

PC4AA State Playbook



Primary Care for All Americans is building a movement to bring accessible primary care to every American, in every neighborhood and community.

Join PC4AA for a conversation about making primary care accessible for all.

Health care for people, not for profit!

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Introduction

Welcome to the Movement!

Thank you for being part of the movement that will make high quality primary care available to all Americans!

Everyone should have access to basic health care no matter where they live. We're building a movement to transform the American healthcare system to focus more on keeping people healthy than on making money. By making sure everyone has a primary care clinician and medical home, we can make health care fair, affordable, and effective for everyone.

This playbook provides strategy and resources to help those working at the state level. It begins with helping you to identify the ripest opportunities for strategic action, then provides links to pull together the information and people needed to develop those opportunities and to connect with others working at the local, state, and national levels. We know from extensive research that nations with health systems based on primary care have healthier populations, less inequity, better quality, and significantly lower costs - that's a pretty good definition of value. Yet, the US ranks near the bottom of the list of developed countries for support for primary care. We spend more on health than any other nation and only get marginal outcomes and value.

Primary care accounts for 500 million patient visits each year - more than half of all patient visits,¹ while making up only 30% of the healthcare workforce,^{2,3} accounting for < 6% of health care expenditure,^{4,5} and informed by only 0.4% of the NIH research budget.⁶

Compare this to countries that have robust and high-functioning health systems, where they typically invest 15% of health expenditures on primary care, and primary care makes up 50% of the healthcare workforce.

The systematic under-valuing of primary care in the United States leads to a fragmented, depersonalized patient experience and contributes to a workforce that is holding on by its fingernails while trying to provide high-quality, comprehensive, person-centered care.

The PC4AA movement hopes to realign the fragmented system to make primary care the foundation of a more personal, integrated, and effective healthcare system for everyone. Numerous state and local initiatives are launching - and your grassroots efforts in your community and state are a vital part of the work to help reach the tipping point where primary care becomes available and effective for everyone in America.

Let's get started!

PC4AA Playbooks Workgroup

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Playbook Purpose and Use

The purpose of this playbook is to provide an outline of advocacy objectives, key strategies, and tactics to consider for PC4AA state workgroups. The playbook offers insights into the local healthcare landscape, including identifying barriers to primary care access and opportunities for change. It also outlines advocacy methods such as grassroots mobilization, coalition-building, and engagement with policymakers to effectively advance the cause. By centralizing information and providing actionable steps, the playbook empowers advocates to coordinate their efforts, leverage resources efficiently, and drive impactful change across their state.

This document provides a guide for evaluating primary care in your state and assisting in development of strategies to achieve the goal of primary care being available to everyone in America. There is no one-size-fits-all, cookie cutter approach – each jurisdiction will define primary care that is appropriate for its needs and resources. The resources in this playbook will help you to assess the status of primary care in your region, find collaborative partners, and establish goals. Please peruse the entire document to appreciate its scope and detail and then drill down in the sections that are relevant to you.

How you use the Playbook will depend on where your team is starting. It is designed to link strategy and resources in order to help you influence state level policy. Your activities as a state workgroup will also be useful to community-level groups to advocate for access to primary care for themselves and their neighbors.

If you need to build a state workgroup, then review the resources on how to identify stakeholders and build collaborations. If you have already formed a state workgroup, you may want to review the resources on primary care investments at the state level. Wherever you are in the process, we ask every workgroup to create a picture of primary care in their state by gathering information about the resources on the primary care workforce in your state. In the near future, we will provide an information graphic template for you to use to capture the status of primary care in your state.

At the end of this document, you will find dozens of resources listed by topic. Dive deep in the areas most relevant to your state – workforce, access, team care, payment reform, and more. Learn the ropes and help educate community members, payors, and legislators.

Defining Primary Care

According to the National Academy of Science, Engineering, and Medicine (NASEM),

“High-quality primary care is the provision of whole-person, integrated, accessible, and equitable health care by interprofessional teams who are accountable for addressing the majority of an individual’s health and wellness needs across settings and through sustained relationships with patients, families, and communities.”

