The HHS Action Plan to Strengthen Primary Care as a Model for Strategic Coordination

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Why this is important:

The May 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) “Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care” report recommended several strategies to strengthen primary care in the US. One of those recommendations was a call for the US Department of Health and Human Services (HHS) to establish a Secretary’s Council on Primary Care (Council) with the goal of providing interagency leadership and visibility to enhance primary care at the federal level.\(^1\) As envisioned, such a Council, composed of representatives from multiple HHS agencies, could coordinate and integrate federal primary care policy addressing payment, workforce, information technology, research, metrics, and social drivers of health.\(^2\) The NASEM report also recommended the creation of an external Primary Care Advisory Committee to regularly provide guidance to the Council.

In response to the NASEM report, Admiral Rachel L. Levine, MD, the HHS Assistant Secretary for Health, formed the Initiative to Strengthen Primary Health Care (ISPHC) in September 2021 with the goal to “develop a federal foundation for the provision of primary health care for all that supports improved health outcomes and advanced health equity.”\(^3\) One of the primary charges for the ISPHC is to develop an HHS Action Plan to Strengthen Primary Care, which will be released this year.\(^4\) The purpose of this plan is to identify initial actions HHS can take – building upon existing statute, current funding, and activities already in motion across different agencies and offices – to strengthen primary care and establish federal leadership to ensure high-quality primary care.\(^5\)

Such leadership at the highest levels of federal government is crucial. For a long time, there hasn’t been an agency responsible for overseeing primary care or one that fully understands its value, needs, or opportunities. This lack of a comprehensive understanding of primary care can lead to confusion and disjointed policymaking. The ISPHC, located visibly within the Immediate Office of the Assistant Secretary for Health, has the potential to change this trajectory by serving as a coordinating entity that drives awareness and collaboration across agencies and offices both within and beyond HHS. A detailed action plan co-created by several federal stakeholders will be a powerful tool to align efforts designed to restore and enhance the primary care foundation in the US. Furthermore, it’s anticipated that the plan will emphasize the importance of integration of physical health with behavioral, oral, reproductive, and public health and detail specific approaches to health equity. Such an approach embodies primary health care and truly is a consequential step forward to a healthier nation.

What we think we know:

- Last year, the ISPHC shared its perspective on primary health care that guides its work. “In its goal state, the practice of primary health care supports health and wellness through sustained partnerships with patients, families/caregivers, and their communities; equitably provides first contact access to all, as well as whole person, comprehensive care over time, using interprofessional teams; and coordinates and integrates care across systems, including other health care providers, public health, and community-based health promotion and social service organizations.”\(^6\)
- The ISPHC has engaged the public in a number of ways to develop the HHS Action Plan to Strengthen Primary Care. These efforts include hosting numerous listening sessions, meeting with multiple stakeholders, and participating in a March 2022 NASEM webinar entitled “Strengthening Primary Health Care” that featured discussions on successful primary care models and innovations, provided implementation guidance to HHS, and
detailed challenges primary care faces.vi In June 2022, the ISPHC issued a request for information (RFI) to obtain public comment about primary care needs, opportunities, and potential solutions to inform the action plan. The RFI itself generated hundreds of responses.

- From publicly available sources, the following is likely to be incorporated in the forthcoming HHS Action Plan to Strengthen Primary Care: 1) integration of physical health with oral, reproductive, behavioral, pharmacy, and environmental health services, as well as how primary health care can address the social determinants of health; 2) specific health issues including the opioid and heroin epidemic, poor maternal health outcomes, long COVID, and the mental health crisis among children and youth; 3) a dashboard that monitors progress toward high-quality primary health care; and 4) a focus on value-based payment reform and patient outcomes.viii,ix,x

- This initial action plan “will center around coordinated actions that HHS agencies and offices can perform that will fortify leadership and focus” on primary health care that is whole-person and family-centered. The broader ISPHC aims to shore up a weakened system where “inaccessibility, understaffing, and under-resourcing” frequently impede progress.xi

- To provide guidance to the ISPHC as it continues its work, NASEM issued a call in June 2023 for experts in primary care policy, research, and delivery to serve on a new Standing Committee on Primary Care.xi The committee will discuss relevant evidence in 2 – 4 public meetings annually, advance primary care priorities, and may issue brief reports. The committee will be announced later this summer.

- Beyond the action plan, HHS has discussed three project phases through 2030: “phase one, which will introduce strategic actions and expand current measures; phase two, which will focus on refining and scaling implementations; and phase three, which will prioritize action scaling and end with an ideal foundation for primary care.”xiii

- Admiral Levine has provided critical leadership throughout the formation of the ISPHC. In a fireside chat at last year’s Primary Care Collaborative Annual Conference, she emphasized that primary care is key to the health of the nation and that a strong foundation at the local, state, and federal levels needs to be built, as well as across urban, suburban, and rural areas. She also shared that strengthening primary health care will improve access, quality, outcomes, and equity and how important it is to address wellness across entire primary health care teams.xiv

Questions for group consideration:

1. How can external primary care stakeholders, including those in clinical practice, academia, professional associations, research organizations, and foundations, among others, provide support for the action plan’s implementation?
2. Beyond the Standing Committee on Primary Care, how can primary care organize itself to provide accountability for ensuring the action plan gets implemented?
3. What can primary care stakeholders in the US learn from other countries who have pursued primary health care reform efforts designed to strengthen its underlying infrastructure?
4. Many other nations embrace a more holistic and comprehensive primary health care approach than we do in the US. What we can learn from other countries about how best to align, integrate, and deliver physical, mental, and social health services?
5. Where is effective primary care change happening at the state level? How can we spread this innovation to other states?
6. If the HHS Action Plan to Strengthen Primary Care doesn’t lead to the types of changes we hope to see, what should the primary care community do next?

7. How should the HHS Action Plan integrate with other federal agencies for effective collaboration?

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xiii Ibid.