

About

A robust primary care infrastructure has been shown to improve the health and well-being of populations.¹ This scorecard, developed by the Virginia Center for Health Innovation on behalf of the Virginia Task Force on Primary Care, 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 workforce by geographic region
- **Primary Care Use** – Measures how Virginians are using primary care
- **Outcomes** – Measures the health and well-being of Virginians based on primary-care sensitive metrics
- **Patient Experience** – Measures experiences related to accessing primary care

VTFPC defines primary care using a *narrow definition* (preventive services provided by physician specialties) and a *broad definition* (includes advanced practice practitioners). For more information see [Primary Care Spend Report, 2024](#).

Virginia Task Force on Primary Care

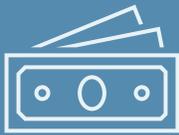
The VTFPC is a public-private partnership launched in August 2020 to address the sustainability challenges facing primary care. The multi-stakeholder collaborative reports on trends in primary care spend and other key issues. VTFPC is funded through the Virginia Department of Health.

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

Key Findings

- Virginia spent 2.3% to 4.1% of total healthcare dollars on primary care.
- Virginia lost more primary care physicians than it gained (-50 PCPs) in 2021 (most recent data available).
- An estimated 51.9% of insured Virginians had a primary care visit in 2022, with decreases across every payer from the year prior.
- Avoidable emergency department rates are rising, with 10% of visits considered avoidable.
- Virginia primary care wait times increased by 4.5 days in 2019, up from 38.3 days in 2016-2018.¹⁴

Expenditures



[Learn More](#) →

Workforce



[Learn More](#) →

Primary Care Use



[Learn More](#) →

Outcomes



[Learn More](#) →

Patient Experience



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Sources



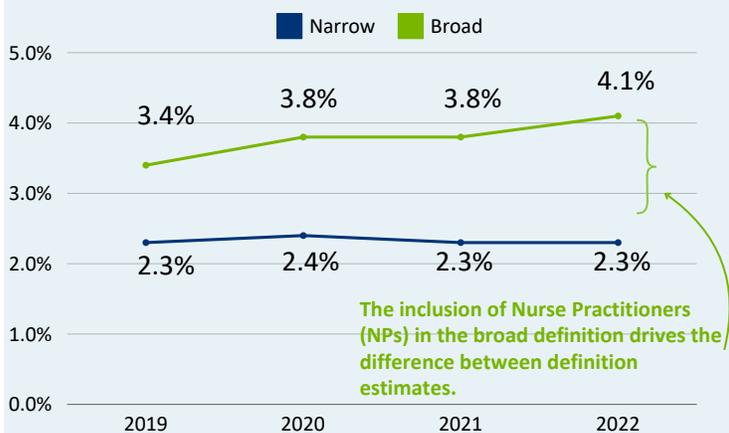
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Expenditures

Virginia's investment in primary care may be measured through the proportion of total healthcare dollars spent on primary care. Increases in percent spend may be the result of prices or rates, use patterns, or reductions in expenditures for non-primary care services. While there is no consensus on the "right" amount to invest in primary care, increased investment is associated with improved health outcomes and savings related to reductions in emergency and specialty care services.²

Primary care as percent of total healthcare spend

Virginia spent 2.3-4.1% of total healthcare expenditures on primary care in 2022.³ Using a narrow definition of primary care, spend has been stagnant since 2019. However, using a broad definition that includes advanced practice practitioners suggests spend has been increasing although remains low.



Note: Data come from Virginia All-Payer Claims Database (2019 - 2022)

Regional Variation in Primary Care Expenditures³

Regional variation in primary care spend is greatly impacted by the addition of nurse practitioners.

Narrow

Primary Care as a Percent of Total Healthcare Spend, 2022



Southwest Virginia spend increases substantially when shifting from a narrow to broad definition that includes nurse practitioners. This may be due to limited physicians in the region.

