PC4AA Local Playbook

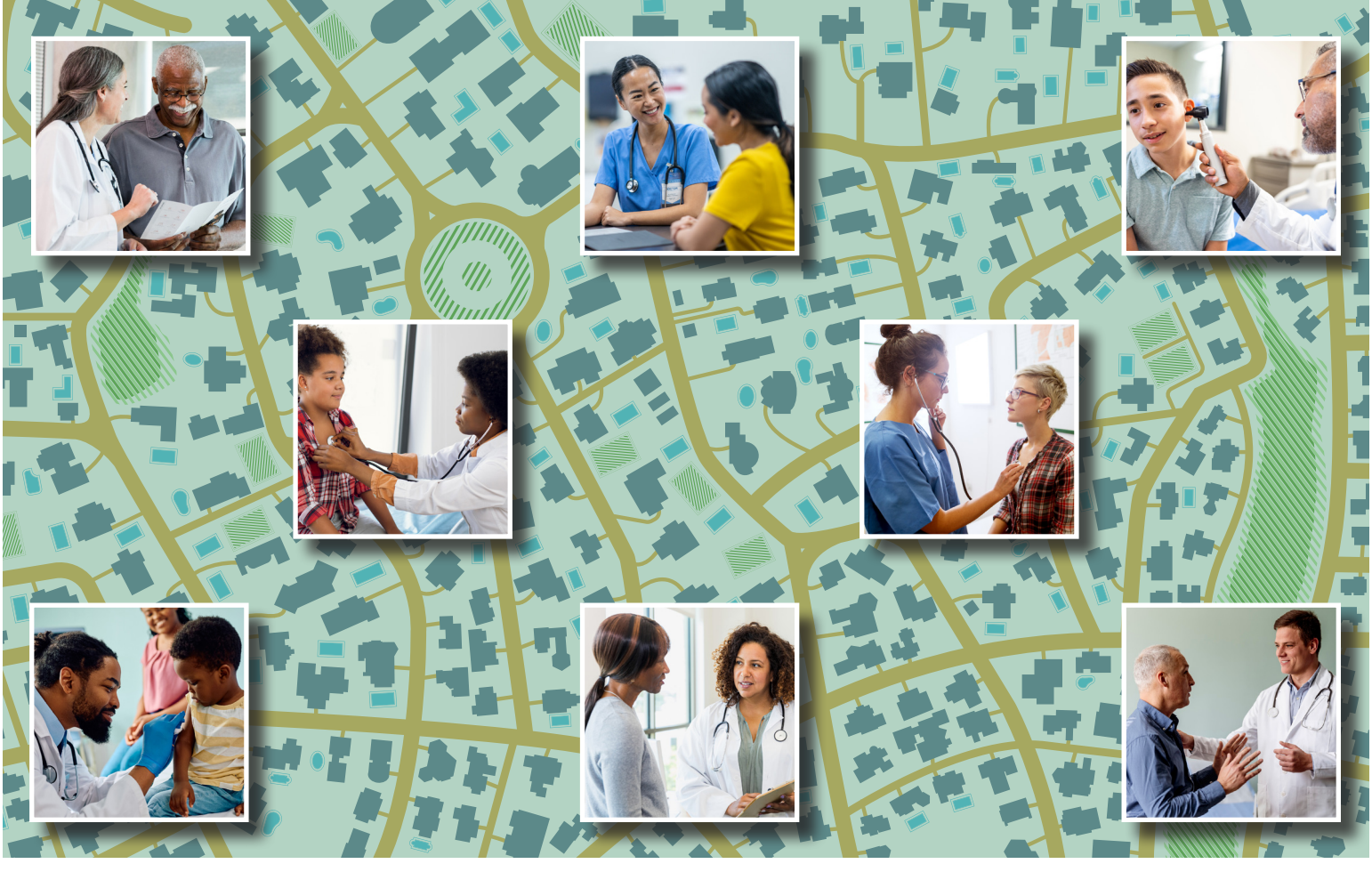
PRIMARY CARE FOR ALL AMERICANS

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!

primarycareforallamericans.org



Executive Summary

Thank you for your commitment to making high-quality primary care accessible to everyone in the United States. This movement aims to transform the health of your community by organizing, assessing the current state, educating the community, identifying opportunities for intervention, and collaborating with stakeholders to bring sustainable, high quality primary care to everyone in your community.

Current Healthcare Landscape
Research indicates that countries with robust primary care systems have healthier populations and lower costs. However, the U.S. ranks poorly among developed nations, spending significantly more on healthcare with inferior outcomes. A key issue is the underinvestment in primary care, which constitutes 30% of the healthcare workforce yet receives less than 6% of total healthcare expenditures. Nations with 50% of the workforce and 15% of the total healthcare expenditures dedicated to primary care have dramatically higher quality outcomes than the U.S.

Access Issues
Currently, about 30% of adults and 14% of children in the U.S. lack a usual source of care, a trend that has worsened since 2000. This lack of access to comprehensive care contributes to a fragmented healthcare experience and strains the primary care workforce.

Goals of the Movement
The PC4AA movement seeks to realign the healthcare system by making primary care foundational while promoting personal and integrated care for all. Local grassroots efforts are crucial to promoting equitable and effective healthcare by ensuring that everyone has access to a primary care clinician.

Resources Provided
This playbook equips you and your community with the tools and strategies to improve access to high quality primary care for all residents, and to connect you with others to contribute to the broader goal of nationwide healthcare accessibility.

You cannot fix this problem by yourself.

But with the help of your local organized community there is nothing you cannot accomplish.

PC4AA Playbooks Workgroup

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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 everyone in the United States!

Everyone should have access to basic health care, no matter who they are or where they live. You are helping us build a grassroots movement to transform the American healthcare system to focus more on keeping people healthy by lowering the barriers to high-quality primary care.

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 U.S. spends twice as much per capita on health care than other developed nations and has health outcomes that lag far behind. An important differentiator between the U.S. and peer nations is investment in primary care services.

Primary care accounts for 500 million patient visits each year – more than half of all patient encounters[1], while making up only 30% of the healthcare workforce,[2,3] accounting for < 6% of total health care expenditures,[4,5] and informed by only 0.4% of the NIH research budget.[6]

Almost every other developed country in the world ensures primary care for their citizens because it is the best way to improve overall health for the lowest cost. Countries that have robust and high-functioning health systems typically invest 15% of healthcare expenditures and 50% of the healthcare workforce on primary care.

Nearly 30% of adults and 14% of children in the US do not have a usual source of care, such as a primary care physician. The trend is worsening. The percentage of Americans with a usual source of care has fallen since 2000 from 84% to 74%. Under-valuing of primary care coupled with lack of access to primary care leads to a fragmented, depersonalized patient experience and contributes to a primary care 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 by making 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 vital parts of the work to help reach the tipping point where primary care becomes available and effective for everyone in America.

This playbook provides information, strategies, and resources to help you work effectively at the local level.

Let's get started!

Playbook Purpose and Use

The purpose of this playbook is to provide local workgroups an outline of objectives, key strategies, and tactics to consider. The playbook offers insights into how to assess your local healthcare landscape and identify barriers to primary care access as well as opportunities for intervention. It outlines organizing and advocacy methods such as grassroots mobilization, coalition-building, and engagement with community partners and policymakers.