The NASEM report describes primary care as a common good, and calls for doubling our national investment in primary care. The US Department of Health and Human Services (HHS) used the report as a framework to develop a coordinated action plan across 14 federal agencies to strengthen primary care. The HHS Issue Brief is a great overview of the national strategies to improve primary care across the United States.

At the heart of primary care is a trained medical professional who knows you, your family, and your community, and who serves as your trusted source of care for your whole health over time, whether for illness or wellness.

Lack of access to primary care leads to unhappy patients, lower quality, higher costs, health care inequities, and stressed health care clinicians as a result of fragmented, episodic care that is more expensive and often provided in emergency departments, urgent care centers, and specialty care settings. Limited access to primary care results in people delaying care for conditions like diabetes, hypertension, and asthma until they are sicker and develop complications rather than proactive management designed to keep patients well.

To better understand the challenges to primary care, one needs to understand the current American healthcare system, the role of third party profiteers, and the frustrations of the people who work within it. Learn more about primary care in your state using the sections below and the reference section at the end of this document.

But have hope. People across the country are making real progress to improve primary care for everyone. The compass that guides efforts at reforming the health system is called the Quintuple Aim - 5 critical concepts to keep at the heart of all efforts to improve things.

The Quintuple Aim of Health Reform

- 1) Better patient satisfaction
- 2) Higher quality of care
- 3) Lower cost of care for everyone
- 4) More equitable care regardless of who you are or where you live
- 5) Improved job satisfaction for healthcare workers

The Advocacy Process

Why form a state level workgroup to advocate for primary care for everyone? The simple answer is to build momentum by raising awareness and making incremental sustainable changes that moves everyone closer to the goal. State policymakers have tremendous influence on key issues relating to primary care access - including investments in the primary care workforce, Medicaid innovations, and value-based primary care.

States serve as the testing ground for new ideas and policies that ultimately become national policies. State-level activity is an opportunity to educate the public and legislators, and to build grassroots support for a larger movement. Additionally, policies in one state can influence other states - ultimately driving the national conversation about an issue.

The advocacy process can be as simple as talking to friends, family, and legislators - or as dynamic as building a network to introduce new legislation at the state house. The efforts of your PC4AA workgroup will be more effective if you form coalitions with like-minded groups and identify and collaborate with other stakeholders in your state. By engaging with a broad range of stakeholders, the state workgroup can gain a deeper understanding of the challenges as well as the opportunities related to improving access to high value primary care for all. The collaborative approach fosters stronger advocacy and leads to more effective and sustainable solutions.

The Playbook for State Level Workgroups

This section is adapted from *Defining the State Role in Primary Care* published by the Milbank Memorial Fund in May 2024. You can download the [entire document here](#).

The contents of this document are intended for state governments, however it is also a helpful resource for state workgroups. Here are the six steps identified by the authors to help you build an effective state workgroup:

- 1) Define the current state of primary care at the state and local level
- 2) Build a coalition
- 3) Identify policy options
- 4) Establish consensus priorities and a strategy to move these forward
- 5) Identify policy champions
- 6) Provide an accountability structure

Let's take a closer look at each one of these actions. Each section has several references to help you learn more and better advocate for the primary care needs of your community.

1. Define the Current State of Primary Care at the State and Local Level

Questions to consider when exploring the state of primary care in your community:

- *What data may already be available to measure the state of primary care in your state and localities?*
- *What entities collect and analyze the data relevant to the state of primary care?*
- *What are the gaps in those measures needed to better understand the current state of primary care in your state and locality?*

A picture of the primary care in your state is a useful tool for communicating with potential partners, state policymakers, and community members about the need for action. Information about the types of primary care clinicians, their geographic distribution, and models of care will help you describe the gaps and strengths in primary care in your state, an essential step in identifying areas for action. You may find that your state only has some of the information you seek, highlighting the gaps in data collection infrastructure for your state.