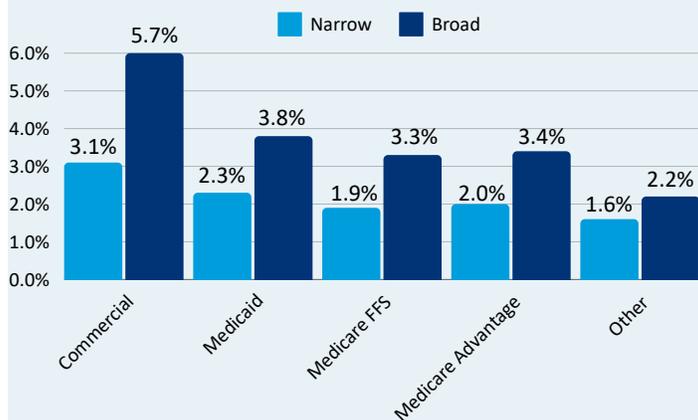
Broad

Primary Care as a Percent of Total Healthcare Spend, 2022



Primary care as a share of total healthcare spend by payer

In 2022, Virginia's commercial payers spent 3.1-5.7%, Medicaid spent 2.3-3.8%, and Medicare spent 1.9-3.3% of total healthcare expenditures on primary care.⁴



Primary care as a share of total healthcare spend by specialty

Although Family Medicine accounted for the largest percentage of primary care spend in 2022 (35.4%), both Family Medicine and Pediatric Medicine have seen a decrease in their proportion of primary care spend, while nurse practitioners have seen a significant increase.⁴

Specialty	2019	2020	2021	2022
Family Practice	39.3%	37.2%	37.1%	35.4%
Internal Medicine	10.2%	9.0%	8.5%	7.7%
Nurse Practitioner	15.1%	19.2%	23.9%	26.6%
Pediatric Medicine	27.5%	26.4%	23.0%	22.8%

To learn more about VTFPC's primary care definitions and spend in Virginia, see VTFPC's [Primary Care Spend Report, 2024](#)

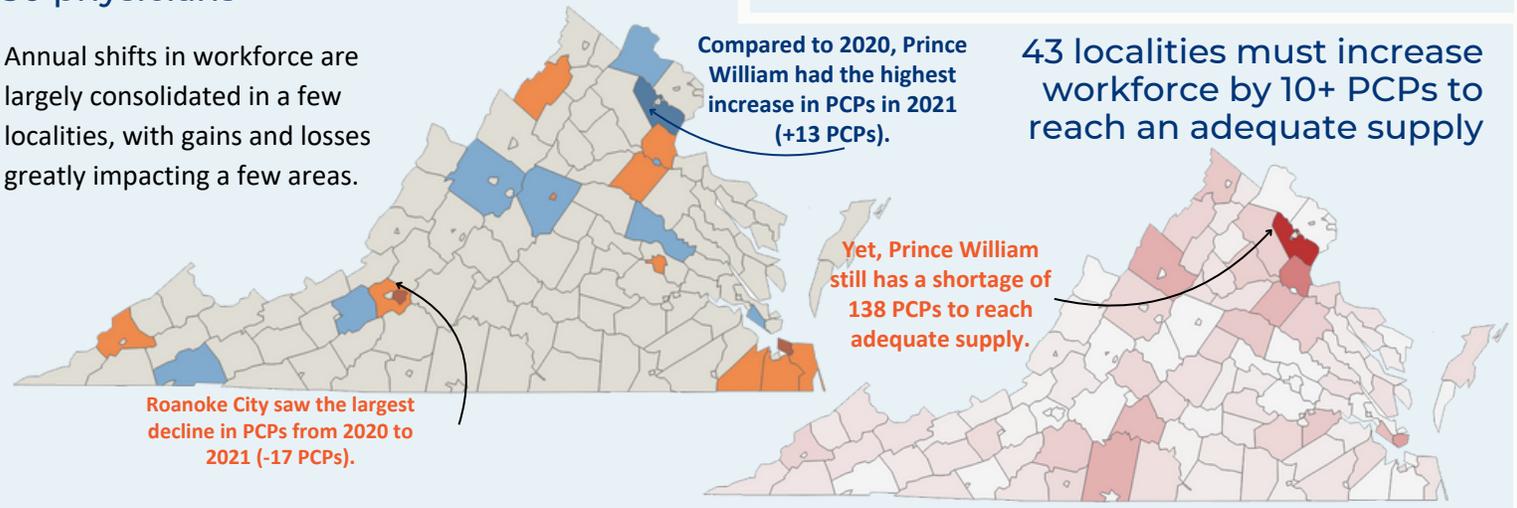
Workforce

A healthy primary care workforce is critical to ensure a healthy Virginia. Ten additional primary care physicians (PCPs) per 100,000 residents can increase life expectancy by 51.5 days.⁵ Following the end of the COVID-19 pandemic, burnout remains high for primary care providers, and Virginia is starting to see a decline in its workforce while also facing stark distributional variation in the primary care workforce across Virginia's counties and cities.

