

# Partnership for Primary Care Workforce

*Academic Family Medicine Advocacy Alliance*

*American Academy of Family Physicians*

*American Academy of Pediatrics*

*American Association of Colleges of Osteopathic Medicine*

*American College of Osteopathic Family Physicians*

*American College of Physicians*

*American Medical Students Association*

*American Osteopathic Association*

*Association of American Medical Colleges*

*Association of Minority Health Professions Schools*

*National Area Health Education Center Organization*

*National Association of Children's Hospitals*

*National Association of Community Health Centers*

*National Association of Public Hospitals*

*National Association of Rural Health Clinics*

*National Medical Association*

*National Rural Health Association*

## ABOUT THE PARTNERSHIP

The **Partnership for Primary Care Workforce** is a non-partisan, nationwide effort by key professional, provider, and educational organizations to strengthen and improve the nation's primary care workforce. The Partnership seeks to raise awareness about the vital importance of a robust, diverse and well prepared health care workforce that responds to the changing needs of the people of the United States.

By working in a bipartisan manner with all levels of government and affected constituency groups, we seek to provide solutions to improve the recruitment and retention of the health care workforce, with the aim of promoting and supporting comprehensive, accessible, and sustainable community-based primary and preventive care services to everyone.

Above all, the Partnership is a unified voice to raise awareness among health professionals, policy makers, and the public of the need for a robust, diverse and well prepared primary health care workforce.

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## A VISION OF A BETTER HEALTH CARE SYSTEM

**We envision a health care system where all people have an advocate who understands their health needs and promotes their wellness – providing and coordinating care and providing linkages to other necessary health professionals and services. We envision all people having regular access to an ally in the health care system – be it one individual or a team of health professionals – where one can go for high-quality primary care, including answers to questions and concerns, support, and integration of all aspects of health care.**



## DEFINING PRIMARY CARE

**Primary care is the essential foundation of a well-functioning health care system that provides accessible prevention, education and care for patients and populations in a comprehensive, culturally competent and patient-centered manner. Primary care provides the patient with a regular source of care and a continuous relationship, as well as an advocate for the patient in coordinating care across the entire health care system.**



## REINVIGORATING PRIMARY CARE: A MULTIFACETED CHALLENGE

Our current health care system takes a decentralized and often fragmented approach to promoting, treating, and maintaining the health of patients. This health care structure, coupled with a lack of available primary care health professionals, does not support primary care and leads few individuals to experience health care in a manner described in our vision.

The best way to improve access to care is to remove all barriers to care. These barriers may be geographic, lack of insurance coverage and affordability, as well as language, cultural, racial or ethnic. One of the largest barriers to care is the lack of available primary care health professionals. While many programs within the federal government are aimed at improving access, we believe there is a unique and urgent need to increase the number and availability of primary care health professionals in the country. Achieving that goal will require addressing several specific and interdependent problems.

First, the nation's primary health care **infrastructure** is ill equipped to effectively meet the needs of patients. This is unacceptable. With a focus on illness rather than prevention, the national infrastructure is more equipped for "sick care" than true "health care". The physical systems in which primary care is delivered are aging and providers are struggling to implement new technologies in order to improve quality and coordination of care. Inadequate infrastructure goes hand-in-hand with an inadequate workforce, and the two combined contribute to significant barriers to care.

Second, the continuum of **training opportunities** must be improved to create primary care capacity in the long term. Primary care training capacity (measured in number of available training slots) remains relatively stable. For a variety of reasons, US medical school graduates are increasingly choosing fields other than primary care. As a result, the future primary care workforce will be further jeopardized at a period when need and demand for health care is expected to rise exponentially in the face of a rapidly aging and growing population.



Finally, our health care **payment system** rewards costly procedures and discourages preventive and primary care services that can be less costly and more effective. Current payment structures often financially discourage providers from entering primary care practice. This disproportionately impacts underserved rural and urban communities and those populations that need care the most. We can and must do more to address this significant problem.

We share a commitment to remove these barriers to health care for all people, and below, we identify commonly held principles that public policy solutions should follow.

## CORE PRINCIPLES

A strong primary care workforce would make the overall health care system more efficient, generating cost savings and value to patients, communities, and payers. Toward that goal and in recognition of that value, we affirm several core principles that potential solutions and future investments should follow:

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## BUILDING A PRIMARY CARE INFRASTRUCTURE

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*We believe in expanding primary care infrastructure, i.e. the systems in which primary care is delivered, to improve access to care for all, especially those populations that are currently underserved. This should include physical system improvements that will improve access for U.S. populations who face geographic, financial, temporal, and other barriers to primary care. Health information technology systems are one example of infrastructure that will need to be built in the communities where people receive care; these systems must be made interoperable across health care settings and geographic locations. The primary care workforce must be developed in ways to complement this expanded infrastructure.*

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## ENHANCING WORKFORCE DEVELOPMENT THROUGH TRAINING, EDUCATION AND PROFESSIONAL OPPORTUNITIES

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*We believe in strengthening and stabilizing workforce development, fortifying the pipeline to primary care careers, and fostering opportunities for students to participate in primary care educational and training experiences. Additional investments in training programs should help support primary care departments, increase exposure to primary care for health professional students, facilitate training opportunities in underserved areas, increase the diversity of the health care workforce, and emphasize training in interdisciplinary teams. Public policies should move the U.S. towards an expanded primary care workforce and help to educate and train a US health care workforce that more closely resembles the populations it serves. Expansion of recruitment, loan repayment and scholarship opportunities are critical to providing incentives for US health professional students to pursue careers in underserved areas. Providing improved and enhanced professional opportunities in primary care would also make the field more attractive and exciting to new health care professionals, as well as to those with more experience.*

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## PAYMENT SYSTEM CHANGE THAT REFLECTS THE VALUE OF PRIMARY CARE

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*We believe in enhancing the opportunities and incentives for health professionals entering primary care careers, including a payment system that reflects the essential role and value of primary care in the health care delivery system. In addition to incentives to attract more primary care professionals, public payment structures must be realigned to improve access to primary care. Prospective health care professionals should know that they can successfully practice in any community, particularly those that are currently underserved and economically marginal communities. In this context, primary care payments should encourage additional providers to practice in the areas and to care for the populations that need it most.*