By helping advocates like you to identify information, establish goals, and develop actionable steps, the playbook empowers people to coordinate their efforts, leverage resources efficiently, and find ways of making sure everyone in your neighborhood or community has primary care, with the ultimate goal of making primary care available to everyone in America!

Healthcare happens locally. As in any local effort, there is no one-size-fits-all, cookie cutter approach – each neighborhood or community should define the primary care that is appropriate for its needs, challenges, and resources.

How you use the Playbook will depend on where your team is starting. It is designed to link strategy with resources in order to help you identify opportunities, challenges, and interventions specific to your community. Together, you will build a team of stakeholders that can work on solutions together and influence local policy and programs as needed in order to accomplish your goals. Your activities as a local workgroup will also be useful to groups in other communities. Together we can share successes, learn from each other's mistakes, and help state and national-level groups advocate for policies that support improved access to primary care for everyone in America.

If you are just starting the process of building a local workgroup, review the resources on how to identify stakeholders and build collaborations. If you have already formed your local workgroup, you may want to brainstorm with your workgroup to assess the current state of primary care in your community, identify opportunities to improve access, and take inspiration from some of the examples and suggestions in this playbook. Wherever you are in the process, we ask every workgroup to create a picture of primary care in their community by gathering information about the adequacy of the primary care workforce and other primary care resources in their community.

Please review the entire document to appreciate its scope and detail, and then drill down in the sections that are relevant to you. At the end of this document, you will find dozens of resources listed by topic. Dive deep in the areas most relevant to you – workforce, access, team care, payment reform, and more. Learn the ropes and help educate community members, payors, and community leaders.

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 medical professional – often working together with an interprofessional care team – 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. The provision of primary care incorporates a set of four main attributes and characteristics.

- "First-contact" care
- Continuous (ongoing) care
- Coordinated care
- Comprehensive care

Lack of access to primary care creates fragmented, episodic care – leading to unhappy patients, poorer health outcomes, reduced longevity, lower quality of care, higher costs, worsening health inequities, and a stressed health care workforce. When a community has limited primary care access, the people receive care that is often provided in expensive settings such as emergency departments, urgent care centers, and disconnected specialty care settings. Limited access to preventive care results in people delaying care for chronic medical conditions like diabetes, hypertension, and asthma until they are sicker and develop complications, rather than an early diagnosis and proactive treatment. Primary care by its nature aims to keep people healthy, and stop them from developing illnesses in the first place.

To better understand the challenges to primary care, one needs to understand the current American healthcare system, the frustrations of the people who work within it, and the role of third-party companies (many of whom are for-profit) that insert themselves in between patients and their care teams. Learn more about primary care in your community using the sections below and the reference section at the end of this document.

And, have hope! People across the country are making real progress to improve primary care for everyone. **One widely-used framework that serves as a compass to guide efforts at reforming the health system, broadly is called the Quintuple Aim** – 5 critical concepts to keep at the heart of all efforts to improve our American health care system. Not surprisingly high-quality primary care is a foundational component that helps achieve every one of these points!

The Quintuple Aim of Health Reform

1) A positive experience when receiving care
2) Optimal health outcomes for individuals and populations
3) Cost-effective care
4) Personal wellbeing and professional satisfaction for healthcare workers
5) An equitable opportunity for optimal health

Adapted from https://jamanetwork.com/journals/jama/fullarticle/2788483

The Power of Community

Why form a local level workgroup to advocate for primary care for everyone in your community? The simple answer is that many of your neighbors do not have continuous access to primary care and this impacts their health, wellness, and success. Lack of regular access to a primary care also leads to people utilizing emergency rooms for conditions better managed in primary care – which actually drives up the cost of health insurance for everyone. Advocating effectively for primary care for all is the right thing to do for your neighbors, community, state, and country. Helping people to stay healthy is good for the community as well as our families. Stewardship of healthcare resources and developing a sustainability mindset is a responsibility of every citizen. By being a part of this group, you are making a difference in a very smart way!

Communities are where the rubber hits the road for health care. They serve as the testing ground for new ideas and policies that ultimately become state and national policies. Local successes will often draw the attention of legislators and can build grassroots support for a larger movement. Policies in your community can influence other communities and other states - ultimately driving the national conversation about this issue.

By bringing primary care to everyone, you help improve your community and make healthcare more affordable. As you participate in this process, we hope that you can rediscover the power of collaboration. You and your neighbors hold a fundamental power in society - a power created by the collaboration of local people in a local community with local land, local nature, local ecology and a local climate – and plan to continue doing so. That power, sometimes called **the consent of the governed**, is the power that is wielded by all governments. Yet this power actually rests in your hands and it can be accessed and wielded by all of you if you choose to exercise it. It's a power that begins with understanding the organizing process. When you and your neighbors organize, there is nothing you can't do.

How do we organize?

The organizing process can be as simple as talking to friends, family, and influential people in your community, bringing them together to develop a vision, goals, and work plan, and then working together to pave the way for more people in your community to get primary care. The efforts of your PC4AA workgroup will be more effective if you collaborate with like-minded groups. By engaging with a broad range of stakeholders, your local workgroup can gain a deeper understanding of the challenges as well as the opportunities related to improving access to high quality primary care in your community. Collaborations and coalitions foster stronger advocacy and lead to more effective and sustainable solutions.

When your group begins organizing, five conversations will help you build momentum:

- **Invitations:** Who could be good contributors, thinking partners, researchers, doers?
- **Possibilities:** What would we love to see by growing primary care in our community?
- **Assumptions & Ambiguities:** What are our best guesses, hopes, and concerns? What is unclear, unconfirmed, or undecided?
- **Questions:** What would our assumptions and ambiguities look like if we framed them as questions?
- **Actions:** What could we find out or try out to answer those questions? Who will work on which questions and when?

Notice that these conversations are question-based, not assumption-based. They focus on a diversity of efforts, not a consensus of efforts.

The Playbook for Local Workgroups

Primary care plays a vital role in ensuring the health and well-being of neighborhoods and communities. Access to quality primary care, however, can be a challenge for many - particularly in underserved areas. To address this issue, a community-based workgroup can take the initiative to promote efforts to improve primary care access and quality. This local workgroup can significantly impact their community's health by bringing together key stakeholders and leveraging available resources.

The proposed plan involves several key steps. Keeping these steps in mind will help you organize effectively and sustainably. They are essential guideposts for your workgroup's strategy, priorities, and responsibilities. These steps include:

- Build a local, community-based group.
- Identify key roles and responsibilities of workgroup members.
- Assess the current state of primary care in your local community.
- Educate your community about the value and affordability of primary care.
- Identify opportunities for intervention.
- Identify resources to support your effort.
- Establish consensus priorities and a strategy to move these forwards.
- Build a coalition.
- Establish an accountability structure.
- Sustain and adapt the work.

Let's take a closer look at each one of these steps. At the end of this document, you will find additional references to help you learn more about the issues and better advocate for the primary care needs of *your community*.

Build a local, community-based group

Members of the local workgroup should reflect the community, its people, and their demographics. While the workgroup may include members of the general public who are healthcare professionals who work and / or live in the community, **it is essential to include people who receive care locally *as well as those who lack primary care***.

Some people may serve on health care advisory boards, advocates for people with specific chronic conditions, the unemployed, those with housing instability or food insecurity. Additionally, local workgroup should include representation by health care professionals, community health workers, patient navigators, school districts, emergency medical services, first responders, social services and behavioral health care professionals. Even physicians delivering specialty care can be powerful allies – they need a robust primary care system in order for their care to be effective. Some local workgroup may include members of the local government who are interested in improving primary care access in the community.

