

Wiring Primary Care for the Commonwealth

A Universal-Owner Solution
to Rescue Our Health
Infrastructure

A Starving Foundation

Rushed visits, disappearing doctors, and premiums that outpace wages are not isolated inconveniences. They are symptoms of a system that starves its foundation.

The Reality:

- Over 1/3 of US adults lack access to a usual source of primary care.
- The US spends only ~5 cents of every healthcare dollar on primary care.

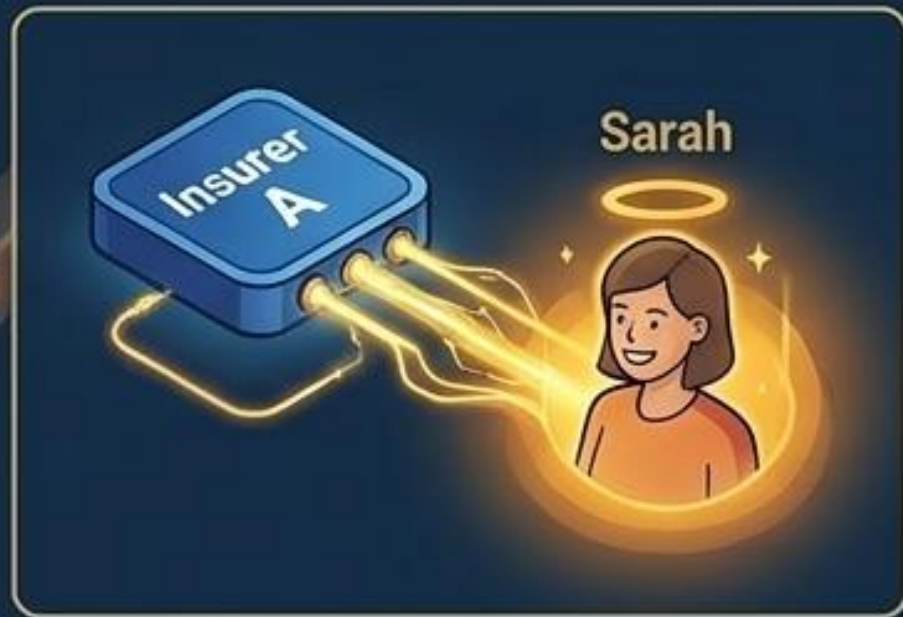
Specialty & Acute Care
(95%)



Primary Care
(5%)

The Free Rider Trap

Why no single insurer wants to fix the foundation.



1. The Investment: Insurer A pays for Sarah's extended visits and preventive care this year.



2. The Churn: Next year, Sarah changes jobs. (Annual member churn is 15–20%).



3. The Free Rider: Insurer B inherits a healthy Sarah, reaping all the savings without paying for the investment.

Cycle of Underinvestment

The Result: Because patients move, every insurer rationally waits for someone else to pay first.

The Tokyo Lesson

In 2015, Hiro Mizuno took over Japan's \$1.4 trillion Government Pension Investment Fund (GPIF).

GPIF had grown so massive it essentially owned the entire Japanese market. Mizuno realized that traditional competition was useless. When you own the whole system, you can't beat the market—you must improve the health of the entire economy.

We are not interested in making excess returns. We are more interested in making the whole system more viable.

— Hiro Mizuno



Our Universal Owner Moment

Massachusetts insurers collectively cover nearly every resident. Like the Japanese pension fund, they are all invested in the exact same underlying asset: the health of our state. Yet, they operate as competitors rather than co-investors. When primary care collapses, every insurer faces the exact same crisis: overwhelmed emergency departments, unmanaged chronic disease, and unsustainable cost growth.

