

The Power of Primary Care to Improve Health

What a joint editorial from eight family medicine journals says about the evidence, the barriers, and the path forward.

The Case for Primary Care

Primary care improves health and lowers health care utilization, evidence highlighted in the editorial [The Power of Primary Care to Improve Health](#) shows that continuous access to primary care is associated with:

- **More preventive care:** 96% of adults with primary care receive chronic disease screening, compared with 68% of those without primary care.
- **Fewer emergency department visits and hospitalizations:** Among adults, primary care is associated with 11% fewer emergency department visits and 20% fewer hospitalizations.
- **Lower costs:** Primary care is associated with lower costs of chronic disease care for both adults and children.
- **Better population health:** Greater primary care physician availability is associated with lower mortality rates and reduced health disparities.

Despite these benefits, **less than 5% of total U.S. health expenditures goes to primary care**, while the United States continues to experience higher health care costs, more chronic disease, and lower life expectancy than peer nations.

What's Standing in the Way?

- **Workforce shortages limit access.** The United States had 67 primary care physicians per 100,000 people in 2023, compared with an average of 80 per 100,000 in countries with better health outcomes.
- **Rural communities** face particularly significant access challenges.
- **Current payment models do not adequately support primary care.** Fee-for-service reimbursement rewards utilization rather than the comprehensive, continuous primary care. Other payment approaches place additional financial risk and administrative burden on clinicians.
- **The primary care pipeline is under pressure.** Lower compensation, educational debt, administrative burden, and learning from overwhelmed primary care clinicians discourages medical students from entering primary care careers.
- **Primary care research is underfunded.** Although a large share of health care occurs in primary care settings, less than 1% of National Institutes of Health and other federal research funding has gone to primary care research for over two decades.

Opportunities for Policymakers

A stronger primary care system requires sustained attention to several interconnected priorities:

- **Invest in primary care.** Increase the share of health care resources devoted to comprehensive, continuous, whole-person primary care.
- **Modernize payment.** Support payment approaches that recognize the breadth and complexity of primary care, strengthen team-based care, promote continuity, and produce better health outcomes.
- **Strengthen the workforce.** Expand the primary care pipeline and support policies that improve recruitment, training, and retention, including training in communities where people live and work.
- **Improve access.** Build primary care capacity, particularly in underserved and rural communities, so more patients have a source of high-quality primary care.
- **Invest in research and technology.** Increase support for primary care research, and for technology that reduces administrative burden and strengthens, rather than replaces, patient-clinician relationships.

The Bottom Line

Investing in primary care is an investment in better health. Strengthening primary care can improve access and prevention, reduce unnecessary emergency department and hospital use, lower costs, and support healthier communities.

The evidence and the roadmap already exist. Sustained investment in the primary care workforce, payment, access, research, and infrastructure can help build a health care system that better serves patients and communities.

Learn More: Read [The Power of Primary Care to Improve Health](#), a joint editorial published by *American Family Physician*, *Annals of Family Medicine*, *Evidence-Based Practice*, *Family Medicine*, *FP Essentials*, *FPM*, *Journal of the American Board of Family Medicine*, and *PRiMER*.