Rotary clubs nationwide are creating Primary Care Rotary Action Groups (PCRAG) to promote awareness of and universal access to primary care in each local community. If you have a Rotary club in your community, ask them to create their own PCRAG to help you fulfill your mission.

Local service clubs such as Rotary, Lions, and Kiwanis are experienced in organizing, raising funds, and collaborating with multiple non-governmental and charitable organizations to improve and strengthen the local community. Partner with a local service club and ask for one of their members to join your local workgroup.

Your first priority to build a group that will be self-sustaining is by making the meetings accessible, productive, and rewarding for all who attend. This is serious work. The challenges will not be overcome quickly or easily - so remember to celebrate even the smallest victories.

Remember that the workgroup should define its mission, values, governance and procedures. A simple 1- or 2-page document can formalize these foundational concepts for your group.

Identify key roles and responsibilities of workgroup members

Each workgroup should define its functional structure. Below are some key roles that will ensure the basic functions to support progress and sustainability. Remember to maintain a "power with" approach to the work of your group by formally assigning each role - while periodically rotating the roles to improve engagement by all members and avoid burnout.

1. **Manager**
    a. Sets and maintains the relational leadership tone for meetings.
    b. Collaborates with facilitator to develop meeting agendas. Ensures that meetings start and end on time and address all agenda items.
    c. Ensures periodic rotation of roles - including the role of meeting manager.
2. **Facilitator**
    a. Act as a "second" to the meeting manager
        i. Attends to the relational energy in group meetings.
        ii. Ensures all can contribute in the way they prefer.
        iii. Maintains the relational leadership tone for meetings.
    b. Schedules meetings.
    c. Keeps group members accountable to deliverables, deadlines, project timetables, and goals.
3. **Communications**
    a. Maintains the relational leadership tone for meetings.
    b. Communicates with other teams, including local and state healthcare transformation task-forces, stakeholders, and the PC4AA membership at large.
    c. Reports out work projects. Solicits direction from the PC4AA steering committee.
4. **Logistics**
    a. Maintains the relational leadership tone for meetings.
    b. Makes certain that the healthcare transformation task-force has the materials, facilities, and equipment needed to complete tasks.
5. **Note Taker**
    a. Maintains the relational leadership tone for meetings.
    b. Records and circulates meeting minutes.
6. **Finance**
    a. Maintains the relational leadership tone for meetings.
    b. Collects, protects, and distributes funds according to group guidelines. Reports regularly to the healthcare task-force members on the status of funds.
7. **Social Coordinator**
    a. Maintains the relational leadership tone for meetings.
    b. Helps create space for authentic relationships for team members to socialize and engage outside of the direct work.

You might be wondering how to maintain a "power with" approach besides the practical suggestion to rotate roles. There are training materials available in the Relational Leadership links in the resources section of this document.

Relational Leadership was developed by family practice physicians to address burnout and moral injury in primary care. It is based on wide-ranging literature and evidence from social psychology involving community organizing. With a Relational Leadership approach, your task-force members will hold a common language to engage each other. Key relational leadership practices directly useful to task-force members include:

- Understanding the dynamics of the group process.
- Understanding hierarchy and the "power over" mindset.
- Developing a "power with" mindset.
- Verbalizing "positionality."
- Engaging in collaborative decision-making.
- Developing a story of "self," "us," and "now" as leadership actions.
- Maintaining relationships with relational one on ones.
- Transforming conflict to strengthen relationships.

Assess the current state of primary care in your local community

In order to better communicating your needs to partners, policymakers, and community members, you must present a clear picture of primary care access in your community. Information about the types of primary care clinicians (see below) and their geographic distribution in the community will help you describe the gaps and strengths of primary care locally. Even if all data isn't readily available, gather the best data possible and aim to improve it over time. In addition to statistics, your message should include compelling local stories about individuals impacted by lack of access to primary care.

Questions to consider:

- *What data (statistics or stories) may already be available to measure primary care access locally?*
- *What entities collect and analyze that data?*
- *Where are there gaps in those measures needed to better assess the current situation?*

Steps in the process:

- *Identify the characteristics of the population in your community.*
- *Determine the adequacy of primary care access in your community.*
- *Identify the percentage of the population in your community has access to regular primary care as well as where there are gaps.*
- *Apply metrics to establish a baseline and measure progress.*

Describing the population of your community

Start by defining the characteristics of the population of your community. Identify the size of the population, the distribution of age, ethnicity, specific language or cultural needs, the percentage of uninsured, unhoused, and any other characteristics unique to your local area. Your mayor's office can be a good place to start seeking this information, and you can also view census data by zip code here.

Define access to primary care

When trying to define how many clinicians are providing regular primary care in your community, think about who is working full-time and adjust for part-time status if known. Look for clinicians who work in primary care specialties like family medicine, general internal medicine, and pediatrics… but remember that many of these clinicians may work mostly in urgent cares, emergency rooms, hospitals, nursing homes, or even subspecialty offices. These clinicians should not be counted in your measurements of "primary care" access in your community. Look for primary care clinicians and primary care teams that are providing comprehensive (whole-person) care longitudinally (for years and across ages and stages of life).

- **MD and DO physicians**. Look for Family Physicians, Pediatricians, and Internal Medicine physicians who provide *comprehensive, ongoing, regular care outside of the hospital, for a defined panel of adult and/or pediatric patients*. Many physicians listed as pediatricians and internal medicine physicians are actually subspecialists, so it may take a little work to sort this out.
- **Nurse Practitioners**. Sometimes called NPs or APRNs. Look for Family (FNPs), Pediatric (PNP), and Adult (ANP) nurse practitioners who provide *comprehensive, ongoing, regular care outside of the hospital, for a defined panel of adult and/or pediatric patients*. Most will work within a primary care clinic alongside a primary care physician. Depending on your state, some NPs may have full practice authority and have their own offices. Many NPs work with subspecialists, in urgent care settings, hospitals, or skilled nursing facilities. These clinicians should not be included in your assessment.
- **Physician Assistants**. Sometimes called PAs or PA-Cs. Look for those based in primary care offices that provide regular ongoing care to a panel of patients. Many PAs work with subspecialists, in urgent care settings, or hospital facilities. Do not include these clinicians in your assessment.

To determine the adequacy of primary care access in your community, city, or county, start with some general, high-level resources and then drill down to more specific resources for the zip code(s) of your local workgroup: Refer to the Resources section at the end of this document for more information.

Here are some additional resources to define primary care capacity in your community:

- **Community Needs Assessments / Community Health Improvement Plans** - These assessments are periodically done by hospitals, community health centers, and health departments. They review all of the health needs of the community - of which primary care is one essential area. Health departments are required to conduct a community-wide health assessment every 5 years and develop a regional health improvement plan. Non-profit local hospital systems are likewise required to conduct a community health needs assessments, and produce a hospital-specific community health improvement plan. In some locales such as greater Cleveland, Ohio, local health departments and hospital systems coordinate their assessments and improvement plans. A word of caution to local advocates – some of these plans are created by outside contractors and can vary widely in their quality. Community needs assessments and improvement plans are often the result of local efforts to bring different constituencies together. They are good opportunities to partner around common goals – of which a solid base of primary care is the foundation of the solution. Being engaged in future planning and improvement efforts provides an opportunity to directly include primary care in the plans for health departments and hospital systems. Community health improvement plans may provide funding opportunities since hospitals must show community investment to maintain their tax-exempt status.

