AAFP
AMERICAN ACADEMY OF FAMILY PHYSICIANS

October 26, 2023

Robert Otto Valdez, PhD, MPHA
Director
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857

Re: Draft Technical Brief on Measuring Primary Healthcare Spending

Director Valdez:

On behalf of the American Academy of Family Physicians (AAFP), representing 129,600 family physicians and medical students across the country, I write to provide comments on the draft technical brief on Measuring Primary Healthcare Spending that was prepared for the Agency for Health Care Research and Quality (AHRQ).

Family physicians provide continuous, comprehensive, coordinated, and community oriented primary care services to patients across the lifespan. Family physicians are uniquely trained to serve as patient's front door to the health care system and directly address most health care needs. The evidence is clear that the United States has historically and contemporaneously underinvested in primary care compared to our peer nations. As a result, we have higher rates of chronic disease, lower life expectancy, and higher health care spending. The AAFP firmly believes that increasing our investment in primary care will, according to the available evidence, improve individual patient and population health outcomes while lowering health expenditures. **A standardized approach to measuring and reporting on primary care spending at the national level is a vital step to meaningfully increasing our investment and thus the AAFP is strongly supportive of the development of this technical brief.**

With support from the Milbank Memorial Fund and The Physicians Foundation, the AAFP's Robert Graham Center developed and published The Health of US Primary Care: A Baseline Scorecard Tracking Support for High-Quality Primary Care which includes measurements of primary care spending. While this represents an important measure of progress, the national survey data used for primary care spending in this scorecard is not available at the state level for all 50 states.

The AAFP wholeheartedly agrees that a standardized national approach to measuring primary care spending is much needed as we cannot improve what is not measured in a way that is widely accepted as reliable and actionable by key stakeholders. The AAFP also recognizes that national-level measurement across all 50 states would enable comparison across states and support tracking progress over time – something that is almost impossible to do given the current state of variation from state to state as noted in the brief.

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We further note that a national level effort to measure primary care spending should not preclude states from conducting their own measurements. The AAFP works with our state affiliates to advance state-level efforts to measure primary care spending. This work has successfully produced robust reporting and increased interest in improving primary care investments in several states. Nonetheless, the resources and time required to build both consensus and an implementation strategy at the state level can be challenging and time intensive. A standardized template for measuring primary care spending could address barriers and facilitate measurement for states while also enabling them to measure and report what is most relevant to their populations and public policy goals.

While we are overall supportive of the information and recommendations included in the brief, we recommend a few modifications as detailed below.

The draft technical brief includes a recommendation to convene a group of experts to define high-quality primary care. The AAFP notes that such a definition already exists, including in the recent National Academies report which offers significant evidence on what primary care needs to be to meet the needs of patients. We recognize the National Academies report does not specifically outline the who, what, and where but **we believe that a standardized approach to measuring primary care spending at the national level should seek to operationalize measurement based on this existing primary care definition.** As noted in the brief, primary care is inherently broad and interpretations of what that looks like from an implementation perspective can vary widely. While the prevailing practice of measuring primary care spending based on “narrow” and “broad” definitions has proved useful to-date, the AAFP encourages a more modular or “building block” approach to development of a standardized template. The modules of measurement would need to address components of health care spending representative in both the numerator (primary care spending) and denominator (total spending) including the who, what, and where variables described in the brief. This approach would provide standardized templates for each component of health care spending so that states can include and exclude components as they see fit, but ultimately still measure each component of the numerator and denominator in a standardized, reliable, and comparable manner. By standardizing the components, states and others who seek to measure primary care spending are given both a road map and flexibility to tackle this important, but often challenging, task.

The draft technical brief also repeatedly highlights the need for a more comprehensive and accurate data set aggregating primary care clinicians and their practice locations. The AAFP agrees that there are several challenges with the current national clinician databases that prevent efficient and accurate identification of primary care clinicians (particularly specialty identification for non-physician clinicians), practices, services, and spending. However, we recommend against pursuing a siloed, primary care-specific solution to this problem. Other federal efforts have been discussed, such as creating a national, universal provider directory or modifying current Provider Enrollment, Chain, and Ownership System (PECOS) and National Plan and Provider Enumeration System (NPPES) data collection and reporting. **The AAFP recommends that the aggregation of primary care clinician workforce and claims data be folded into a broader effort.** We acknowledge that these databases do not include expenditure data and the existing expenditure databases are not readily available nor uniform in their data collection, which complicates the development of a standardized measure of primary care spending.