Virginia's PCP workforce decreased by 50 physicians⁶

Annual shifts in workforce are largely consolidated in a few localities, with gains and losses greatly impacting a few areas.

Virginia has been **steadily losing** PCPs since 2019

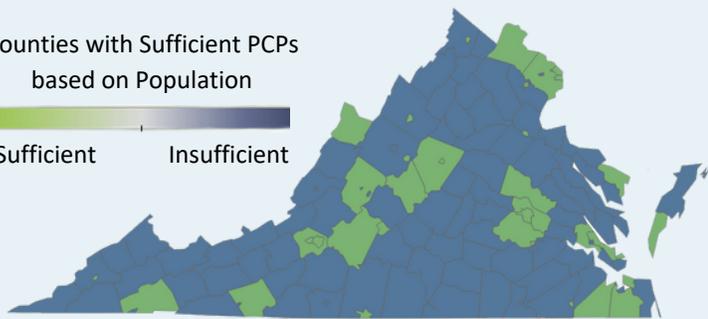


Most localities in Virginia do not have enough PCPs to serve their population

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, 71.4% of localities in Virginia do not have sufficient PCP capacity to serve their population (at least 1 PCP per 1,368 residents).⁷

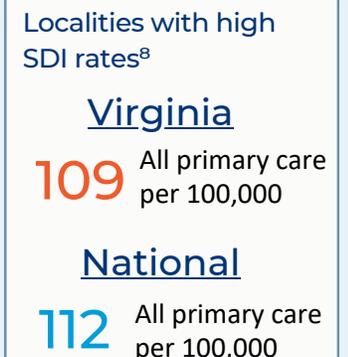
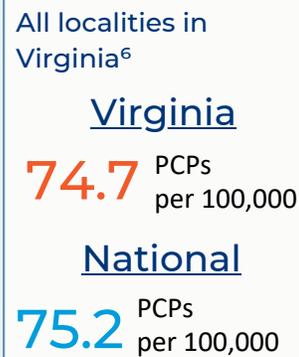
Counties with Sufficient PCPs based on Population

Sufficient Insufficient

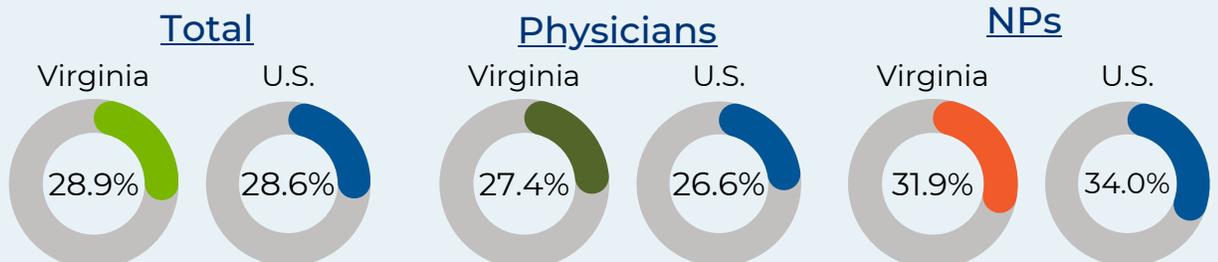


PCPs per 100,000 Virginians decreased from 2020 rates.

