HEALTH CARE RENAISSANCE SUMMIT

Measuring What Matters

A guide to community primary care reports

Neda Ashtari, MD, MPP
Executive Director, Primary Care for All Americans

Pamela Kavanaugh
New Bedford Workgroup Lead

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OBJECTIVES

What we will cover

01

What are primary care reports?

02

Why do we need them?

03

How do we create one?

04

How do we turn data into solutions?

What is a primary care report?

A primary care report maps local workforce, access, geography, and community characteristics to show where primary care is falling short.

DESCRIBE

Where are the gaps?

Which neighborhoods and populations lack access and who is most affected?

EXPLAIN

Why do they exist?

Connect workforce, geography, and lived experience to find the actual drivers.

DRIVE ACTION

What are the solutions?

Translate findings into targeted policy change.

How existing workforce measures fall short

WHAT EXISTING MEASURES COUNT

- Clinicians per 1,000 residents in an area
- Federally designated shortage areas
- Data from national workforce registries

WHAT THEY DON'T

- Whether patients can get an appointment
- Wait times for new and follow-up visits
- Whether clinicians live in the communities they serve
- Whether the workforce speaks community languages

> *These measures estimate clinician supply. They cannot tell us whether residents can or do actually access care.*

How existing utilization measures fall short

WHAT THEY COUNT

- Annual primary care visit rates for Medicare patients
- Preventive screening completion (HEDIS) for people with primary care
- Percentage with a self-reported “usual source of care”
- Avoidable emergency department use

WHAT THEY DON’T

- How many people have a continuous, regular source of care
- Whether the visit met the patient’s needs
- Timely access—same-day, urgent, follow-up

> *Utilization shows who got care. It cannot tell us why so many residents didn’t — or whether what they got matched the need.*

PART 03

How to create a primary care report

IN THIS SECTION

01 Developing partnerships and the survey tool

02 The three core domains of a primary care report

Developing the local workgroup

The New Bedford Workgroup brought together health systems and community partners

HEALTH CARE ORGANIZATIONS

- Southcoast Health
- Hawthorn Medical Associates
- New Bedford Community Health

COMMUNITY REPRESENTATIVES

- Faith-based community
- City Health Department
- Business community
- Advocacy agencies

Developing the survey tool

32
questions

3
areas

1) **Community snapshot**
2) **Workforce**
3) **Access**

Collecting the data for New Bedford's community snapshot

Demographic data *(2020 Census data)*

- Population
- Age groups (0–18, 18–65, 65+)
- Gender
- Race / ethnicity
- Primary languages

New Bedford's findings

Population figures from the 2020 Census

102,000

residents

spanning children through seniors, diverse across race, ethnicity, and language.

IMPLICATIONS

- Workforce must reflect the community it serves
- Adult and pediatric needs differ across age groups
- Languages spoken at home shape access
- Demographic data anchors all downstream analysis

Race, ethnicity, and primary languages

New Bedford residents speak many primary languages

PRIMARY LANGUAGES SPOKEN

Spanish

Portuguese

Cape Verdean Creole

ADDITIONAL LANGUAGES

- Haitian Creole
- K’iche’ (a Mayan language spoken in Guatemala, Mexico, and parts of Central America)
- Additional smaller language communities
- Many residents are multilingual

DOMAIN 02

Primary care workforce

EXISTING SUPPLY

- Total primary care clinicians, broken down by type (MD, DO, NP, PA)
- Panel size (pediatric vs adult)
- Provider types (pediatric vs adult vs geriatric)
- Languages spoken by clinicians vs community (language concordance)
- Race and ethnicity of clinicians vs community

PIPELINE

- Medical schools and their admissions processes
- Primary care residency programs and retention rates post-graduation
- Nursing, NP, and PA programs
- Community college workforce pathways
- Teaching health centers
- Loan repayment and scholarship programs

> *Recruitment alone does not sustain a workforce. Selection, support, and training infrastructure help support retention.*

Primary care workforce in New Bedford

1

physician serving adults

at New Bedford Community Health, citywide.

WHAT NEW BEDFORD DATA SHOWED

- **36** primary care clinicians citywide
- **15** physicians (10 of which were pediatricians)
- **21** nurse practitioners
- Only **5** physicians provided primary care to adults
- **4** of those 5 served patients in nursing homes
- Leaving *1 physician for adult patients citywide*

Primary care workforce vs community

Language concordance and racial representation shape access

28%

of New Bedford speaks Spanish as a primary language

9 clinicians citywide and surrounding areas speak Spanish

5%

of New Bedford speaks Portuguese as a primary language

10 clinicians citywide and surrounding areas speak Portuguese

50%

of New Bedford residents are people of color

21 clinicians in city and surrounding areas are people of color

Clinician–community language and race gaps shape whether residents can access care that meets their needs.

