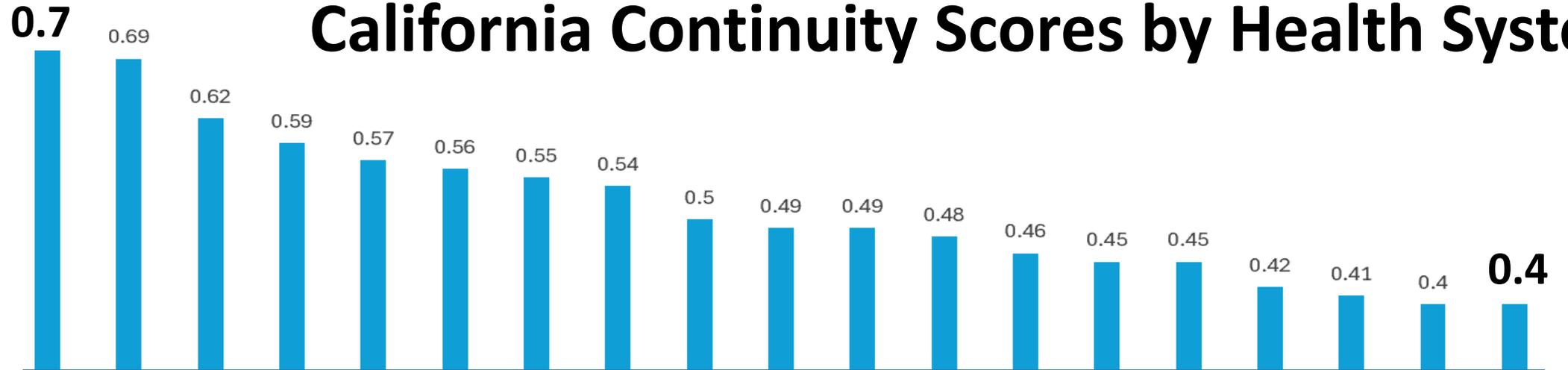
The greater the improvement in Continuity, the greater positive impact on outcomes and costs