We also recognize that all of these efforts to improve the accuracy and availability of up-to-date clinician data and expenditures will require significant resources, time, and stakeholder input whether

those efforts are focused on primary care or all clinicians more broadly. While informing and leveraging these clinician data improvement efforts is recommended, the AAFP does not believe it should be a prerequisite for the development of a standardized template for measuring primary care spending. A regular, national report on primary care spending would provide policymakers, advocates, researchers, and many other stakeholders with actionable data to enhance federal and state-level investments in primary care. We believe this action is urgently needed and therefore do not want to further delay measurement. We also note that the standardized template could be updated over time as better data become available.

The results section of the report notes that there is limited evidence linking increased primary care spending or investment to enhanced patient outcomes. The AAFP recommends including evidence in the brief that gives readers a better understanding of what current research has demonstrated about primary care improving patient outcomes and access to care, as well as reducing health expenditures. For example, AHRQ should consider adding the following to the technical brief:

- In 2019, the Robert Graham Center and the Primary Care Collaborative produced Investing in Primary Care: A State-level Analysis which examined primary care spending in several states and health outcomes in those states. The authors found an inverse association: as primary care investment increased, both hospital outcomes and emergency department visits decreased.
- A Millbank Memorial Fund report on the Maryland Primary Care Program, which includes enhanced investments in primary care, showed better COVID-19-related outcomes than those practices who did not participate in the program.
- The seminal research led by Barbara Starfield validated that those individuals with access to primary care have better health outcomes and lower mortality rates than those who do not: Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. Milbank Q. 2005;83(3):457-502. doi: 10.1111/j.1468-0009.2005.00409.x. PMID: 16202000; PMCID: PMC2690145.
- Two studies found that better continuity in primary care can reduce mortality, health care expenditures, and hospitalizations:
    - Baker R, Freeman GK, Haggerty JL, Bankart MJ, Nockels KH. Primary medical care continuity and patient mortality: a systematic review. Br J Gen Pract. 2020 Aug 27;70(698):e600-e611. doi: 10.3399/bjgp20X712289. PMID: 32784220; PMCID: PMC7425204.
    - Bazemore A, Petterson S, Peterson LE, Bruno R, Chung Y, Phillips RL Jr. Higher Primary Care Physician Continuity is Associated With Lower Costs and Hospitalizations. Ann Fam Med. 2018 Nov;16(6):492-497. doi: 10.1370/afm.2308. PMID: 30420363; PMCID: PMC6231930.
- This study found that alleviating primary care shortages would improve life expectancy: Basu S, Phillips RS, Berkowitz SA, Landon BE, Bitton A, Phillips RL. Estimated Effect on Life Expectancy of Alleviating Primary Care Shortages in the United States. Ann Intern Med. 2021 Jul;174(7):920-926. doi: 10.7326/M20-7381. Epub 2021 Mar 23. PMID: 33750188.
- A study published in JAMA Internal Medicine found that health systems with fewer primary care physicians had higher rates of low-value services: Ganguli I, Morden NE, Yang CW, Crawford M, Colla CH. Low-Value Care at the Actionable Level of Individual Health Systems. JAMA Intern Med. 2021 Nov 1;181(11):1490-1500. doi: 10.1001/jamainternmed.2021.5531.

- A recent report published by Wakely found that Medicare Shared Savings Program Accountable Care Organizations with more primary care physicians and evaluation and management office visits with primary care physicians achieved greater gross savings.
- A published review of primary care found primary care was associated with better health care access, outcomes, and decreases in hospitalizations and emergency department visits: Shi L. (2012). The impact of primary care: a focused review. Scientifica, 2012, 432892. https://doi.org/10.6064/2012/432892

Thank you for the opportunity to provide comments on the draft technical brief. The AAFP is strongly supportive of AHRQ's work and we look forward to continuing to partner to advance greater investment in primary care. Should you have any questions or wish to discuss our comments further, please contact Meredith Yinger, Senior Manager of Federal Policy, at (202) 235-5126 or myinger@aafp.org.

Sincerely,

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Board Chair, American Academy of Family Physicians