- **Practice-level counts of primary care clinicians and descriptions of the population** - In smaller communities, it may be reasonable to contact individual practices, community health centers, and health systems to obtain the number and type of primary care clinicians, as well as data on the populations they serve, and how many of their patients live in the zip codes of your workgroup. Try to gather as much information as you can about any specific patient populations these practices serve - adults vs. children, languages spoken, cultures, LGBTQ status, housing status, food insecurity, etc. Gathering this data may be easier if you invite people from these practices to join your workgroup. They are often advocates for improving primary care access to more people.
- **Local EMS** - First responders and emergency medical service staff are the safety net of most communities – caring for patients who fall through the holes of the healthcare and social infrastructure. First responders know the magnitude of the gaps in the primary care net for vulnerable populations. Ask to meet with them to learn more about the biggest challenges they witness in your community. Which patients do they take most frequently to the emergency room? How often do they administer Narcan in the field? What is the nature of their "nuisance calls" (often a proxy for people who have unmet social or health care needs). What percentage of their calls are for unhoused citizens? What are the top three health issues that drive EMS calls and emergency room transfers? This will give your team great insight into the greatest needs in your community, many of which can be addressed with better access to readily available primary care.
- **Access and utilization** - Primary care access can also be assessed by asking practices, health centers, and health systems in your community for data on utilization of services:
    - o The percentage of their patients who have had a well-child visit or a complete physical examination in the last year (or two).
    - o The percentage or patients who received well-child visits or physical examinations as well as a sick visit with the same clinician (a rather precise way of describing the primary care relationship itself).
    - o Wait times for new patients to get a well-child visit or a physical examination.
    - o Wait times for established patients to get a sick-visit or follow-up visit.
- Consider asking clinicians and practices in surrounding communities for this information as well – are people who live in your zip code(s) seeking care in neighboring communities?

Calculating the adequacy of primary care in your community

Once you know the population of your community and the availability of primary care, you can calculate the percentage of the population with access to regular primary care. It is useful to understand where people go for primary care, how far they have to travel, and whether there are the right primary care resources to address the specific needs of your local population.

This is not a perfect process. But we promise you that none of the big players – no medical society, no governmental agency, and no consulting group - has a methodology that is better. They rely on estimates and surveys, or make guesses based on how many clinicians are licensed, not on how many people are actually practicing full or part-time in your community. You are the local experts. Once you make this assessment, you'll know what no one else knows about your own community. You can share that data and help others understand the challenges as well as the opportunities that your community has.

Metrics to assess your baseline and measure your progress

Our "North Star" measure should be one that reflects *an established relationship of every individual with a primary care clinician they know and trust*. Sadly, such a measure does not exist today. We recommend using the proxies listed below to highlight the adequacy of primary care in your community:

- **Total percentage:** Report the total number of "people in your zip codes who have primary care" as the numerator and the "population of your community" (with an estimate of the number of undocumented people added in) as the denominator.
- **Local vs. remote access:** Report the number and percentage of people in your community who receive primary care locally, as well as the total number and the percentage of people in your community who receive their primary care outside your community or via telemedicine. These numbers give your team a better understanding of how easy or difficult it is to receive primary care locally.
- **Number of primary care clinicians per 10,000 population:** The number of primary care physicians, APRNs, and PAs providing regular care within a certain region. The "right" number will vary depending on the level and intensity of healthcare needs of the population in your community. Remember - you are the local experts on primary care adequacy. You will know what the ideal number of primary care clinicians per 10,000 individuals should be for your community. In most cases, reaching the holy grail of primary care for all in your community will take a very long time. Expect the per capita ratio will fluctuate, and the work to be ongoing.
- **Primary care practice geographic distribution:** Where the offices are physically located in your community. Are they accessible by bus or by people with limited transportation options?
- **Primary care workforce alignment with local demographics:** While you may be fortunate to find that the ratio of primary care clinicians to population size is adequate, there can still be significant gaps in primary care adequacy in your population. For example, if there is a large Spanish-speaking-only population, you will need primary care teams who can effectively eliminate this language barrier. If your community is rural and no one locally provides prenatal care, you will need to address this as well. As you work to define the current state of primary care in your community, keep track of such demographic needs and the availability of matching primary care services.
- **Average wait times for a primary care appointment, by zip code or locale:** Access to primary care, while not a true representation of primary care effectiveness, serves as a proxy to describe the adequacy of workforce expansion efforts over time. We suggest measuring this for both new patients seeking to establish care as well as those seeking follow up appointments. Consider having "secret shoppers" call local practices to get a sense of this or ask local practices to participate in the process as members.
- **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 by searching "Find HPSA Score." Scores range from 1-25, and there are separate scores for primary care, dental care, and behavioral health. The higher the score, the more underserved - i.e. the more need there is for those services in the community.
- **Local EMS:** Local emergency medical services typically track the number of frequent users of the EMS system, which is an indicator of poor primary care access for vulnerable populations.

Other data that may help your team to better describe primary care in your community:

- The percentage of total health care expenditures spent on primary care.
- How primary care visits are paid or reimbursed
  - Insurance (Commercial, Medicare, or Medicaid)
  - Cash for service
  - Membership fee ("Direct Primary Care")
  - Insurance plus membership ("Concierge Care")
  - Cost sharing plans
  - "Sliding scale discounts"
  - Charity care.
- Metrics that describe the primary care workforce, such as new entrants and retirements of the primary care clinicians in your community.
- Metrics that focus on primary care utilization and the type of services provided such as preventive screenings and vaccinations.
- Metrics that focus on health equity such as language accessibility, cultural competency, social drivers of health, access to digital health, and workforce diversity.
- Patient experience metrics - see the state and national primary care scorecards/dashboards in the reference section.

It is not necessary to collect or know all of these metrics. They are mentioned here to provide you and your workgroup with several ways to think about the challenges and opportunities in your community as you work to create a meaningful impact for you and your neighbors.

Educate others about the value and affordability of primary care

Some cities and towns have chosen to pass resolutions affirming their support of primary care for all (see example in Appendix B). These resolutions often follow an educational process in which a local workgroup helps their town or city council learn about the value of having adequate primary care access in their community. These resolutions may not require any spending or financial commitment on the part of the city or town, but they do represent an effective method of calling attention to the value of primary care. They can often be an early "win" for a new local workgroup and can help the workgroup cement its sense of collaboration and focus. Other cities and towns may pass resolutions supporting proposed state legislative action - attracting the attention and support of state senators and representatives to the legislation. Such resolutions also represent a "win" that the local workgroup can celebrate as it gains momentum.

Additional opportunities to educate community members and leaders include:

- Offer to give a presentation to your local Rotary Club or civics organization about what your group is doing. Ask for their support and expertise with raising funds or communicating with the local business leaders.
- Meet with your mayor's office to provide information about PC4AA and what your group's efforts will entail.
- Meet with your local health department and invite them to join your group

Identify opportunities for intervention

Across the nation there are bright spots in communities that have taken important steps to intervene toward the goal of achieving improved primary care. **We encourage you to learn more about what is already being tried, and what has worked in other places**. You are not alone! Many others have already developed solutions that you can refine and use in your community.