Primary care population attachment and utilization

How residents connect to and engage with primary care — and how well

ACCESS PATTERNS

- Preventive visits per resident
- Pediatric vs adult complete physicals and well-child visits
- Percentage with a continuous relationship with the same clinician
- Wait times for new and follow-up visits
- Same-day access for acute problems
- Emergency department utilization

QUALITY OF ENGAGEMENT

- Continuity with the same clinician
- Comprehensiveness of primary care services
- Preventive screening completion

Access patterns: adults vs pediatrics

How many New Bedford residents have a primary care relationship

20–25K

residents have no primary care relationship — roughly a quarter of the city, and the shortage falls ***heaviest on adults***

IMPLICATIONS

- Adults disproportionately rely on emergency department care
- Workforce capacity, not patient demand, is the binding constraint
- Adult primary care is the most urgent gap to close
- Pattern was consistent across all three anchor health systems

Patient panel sizes: adults vs pediatrics

Average panels by clinician across the three practices

1,400–3,500

ADULT PANELS

- Reflects the limited adult workforce in the city
- Large panels stretch clinician capacity and continuity
- Wait times grow as panel sizes grow
- Few options for new adult patients to establish care

~1,000

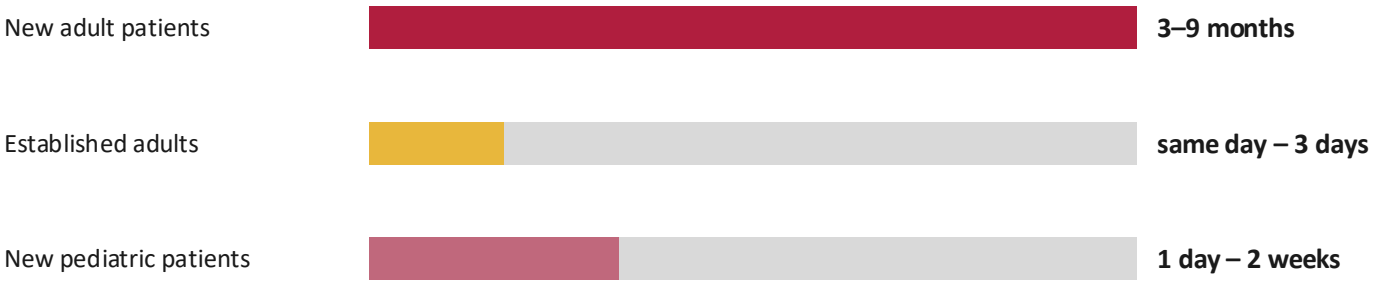
PEDIATRIC PANELS

- Closer to a sustainable panel size
- Reflects the more robust pediatric workforce in the city

Wait times for new and established patients

How long residents wait for primary care — and where they go instead

WAIT TIMES



EMERGENCY DEPARTMENT USE

78,566 ED visits in one year · **11,948** ended in hospital admission

*One practice reported a **4,000-patient wait list** for new adult care*

Geographic analysis

Geography is a significant access barrier for many city residents.

WHAT THE GEOGRAPHIC DATA SHOWED

- Only 1 primary care practice within the City of New Bedford (NB Community Health)
- Other health care organizations have practices outside the City limits
- The in-city practice sits one block from the main bus terminal — improving access
- Patients without vehicles rely on taxi, Uber/Lyft, or public transportation
- Travel time averages roughly 30 minutes to access care

PART 04

Translating data to action

Developing targeted solutions

DIAGNOSIS	TARGETED SOLUTION
Insufficient workforce supply	Pathway programs, medical schools and residencies, loan repayment, scholarships with service obligations
Primary care sites outside high need neighborhoods	Neighborhood access points in libraries and schools, establish new clinics near bus lines, fund transit vouchers, recruit DPC clinicians
Low utilization despite supply	Community outreach, extensive use of community health workers, and transportation support, evening/weekend clinic hours
Low Medicaid enrollment among Medicaid eligible	Outreach via navigators, enrollment coaching, presumptive eligibility
Unhoused cannot reach brick-and-mortar clinics	Field-based enrollment, street medicine funding via site-of-service codes, housing assistance

New Bedford's next steps

> *Moving from documenting the workforce shortage to building the pipeline, funding, and training infrastructure that will close it.*

GROW THE NEXT GENERATION

Pathway programs

EXPAND TRAINING PROGRAMS

Medical schools
Residency programs
NP, PA, nursing schools

RECRUIT & RETAIN THE WORKFORCE

Loan repayment
Local scholarships

TAKEAWAYS

Three things to take home

01 **Tailor your survey to *your* community—yours and ours could look very different.**

02 **Use your local data to diagnose your community's barriers to primary care**

03 **Develop targeted solutions & get organizing**

THANK YOU

Questions?

Neda Ashtari · nashtari@primarycareforallamericans.org

Pamela Kavanaugh · pakjpk@comcast.net