

## About

A robust primary care infrastructure has been shown to improve the health and well-being of populations.<sup>1</sup> Yet, data monitoring the health of the primary care landscape in Virginia has been fragmented. This scorecard, developed by the Virginia Task Force on Primary Care (VTFPC) supported by the Virginia Center for Health Innovation (VCHI), aims to provide an annual tracking tool to monitor the health and well-being of primary care in Virginia.

Scorecard measures include:

- **Expenditures** – Measures financial investment in primary care and disparities in resources
- **Workforce** – Measures the capacity of primary care clinicians to care for Virginians and variation in network adequacy by payer and geographic region
- **Service Utilization** – Measures how Virginians are using primary care
- **Outcomes** – Measures the health and well-being of Virginians based on primary-care sensitive metrics

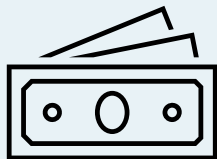
The scorecard is based on data from [Milbank Memorial Fund Health of US Primary Care Baseline Scorecard](#) and contributing data sources, [2023 County Health Rankings](#) data, and the [VHI 2021 All Payers Claims Database](#).

## Virginia Task Force on Primary Care

The VTFPC is a multi-stakeholder collaboration that was launched in August 2020. It is tasked with addressing the sustainability challenges facing primary care that came to light during the COVID-19 pandemic and continue to challenge our communities.

To learn more about the work of the VTFPC visit our [website](#).

## Expenditures



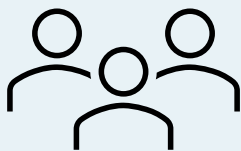
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## Service Utilization



[Learn More](#) →

## Workforce



[Learn More](#) →

## Outcomes



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# Expenditures

Virginia's investment in primary care may be measured through the proportion of total healthcare dollars spent on primary care. While there is no consensus on the "right" amount to invest in primary care, increased investment has been found to be associated with improved health outcomes.<sup>2</sup> The Organisation for Economic Co-operation and Development (OECD) reports 10-18% of spend targeted at primary care on average across OECD countries.<sup>3</sup> Additionally, several states have begun setting targets between 10-16% of total healthcare expenditures.<sup>4</sup> Spend on primary care may be increased by raising primary care reimbursement rates or through increasing utilization of primary care services.

## Primary care as percent of total healthcare spend

In its **Primary Care Spend Report**, VTFPC uses the VHI 2021 All Payer Claims Database and a four quadrant approach to define primary care based on provider type and services. The VTFPC analysis reports that **Virginia spent 3.1-5.7% of total medical expenditures on primary care.\***

Based on 2020 data from the Health of US Primary Care Scorecard, the most recent data available on national primary care expenditures, **Virginia spent 11.0% of total healthcare dollars on primary care**, which is considerably below the national average of 12.1%. The US Health of Primary Care Scorecard uses the National Academy of Science, Engineering and Medicine (NASEM) broad definition of primary care which includes advance practice practitioners.

### Primary Care Spending as a Share of Total Health Care Spending



## Change in primary care spend over time

Analyses below reflect data from the [Primary Care Collaboration 2020 report](#). Performance was similar regardless of the use of a broad or narrow definition of primary care.

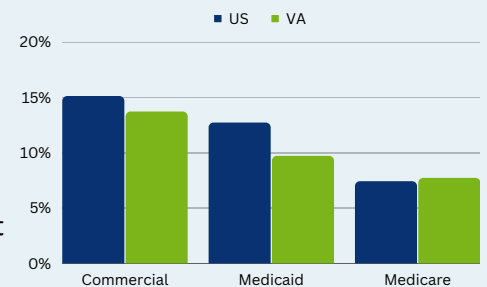
Virginia ranks **50th** in the country for change in primary care spend over time, decreasing spend by 1.3% from 2017 to 2019 while 12 states increased their spend.



## Primary care spending as a share of total health care spending by payer

While overall, primary care accounted for 3.1-5.7% of total medical expenditures, proportions vary by payer. VTFPC Primary Care Spend report estimates that commercial payers spent 8.3%, Medicaid spent 5.3% and Medicare spent 4.2% of total medical expenditures on primary care in 2021 in Virginia.