The Status Quo: Fragmented Risk



The Universal Owner: Collective Health

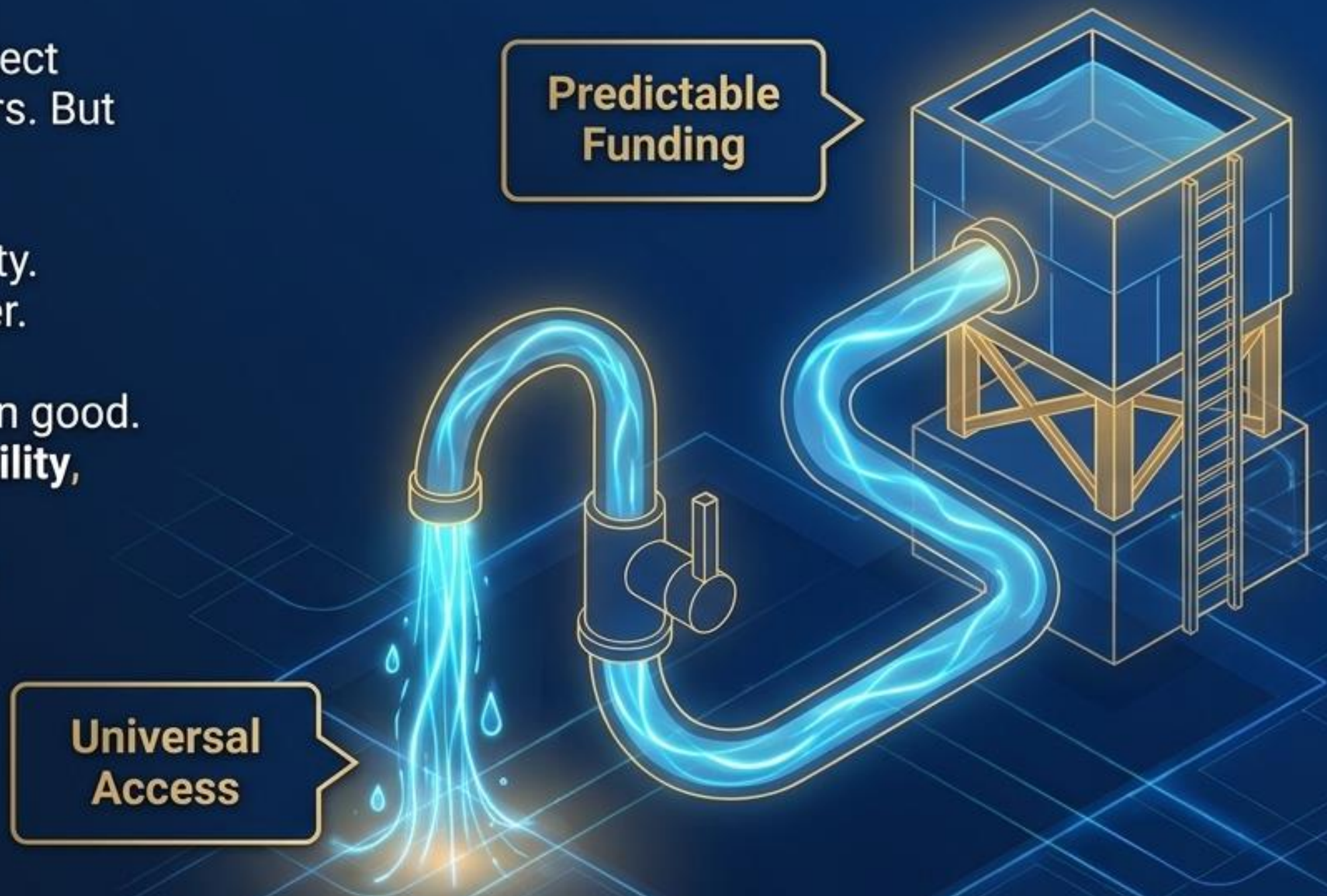


Primary Care is Infrastructure, Not a Lottery

Health insurance is designed to protect against large, unpredictable disasters. But primary care is highly predictable.

