

The Importance of Primary Care



The AAFP recognizes the importance of primary care in providing comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern (the "undifferentiated" patient) not limited by problem origin (biological, behavioral, or social), organ system, or diagnosis.

i Primary Care Today







Primary care is often defined as the care associated with patients' new health problems, comprehensive care in preventative health, continuous care for ongoing health problems, and coordinated care where patients are referred to other health professionals when needed.

It is critical that the integrated practice care team be led by a primary care physician (PCP), such as a family physician, who treats and maintains patient health in several ways, including health promotion, disease prevention, health maintenance, counseling, patient education, diagnosis, and treatment of acute and chronic illnesses in a variety of health care settings (e.g., office, inpatient, critical care, long-term care, home care, daycare).

A PCP's practice is generally located within the community, thereby facilitating patients' access to health care while maintaining a wide variety of referral relationships for specific care needs.

PCPs specialize and may provide services in family medicine, geriatrics, internal medicine, pediatrics, and obstetrics and gynecology.

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-  health promotion
-  disease prevention
-  health maintenance
-  counseling
-  patient education
-  diagnosis and treatment of acute and chronic illnesses in a variety of health care settings

i Family Medicine

Family physicians care for people of all ages and health conditions and directly address most health care needs. Whereas other PCPs may care for a particular demographic, such as children or the elderly, family physicians care for individuals throughout their entire lifespan.

Often times, family physicians are the sole physicians providing care in their communities, especially in rural or underserved areas, and can adapt their care to fit the unique needs of these communities, utilize data to monitor and manage their patients, and use evidence-based science to prioritize services most likely to benefit health.

Family physicians also mitigate health inequities, including systemic racism, by collaborating with community stakeholders to affect positive change for the populations they serve.

They are intimately familiar with their patients' medical history through regular checkups and provide a safe space for patients to talk about sensitive topics such as reproductive health, alcohol and drug use, and mental health illness.

The largest number of office-based primary care physician visits (over 200 million) were to family medicine physicians.¹

i Primary Care Benefits



Improved Health Outcomes

In May 2021, the National Academies of Sciences, Engineering, and Medicine released a [report](#) advocating for increased investment and implementation of high-quality primary care, classifying primary care as a “common good” and the only health care component where an increased supply is associated with improved population health and more equitable health outcomes.²

Primary care physicians (PCPs) are uniquely positioned to meet patients “where they are” and may be most effective in encouraging prevention measures, including being physically active and having a good diet.³ Family physicians have a leadership role in identifying and addressing patients’ social determinants of health through both clinical and population-based interventions.⁴

In the U.S., an increase of one PCP per 10,000 people found a decrease in both infant and adult mortality and a 3.2 percent reduction in low birth weight.^{5,6} States with higher ratios of PCPs have lower smoking rates, lower obesity rates, and higher seatbelt use compared to states with lower ratios of PCPs.^{7,8} Further, Medicaid-enrolled children who have access to high-quality, timely, family-centered primary care have experienced both lower nonurgent and urgent emergency department utilization rates.⁹



Decreased Costs

Greater access to primary care may lead to a reduction in racial, income, and insurance coverage disparities in access to care.¹⁰ Patients who have better access to primary care and have a long-term relationship with a primary care physician were less likely to visit the emergency department.¹¹

By contrast, a [survey](#) of 11 high-income countries, including the U.S., found that patients with poorer levels of primary care were notably more likely to report higher out of pocket expenses, increased emergency room use in the past two years, greater physician turnover, and a lower likelihood of patients receiving critical immunizations or screenings, such as those for high blood pressure or cholesterol.¹²

In all, U.S. adults with a PCP had 33 percent lower health care costs and 19 percent lower odds of dying compared to those who see only a specialist.¹³

33%

Lower health care costs

19%

Lower odds of dying



A recent [study](#) found that Americans with a regular source of primary care had greater access to health care and better overall experiences with the health care system. They were more likely to fill prescriptions, have a routine preventive care visit within the last year, and receive high-value cancer screenings.¹⁴

Primary Care in the States



Investment in Primary Care

The U.S. on average spends about half the amount as other industrialized nations on primary care as a percentage of total health care spending; the U.S. spends five to seven percent while OECD countries spend 14 percent on average.¹⁵ Thirteen [states](#) (CO, CT, DE, ME, MA, NH, OR, PA, RI, UT, VT, WA, WV) have enacted legislation or taken regulatory actions to measure spending on primary care, with eight of those states (CO, CT, DE, ME, NE, OR, PA, RI) going further by setting spending targets. By increasing spending on primary care by 3.4 percent over four years (2008-2012), [Rhode Island](#) saw a 14 percent decline in health care expenditures.



Primary Care Workforce

[New data](#) from the Association of American Medical Colleges projects the U.S. could see a shortage of up to 48,000 PCPs by 2034. The combination of a growing population and an aging population will place significant pressure on our nation to increase the supply of PCPs to adequately address these health care challenges.¹⁶

States have taken steps to strengthen the primary care workforce, including targeted recruitment and retention. [Arizona](#) recently passed legislation to build on an existing loan repayment program for primary care physicians who practice in areas of need. Physicians can receive up to \$65,000 towards their student loans for their first two years of service and \$35,000 for subsequent years. [Wisconsin](#) allocated more state funding for additional family medicine slots through the Community Medical Education Program Initiative to increase the number of students practicing in underserved communities.

[Colorado](#) recently enacted a bill to expand the number of health-care professionals practicing in Colorado's rural or frontier counties. A separate new law in Colorado created a practice-based health education grant program to increase practice-based training opportunities necessary for health profession students enrolled in accredited Colorado schools to complete degree requirements and become licensed to practice.

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