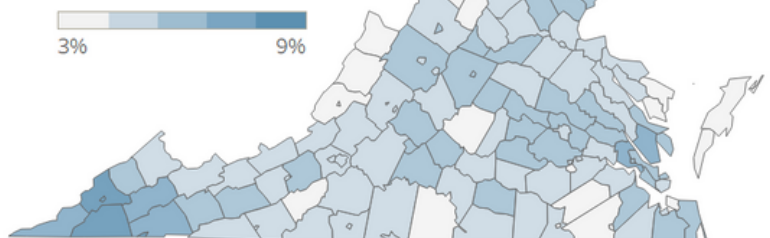
Based on NASEM national data, Virginia spent substantially less than the US average on primary care for both commercial and Medicaid. Virginia commercial payers spent 13.7% vs 15.1% nationally and Medicaid spent 9.7% vs 12.7% nationally.



## Regional Variation in Primary Care Expenditures

While total primary care expenditures align with population centers, rural localities in far Southwest Virginia spend proportionately more on primary care compared to other regions of the Commonwealth based on the percent of total medical spend allocated to primary care.

Primary Care as a Percent of Total Medical Expenditures, 2021



# Workforce

A healthy primary care workforce is critical to ensure a healthy Virginia. Ten additional primary care providers (PCPs) per 100,000 residents can increase life expectancy by 51.5 days.<sup>5</sup> Primary care faced challenges before the COVID-19 pandemic, but the pandemic has exacerbated these challenges by increasing provider shortages and burnout.

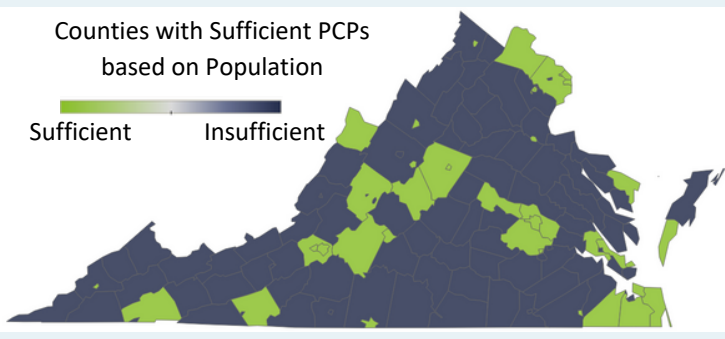
## Total number of Primary Care Providers per 100,000 Virginians

**76.0** Primary care providers per 100,000 Virginians

Virginia's rate is slightly better than the national average of **75.6** PCPs per 100,000.

## Most counties in Virginia do not have enough PCPs to serve their population

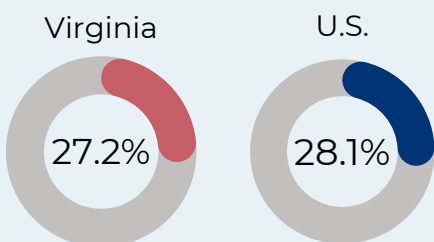
Based on data from the [VCU Department of Family Medicine Ambulatory Care Outcomes Research Network \(ACORN\)](#), PCPs typically serve 1,368 patients in a year. Based on this estimate, 71% of counties in Virginia do not have sufficient PCP capacity to serve their population (at least 1 PCP per 1,368 residents).



## Average wait times for routine primary care for new patients: **20.6 days**

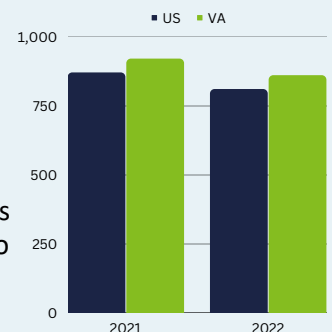
Based on [national survey](#) of family medicine physicians

## Percentage of physicians that practice primary care



## Advanced practice practitioners expand capacity of the primary care workforce

Nurse practitioners (NPs) and Physician assistants (PAs) expand the capacity of the primary care workforce. Virginia has made gains in the ratio of NPs and PAs to Virginians in recent years but continues to lag behind, with **860 residents per NP/PA** compared to the national average of 810 residents.

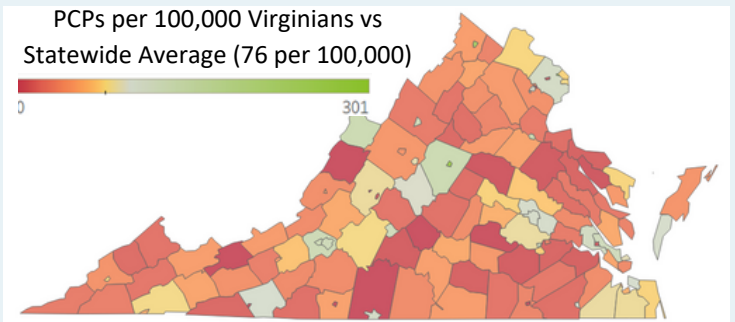


## Primary Care Providers are not evenly distributed across the state

While Virginia has a similar statewide rate of PCPs per resident as the national average, Virginia performs significantly worse than the national average in medically underserved areas.