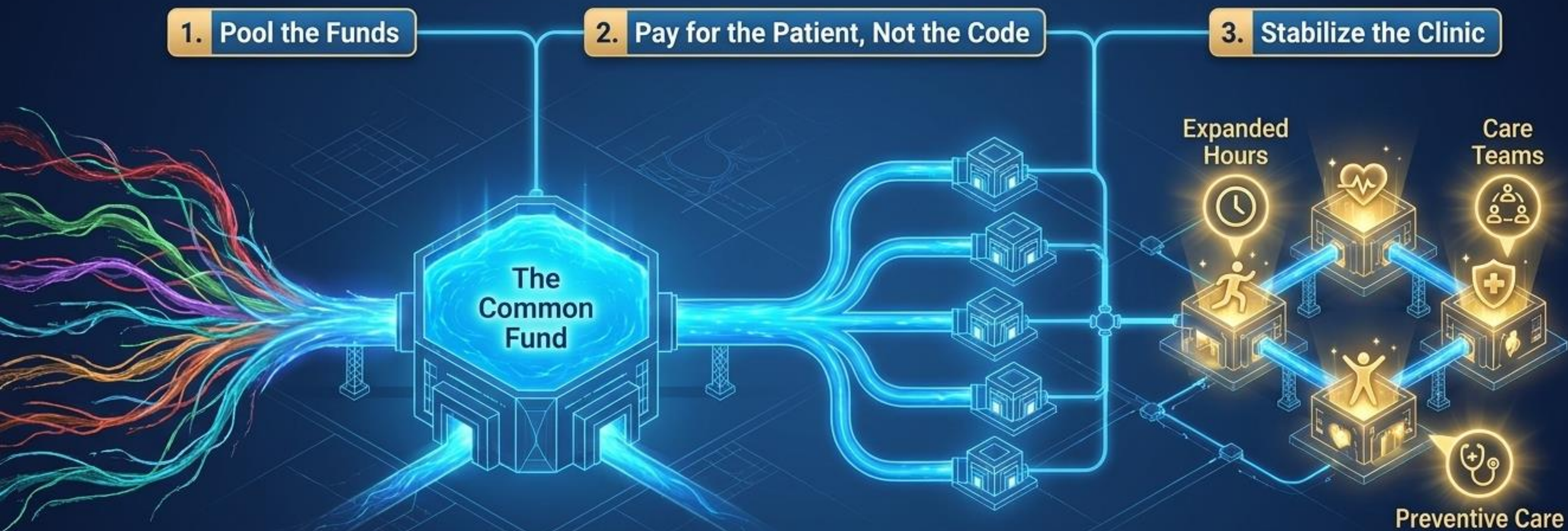
We flip a switch and expect electricity.
We turn a tap and expect clean water.

Primary care is an essential common good. It should be financed like a **public utility**, providing a **steady, universal flow of resources** to keep the population healthy, rather than forcing doctors to bill for every drop.



The Solution: The Primary Care Common Fund

We can fix the foundation by pooling the primary-care slice of every premium into one statewide utility.



All public and private insurers contribute their current primary care spending into a single Common Fund.

Every practice receives a predictable "per-member-per-month" payment for all patients, regardless of their specific insurance card.

Clinics use predictable revenue to hire care coordinators, extend hours, and prevent crises.