# Average Physician Continuity of Care Score by Health System Affiliation by State

System-affiliated Not system-affiliated

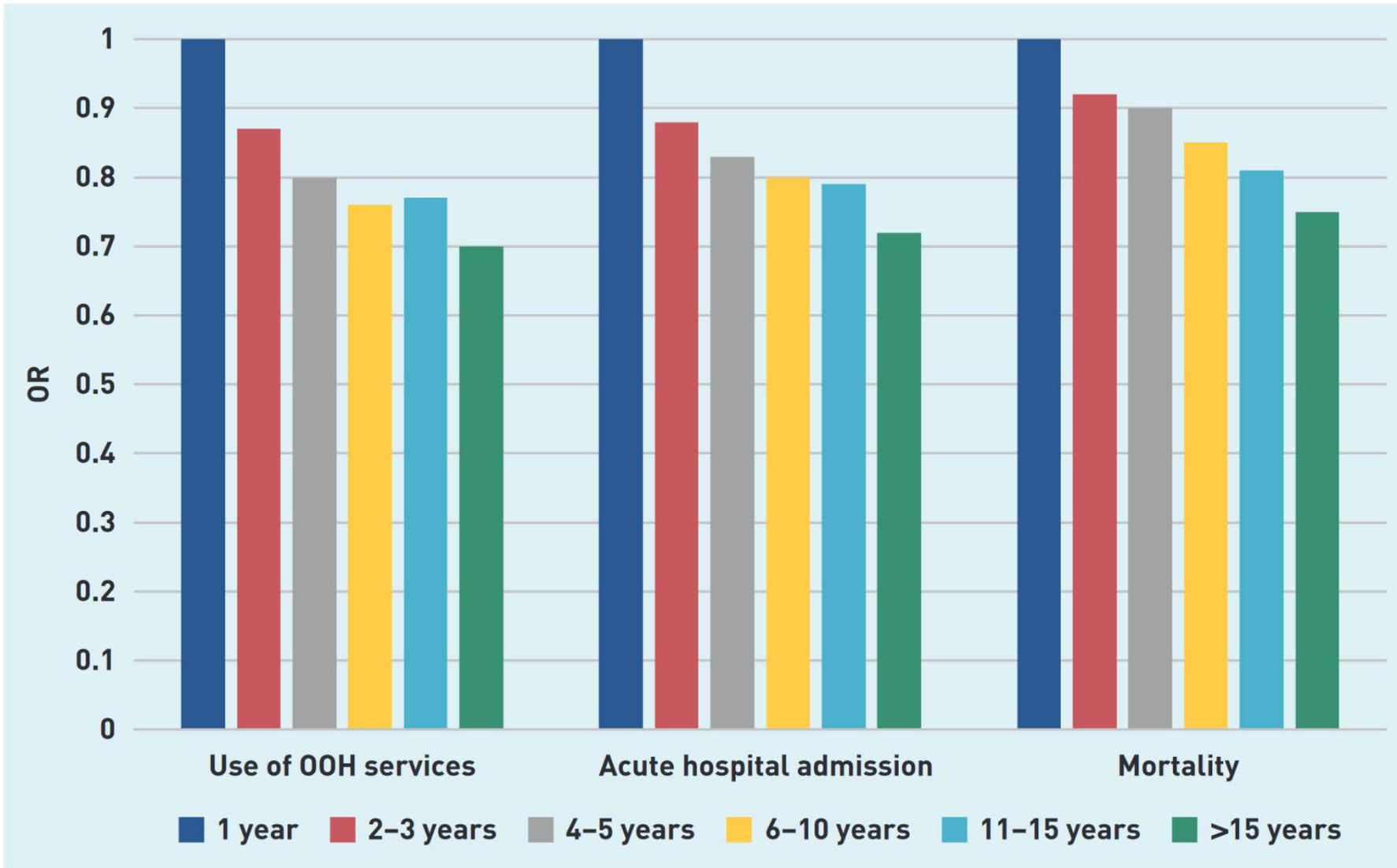


# California Continuity Scores by Health System



California made a Continuity threshold of 70% a health insurance contractual requirement for **3.2 million people**  
How an ACA Marketplace Is Stemming the Slide on Continuity | Journal of General Internal Medicine | Springer Nature Link

\* Analysis of 2016 Medicare FFS claims, ABFM certified physicians



Continuity

>10 years  
similar effect  
to *statins*

<http://bjgp.org/content/early/2021/10/04/BJGP.2021.0340.abstract>

25% reduction in Mortality

# Loss of Continuity Increases Mortality: Ontario Population Study

85%

higher odds of all-cause mortality  
in first 2-5 years without continuity

12x

higher mortality for multimorbid  
vs. long-term attached, no comorbidity

~8,200

deaths/year potentially avoidable  
if all unattached had 15+ yr continuity

## What the study found

- Continuity loss triggers a **critical vulnerability window in the first 5 years**
- Long-term continuity (15+ yrs) is **dose-dependently protective** against mortality, hospitalizations, and costs
- Effect on mortality is **comparable to a diabetes diagnosis** (HR ~1.8)
- Low early costs among newly unattached are **misleading**; costs peak at 5-10 yrs unattached

## Policy implications

- Prioritize re-attachment of **multimorbid patients first**—greatest clinical return
- Automatic patient reassignment prevents dangerous gaps in continuity
- Payment models must **reward complexity**; current capitation disincentivizes high-need patients (inverse care law)
- Continuity is a **long-term investment**; short-term cost savings from discontinuity are illusory

# Primary Care and Mortality

- Every 10 additional primary care physicians per 100k population was associated with:
  - 51.5-day increase in life expectancy (county)
  - 117.3-day increase in life expectancy (Primary Care Service Area)
  - Similar to Barbara Starfield's findings 20 years ago

Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of primary care physician supply with population mortality in the United States, 2005-2015 [published online February 18, 2019]. *JAMA Intern Med*.

Research

JAMA Internal Medicine | [Original Investigation](#)

## Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015

Sanjay Basu, MD, PhD; Seth A. Berkowitz, MD, MPH; Robert L. Phillips, MD, MSPH; Asaf Bitton, MD, MPH; Bruce E. Landon, MD, MBA; Russell S. Phillips, MD

 [Invited Commentary](#)

