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CHCF Executive Summary

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

Introduction

This report examines the current state of California's primary care team workforce and offers evidence-based policy recommendations to strengthen it over the next five years. Drawing on published literature, interviews with primary care practices, an original supply-and-demand analysis, and expert input, the authors highlight key challenges that can be addressed or mitigated by policy changes: incomplete workforce data, misaligned payment structures, workforce shortages, siloed training programs, inconsistent practice support, and ongoing retention challenges. The report proposes six actionable policy recommendations and a three-part implementation approach designed to promote accountability and ensure all Californians have access to high-quality, team-based primary care. Each recommendation is framed within the context of recent progress in the state and paired with detailed next steps.

The Challenge

Primary care is the foundation of the health care system and is ideally the first point of contact for individuals and families who need continuous, comprehensive, and coordinated services that address a wide range of health needs. The National Academies of Sciences, Engineering, and Medicine have affirmed that primary care is the only health care component in which increased supply is consistently linked to better population health and more equitable outcomes.[1]

California has made significant progress in expanding health insurance coverage, yet access to primary care remains out of reach for millions. More than 11.4 million Californians — over one-quarter of the state's population — live in federally designated Primary Care Health Professional Shortage Areas. This gap stems from a workforce both undersized and unevenly distributed across the state.[2]

Primary care practices have long been underresourced and struggle to meet the growing medical, behavioral, and social needs of their communities. Research shows that it would take a single primary care physician 26.7 hours per day to deliver all recommended care for an average patient panel.[3] Meanwhile, primary care receives approximately 5%–7% of total health care spending in California — well below the 14% average primary care investment across Organisation for Economic Co-operation and Development countries.[4] Together these pressures constrain practices' ability to build and sustain robust care teams and to provide the comprehensive services patients need. This model is unsustainable.

The path forward lies in interprofessional primary care teams. When care responsibilities are shared across a well-supported team, the work becomes manageable, and the quality of care improves.[5] Experts widely agree that the future of primary care depends on team-based care models, which are better equipped to respond to the complex and evolving needs of patients and communities.[6]

Importantly, this work must proceed despite chronic underinvestment and current fiscal and political headwinds, because building a robust primary care workforce is infrastructure work that requires long-term investment, strategic coordination, and urgent action.

Current State of California's Primary Care Workforce

The primary care workforce is changing — and we lack the data to fully understand it. Traditionally, primary care practices have been staffed by dyads consisting of a clinician (i.e., physician, physician assistant, or nurse practitioner) and a medical assistant (MA). Today primary care teams across the state include a growing array of team roles, including community health workers (CHWs), pharmacists, behavioral health clinicians, and others. Comprehensive data are not available to accurately assess the size or adequacy of the current primary care workforce or to monitor changes over time. This data gap makes it difficult to target investments, track progress, or hold systems accountable.

Primary care teams are not one-size-fits-all across practice types. Primary care team composition and function vary widely across settings — from large integrated health systems to small independent practices, academic clinics, and Federally Qualified Health Centers. Factors such as patient needs, practice size, geographic context, and organizational ownership all influence team design. These differences, along with licensing policies, contractual arrangements such as union contracts, and individual competence and trust affect not only who is on the team but how roles are defined and functions are distributed.[7]

Payment policies are key to determining primary care team size, composition, and functions. Inadequate or narrowly structured reimbursement often forces practices to design teams around what is financially viable rather than what would provide the best care, which distorts the composition and sustainability of primary care teams and constrains their ability to meet patient and community needs.

California primary care practices face a large and persistent gap between aspirational workforce models and the realities of day-to-day operations. On the whole, practices of all types fall short of recommended staffing levels and lack the full range of primary care team members needed to provide comprehensive care.

Despite improvements resulting from California's major investments in the health workforce, primary care shortages and inequities persist. California has made substantial investments to strengthen its health workforce including funding approximately 60 programs to recruit, train, and retain workers in fiscal year 2023–24 alone. Yet primary care workforce shortages and maldistribution persist, particularly in regions such as the Inland Empire, Northern/Sierra, and San Joaquin Valley. The workforce is aging, and younger clinicians are less likely to enter primary care than in the past. Licensed team members do not reflect California's racial, ethnic, or linguistic diversity.

Training for primary care team members remains siloed by discipline, with insufficient focus on primary care and interprofessional education. Formal education is often discipline-specific, offering limited exposure to high-functioning, team-based primary care environments. As a result, many students graduate without the collaborative, community-oriented training essential for modern primary care. At the same time, the high cost of health professions education creates financial barriers for those pursuing primary care careers, where lower compensation heightens the burden of educational debt.

Innovators are developing creative delivery models, but California has no organized way to share their insights or to scale best practices. Across the state, practices are testing new approaches — such as integrating specialists into primary care teams, using AI, outsourcing care team functions, improving care for older adults, delivering culturally concordant care, and expanding care into communities. The most effective innovations engage diverse team members to provide accessible, continuous, and coordinated primary care rather than fragmented, one-off solutions. At present,

California does not have a means for systematically disseminating insights and innovations or for supporting practices with rapid implementation.