**46.0** Primary care providers per 100,000 Virginians in medically underserved areas

National average is **55.6** PCPs per 100,000 in medically underserved areas.



## Burnout and provider retention

Primary care providers are leaving the field in record numbers. Per research by ACORN, in 2022, 42% of primary care practices lost a clinician, a significant increase compared to 13% in 2018. Burnout is a significant factor, contributing to provider losses.

More than **50%** of Virginia's primary care providers report burnout.

# Service Utilization

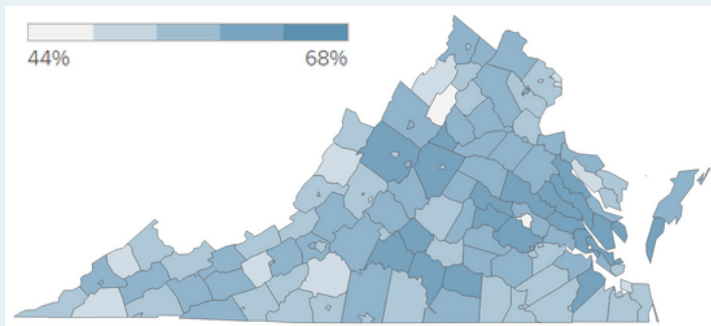
Primary care service utilization has shifted overtime, with significant disruptions occurring during the pandemic. Since the pandemic, Virginians have begun to return to primary care services. However, methods of accessing care and services provided continue to evolve with growing demand for telehealth and behavioral health services.

## Primary care visits

**58%** percent of Virginians had a primary care visit in 2021.

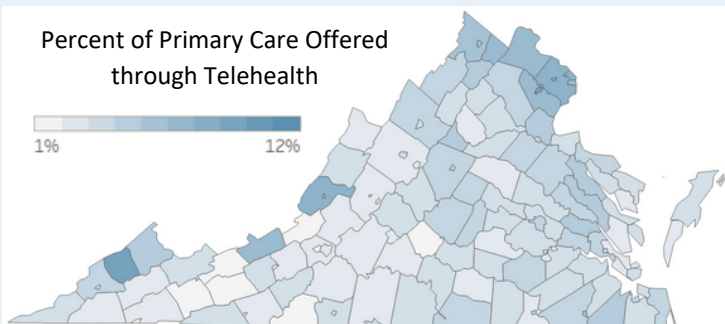
While most Virginians saw a primary care provider in 2021, utilization varies greatly by locality. Four localities (Page County, and the cities of Richmond, Fairfax and Williamsburg) had utilization rates below 50%. Richmond had the lowest overall rate of primary care use with only 44% of residents visiting their primary care provider. Highest use is in Gloucester and Mathews counties with 68%.

## Percent of population with a primary care visit



## Telehealth is a critical access point for primary care

The use of telehealth greatly increased in response to the COVID-19 pandemic and has remained a significant portion of primary care visits. While overall service use of telehealth remains highest in urban and metropolitan areas, telehealth has been a critical access point for many rural areas, making up more than 10% of all primary care visits in some rural areas, such as Dickenson and Alleghany counties.



## Behavioral health and primary care

Primary care is often the entry point for Virginians accessing treatment for behavioral health conditions, which have significantly increased in the last several years. With significant shortages in behavioral health providers, primary care providers are increasingly caring for Virginians with significant behavioral health needs.

**67%** of behavioral health treatment is provided by primary care, with children increasingly seen in primary care for behavioral health services.



## Virginia lags behind the nation in behavioral health workforce

Mental health providers per 100,000 residents

**VA** 224 providers per 100,000 residents

**US** 295 providers per 100,000 residents

A horizontal bar chart comparing the number of mental health providers per 100,000 residents in Virginia and the United States. The x-axis is labeled from 0 to 300 in increments of 100. The bar for Virginia (VA) is green and reaches 224. The bar for the United States (US) is dark blue and reaches 295.

