



Unified Voice, Unified Vision, Changing Primary Care Finance

Dear policy makers, payers, purchasers, and the public:

Our health system is failing, and the pandemic is expediting its collapse. Life expectancy is in decline, the prevalence of chronic illness has risen, and disparities in health outcomes have deepened. Our health system isn't just broken – it is bankrupting many in our country.

The current financing of U.S. health care was designed almost 60 years ago to shield against financial loss from serious illness, rather than to meet modern society's desire to invest in health and our future. This is a pivotal moment for our nation's health, requiring a new paradigm for financing primary care and health promotion.

As physician societies and boards, our greater than 400,000 members are the source of trusted, healing relationships for 8 in 10 Americans, serving the health needs of the U.S. population through over half a billion annual patient visits.¹ This essential role in the health system is currently supported by only 6% of all resources spent on health care,² which is inadequate. The views of our seven organizations are not always the same, but in this we are united: in order to help the people of our nation achieve better health outcomes, reduce unnecessary health care costs and rectify social inequities, the U.S. must recognize and invest in primary care as a public good. To bring U.S. primary care on par with high performing countries would mean a relatively small shift in resources that stands to create tremendous improvement in health outcomes.

As leaders in the provision of primary and comprehensive care, we regard the responsible stewardship of the health of our nation as a sacred trust. There is a direct relationship between the kind of primary care we deliver and the way in which it is financed and paid. *Advancing primary care as a public good will require shifting the paradigm of primary care financing, creating a unified approach among all payers, and dismantling the regulatory and financing structures that institutionalize the status quo.*

We understand that what we are calling for is significant and will take substantial time and effort. We are committed to doing this hard work together. We invite other clinician groups and professional societies to join us in this journey toward better health for all of our patients. We will work in partnership with payers, purchasers, policymakers, and patients to bring a modern system into being. The health of the public cannot wait. The time for partnership and action is now.

Sincerely (Elected leaders & CEOs),

American Academy of Family Physicians

*Ada D. Stewart, MD, FAAFP, President
Shawn Martin, Executive Vice President
and CEO Designee*

American Board of Family Medicine

*John Brady, MD, Chair
Warren Newton, MD, MPH, President and CEO*

American Board of Pediatrics

*Victoria F. Norwood, MD, Chair
David G. Nichols, MD, MBA, President and CEO*

Society of General Internal Medicine

*Jean S. Kutner, MD, MSPH; President
Eric B. Bass, MD, MPH, CEO*

American Academy of Pediatrics

*Sara H. Goza, MD, FAAP, President
Mark Del Monte, JD, CEO and Executive Vice President*

American Board of Internal Medicine

*Marianne M. Green, MD, Chair
Richard J. Baron, MD, MACP, President and CEO*

American College of Physicians

*Jacqueline W. Fincher, MD, MACP, President
Darilyn V. Moyer, MD, FACP, FRCP, FIDSA,
Executive Vice President and CEO*

¹ National Ambulatory Medical Care Survey: 2016 Summary Tables. Accessed November 25, 2020.

² Martin S, Phillips RL, Petterson S, Levin Z, Bazemore AW. Primary Care Spending in the United States, 2002-2016. JAMA Intern Med. 2020;180(7):1019–1020. doi:10.1001/jamainternmed.2020.1360