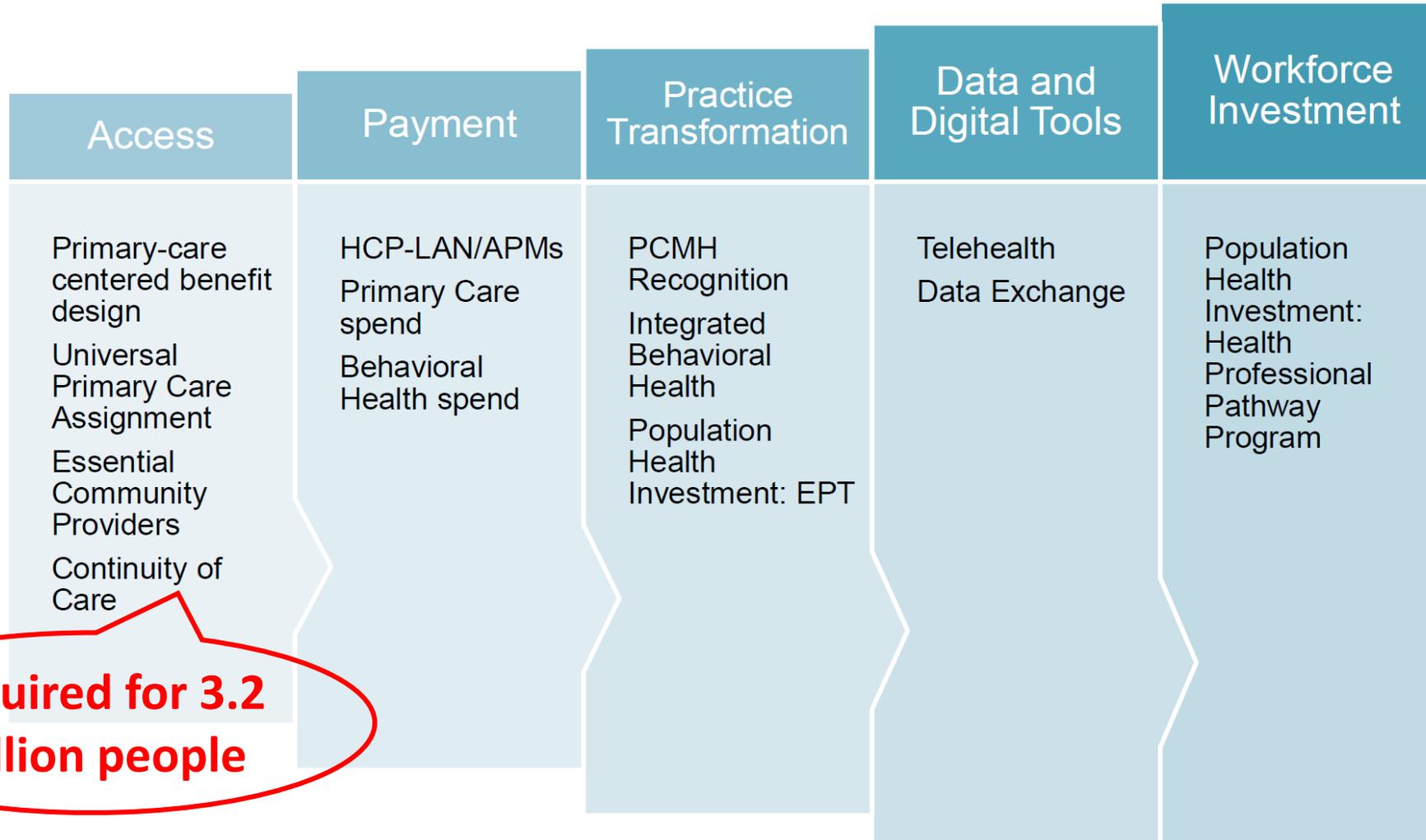
# How an ACA Marketplace Is Stemming the Slide on Continuity

Viewpoint | Published: 18 November 2025

If something so central and basic as the trusted relationship between a doctor and a patient is called into question, we may be entering a new era. Many PCPs will tell you that what drew them to their field is the ability to form deep relationships with their patients and families. There is little more rewarding than being part of a patient's health and life journey as years pass.

We call upon other policymakers, regulators, health plans, and health systems to join us in realigning our system and its incentives toward the intimate and crucial PCP relationship that is foundational to health.

# CALIFORNIA'S LONG-STANDING COMMITMENT TO PRIMARY CARE



**Required for 3.2 million people**

Alignment with California Public Purchasers

# Comprehensive Primary Care

“There is no question that part of improving health in poorer countries, as in richer, is the provision of comprehensive primary care.”

- Marmot M. Harvareian Oration: Health in an unequal world. Lancet. 2006;368:2081–94.

# Breadth & Aspirational definitions: PC & FM

- **1996: Institute of Medicine**

defined primary care as:

“...the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community.”

- **2004: Future of Family Medicine**

“New Model practice will commit to providing the full basket of clinical services offered by family medicine ...”

- **2014: Family Medicine for America’s Health**

“Family physicians are personal doctors for people of all ages and health conditions. They are a reliable first contact for health concerns and directly address most health care needs.”