In the near future, PC4AA will provide an infographic template that can be completed using your state data. You may find that your state only has some of the information needed to fill out the template - highlighting the gaps in the primary care awareness and data collection infrastructure for your state. The infographic can also be supplemented with some of the additional information below.

Start by gathering the basic data points regarding the primary care workforce in your state. You may find it difficult to obtain ideal data, but do not let this deter you. Gather as much of the best data that you can, and set a goal of working with state officials to develop higher quality data as the project grows.

When trying to clarify how many clinicians are actually providing care, remember that not all clinicians provide primary care and many don't provide primary care five days per week. Try to clarify which clinicians are actually providing primary care:

- **MD and DO Physicians.** Look for family physicians, Pediatricians, Internal Medicine physicians, or Medicine/Pediatrics physicians who provide ongoing regular outpatient care for a panel of pediatric and/or adult patients. Many physicians listed as pediatricians and internal medicine are actually subspecialists. It may take a little work to sort this out.
- **Nurse Practitioners.** Sometimes called NPs or APRNs. Some NPs work with subspecialists, in the urgent care setting, in hospitals, or skilled nursing facilities. Look for Family (FNPs), Pediatric (PNP), and Adult (ANP) nurse practitioners who provide regular ongoing care to a panel of patients. Most work within a primary care clinic alongside a primary care physician. Depending on your state, some NPs may be independent and have their own offices.
- **Physician Assistants.** Sometimes called PAs or PA-Cs. Many PAs work with specialists, in urgent care settings, or in hospital facilities. Look for those based in primary care offices providing regular ongoing care to a panel of patients.

Other Primary Care Team Members that may be included in the data:

- **Medical Assistants (MAs).** The indispensable right hand of most clinicians.
- **Registered Nurses (RNs) and Licensed Practical Nurses (LPNs).** These critical staff members often extend the care team's ability to handle many functions from triaging calls from patients, facilitating medication refills, to ordering routine screening tests and vaccines.
- **Nurse Care Managers (NCMs).** Nurses who help patients with complex needs.
- **Community Health Workers (CHWs) and Population Health Navigators.** Staff members who help build bridges in the community, provide outreach, and help at-risk patients to better access primary care and preventive services.
- **Integrated Behavioral Health Clinicians (LCSW, LMHC, PsyD, PhD).** Many primary care offices now have behavioral health clinicians available directly within the clinic or via telemedicine to help patients with stress, anxiety, depression, substance use, and family issues. They are embedded in the primary care office and provide in-house behavioral health services.
- **Clinical Pharmacists (PharmD).** Some primary care offices now offer pharmacy consultations to help educate and empower patients with complex medication regimens.

Now that you know who the primary care team members are, here are some of the common ways that people try to measure the effectiveness of primary care with data:

- **Number of primary care clinicians per 100,000 population.** The number of primary care physicians, APRNs and PAs providing regular care within a certain region.
- **Primary care practice geographic distribution.** Where the offices are physically located.

- **Average wait times for a primary care appointment, by geographic region.** Access to primary care, while not a true representation of primary care effectiveness, serves as a proxy measure which can be used to measure the adequacy of workforce expansion efforts over time. We suggest measuring this for both new patients and follow up appointments.
- **Number of citizens with an identified usual source of care.** This is another imprecise proxy for primary care effectiveness which can be monitored for improvement as primary care expands in your state. Use the [BRFSS link](#) to find this information.
- **Health Professions Shortage Areas (HPSAs).** Certain neighborhoods may be underserved for primary care, even if there is a hospital with hundreds of clinicians on staff a few blocks away. The HPSA score of each community may be found online by [clicking here](#) or searching "Find HPSA Score." The higher the score (1-25), the more under-served a community is considered, and the better the chances that a clinician or nurse has to earn loan repayment or loan forgiveness.
- **Number/percent of medical school graduates practicing in primary care.** This is a subtle way to assess if your local medical school is effectively supporting training for primary care. If your local medical school receives state funding, you may have significant leverage to advocate for change... remember that it takes at least seven years for a physician to earn their degree, finish their residency, and enter the workforce.
- **Number/percent of APRN and PA graduates practicing primary care.** Very similar to the physicians with some nuances.