## Lack of behavioral health resources is a leading cause of burnout among primary care providers<sup>6</sup>

Access to mental health resources is the **#1** response from primary care providers when asked what would enable them to see more Medicaid members.

# Outcomes

Primary care is associated with improvement in numerous health outcomes. Greater investment in Virginia's primary care infrastructure can help avoid care in expensive, acute settings and increase life expectancy. Additionally, primary care is a key component of enabling timely immunizations and screenings to promote health and avoid serious illness.

## Avoidable emergency department visits

**8%** of Emergency Department visits in 2021 were considered potentially preventable, ranging from 6% in the Northwest region to 15% in the Greater Richmond area.

National average data is not available for this measure.

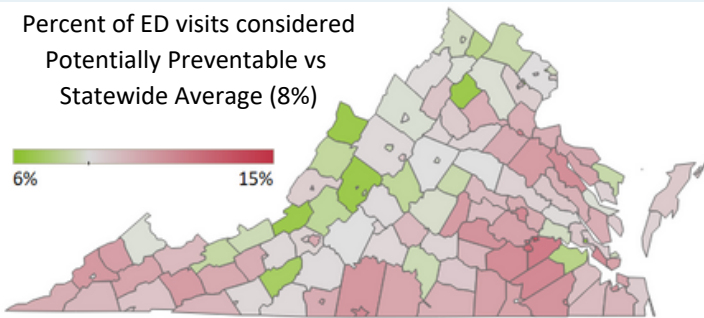
## Avoidable inpatient admissions

In Virginia, **271** per 100,000 inpatient admissions could have been prevented if the patient had been treated in an outpatient setting before the condition became acute.

Virginia's rate is better than the national average of **300** per 100,000 admissions.

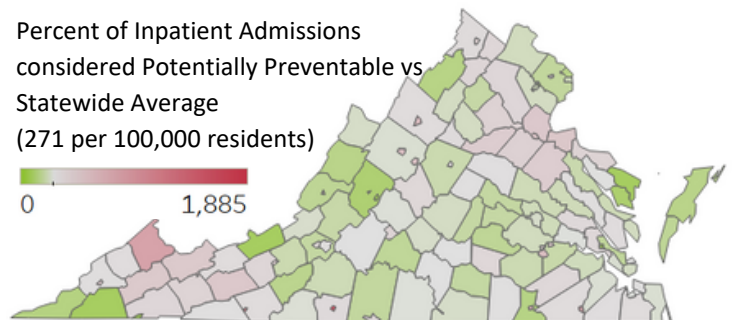
Percent of ED visits considered Potentially Preventable vs Statewide Average (8%)

6% 15%



Percent of Inpatient Admissions considered Potentially Preventable vs Statewide Average (271 per 100,000 residents)

0 1,885



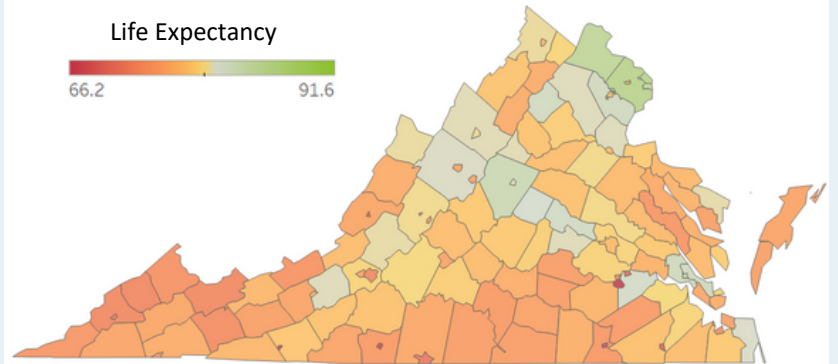
## Life Expectancy

Life expectancy for a Virginian is **79.1** years, which is better than the national average of **76.9** years.

However, life expectancy ranges greatly by locality, ranging from **66 years** in Petersburg to **92 years** in Manassas Park.

Life Expectancy

66.2 91.6



## Child vaccinations are significantly below the national average

In Virginia, **44%** of children received all 4 doses of diphtheria, tetanus, and acellular pertussis (TDaP) immunizations by age 2.

Virginia's rate is significantly worse than the national average of **80%** vaccinated.<sup>7</sup>

## Timely cancer screenings lag

In 2021, **61%** of Virginian women aged 50-74 received a mammography for breast cancer screening per recommendations.

Virginia's rate is significantly worse than the national average of **76%** of women receiving recommended screenings.<sup>8</sup>



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