Questions to consider:

- *What are the strategic opportunities in your community to advance primary care?*
- *What efforts are already underway in your community and state?*
- *Who is leading the efforts already underway and how can you collaborate?*

As you work together to develop strategies, consider the following:

- *Most of the challenges we see in communities are part of a broader system. We encourage you to **evaluate these opportunities using a systems-based approach**. Can you tell which systems are doing a better job of achieving the desired outcome of primary care for all, and which systems are not? Do people in the workgroup understand why these systems are producing the outcomes that they are?*
- *Each community is unique. **What works in one community may not work well in another**. In your community, for instance, other service clubs (Kiwanis, Elks, Shriners, Lions Clubs) or coalitions of religious social action groups might be more appropriate to involve than the Rotary club.*
- *Take the best of what is working in other locations and adapt it to fit your community's specific needs. Share what's working well in your community with others as well.*
- *Try to prioritize your interventions based upon what is most urgent, most impactful, and best resourced. **Do not try to boil the ocean**. Your movement will take years of work to accomplish, and every step that creates progress matters.*

Here are some examples of effective interventions already underway, organized by the nature of the intervention:

Community Funding of Primary Care

- **Health Alliances** are non-profit organizations of volunteers working to create a healthy community by providing local, affordable, and accessible healthcare. They can function as Primary Care for All Americans local workgroups, or can function alongside and in collaboration with local work groups. The Scituate Health Alliance is the oldest and best known. This program is funded by contributions from local towns and private contributions, which purchase primary medical and dental care from local clinicians and practices via a yearly subscription purchase of these services. Purchasing primary care by the month or year is an effective way for cities and towns to provide this needed service while capping their financial risk.
- **Community-Owned Health Plans (COHPs)** are an alternative to traditional health insurance. The model is designed to be owned, governed, and managed by the community it serves. These plans prioritize local needs, often focusing on increasing access to healthcare and improving health outcomes in specific regions. The health plan is owned by the local community or a non-profit organization, often through a cooperative or public structure. The idea is to keep control in the hands of those who use and benefit from the services, rather than external shareholders or third-party for-profit entities. They are typically governed by a board of directors composed of community members, local health professionals, and other stakeholders. This structure allows for decisions to be made with the community's best interests in mind, and ensures that the profits or savings are reinvested locally. Examples include the Scituate Health Alliance and Common Ground Healthcare Cooperative.

- **Membership-based primary care models:**
    - **Direct Primary Care (DPC)** is a form of comprehensive and highly accessible primary care that operates outside of the traditional insurance-based system. It is one possible way for communities to purchase affordable primary care for those who otherwise would not be able to access to it. DPCs are paid via a periodic membership fee, similar to a gym membership, which means that the cost is predictable and easy to factor into a budget. The membership fee may be paid by the patient, the patient's employer, or anyone willing to cover the expense of the fee. The membership fee typically covers unlimited access, same day or next day services, longer appointments, and virtual care options. The practice does not bill insurance for services provided by the DPC, and accepts patients regardless of insurance status.
    - **Concierge Medicine** is a model where a primary care practice charges a periodic "membership" fee in addition to billing insurance. This gives the practice financial latitude to provide care to a smaller patient panel. The smaller panel size allows patients to get more timely care and spend more time with their clinician. This transforms the experience from a transaction to a relationship, building trust and enhancing communication as a way of promoting healing. As with DPC, the membership fee may be paid by anyone willing to cover the expense in exchange for a higher quality primary care experience.
- **FQHCs** - Federally Qualified Health Centers, also known as community health centers, may be interested in partnering with your group to improve access to underserved community members through local fundraising, applying for grant money, or collaborating with other non-profit organizations.

Developing, Recruiting, and Retaining a Primary Care Workforce

Primary care is what many healthcare professionals want to do. Many dream of working in their own communities, and caring for the people they know and love. But the cost and the difficulty of health professional education is intimidating. The challenge is to help students from your own community to see a path forward and be supported along the way, while attracting and retaining health professionals from elsewhere until the next generation of students are fully trained and return home to practice.

Here are some ways of helping students from your community choose primary care careers:

- Develop shadowing and mentorship programs for local students. Pair students who have an interest in healthcare careers with a health professional practicing in or near their community.
- Create health professional interest groups and career days for high school students. The educators at your local high school are often looking to build meaningful community mentoring relationships.
- Create scholarships for high school and college students from your community to return home and work in primary care practices in your community.
- Develop high-school training programs for community health workers, medical assistants, and EMTs. Your community's healthcare team is large and diverse - and needs passionate people with all types of skills.
- Develop scholarship programs to support local students through health professional training. Make certain that such scholarships and grants include a contractual obligation to practice in your community for a certain number of years.

Recruiting health professionals often requires a community-wide support as well as decent pay, a livable workload, and benefits. Consider partnering with your local hospital to explore collaboration to recruit new clinicians to your community.

The most powerful predictor of where a health professional will practice medicine is the location of their training program. Residencies are generally the first three years after they graduate from a medical school or graduate training program.

- Partner with local hospitals and community health centers to develop primary care residencies to serve your community. Such training programs may include primary care physicians (MD, DO), nurse practitioners (APRN, FNP, PNP), and physician assistants (PA).
- Create loan repayment programs to help health professionals pay off their educational loans in return for a set number of years of service. Remember that the healthcare team that your community needs is diverse. Consider loan repayment programs for clinicians as well as clinical pharmacists, physical therapists, dental hygienists, counselors, psychologists, and community health workers.
- Become actively involved in your community's recruitment process for health professionals. Offer tours of your community and the opportunity to meet the people they will serve as well as the mayor, churches, mosques and synagogues, YMCA/YWCA, Boys and Girls clubs, social organizations, and local sports teams that make your community a vibrant place to live.
- Consider developing other types of incentives for health professionals to practice in your community. Some communities have provided physical space or low interest loans for new practices to open or relocate.
- Develop high-quality primary care clinics that are fully funded by your community and require no insurance to receive services and / or require monthly dues for membership.

Many of the approaches that communities use for recruitment of clinicians also work for retention. Reach out to your local health professionals and help them integrate into the life of the community. Help them to establish personal and cultural community ties that bind. Town or city governments should consider consulting with their health professionals regularly about community-level decisions that might impact the health of the population. Involve your local clinicians as school physicians or as part of a school-based health center. Ask them to be part of task forces or commissions to address specific issues such as housing, substance abuse disorder, teen pregnancy or mental health. Highlight their work at public gatherings. No one needs constant praise, but no one wants to be ignored. Your primary care clinicians contribute significantly to the quality of life in your community.

Coordinating Care Across Systems or Functions

Community Multidisciplinary Teams consist of different types of healthcare professionals who coordinate the health care of at-risk community members with complex medical conditions and the elderly. These teams may include primary care clinicians, first responders, home care agencies, mental health professionals, and representatives of various state agencies. See Central Falls Rhode Island Multidisciplinary Team for one example. Consider having your local PC4AA workgroup facilitate the connection of your local primary care clinicians with allied health agencies to establish or connect with a Multidisciplinary Care Team. Getting the right level of resources to the right people will help improve the health of your overall community.

Engagement with Underserved Populations

When even a small percentage of people do not have access to primary care, it hurts everyone in the community. Underserved and marginalized populations develop health problems more often because of substandard housing, poor environmental conditions, lack of access to affordable nutritious food, and many other Social Determinants of Health (SDOH). With the least access to care at all levels, underserved groups also have increased difficulty treating chronic medical conditions before they have significant complications.