15 years' w

Range of Setting  
has measurably

Scope is not just  
system performance

Training shapes

Comprehensiver

Comprehensiver

## More Comprehensive Care Among Family Physicians is Associated with Lower Costs and Fewer Hospitalizations

*Andrew Bazemore, MD, MPH<sup>1</sup>*

*Stephen Petterson, PhD<sup>1</sup>*

*Lars E. Peterson, MD, PhD<sup>2</sup>*

*Robert L. Phillips Jr, MD, MSPH*

<sup>1</sup>Robert Graham Center, Washington, DC

<sup>2</sup>The American Board of Family Medicine  
Lexington, Kentucky



### ABSTRACT

#### PURPOSE

15% ↓ cost

35% ↓ risk

hospitalization

of the 5 core virtues of primary care. We measured associations among family physicians and beneficiaries. We analyzed Medicare Part A and B claims files for 2007 and 2011. We measured physician participation in direct patient care, with data from the American Board of Family Medicine's Participation in Maintenance of Certification (MOC) survey between the years 2007 and 2011. We created a measure of physician comprehensiveness from mandatory self-reported survey items as part of MOC-FP examination. We compared this measure to another derived from Medicare's Berenson-Rosenberg Type of Service (BETOS) codes. We then examined the association between the 2 measures of comprehensiveness and hospitalizations, Part B payments, and combined Part A and B payments.

**RESULTS** Our full family physician sample consists of 3,652 physicians providing the plurality of care to 555,165 Medicare beneficiaries. Of these, 1,133 recertified between 2007 and 2011 and cared for 185,044 beneficiaries. There was a modest correlation (0.30) between the BETOS and self-reported comprehensiveness measures. After adjusting for beneficiary and physician characteristics, increasing comprehensiveness was associated with lower total Medicare Part A and B costs and Part B costs alone, but not with hospitalizations; the association with spending was stronger for the BETOS measure than for the self-reported measure; higher BETOS scores significantly reduced the likelihood of a hospitalization.

# Breadth of FP services – waning?

And yet, a declining number of FPs are

- practicing women's health care
- caring for children
- delivering babies
- performing many procedures (e.g. endoscopies)

Meanwhile, newly graduated FPs

- feel more prepared & intend to practice more broadly
- but have a narrower scope of practice (SOP) than their predecessors

- Weidner AKH, Phillips RL, Fang B, Peterson LE. Burnout and scope of practice in new family physicians. *Ann Fam Med* 2018
- Xierali IM, Puffer JC, Tong STC, Bazemore AW, Green LA. The percentage of family physicians attending to women's gender-specific health needs is declining. *J Am Board Fam Med* 2012
- Tong ST, Makaroff LA, Xierali IM, et al. Proportion of family physicians providing maternity care continues to decline. *J Am Board Fam Med* 2012
- Eden AR, Morgan ZJ, Jetty A, Peterson LE. Proportion of family physicians caring for children is declining. *J Am Board Fam Med* 2020
- Bazemore AW, Makaroff LA, Puffer JC, et al. Declining numbers of family physicians are caring for children. *J Am Board Fam Med* 2012
- Barreto T, Peterson LE, Petterson S, Bazemore AW. Family physicians practicing high-volume obstetric care have recently dropped by one-half. *AmFamPhysician* 2017



