Primary care is the most fair, efficient, and accessible way for all people to enter the health care system — regardless of race, ethnicity, or income — and obtain the services they need. Yet it is frequently absent from policy conversations about advancing health equity in California.

What is Primary Care?
Primary care addresses patients’ physical and mental health needs. It is essential to keep us healthy by preventing disease, managing chronic illness, and addressing social realities impacting our health. Delivered by primary care clinicians and teams — including physicians, nurse practitioners, physician assistants, community health workers, and behavioral health staff — primary care is the first point of contact in our health care system for nearly all patient concerns and helps coordinate care for patients across the health care system, including testing and specialist care.

This report explores the unique role of primary care in the health care system, outlines the large body of evidence demonstrating its essential contribution to advancing health equity, and recommends actions California can take to put equity at the center of its efforts to strengthen primary care.

Primary care is the only component of health care where an increased supply leads to better population health and more equitable outcomes — making it a vital ingredient for an organized, high-functioning health care system. Having a relationship with a trusted primary care provider helps people make the best health care decisions and avoid getting lost in or ignored by the health care system. This makes primary care access a universal need.

However, systems, laws, and policies create unequal primary care access based on socioeconomic status, race/ethnicity, and geography. A few of the examples highlighted in the report include the following:

- The United States spends less on primary care (about 5% of total health care spending) compared to other industrialized democracies.
- Decades of underinvestment have resulted in a depleted workforce struggling to deliver high-quality primary care in a weakened infrastructure.
- California and the US don’t have enough primary care physicians, which limits access to primary care for all people. Fewer medical students enter the field because they earn less than they would in other medical fields, making it difficult to pay off medical school debt. Practitioners are also unequally distributed across the state, with higher concentrations in wealthier and Whiter urban areas. Lower concentrations of primary care physicians practice in rural communities and in lower-income urban and suburban areas, home to many of the state’s Black, Latino/x, and other historically underrepresented racial and ethnic groups.
- Primary care access is further limited among populations with low incomes because Medi-Cal fee-for-service physician reimbursement for primary care is only 76% of Medicare rates. Lower rates plus a heavy administrative burden cause many practices to not accept Medi-Cal patients. This is a health equity issue because more than two of every three Medi-Cal enrollees are people of color and about 40% of Black
Better access to primary care is associated with improved life expectancy and lower rates of premature mortality.

Better access to primary care (typically measured by a higher concentration of primary care physicians per capita) is associated with improved life expectancy and lower rates of premature mortality in both international comparisons and across regions within the United States. Conversely, communities with fewer primary care physicians per capita experience greater access challenges, fragmented care, and more costly and duplicative health care services. When facing a shortage of primary care providers, patients also experience a higher risk of medical errors and reduced trust in health care providers.

Access to primary care provides important health benefits: more complete immunization, improved dental health, earlier detection and treatment of conditions, and reduced severity of disease through both effective management for individual conditions (such as hypertension, lipid disorders, congestive heart failure, chronic obstructive pulmonary disease, and diabetes) and ongoing management of multimorbidity. These benefits are important for all people, but especially for elderly and economically marginalized groups experiencing the highest burdens of preventable illness, chronic disease (e.g., diabetes), and negative outcomes (e.g., amputation) associated with unmanaged and uncontrolled disease.

What explains primary care’s potential for advancing health equity? Studies have linked primary care’s defining elements to improved health equity in the following ways:

- **Continuity of care.** Greater continuity of care is associated with lower mortality rates, and fewer disparities in rates of recommended cancer screening services among Black and Latino/x populations and of several types of evidence-based, high-value services such as vaccinations (including for COVID-19).

- **Coordination of care.** Patients with better-coordinated care are more satisfied and more likely to follow evidence-based recommendations for treatment and self-care because they are less likely to receive conflicting messages from different providers. More coordinated primary care is associated with reduced racial and ethnic disparities in preventable ED visits and improved blood pressure control.

- **Comprehensiveness.** More comprehensive primary care is associated with reduced disparities in disease severity as a result of earlier detection and prevention across different populations.

- **Whole-person orientation.** Elements of whole-person care, including clinician knowledge of a person’s overall medical history, preferences, and family and cultural orientation, have been associated with improved patient self-management for chronic conditions such as hypertension, congestive heart failure, depression, diabetes, and asthma, adherence to physicians’ advice, and self-reported health status improvements.

California has embraced the charge to strengthen primary care and increase sustained systemwide investments in primary care services and teams. California has an opportunity to center equity in these efforts and investments. The authors identify four essential elements to achieve the vision of equitable, high-quality primary care for all: (1) frame primary care as a common good, (2) embrace the diversity of primary care settings, invest resources according to need with the goal of reducing disparities in primary care access, health care experiences, and health outcomes, (3) proactively apply principles of justice and representation to all decisions, and (4) build accountability for action.
The authors present a set of recommendations to strengthen primary care and advance health equity within the primary care practice and the greater health care community. These recommendations are sorted into seven key areas for action:

1. **Community engagement**
2. **Workforce education and training**
3. **Clinical practice transformation**
4. **Health system leadership**
5. **Data, measurement, and reporting**
6. **Payment and spending**
7. **Research**

The authors note which stakeholders (e.g., health care organizations (HCOs), policymakers, purchasers/pay- ers, health plans, researchers/others) have maximum leverage for achieving impact. The following tables provides examples of these recommendations.

**Table 1. Example Recommendations for Health Care Influencers to Support Primary Care and Health Equity**

<table>
<thead>
<tr>
<th>Examples</th>
<th>Actors</th>
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<tbody>
<tr>
<td>Increase overall proportion of health care spending directed toward primary care to adequately resource primary care practices for the delivery of high-quality primary care and improved patient health.</td>
<td>Policymakers, payers, health care organizations</td>
</tr>
<tr>
<td>Increase Medi-Cal physician payment levels for parity with Medicare to incentivize more physicians to provide primary care services to Californians with low incomes.</td>
<td>Policymakers, payers</td>
</tr>
<tr>
<td>Income-adjust costs of all benefits such as premiums, copays, medications, etc., to minimize barriers to high-quality care.</td>
<td>Policymakers, payers</td>
</tr>
<tr>
<td>Expand and strengthen scholarships, loan repayment programs, and practice setting incentives for primary care clinicians who practice in safety-net settings and underserved communities.</td>
<td>Policymakers, health care organizations, educators</td>
</tr>
</tbody>
</table>

**Table 2. Example Recommendations to Advance Health Equity Within the Primary Care Practice, Provided Sufficient Resources (Money, Staff, and Technical Assistance)**

<table>
<thead>
<tr>
<th>Examples</th>
<th>Actors</th>
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<tr>
<td>Hire and mentor team members from and within the community, to increase racial and ethnic diversity within the practice.</td>
<td>Health care organizations</td>
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<td>Provide an option for continuity of primary care after hours and on weekends.</td>
<td>Health care organizations</td>
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<td>Involve people with lived experience of discrimination in identifying opportunities for improvement, generating solutions, and codesigning practice improvement efforts.</td>
<td>Health care organizations</td>
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<tr>
<td>Participate in alternative payment models that enable primary care to integrate social services and community partnerships.</td>
<td>Health care organizations</td>
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Ultimately, increasing access to high-quality primary care benefits everyone. While over 90% of Californians have health insurance, millions do not have access to affordable, high-quality care. By acting on the report’s recommendations, California can strengthen the overall primary care system and assure these efforts reduce disparities in access, experience, and outcomes.
About the Authors
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About the Foundation
The California Health Care Foundation (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford. CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient centered health care system.

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Endnotes