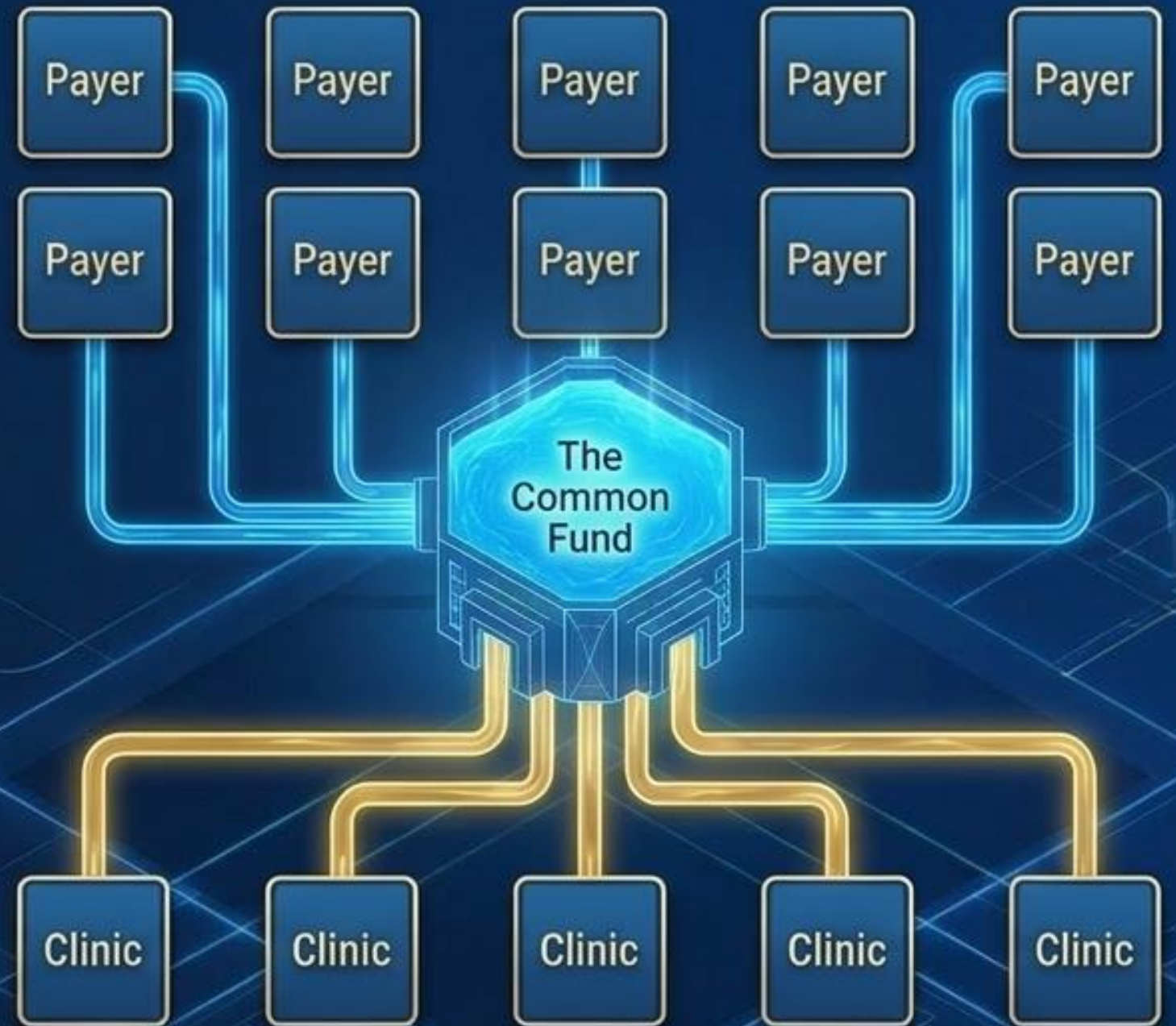
Rewiring the System

How we remove the administrative chokehold on local doctors.

Status Quo



Common Fund



No New Money, Just Better Plumbing

The Common Fund does not require raising new taxes or increasing total healthcare spending.

It simply takes the ~5% of premiums that insurers already spend on primary care and pools it into a unified, optimized stream.

Payers still compete on specialty care and **hospital networks** (the other 95%), but they stop competing over the foundation.














The Mathematics of Mutual Benefit

Preventive care isn't just good medicine; it is the most powerful economic multiplier in the system. Every \$1 invested in primary care returns \$3–\$7 in economic benefit.



When everyone pays into the Common Fund, everyone shares in these massive downstream savings.

Two Models for the Commonwealth

	The Status Quo	The Public Utility Model
1  Patient Freedom	Tied to your job's insurance 	Choose and keep your doctor 
2  Doctor's Focus	Navigating dozens of billing portals 	One predictable payment system 
3  Investment Logic	Wait for someone else to pay 	Everyone invests, everyone wins 
 The Goal	Compete to avoid sick patients 	Collaborate to build a healthy population 

The Universal Utility



When you treat Primary Care like a public utility,
you realize that we are all universal owners.

You don't compete over who gets the clean water.
You collaborate to keep the reservoir full.

A System Aligned

The Common Fund resolves the friction between stakeholders, creating an environment where doing the right thing is also the most profitable thing.

For Patients



True freedom.
Change jobs, loses your job, start a business—your —your primary care doctor stays the same.

For Doctors



For Insurers



Predictable risk.
Medical loss ratios stabilize, catastrophic claims drop, and the volatility of unmanaged chronic disease disappears.

The Path to Common Health

The infrastructure we are losing right now will take years to rebuild. We can no longer afford the free rider trap.

Many payors, contributing to a single Common Fund, is the path forward for our healthcare future.

**“We rise together when
we invest together.”**