# And why?

## ↑ **Burnout**

*Overwork, admin burden push doctors to narrow their scope*

## ↑ **Complex Patients**

*Aging, obesity, and multimorbidity raise care demands*

## **Payment/Perverse Incentives**

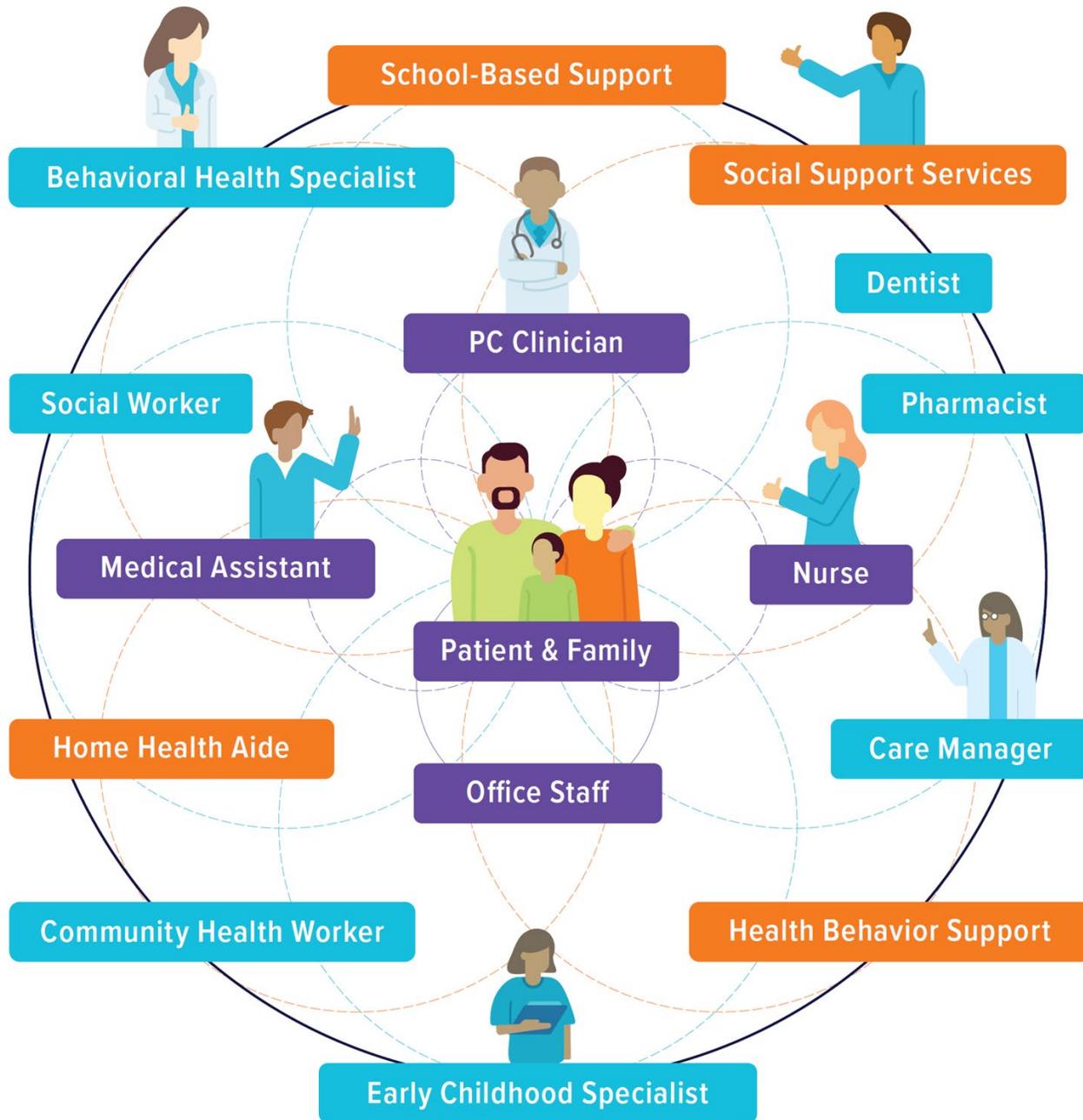
*RVUs, payment favors volume, not breadth*

## **Delivery System**

*Employed FPs, hospital 'service lines' & credentialing limits OB, inpatient, & procedural roles. Access trumps breadth. Limited team support*

## **Training Gaps**

*New grads lack exposures (care of children), modeling, support for broad care*

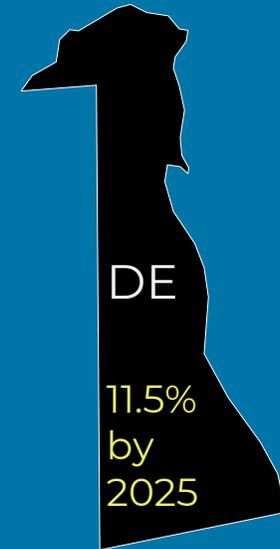
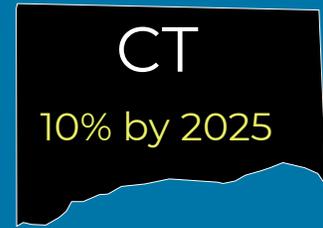
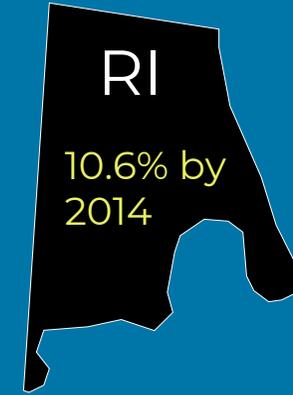