Policy Recommendations

A sufficient and well-trained interprofessional primary care workforce depends on the coordinated actions of state policymakers, government agencies, health care purchasers and payers, health systems, academic institutions that educate and train the primary care workforce, and advocacy organizations committed to improving health care access and quality. This report presents six interconnected and mutually reinforcing recommendations that form a comprehensive plan to optimize the team-based primary care workforce across California.

Recommendation 1. Increase the availability of comprehensive workforce data for all members of the primary care team, including data on key demographic characteristics, time spent providing patient care, and rates at which new graduates work in primary care practices.

Opportunities for action include:

- Exploring ways to expand data collection to capture MAs and CHWs
- Revising survey questions to better identify clinicians working in primary care settings
- Requiring training programs to track graduates entering primary care
- Using claims data to complement self-reported workforce information
- Enhancing the dissemination of existing workforce data

Recommendation 2. Bolster primary care payment to ensure it is adequate, appropriately structured, and specifically allocated to support high-quality, team-based primary care.

Opportunities for action include:

- Increasing California's investment in primary care to align with the target set by California's Office of Health Care Affordability for health insurers to direct 15% of total medical spending to primary care by 2034
- Maintaining Medi-Cal payment rates to primary care providers, simplifying and aligning value-based payment models across payers to reduce administrative burden
- Allowing same-day billing for physical and behavioral health visits in Federally Qualified Health Centers, increasing reimbursement for services provided by CHWs and pharmacists
- Developing and testing mechanisms to ensure investments reach full-scope primary care practices

Recommendation 3. Continue to implement evidence-based policies to ensure California has sufficient numbers of primary care team members overall, to improve their geographic distribution, and to ensure the workforce reflects the racial, ethnic, and linguistic diversity of California's population.

Opportunities for action include:

- Sustaining and scaling funding for graduate medical education (i.e., residency program) expansion and other workforce development programs
- Investing in programs that enable students to complete their education more quickly
- Expanding pipeline programs designed to support students from rural areas and underserved communities, providing scholarships and loan repayment for professionals who practice in shortage areas
- Investing in pathway programs for students from historically excluded groups
- Supporting programs that enhance linguistic and cultural concordance between patients and care teams

Recommendation 4. Ensure that all members of the primary care team receive high-quality education and training in interprofessional, team-based primary care.

Opportunities for action include:

- Integrating strong primary care education into all relevant health profession training programs, expanding access to clinical placements in primary care settings
- Supporting and retaining primary care faculty via reimbursement enhancements, tax incentives, and competitive compensation
- Implementing postgraduate residencies for nurses, nurse practitioners, physician assistants, and pharmacists focused on primary care
- Developing interprofessional education demonstration projects to foster and scale innovation

Recommendation 5. Establish a statewide technical assistance infrastructure to support the creation and maintenance of high-quality, team-based care structures and culture in all primary care practice settings.

Opportunities for action include:

- Developing a business model for a statewide primary care extension service to align technical assistance across initiatives and exploring state-based funding mechanisms, such as allocating future penalties and undertakings or developing a trust

Recommendation 6. Support the retention of primary care team members through policies to reduce administrative burden, promote career ladders, and safeguard primary care practice models with high retention rates.

Opportunities for action include:

- Reducing administrative burden by simplifying reporting requirements and aligning them across payers
- Promoting data interoperability and leveraging AI tools to reduce documentation workload
- Funding career ladder programs and upskilling opportunities for MAs, nurses, and CHWs
- Supporting independent practices that demonstrate high retention and team stability
- Leveraging health plans to scale retention initiatives

A Unified Effort to Advance Primary Care Policy Leadership and Accountability in California

To successfully implement these workforce policy recommendations, California will need stronger systems for accountability, coordination, and the measurement of long-term impact. A dedicated infrastructure is necessary to ensure that well-designed initiatives are applied consistently and do not lose momentum over time. A unified, cross-sector effort — supported by tools like a statewide scorecard, a primary care taskforce, and a dedicated state office of primary care — can drive sustained progress toward an equitable and resilient primary care system.[8]

The Path Forward

Health care in California stands at a critical juncture. Amid competing priorities and reduced federal support, the state must continue investing in the development of a nimble primary care infrastructure capable of providing high-quality care for all residents into the future. Primary care teams are central to this vision, yet they remain underresourced, poorly distributed, siloed in training, and constrained by payment models that discourage team-based care.

The six policy recommendations described in this report provide a cohesive framework to strengthen the infrastructure needed for high-quality, comprehensive, integrated, continuous, and team-based primary care. By aligning data, financing, education, infrastructure, and oversight, the state can create a sustainable primary care workforce equipped to meet the needs of Californians.

The future of health in California depends on bold, collective action today to advance high-quality primary care. By implementing policies that strengthen and sustain the full primary care team, while anticipating new innovations and challenges, the state can achieve its vision of a healthier and more just future for all Californians.

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About the Foundation

The **California Health Care Foundation** (CHCF) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system.

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.

Endnotes

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