Overall, the number of PCPs per 100,000 Virginians declined slightly in 2021 from 2020 rates. Localities considered "vulnerable" based on high Social Deprivation Index (SDI) rates also fell below national averages, especially when including advanced practice practitioners.⁸



Percentage of physicians and NPs that practice primary care (2021)⁸



Primary Care Use

Primary care use has shifted over time, 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

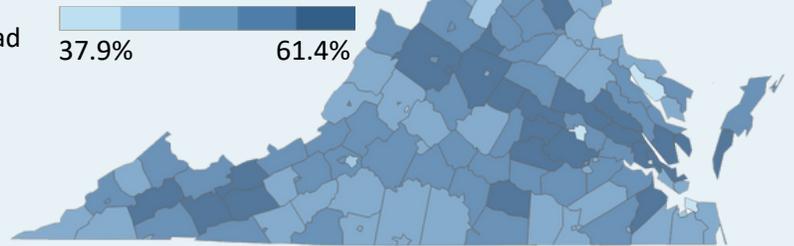
51.9% of Virginians had a primary care visit in 2022, with rates declining across all payers.³

Primary Care utilization rates fell below 50% for **33** localities.

Two localities (the cities of Manassas Park and Richmond) had utilization rates below 40%. Richmond City had the lowest overall rate of primary care use with only 37.9% of residents visiting their primary care provider. The highest use is in Hanover, Poquoson City and Powhatan with 61.4%.³

Primary care use varies across Virginia localities

Percentage of insured residents using primary care, Broad definition

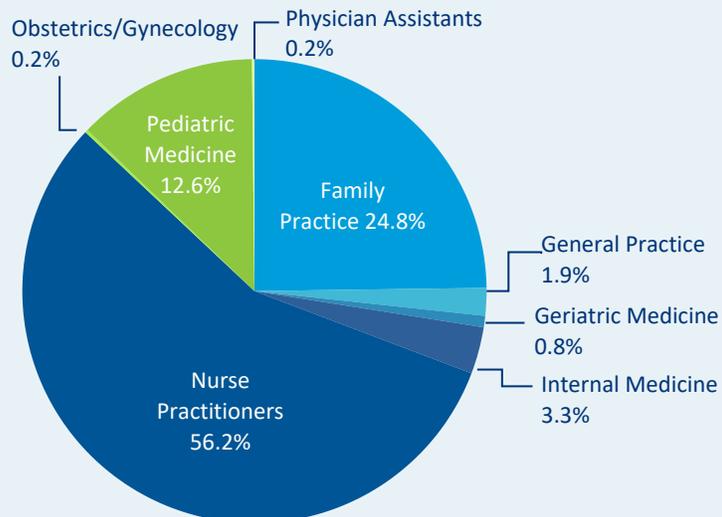


Behavioral health and primary care

Primary care is often the entry point for Virginians accessing behavioral healthcare. With significant shortages in behavioral health providers, primary care providers are increasingly caring for Virginians with significant behavioral health needs.

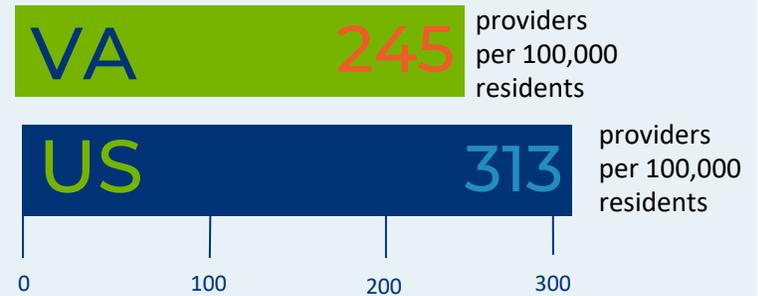
While **35.2%** of Virginians receiving outpatient behavioral health services received their care through primary care, primary care providers account for only **4.1%** of outpatient behavioral health expenditures.

Nurse Practitioners provide the most BH Care among Primary Care Providers³



Virginia lags behind the nation in behavioral health workforce⁶

Mental health providers per 100,000 residents



Virginia falls behind most other states in behavioral health access and care.