- Core Team
- Extended Health Care Team
- Extended Community Care Team

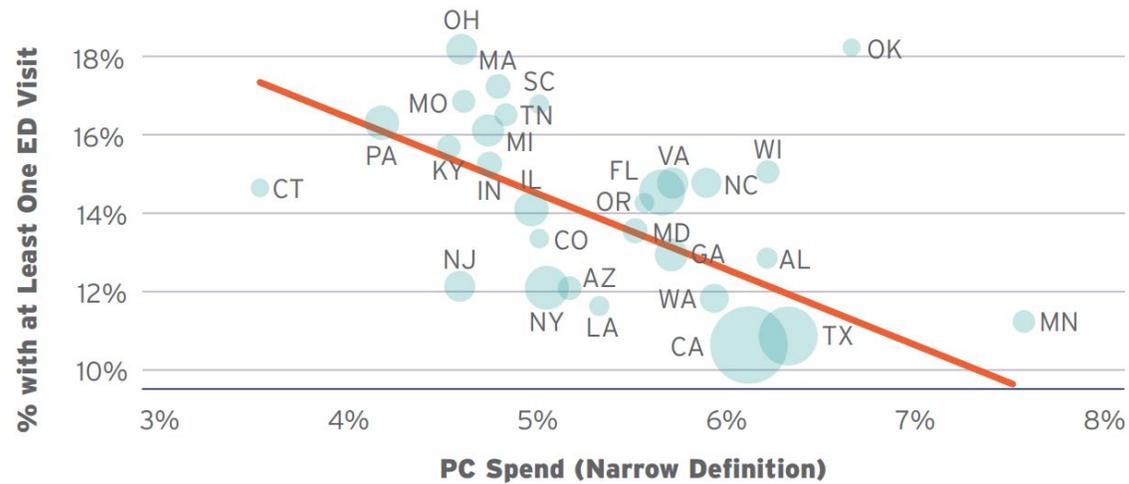
**Primary Health Care!**  
 This is what  
 comprehensive looks  
 like

# @ States: Reorienting toward Primary Care

- 21 states committed to reporting PC spend (CO, CT, DE, MA, MD ME, NE, NH, NM MN, OR, RI, UT, VA, VT, WA, CA; Medicaid only: NJ, WV, OK, HI)
- 6 states set targets in legislation for increased primary care spending (CO, CT, DE, OR, RI, WA).
- Oh, and California, aiming for **15%**!



## PC Spend-Narrow vs. Percent with at Least One ED Visit in Last 12 Months



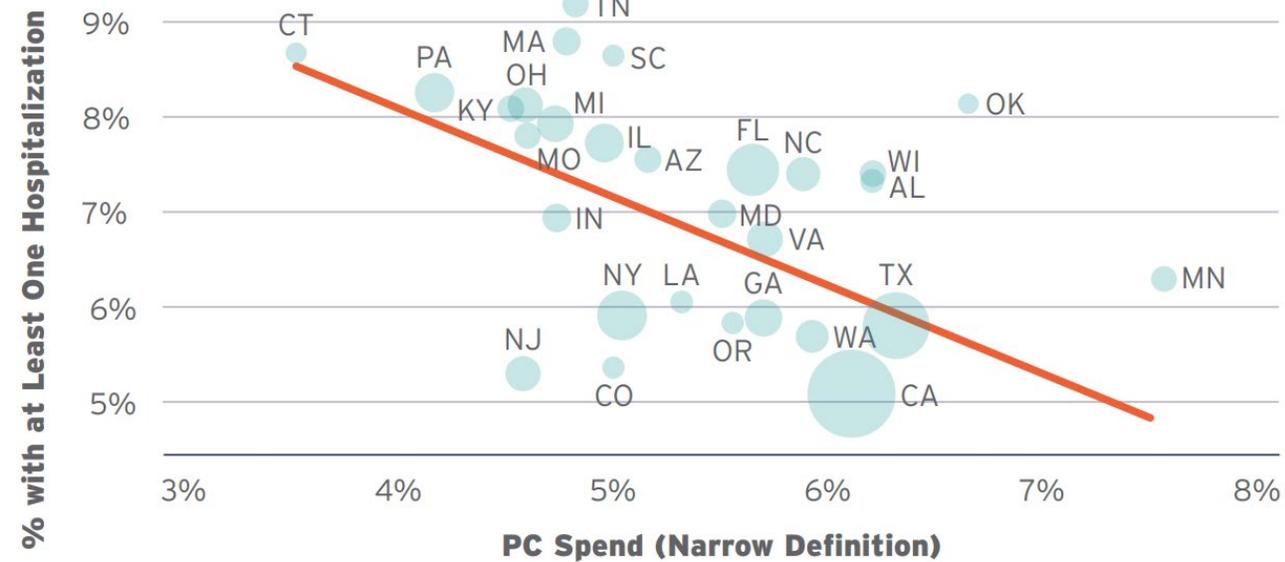
R = -0.58. Note: Size of circles represents the population size of the state.

ibueneon@hawaii.edu

[Investigating in Primary Care: A State-level Analysis \(graham-center.org\)](http://center.org)