Our North Star is a measure reflecting the one to one relationship of every individual with a primary care clinician they know and trust. This measure does not exist today, so we recommend using the above proxies to give you the clearest picture of the areas in your state which need the most help.

Other data that add to the picture of primary care in your state might include the percent of total health care expenditures that go to primary care and how primary care services are reimbursed; additional metrics that focus on the workforce, such as new entrants and retirement; metrics that focus on primary care utilization, the quality of services provided (such as preventive screenings and vaccinations) and the impact of primary care; metrics that focus on equity; and patient experience metrics (see state and national primary care scorecards/dashboards referenced below).

Resources to Help You Define Your Primary Care Workforce:

- **[Contact Your State's Office of Primary Care.](#)** Every state has an Office of Primary Care, funded by the federal government to collect and analyze data on the primary care workforce. Many state offices publish maps of Health Professional Shortage Areas (HPSAs) and report on the primary care workforce supply and location.
- **[Kaiser Family Foundation:](#)** A great database for all levels of the healthcare workforce, healthcare system, hospitals, primary care, medical education, and access to care. Some of this data may be very high level and might not give you the detail that you really need in your community.
- **[HRSA National Center for Health Workforce Analysis.](#)** The Health Resources and Services Administration (HRSA) is the agency in the US Department of Health and Human Services that provides equitable health care to the nation's highest-need communities. HRSA funds and administers the health center program, the nation's safety net for primary care. It also monitors and advances the health workforce, supports health care in rural areas, advances maternal and child health care, and funds and administers the Ryan White HIV program, among other programs. The HRSA National Center for Workforce Analysis provides tools,

workforce area maps, projections, and survey data that will allow you to analyze the supply and demand of the healthcare workforce at the state and national level by discipline, and predict “what if?” scenarios if something changes... or doesn’t. Also provides technical resources for health policy planners and state primary care offices - including definitions of the different elements of the American healthcare system.

- **[Robert Graham Center](#)**. The Robert Graham Center aims to support evidence-based policies to improve primary care. The Robert Graham Center is a collaborator with the Milbank Memorial Fund on the National Primary Care Scorecard.
- **[National Primary Care Scorecard](#)**. The Milbank Memorial Fund’s annual report on the state of primary care in America. The report includes key primary care indicators tracked over the last decade.
- **[State-by-State Primary Care Scorecards](#)**. The Milbank Memorial Fund’s annual report on the state of primary care in each state.
- **[State-by-State Primary Care Scorecards](#)**. Some states are leading the way and already publish detailed primary care dashboards. Check out [Virginia](#) and [Massachusetts](#).
- **[HRRI-HealthcareRegulatoryResearchInstitute](#)**. Technical resources. If your state primary care office says they aren’t certain what the data is or where they can even start, share this information with them. This national group helps states learn how to better measure the elements of their primary care system. Good data creates opportunities for good primary care planning and policy.
- **[HWTAC-HealthWorkforceTechnicalAssistanceCenter](#)**. Technical resources health policy planners and state primary care offices. A compendium of 45 federal data sources that can be used by advocates and state primary care offices.
- **[DPCFrontier](#)**. The DPC Frontier Mapper shows the direct primary care (DPC) practices and their locations by state.
- **[BRFSS](#)**. The Behavioral Risk Factor Surveillance System (BRFSS) is the nation’s system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Information on the number of citizens with an identified usual source of care is available from the survey.