Virginia ranks **39th** in the U.S. for access to mental healthcare and **41st** for the availability of its BH workforce.⁹

Primary Care Providers rely on telehealth for mental healthcare

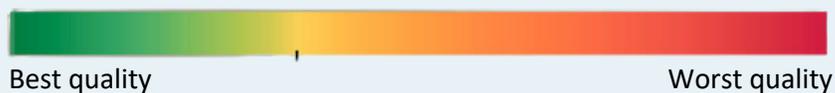
25.7% of Primary care telehealth use is used for mental health services. Respiratory care follows with 13.2%.³



Outcomes

Primary care is associated with betterment in many health outcomes. Primary care enables timely health screenings to avoid serious illness, and is especially essential in treating patients with multiple conditions. Increased investment in primary care can help avoid care in expensive, acute settings and increase life expectancy, balancing health outcomes across the state.

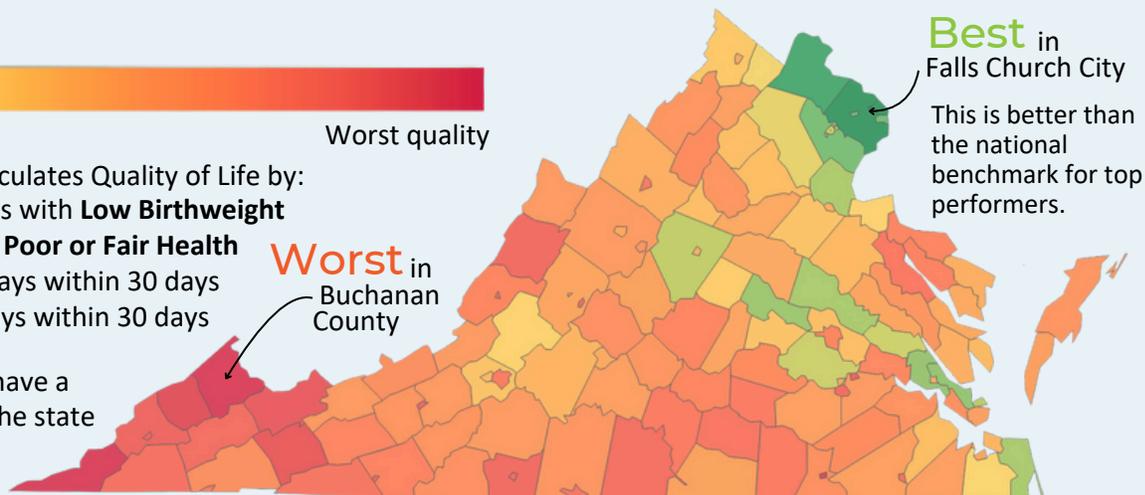
Quality of Life ⁶



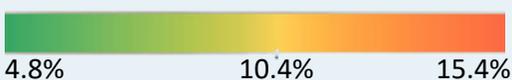
County Health Rankings calculates Quality of Life by:

- Percentage of live births with **Low Birthweight**
- Percentage of adults in **Poor or Fair Health**
- **Poor Physical Health** Days within 30 days
- **Poor Mental Health** Days within 30 days

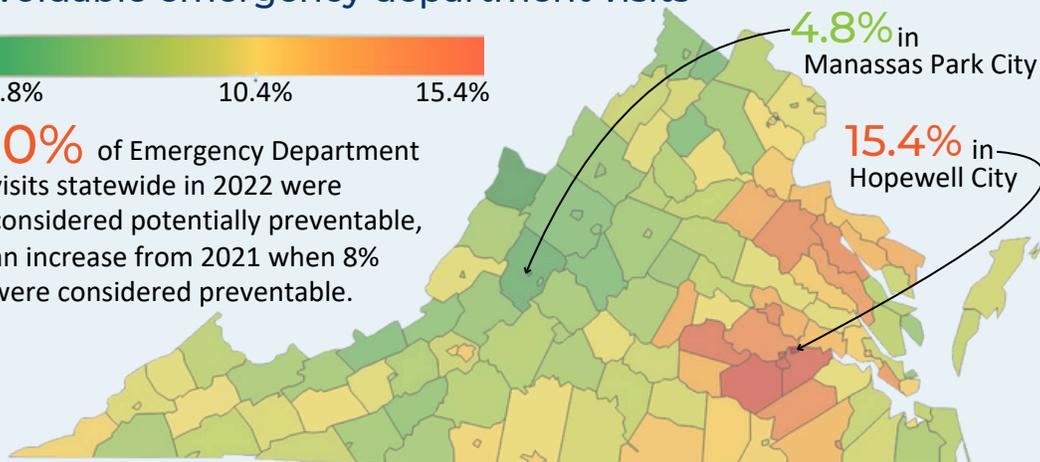
113 counties in Virginia have a worse quality of life than the state and national average.