People with chronic, uncontrolled health conditions and limited access to primary care then end up putting a strain on community emergency services, law enforcement, and hospitals. First responders and hospitals cannot turn anyone away from emergency care when they need it. But it is far more cost effective to prevent and treat such conditions before they become medical emergencies. Additionally, when hospitals have large numbers of uninsured patients, they increase the rates they charge health insurance companies… who then increase their rates for people purchasing health insurance. The greater the number of people without insurance, the greater the likelihood of increasing the cost of health insurance for everyone! Coordinated, high quality primary care for all helps to keep down everyone's costs.

Intervening to provide better support for underserved populations is a crucial step in improving access for everyone - improving the physical and economic health of your entire community across the whole socioeconomic spectrum. Strong evidence has demonstrated that high quality, accessible primary care can reduce health disparities and improve outcomes for everyone in the community.

Below are some valuable interventions which are creating meaningful impacts for underserved populations across the nation:

- **Community Health Workers** (CHWs) are vital members of the primary care team. They are community residents who are members of the community and understand local resources and agencies. CHWs cultivate connections between people, their communities, primary care organizations, behavioral health providers, and many other supportive services. CHWs usually know where people in the community gather to discuss important issues - churches, mosques, synagogues, social clubs, hairdressers, barbershops and other community organizations.
- **Mobile Integrated Health Units**. Some fire departments have implemented a program to provide a team of professionals - often a registered nurse, a social worker, and a mental health specialist - to facilitate care for vulnerable populations with medical, psychiatric, or social unmet needs. "Community paramedicine" teams are mobilized by fire and EMS first responders to help connect at-risk citizens with effective resources to get their health and wellness back on track. As a frontline team, they serve as a crucial bridge between first responders and primary care, ultimately improving the health of at-risk people while decreasing their need for emergency services, ERs, and hospitals.
- **Health Equity Initiatives**. Health equity is the idea that everyone should have the same fair and just opportunity to be as healthy as possible. It's achieved when everyone has access to affordable, culturally competent health care, regardless of factors like race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, and preferred language. The social determinants of health (SDOH) play a critical role in shaping a person's long-term health. For example, individuals living in low-income neighborhoods often have less access to healthcare, healthy food, and safe environments - leading to increased chances of having worse health outcomes and shorter lives compared to people living in wealthier areas. These inequities perpetuate differences in outcomes from diseases like diabetes and cardiovascular conditions, as well as life expectancy. To learn more about the SDOH in your community, there are two valuable resources you can consider: the Area Deprivation Index (ADI) and the Social Deprivation Index (SDI). The SDI emphasizes SDOH more directly related to individuals or groups, while the ADI focuses on the deprivation of communities at large.
- **Housing First programs** are initiatives that prioritize providing immediate, stable housing for individuals experiencing homelessness. Housing stability is fundamental to improving healthcare outcomes. The idea is that stable housing serves as a bridge to effective healthcare, improved long-term outcomes, and decreased overall cost to the system. Once housed, individuals can then start to focus on engagement with healthcare services

including mental health care, substance use treatment, and primary care. Stable housing reduces the stressors that often exacerbate physical and mental health conditions, making interventions more effective. The Pathways Housing First Institute is an excellent resource for this.

- **Naloxone programs** are initiatives designed to address the opioid overdose crisis by increasing access to naloxone (Narcan), a life-saving medication that reverses the effects of opioid overdose from medications like fentanyl. These programs equip community members, first responders, and individuals at risk of inadvertent opioid overdose with the knowledge and tools necessary to respond quickly to overdose situations - while also connecting people at risk to primary care and treatment for substance use disorder, creating a pathway to recovery. An example is Project DAWN in Ohio.
- **Long-acting (injectable) antipsychotic medication programs** are designed to provide patients with severe mental health conditions, such as schizophrenia or bipolar disorder, with reliable treatment with long-acting injectable medications. These are typically administered every 2-12 weeks. Having stable doses of long-acting medications can restore a person's ability to function, while reducing their utilization of emergency and hospital services. Reduction in symptoms also helps them to secure stable housing and treatment for other medical conditions. Local PC4AA workgroups could work to increase collaboration between primary care clinicians and local programs to help manage these types of medications.

Influencing Existing Structures - Health Systems, Laws, and Ordinances

- **Impacting the boards of Federally Qualified Health Centers**. Community health centers are federally-funded in order to care for everyone in the community regardless of their insurance status. By federal law, over half of their board must be made of community members who are patients of the health center. In some communities FQHCs are the only source of primary care, while in areas with more plentiful primary care they serve as the safety net provider. A local workgroup may be able to find opportunities to address these boards to foster collaboration or seek board membership.
- **Impacting the boards of hospitals**. Hospitals often employ large numbers of primary care clinicians as part of their network of outpatient clinics. The hospital system has the ability to prioritize recruitment and retention of primary care clinicians. Many have even started residency training programs for family medicine physicians. Unfortunately, because of how hospitals are reimbursed for the care they provide (fee-for-service or per procedure), efforts to improve primary and preventive care may not necessarily be high priorities. A local workgroup, however, may be able to find opportunities to address these boards or seek membership on them, thus influencing how much the hospital invests in primary care.
- **Local ordinances and resolutions**. This encompasses various efforts, such as resolutions in support of state-level policies, affirming principles of providing primary care to everyone, or actually enacting local policies to fund primary care. An example can be found in Appendix B.

Identify resources to support your effort: Fundraising

The work you do will be an investment of your time and energy, but there will be other small expenses related to ongoing functions of the group. Each group should be financially self-sustaining by raising and managing a limited amount of funds to support group activities.

To fund your workgroup's initiatives, consider these strategies:

- **Community Fundraising:** Partner with local service clubs like Rotary, Lions, or Kiwanis to organize fundraising events such as health fairs, parades, or house parties.

- **Local Businesses:** Request donations from local businesses for supplies, goods within the community to support efforts (i.e. many restaurants will donate a 'free' meal for 2, perhaps as a raffle at certain planned events; have a bake-off contest between two community member volunteers, etc.) Host neighborhood fundraisers with donated gifts from local businesses.
- **Foundation Grants:** Research local and national foundations, including family foundations, for potential grants to support primary care initiatives, counseling services, and scholarship programs. One example: the Carney Family Foundation in New Bedford, MA.
- **Individual Donations:** Reach out to wealthy individuals, families, and friends in your community to solicit donations for your workgroup. Consider hosting a "Primary Care Gala" to build awareness while raising funds.
- **Creative Fundraising:** Organize fun and engaging events like a "Walk for Primary Care" or a "Run for Your Life" to attract participants and raise money. Plan a white elephant gift exchange with invitations that include an option to directly donate as well as attend.
- **Direct Donations:** Encourage community members to make direct donations to your workgroup through a designated fund, such as a 501(c)(3) organization like PC4AA. This allows donors to receive tax benefits and ensures that their contributions are used to support your specific initiatives.

House Party Guide

To host a successful house party, follow these steps:

1. **Set a Date, Time, and Location:** Choose a convenient time and place for you and your guests.
2. **Send Invitations:** Create a save-the-date and formal invitations.
3. **Plan the Menu:** Decide on a menu, and whether it's potluck or catered.
4. **Organize Entertainment:** Consider live music, games, or a themed activity.
5. **Collect Donations:** Set up a donation box or ask guests to donate online.