2. Build a Coalition

The efforts of your state workgroup are best done in collaboration with others who share your vision for improved primary care for everyone in America. Coalitions are typically composed of like-minded organizations. Each organization will have its own policy agenda and advocacy efforts - look for the common ground that you share with them and start the conversation there. All potential members of your coalition should agree on the vision and goals of Primary Care for All Americans: *Every American with a primary care clinician. Every neighborhood and community with a great primary care practice. By including everyone, we can improve public health, lower costs, and help strengthen our democracy.*

Questions to consider when building a coalition:

- *Who are the major stakeholders for primary care in your state?*
- *What groups in your state are already advocating for primary care, and what are their areas of focus, strengths, strategies, and accomplishments?*
- *What role will your state workgroup play? Convener, advocate, advisor, watchdog?*

Begin with pragmatic comprehensive research to identify key stakeholders, assess existing state programs and policies, and healthcare infrastructure. (More about assessing existing policies can be found in the section *Identify Policy Champions*). Armed with this knowledge and data, advocates can engage in strategic outreach - leveraging grassroots campaigns, community forums, and meetings with policymakers to raise awareness and build support for the cause.

Collaborating with healthcare professionals, community leaders, and policymakers, your team can help develop policy proposals and initiatives to address the specific needs and challenges within your community and state.

Through persistent advocacy efforts, including lobbying, coalition-building, and media outreach, your team and PC4AA can enact meaningful legislative and regulatory changes that prioritize primary care access and high-quality primary care - improving healthcare outcomes and enhancing the well-being of individuals and communities across the nation. By engaging with a broad range of stakeholders, the state workgroup can foster stronger advocacy efforts, leading to more effective and sustainable solutions.

Take advantage of existing opportunities! Across the country, some state-level initiatives are already proposing to double the investment in primary care, improve the healthcare workforce, and support primary care practices to transform into the medical homes that patients need (see references below on state level primary care initiatives). The most important starting point for your efforts is to find out what is going on now. What waves can you ride? Look in the section *Identify Policy Options* for resources on how to identify these opportunities. Drilling down on the details of what is happening in your state, your team can see who is at the table as well as who might be brought to the table. You can identify ripe areas to focus on now as well as other areas that could eventually create a tipping point for advancing primary care in your state.

So, who are the stakeholders who should want to improve primary care in my state? Everyone is a stakeholder when it comes to primary care! Engaging with a diverse group of people is crucial. Here are some of the major stakeholders with whom to explore collaboration:

Healthcare Clinicians

- State Medical Associations - Represent the interests of physicians and can provide valuable insights on workforce challenges.
- Primary Care Provider Associations - Advocate specifically for primary care physicians and can be instrumental in designing solutions.
- Nursing Associations - Nurse Practitioners play a growing role in primary care, and their associations offer important perspectives.
- Hospitals and Healthcare Systems - While not solely focused on primary care, they can be partners in expanding access and addressing workforce needs.
- DPC Alliance - Represents the interests of direct primary care practices, provides insights on growth of the DPC movement, and helps clinicians transition to the DPC model.

Patient Advocacy Groups

- Patient advocacy groups - Represent the needs of specific populations (e.g., rural residents, low-income individuals, chronic disease patients) and can ensure initiatives address diverse barriers.

Public Health Organizations

- Focused on preventive care and improving overall population health, offering expertise on community outreach and health education strategies.

Other Stakeholders

- Community Health Centers - Provide primary care services to over 30 million Americans in underserved areas and can offer insights into the specific needs of your community. Consider speaking with your state's Primary Care Association first [Click here to find yours](#). They may already have state initiatives in motion, and can often help you identify which community health centers are innovative and build collaborative partnerships.
- Insurers - Play a major role in determining coverage and reimbursement rates for primary care services.
- Business Community Organizations - Can be partners in promoting employee wellness programs and providing incentives for preventive care.

Government Agencies

- State Department of Health and Human Services - Leads state health policy and plays a key role in funding and regulating healthcare programs. Often serves as the administrative home for the Office of Primary Care.
- Medicaid Agency - Oversees the state's Medicaid program, a vital source of healthcare access for low-income residents.
- Governor's Office - Sets the state's overall agenda and can champion primary care initiatives.
- State Legislature Members - Allocate resources and enact laws that impact healthcare access and affordability.