# PC Spend

## PC Spend-Narrow Vs. Percent with at Least One Hospitalization in Last 12 months



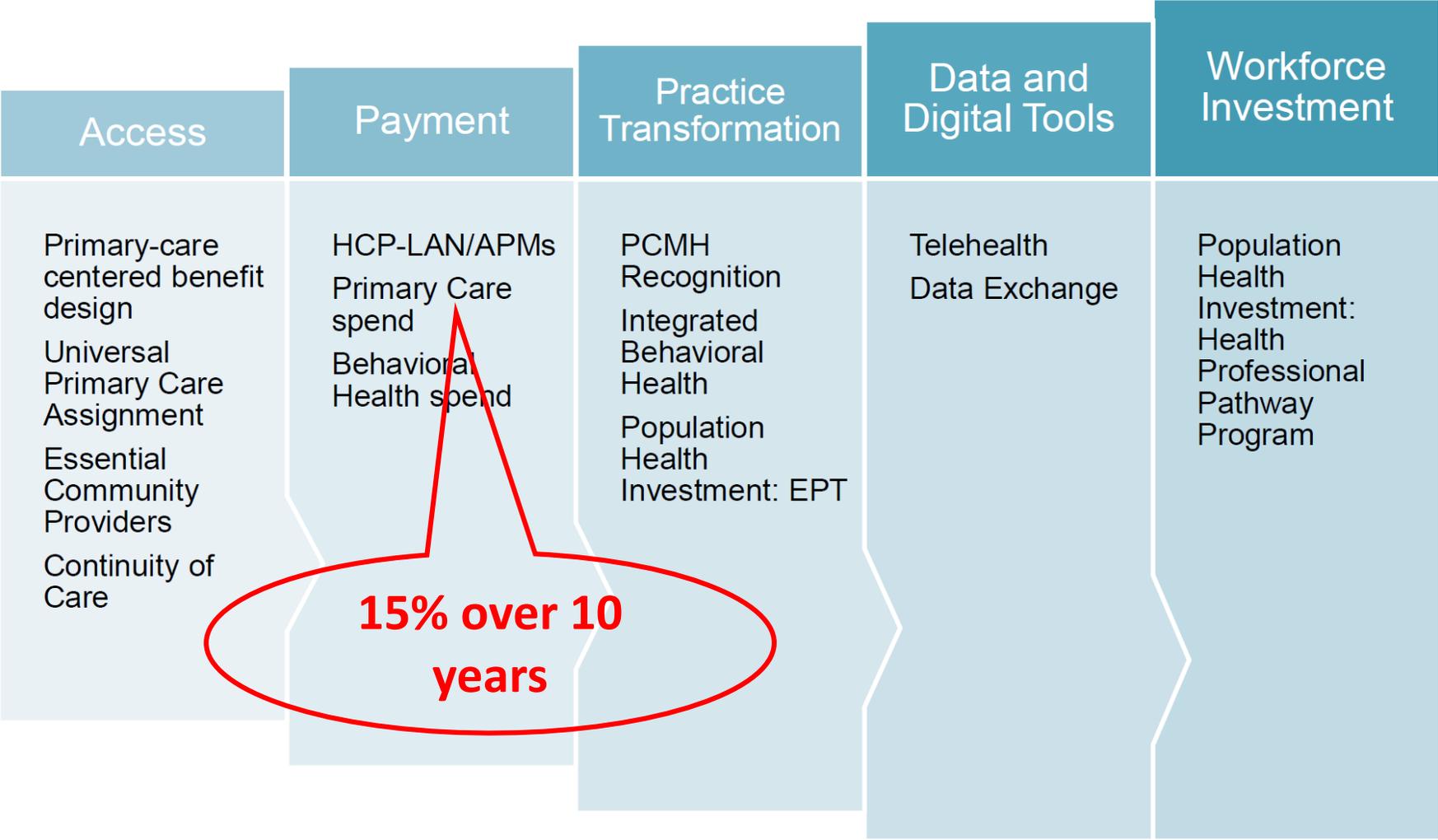
R = -0.58. Note: Size of circles represents the population size of the state.

# Increasing California's Primary Care Spend... The Right Way

*Prepared for US of Care Technical Assistance Cabinet  
September 2025*

Investing in Primary Care: Why It Matters for Californians with  
Commercial Coverage - California Health Care Foundation

# CALIFORNIA'S LONG-STANDING COMMITMENT TO PRIMARY CARE



Alignment with California Public Purchasers

# Rural Health Transformation Grant \$234M (maybe \$1B?)

Family  
Medicine is  
well-  
positioned  
to lead this

Could  
speed up  
California's  
PC Strategy

## California



**Executive summary:** California's rural areas make up 82% of the state's land area and face persistent challenges in access, workforce stability, and infrastructure. California presents a statewide application focused on Medical Service Study Areas (MSSAs) and Primary Care Health Professional Shortage Areas (PCHPSAs).