Remember, the primary goal of your house party is to raise funds for a worthy cause while bring people together.

Establish consensus priorities and a strategy to move forward

An essential element of working in collaboration is to reach consensus with your partners on the priorities of your efforts. Many of your collaborators may have their own priorities. One strategy is to identify those areas where your interests are aligned with your partners.

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

- *What does the data tell you about primary care adequacy and population-level priorities in your community?*
- *How can your team leverage current primary care resources and initiatives already under way to expand equitable access?*
- *What resources do you need to address the population priorities in your community?*
- *With whom does your coalition need to build consensus in order to create the needed resources?*

Creating a consensus and developing your strategy will involve several steps. The goal is to obtain a fair and reasonable prioritization of issues that all accept and are willing and able to support.

Build a coalition

Your workgroup's impact will grow through collaboration with others who share the vision of accessible healthcare for all. Coalitions unite organizations with shared goals - focusing on local access and policy support. Start by identifying common ground across organizations' policy agendas and advocacy efforts. A unified vision ensures every individual has access to a trusted clinician, and every community has strong local resources. All potential members of your coalition should agree on the vision and goals of Primary Care for All Americans:

> ***All people in America with a primary care clinician. Every neighborhood and community with a great primary care practice. By including all people in America, we can improve public health, lower costs, and help strengthen our democracy.***

Key Steps for Building a Coalition

Step 1: Identify Key Stakeholders

Start by mapping out the primary groups in your community with a vested interest in healthcare. Identify organizations and individuals whose mission, work, or influence can support the goal of accessible healthcare. At every meeting, ask group members *"Who else should be included?"* Continue the search for allies–this is how we expand our movement.

Stakeholders may include:

- **Local healthcare providers:** Primary care clinicians, community health centers, and local clinics that serve as frontline access points.
- **Public employees and unions:** Teachers, public service unions, and other employees who directly impact healthcare accessibility and can advocate for expanded services.
- **Community organizations:** Local clubs and organizations (e.g., Rotary clubs, chamber of commerce) that can mobilize members, raise awareness, and foster partnerships.

Step 2: Evaluate Existing Efforts

Research the current advocacy landscape in your community. This includes assessing which groups are already active in healthcare advocacy, as well as their strengths, strategies, and recent achievements. Look for opportunities where your workgroup's goals intersect with theirs to find common ground and discuss collaborative action.

- **Primary care needs assessment:** Identify areas where primary care access is limited, and review existing programs aimed at addressing these gaps.
- **Policy alignment:** Understand each stakeholder's policy priorities, and look for overlaps with your coalition's goals to unify messaging and objectives.

Step 3: Engage Strategic Partners

Strategic partnerships will be crucial for building momentum and gaining support. Leverage your research to conduct outreach and establish connections with organizations that align with your mission. Consider hosting a kick-off meeting or event to introduce your coalition's goals and invite potential partners to discuss their interests.

- **Grassroots mobilization:** Launch campaigns to engage the community, fostering local support through social media, events, and informational meetings.
- **Community forums:** Host discussions to share insights, identify shared goals, and collaboratively design a unified strategy.

Step 4: Collaborate to Develop Tailored Solutions

Once your coalition is formed, work together to create specific policy proposals, programs, and initiatives that address local primary care needs. Encourage active participation from all coalition members, as each partner brings unique expertise and resources to the table.

- **Policy advocacy:** Collaborate with government officials, healthcare professionals, and community leaders to advocate for policies that improve access and funding for primary care.
- **Program development:** Design initiatives that respond directly to your community's healthcare gaps, such as increasing the number of primary care clinicians in underserved areas or expanding access to preventive services.

Key Stakeholders to Engage

Healthcare and Community-Based Organizations

- **Community Health Centers (CHCs):** Serving over 30 million Americans, these centers are invaluable for identifying underserved areas and building local partnerships. Contact your state's Primary Care Association to explore state-level initiatives.
- **Insurers:** Insurance providers are key players in determining reimbursement rates and can support funding structures for primary care services.

Business and Local Organizations

- **Business community organizations:** Employers, local businesses, and associations can support wellness programs, promote direct primary care models, and advocate for health insurance models that emphasize primary care.
- **Rotary Clubs, Chambers of Commerce, and service clubs:** These organizations have deep community connections and can mobilize volunteers and resources to support coalition efforts.

Government and Public Agencies

- **State Department of Health and Human Services:** Responsible for state health policy, funding, and regulations; often housing the Office of Primary Care, this agency is critical in expanding healthcare access.
- **Medicaid agencies:** Each state has an agency that manages healthcare for low-income residents, offering a direct link to addressing primary care needs within this demographic.
- **Governor's Office and state legislature members:** Key policymakers who can drive statewide initiatives for healthcare accessibility.
- **Local government:** City council members and the mayor's office can influence local policies and provide support for community-wide healthcare initiatives.
- **Unions:** Engage public employee unions to advocate for healthcare access and policy changes.

Emergency and Educational Services

- **Emergency Services (EMS):** EMS and fire departments can provide data on emergency care usage and work to address gaps that lead to overreliance on emergency services due to inadequate primary care access.
- **School systems and public employees:** School nurses, teachers, and union representatives can engage families and promote preventive care education.

Faith-Based and Social Service Organizations

- **Faith-based groups:** Church outreach programs, ecumenical organizations, and other faith-based groups serve as trusted voices and are often already involved in community service.
- **Social service providers:** Food banks, the United Way, Salvation Army, and similar organizations help address the social determinants of health that impact primary care access.

Additional Stakeholders

To host a successful house party, follow these steps:

1. **Hospital auxiliaries and ER nurses:** Hospitals and ER staff offer critical insights on healthcare gaps and provide support for outreach and education initiatives.
2. **Direct Primary Care advocates:** These stakeholders can help build models for affordable and accessible primary care, especially for uninsured and underinsured individuals.

Establish an accountability structure

Incremental changes to provide primary care to everyone in your community may take years to accomplish. The trick is to set achievable short-term and long-term goals, use clear measures and a yearly reporting process to hold one another accountable, as well as the policy and political folks who are on the team. This is also a way to celebrate your successes, loudly and publicly, while drilling down on missed targets to help your community learn how to make progress together.

Questions to consider when defining success and exploring accountability:

- *How do we monitor progress toward providing primary care to everyone in our community?*
- *How do we know we have achieved our aims?*
- *How do we hold ourselves accountable?*

Build a work plan around achievable one-year, three-year and five-year goals. Create a yearly report to the community, in which you list your activities and accomplishments, as well as your short term and eventual targets, always highlighting the number and percent of people in your community who have an active and robust primary care relationship. Remember that the winds of healthcare as a business are constantly shifting. Hospitals are bought and sold and sometimes close. Insurers change their policies, and are also bought and sold. Big retail pharmacy chains open retail-based clinics this week and close them next week. Home health organizations come and go. Medicaid programs support care this year, but don't the next year. Medical schools and nursing schools train more primary care clinicians this year, but fewer next year. And so forth.

Your activities should focus on achievable goals in the short term that build momentum toward bringing primary care to everyone. Don't forget to celebrate every time you win *any* victory, big or small. The town council passes a resolution urging everyone to have primary care? Have a party. One student from your community gets into nursing, medical social work or pharmacy school? Have a party. Double the number of members of your work-group? Have a party. When bigger stuff happens, have a ribbon cutting, a gala AND a party!