3. Identify Policy Options

Questions to consider:

- *What are the strategic opportunities in your state to advance primary care?*
- *What efforts are already underway?*
- *Who is leading that discussion and how can we get a seat at the advisory table, collaborate and advocate for primary care policies that advance our goal?*

Don't be scared off by technical sounding jargon. Look for initiatives that invest in primary care and new primary care payment models based on quality of care instead of quantity. Ask about efforts underway to support patient-centered care, advanced practice medical homes, team-based care, primary care affordability and primary care network adequacy. An important part of this work is advocating for states to work with Medicaid programs to allow subscription-based or hybrid primary care payment models.

Resources to help you identify policy initiatives already underway:

- **[Academy Health - State Health Research and Policy Interest Group](#)**. This site provides a forum for health policy analysts, researchers, and policymakers to discuss state-level research, research related to state health policy, and health services research from a state health policy perspective.
- **[Primary Care Collaborative - State Primary Care Investment Hub](#)**. A web tool for tracking state-level primary care investments and legislation.
- **[DPC Coalition](#)**. Organization dedicated to policy advocacy to support the direct primary care movement, such as the [Medicaid Primary Care Improvement Act](#) and the [Primary Care Enhancement Act](#).

4. Establish a Consensus of Your Priorities and A Strategy to Move Them

Questions to consider when building a consensus with your coalition of partners:

- *What do the data tell you about primary care adequacy and policy priorities in your state?*
- *How can your team leverage current primary care policies and initiatives already under way to advocate for changes?*
- *What resources do you need to communicate your priorities to your partners? Your community at large? Your legislators?*
- *What resources does your coalition need to implement the strategy?*

An essential element of working in collaboration is to reach consensus with your partners on the priorities of your efforts. Most of your collaborators will have their own priorities. One of the best strategies of highly successful teams is to identify those areas where your interests best-align with your partners and start there.

5. Identify Policy Champions

Questions to consider when identifying policy champions:

- *Who sets primary care policy in your state?*
- *Who are the key influencers of healthcare initiatives?*
- *Is there someone in the local university, school of public health, or medical school who teaches health policy or already advocates for primary care?*

Grassroots initiatives are a time-tested pathway to meaningful changes. But even the most passionate and well-educated coalition needs a champion to help guide the process. Having a respected local professional on your team will not only help your team to better navigate the policy arena, they can often open doors and help you get an audience with additional allies, media, and legislators. In addition, it is important to identify the champions who might be outside your coalition who can move policy initiatives forward. Develop relationships with these individuals to help implement your strategy.

Resources to help you identify policy champions:

- Believe it or not, you may be in the best position to know who the best potential policy champions may be in your community. Who is the doctor's doctor in your state? Is there a public health champion who relentlessly advocates for the health of everyone in the state? Identify clinicians who appear on television, radio shows, or podcasts to discuss health issues. Find people who champion primary care education and community training. Look for retired healthcare leaders who still want to contribute to their community. Reach out to them to ask for their advice and their support. If they get excited about the vision, ask them who they might suggest to be your spokesperson and champion. You may often find that they wish to join your team.
- Power mapping is a visual exercise that helps you identify the levers and relationships you can leverage to gain access to and influence your target audience. It may be a useful tool to gain traction for change. [Scientist Advocacy Toolkit | Union of Concerned Scientists \(ucsusa.org\) Power Mapping Your Way to Success](#)

6. Provide an Accountability Structure

Questions to consider when defining success and exploring accountability:

- *How do we monitor progress of the implementation of our strategy?*
- *How do we know we have achieved our aims?*
- *How do we hold policy officials accountable?*

Incremental changes to improve primary care are hard and take years. So, how do you define success? Sponsoring legislation to support primary care training and loan repayment may take years and can be like running a marathon. But does falling short in the first year mean that you've failed? Keep your long-term goals aspirational – primary care for all Americans. But when setting a project goal, define success in terms of the milestones on the journey to that greater goal. How many new members joined the coalition? How many legislators did your team educate? Did your team get their message onto the local news or publish an editorial in the paper? Work with your coalition to define realistic goals that emphasize building partnerships and getting your message out. Those small successes build the foundation that you will need to champion bigger policies and projects over the long term.