Funding  
FY26

\$234M



### Goals & Key Themes

- Make Rural America Health Again and sustainable access to care, with a focus on rural family/maternity care, chronic disease prevention, primary care, and Tribal and agricultural communities.
- Improving the rural clinical workforce via retention and relocation opportunities, allied professional training, statewide workforce mapping to track demand trends and pinpoint capacity gaps.
- Innovating with technology by placing an emphasis on regional partnerships as a key part of program taking shape as an integrated network through HIE, common dashboard, etc.



### Spotlight Initiatives

- State-wide hub-and-spoke model (with a particular focus on maternal and primary care), with hospitals as hubs and FQHCs, RHCs, Tribal health programs, county behavioral health, birth centers, rural hospitals, CBOs, and local health jurisdictions as spokes. These hub-and-spoke models will feature telehealth nodes to further increase access to care.
- Encouraging the adoption of evidence-based care models such as Project ECHO to develop chronic disease management and specialty-care models that apply telementorship and case-based learning to upskill clinicians and improve capacity; OB Nest model, which reduces in-person visits through virtual nurse contacts and home monitoring; CalMAP (basic training for behavioral health); and Perinatal Psychiatry Access Program (PPAP).



### Expected Impact

#### Proposed Outcomes:

- Better health outcomes including more rural residents receiving primary, maternity, chronic disease, and specialty services locally and reduced rural hospital bypass
- Fewer preventable maternal complications
- Expanded local clinician and provider capacity
- Increased use of telehealth and e-Consults, improved health information exchange, and stronger cybersecurity
- Higher patient engagement

#### State Policy Actions:

- No state policy commitments made

# In the CA RHT plan: FM obstetrics support

- expands and strengthens clinical training and rotations within rural facilities and supports family medicine with OB fellowships supported by faculty sharing across sites
- Hospitals must also allow full medical staff privileges for family medicine physicians who seek admission, general management, and obstetric credentials.
- The ABFM and Dr. Jeremy Fish (John Muir) helped HCAI understand that 20% of FM residents want to do OB but only 5% are doing it in practice—too many roadblocks

# Strengthening California's Primary Care Team Workforce: Data and Recommendations for Action



California Health Care Foundation

**Improve workforce data**

**Bolster primary care payment**

**Address shortages and inequities**

**Expand interprofessional primary care education  
and training**

**Establish statewide technical assistance for practices**

**Support retention**

# Keeping Track of your Intentions Matters

Cost Quality Access

[Home](#) » [Health System Performance](#) » [Massachusetts Primary Care Dashboard](#)

## Massachusetts Primary Care Dashboard

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In collaboration with [Massachusetts Health Quality Partners](#), CHIA has published the [latest primary care dashboard](#) to monitor the health of the primary care system in the Commonwealth.



VIRGINIA TASK FORCE ON  
PRIMARY CARE

# Primary Care Scorecard

workforce

Improving access to primary care

Developing health information technology to support primary care

## Annual Report on Blueprint for Health

In accordance with Act 18 V.S.A. § 709



California Department of  
Health Care Access and Information

Facilities ▾ Workforce ▾ Affordability ▾

## Health of Primary Care in California Annual Snapshot

# Who wakes up worried about Primary Care?

## About the California Primary Care Office (PCO)

The core functions include:

- Organizational Effectiveness/Foster Collaboration with stakeholders;
- Technical Assistance to Organizations/Communities wishing to Expand Access to Primary Care for Underserved Populations;
- Assessment of Needs/Sharing Data;
- Workforce Development for the NHSC and Safety Net/Health Centers;
- Shortage Designation Applications and Updates.



**MASSACHUSETTS**  
HEALTH POLICY COMMISSION

## Primary Care Access, Delivery, and Payment Task Force



VIRGINIA TASK FORCE ON  
**PRIMARY CARE**

State of Vermont

**Blueprint for Health**

 THE CENTER FOR  
**PROFESSIONALISM & VALUE**  
IN HEALTH CARE

# You Matter for California

- Family Medicine has superpowers that we need, right now
- It needs ***double or triple*** current investment
- We need to think BIG, don't get trapped in the right-now
- Leverage federal opportunities – Rural Transformation
- Learn from other states and don't under-ask or under-lead
- We have one generation left or we'll have to reinvent
- Our roots are in community organizing and relationship
- Bring the community with you, they trust you

Come do a scholar month with us or our year-long health policy fellowship

Spend a month with Drs. Monica Soni and Barbara Rubino at Covered California?

See if HCAI is open to a scholar experience

## **Bob Phillips**

**Founding Executive Director**

**The Center for Professionalism & Value in Health Care**

**The American Board of Family Medicine**

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