Just remember to record each victory in your yearly report to the community, along with the number and percentage of people in your community who have primary care.

Sustain and adapt the work

The movement to bring primary care to everyone will achieve many quick wins, but it is a long-term endeavor and will require built in sustainability for the movement to *evolve and adapt* as new opportunities and challenges emerge. A few key approaches will create this sustainability and support long-term success:

- Building **redundancy** into the initiative fosters resilience, so that if one person leaves, others can step up.
- Moving from a **hub and spoke organization**, with centralized leadership at the beginning, to **a web organization** over time, fosters agility as multiple nodes in the movement see opportunities and challenges and can act swiftly.
- Robust **information sharing** enables everyone to see what is happening and take advantage of emerging opportunities.
- Sharing **information** both **within the initiative** AND in the **external environment** fosters sustainability by minimizing work that dies in dead ends.
- **Investing in relationships** may be the most important factor in fostering sustainability. Without personal relationships forged in shared accomplishments, people drift away because they don't feel connected and valued. Successful initiatives are built on trusting relationships developed around a common goal.
- Communicating a **large vision** with **incremental goals** keeps people motivated by the shared vision combined with a recurring sense of accomplishment.
- Over time, **build capacity** by rotating roles, developing participants' skills, and engaging new participants for tasks that are important but beyond the ability of those already involved.
- **Celebrate** successes and **learn and move on** from failures - **together**.

Consider these factors at the outset. Periodically check this list to see what else can be done. Pay particular attention to these factors at points of transition. You may just inspire a movement!

Resources

We, the authors of this local 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!

Primary Care Workforce Data:

- **State 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.
- The **Primary Care Collaborative** has published primary care fact sheets for every state and the District of Columbia, which provide a helpful overview of the status of primary care in each state.
- **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 Primary Care Dashboards**. Some states are leading the way and already publish detailed primary care dashboards. Check out Virginia and Massachusetts.
- **Kaiser Family Foundation**: A 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. Use their HPSA (Health Professional Shortage Area) Finder to check primary care resources in your community.
- **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.
- **HRRI – Healthcare Regulatory Research Institute**. 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.
- **DPC Frontier**. The DPC Frontier Mapper shows many (but not all) Direct Primary Care (DPC) practices and their locations. However, DPCs are not required to self-report, and there may be many DPC practices in your community that aren't reported. You can do a simple internet search for direct primary care in your area to find local practices operating in this model.
- **State and Local Health Departments:** Many local health departments publish reports on healthcare access, including primary care.
- **State Licensing Boards:** The state department of health and the state licensing boards usually have data on the number and types of clinicians and their ages in their counties and state, although licensing data only tell you who is licensed, not who is practicing.
- **Local Hospitals and Medical Societies:** These can provide information about the number of primary care physicians and clinics in your area.

- **Association of American Medical College (AAMC) Reports:** Offers insights into healthcare professional distributions.
- **State health departments and/or licensing bodies** should be able to provide information on local providers in your zip code(s).
- **Network organizations** such as hospitals and managed care organizations have information on their clinicians and should be considered as a source of information about local clinicians, although the information they provide may be out of date and need to be validated.
- **Web sites** such as Zocdoc can be searched by zip codes for primary care clinicians.
- **Medicare** providers by zip code are available here.

State and Local Resources

- **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
- **Rotary Action Groups** - Rotary Action Groups are independent, Rotary-affiliated groups made up of people from around the world who are experts in a particular field, such as economic development, peace, addiction prevention, the environment, or water. Action groups offer their technical expertise and support to help clubs plan and implement projects to increase our impact, one of Rotary's strategic priorities. This support includes helping clubs find partners, funding, and other resources. Action groups can also help clubs and districts prepare grant applications, conduct community assessments, and develop plans to monitor and evaluate their projects. Read more about these activities in the Rotary Action Groups annual report highlights. Anyone who wants to share their expertise to make a positive difference can join an action group. Only Rotarians, Rotaractors, and Rotary Peace Fellows can serve in leadership roles.

Relational Leadership & Relational Community Organizing Training Resources

- https://wwwp.simpli5.com/
- Relational Leadership Institute - Oregon Health Sciences University
- UNC Relational Leadership Program
- Intend Health Strategies
- Relational Coordination at Brandeis

Federal Government Agencies with an Essential Role in Healthcare

- 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 healthcare 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 professionals. 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

- Millbank 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-stakeholder 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; KFF Health News; 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 clearinghouse 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 State. 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.

Resources for Policy and Investment

- 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.
- Summary of State Legislative Efforts Aimed at Health Care Transformation Reforms. NASHP blog eepDec 2023.
- CA Advanced Primary Care Initiative Memorandum of Understanding Among California Payers in Support of Multi-payer Partnership. CA Quality Collaborative and the Integrated Healthcare Association 2022.
- 2023 End-of-Year Report California Advanced Primary Care Initiative. December 2023.
- Early Successes Of The Maryland Primary Care Program. Haft H; Klembczyk K. Health Affairs. 2021.
- Primary Care Access for All: A Strategic Road Map for Patient Access and Primary Care Workforce Capacity Building. RI Primary Care Workforce Taskforce. 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 Models

- Health Care Payment Learning and 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 Resources

- AHRQ Academy: Integrating Behavioral Health and Primary Care Collaborative Family Healthcare Association
- Interprofessional Primary Care InstituteCare Transformation Collaborative -RI
- Weitzman Institute

Interprofessional Primary Care Teams

- Interprofessional Global
- National Center for Interprofessional Practice & Education
- Interprofessional Primary Care Institute
- National Academies of Sciences, Engineering & Medicine

Appendices

APPENDIX A

PC4AA Workgroup Invitation

Dear x

Primary Care for All Americans is a new organization that focuses on improving access to primary care for everyone, in every neighborhood and community, understanding that access to primary care is the gateway to the best health for all at the lowest cost.

We are organizing a Primary Care for All Americans workgroup in _____, and hope you can join us. Don't worry, no salesman will call and we're not going to ask you for money, only for a little time, and to share some of your expertise and your knowledge of this community and how things work here.

This is a workgroup of volunteers from our community. We'll meet for about an hour every two weeks, sometimes in person but mostly on zoom, and together work to figure out how we can improve access to primary care in _____, using models from around the country and supported in this process by Primary Care for All Americans, a new national nonprofit which is working in communities like ours around the country.

One of us will be calling you soon to explain more and answer any questions you may have.

We meet next on zoom on ____ at ____. Please join us!

APPENDIX B

Sample City or Town Resolution:

CITY/TOWN OF _____

RESOLUTION SUPPORTING PRIMARY HEALTH CARE

WHEREAS, primary healthcare is the only medical service that has ever been shown to improve

the health of the public and reduce the cost of healthcare; and

WHEREAS, it is in the best interest of the Town of _____ that we have the healthiest population and most affordable health care in (State) and in the United States.

NOW THEREFORE, BE IT RESOLVED that the _____ City Town Council urges every _____ Resident to have and use primary care regularly or as needed. We urge all town employees and all our health care workers to work together to make sure everyone in _____

has the opportunity to have and use a primary care relationship, so that everyone in _____has primary care, and so we together prevent preventable diseases and make _____the healthiest place in (State), in the United States, and the world.

By Order of the_____ Town

In WITNESS WHEREOF, I hereby attach my hand and the official seal