Additional Resources

We, the authors of the state playbook, want you to succeed. Below are dozens of additional resources that we have drawn upon for years to help us improve healthcare in our communities. Take a quick look now, and then dive in when you're ready. You're not alone in this journey – you have thousands of allies and future partners waiting to meet you!

Federal Government Agencies

Here are several federal agencies to know that play essential roles in the healthcare system:

- [US Department Health & Human Services \(HHS\)](#) - The principal federal agency overseeing most areas of the American healthcare system. HHS has been making efforts to improve primary care by aligning the efforts of dozens of alphabet agencies like CMS, AHRQ, and HRSA.
- [Centers for Medicare and Medicaid Services \(CMS\)](#) - The agency that provides health coverage to more than 160 million through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplace. CMS works in partnership across the entire health care system to improve quality, equity and outcomes. They have special programs to foster innovation in care delivery, support primary care, and develop new ways to promote high quality care.
- [Health Resources and Services Administration \(HRSA\)](#) - HRSA is the agency that helps promote high quality health care for everyone. Their many programs help promote equitable health care to the nation's highest-need communities.
- [HRSA - Bureau of Primary Health Care \(BPHC\)](#) - "The Bureau" funds and oversees over 1,400 community health centers across the United States that provide primary care to over 30 million Americans.
- [HRSA - Bureau of Health Workforce \(BHW\)](#) - This is the agency behind the National Health Service Corps (NHSC) and several loan repayment programs for clinicians, nurses, and allied health providers. If your coalition wants to know more about where the primary care workforce is distributed and what you can do to help recruit someone to your community, look for resources here.
- [Agency for Healthcare Research and Quality \(AHRQ\)](#) - Their mission is to examine the evidence needed to help make healthcare safer with higher quality and more accessible, equitable, and affordable care. They work with other federal agencies and partners to make sure that the evidence is understood and utilized.

- [AHRQ - National Center for Excellence in Primary Care Research](#) - This is the team inside the AHRQ that looks closely at all things primary care.
- [Centers for Disease Control and Prevention \(CDC\)](#) - This highly visible agency protects Americans from health, safety and security threats.
- [CDC Foundation](#) - This nonprofit group is authorized by Congress to mobilize philanthropic partners and private-sector resources to support CDC's critical health protection mission.
- [HealthData.gov](#) - Dedicated to making data discoverable in the hopes of creating better health outcomes for everyone.