Avoidable emergency department visits ¹⁰



10% of Emergency Department visits statewide in 2022 were considered potentially preventable, an increase from 2021 when 8% were considered preventable.



Avoidable inpatient admissions

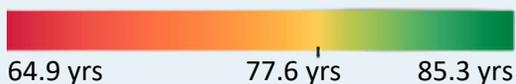
In 2024, Virginia ranked **23rd** in state-by-state rankings for preventable hospitalizations per 100,000 Medicare members.¹²

Timely cancer screenings

In 2022, **63.6%** of Virginian women aged 50-74 received a mammography for breast cancer screening per recommendations.¹⁰

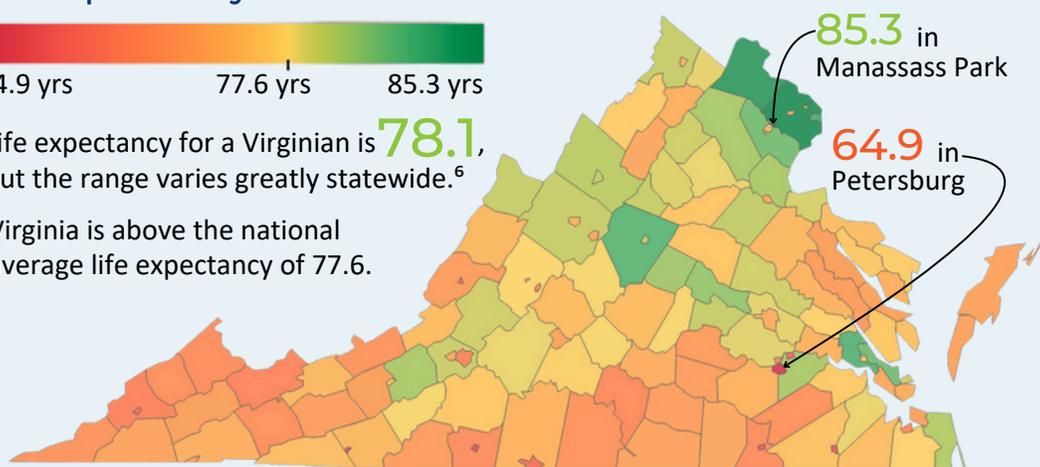
Virginia is significantly below the national average of 76% of women receiving recommended breast cancer screenings.¹¹

Life Expectancy ⁶



Life expectancy for a Virginian is **78.1**, but the range varies greatly statewide.⁶

Virginia is above the national average life expectancy of 77.6.



Adults with multiple chronic conditions ¹³

In 2023, Virginia ranked **33rd** in state-by-state rankings of multiple chronic conditions.

12.0% of Virginia adults have multiple chronic conditions, above the national average of 11.2%.

Patient Experience

Patient experience is crucial in primary care as it directly impacts treatment adherence and health outcomes. Wait times, both for scheduling appointments and for the waiting room, are a critical factor in the patient experience. Patient satisfaction promotes continuity of care, reducing healthcare costs through improved preventive care measures.

Average wait times for routine primary care

Virginia primary care wait times increased by



4.5 days

in 2019, up from 38.3 days in 2016-2018.¹⁴



CMS recently finalized the Managed Care Access, Finance, and Quality Final Rule, setting a national standard wait time for primary care at **15 days**.¹⁵

In Virginia, the current wait time standard is **30 days**.¹⁶

Usual source of care

In 2022, **22.7%** of Virginia adults did not have a usual source of care.⁸

Virginia is below the national Healthy People 2030 goal of 84% of adults having a usual source of care.¹¹

10.0% of children

in Virginia did not have a usual source of care or used the emergency room as their usual source of care in 2021.⁸



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