National Groups and Resources

- [Milbank Memorial Fund](#) - The policy researchers at Milbank work to improve population health and health equity by collaborating with national experts and decision makers to share best practices and sound evidence. They support local health policy leaders to advance population health, health equity, and primary care and sustainable health care practices. The Milbank website is a great resource for federal as well as state health policy ideas.
- [The Primary Care Collaborative \(PCC\)](#) - This group is one of the leading national, non-partisan, and multi-stake holder voices that advocates for better health and wellbeing for all Americans by strengthening primary care.
- [National Academy for State Health Policy \(NASHP\)](#) - A nonpartisan, nonprofit organization committed to developing and advancing state health policy innovations and solutions
- [Kaiser Family Foundation \(KFF\)](#) - An independent source for health policy research, polling, and journalism with four major program areas - KFF Policy; KFF Polling; [KFFHealthNews](#); and KFF Social Impact Media which conducts specialized public health information campaigns.
- [Center for Primary Care Research and Innovation \(CPCRI\)](#) - A collaborative, interdisciplinary community of primary care scholars that inspires innovation, learning, and discovery in primary care research.
- [The Commonwealth Fund](#) - This group promotes efforts to develop a high-performing, equitable health care system that achieves better access, improved quality, and greater efficiency-particularly for society's most vulnerable populations.
- [Rural Health Information Hub](#) - The Rural Health Information Hub, formerly the Rural Assistance Center, is funded by the Federal Office of Rural Health Policy and serves as a national clearing house on rural health issues.
- [National Association of Community Health Centers \(NACHC\)](#) - This is the national advocacy group for the 1,400 community health centers across the United States. NACHC promotes efficient, high-quality, comprehensive health care that is accessible, culturally and linguistically competent, community directed, and patient-centered for all.
- [Robert Graham Center](#) - The Robert Graham Center aims to support evidence-based policies to improve primary care. The Robert Graham Center is a collaborator with the Milbank Memorial Fund on the National Primary Care Scorecard.
- [National Primary Care Scorecard](#) - The Milbank Memorial Fund's annual report on the state of primary care in America. The report includes key primary care indicators tracked over the last decade.

State and Local Resources

- [State-by-State Primary Care Scorecards](#) - The Milbank Memorial Fund's annual report on the state of primary care in each state.
- [State Primary Care Dashboards](#) - Some states are leading the way and already publish detailed primary care dashboards. Check out [Virginia](#) and [Massachusetts](#).
- [State and County Departments of Health](#) - Many have their own primary care data or access to federal and state data.

- [National Academy for State Health Policy \(NASHP\)](#) – A nonpartisan, nonprofit organization committed to developing and advancing state health policy innovations and solutions.
- [State Survey Agency Directory \(CMS\)](#) – State Survey Agencies work closely with CMS to ensure that health care clinicians/suppliers that receive federal funds follow federal regulations. Also provides a directory of state survey agencies.
- Independent state health care agencies - e.g. The New York Primary Care Development Corporation
- Independent state organizations and foundations - e.g. The New York Health Foundation
- [Your State’s Primary Care Association \(PCA\)](#) – Your state may have a handful or over a hundred community health centers. Your state’s PCA is their advocacy group and likely has several initiatives to support primary care and improve the quality of care. Their initiatives may include efforts to
 - o Increase access to primary care
 - o Fast track value-based care delivery
 - o Foster health center workforce
 - o Enhance emergency preparedness and response, and
 - o Advance clinical quality and performance

Resources For Policy Options

- [Medicaid Population-Based Payment: The Current Landscape, Early Insights, and Considerations for Policymakers](#) – Center for Health Care Strategies. November 2022.
- [State Primary Care Investment Hub](#) – Primary Care Collaborative.
- [State Trends Primary Care Policy Update](#) – Primary Care Development Corporation. January 2024.
- [Summary of State Legislative Efforts Aimed at Health Care Transformation Reforms](#)
NASHP blog Dec 2023.
- [Maryland Primary Care Program](#)
- [Colorado Alternate Payment Model 2\(Medicaid Primary Care\)](#)
- [Washington State Multi-Payer Primary Care Transformation Model](#)
- [California Advanced Primary Care Initiative](#)
- [Primary Care Access for All: A Road map for Addressing the Primary Care Crisis in Rhode Island](#)
February 2024.
- [State Strategies to Support the Future of the Primary Care Physician and Nursing Workforce](#)
National Association of State Health Policy. December 2022.

Value Based Payment

- [Health Care Payment Learning & Action Network](#)
- CMMI models: [Making Care Primary Model](#)
- [ACO Primary Care Flex Model](#)
- [States Advancing All-Payer Health Equity Approaches and Development \(AHEAD\) Model](#)

Behavioral Health and Primary Care Integration

- [AHRQ Academy: Integrating Behavioral Health and Primary Care](#)
- [Collaborative Family Healthcare Association](#)
- [Care Transformation Collaborative-RI](#)
- [Weitzman Institute](#)