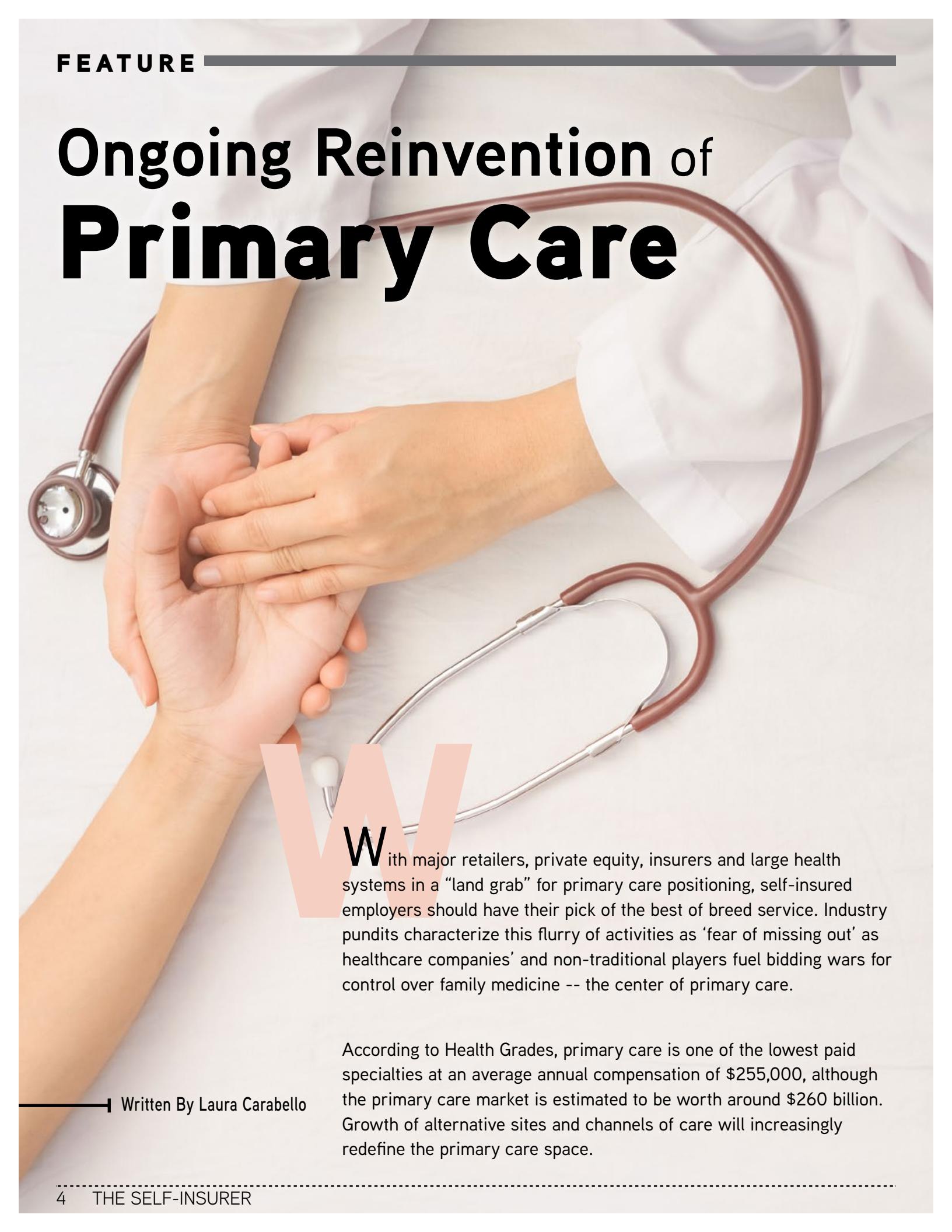


Ongoing Reinvention of Primary Care



With major retailers, private equity, insurers and large health systems in a “land grab” for primary care positioning, self-insured employers should have their pick of the best of breed service. Industry pundits characterize this flurry of activities as ‘fear of missing out’ as healthcare companies’ and non-traditional players fuel bidding wars for control over family medicine -- the center of primary care.

According to Health Grades, primary care is one of the lowest paid specialties at an average annual compensation of \$255,000, although the primary care market is estimated to be worth around \$260 billion. Growth of alternative sites and channels of care will increasingly redefine the primary care space.

Written By Laura Carabello

Bain & Co. report that these nontraditional players are attempting to seize as much as a third of the U.S. primary care market by 2030, with increased focus on bringing new care and reimbursement models to the market along with increased opportunities for virtual care.

They also expect health plans to continue to grow their market share over the next decade as payers and payer-owned services companies already hold around 5% of the market, care for approximately 13 million lives and employ around 12,000 physicians.

Insurers, such as United Health Group -- the “payers” in the American health system -- are snapping up physician practices and have come to realize they need to pay for outcomes rather than procedures, now recognized as value-based care.

Among the most attractive targets for acquisition will be primary care providers since they are the entry point for most patients and focused on the whole patient, the key to preventing illness rather than just treating it.

Analysts attribute rising costs, demographic shifts, digital disruption and other factors as the impetus for these continued efforts to alter the primary care landscape, opening up opportunities for new players like the retail behemoths to carve out market share with full-scope primary care that offers different approaches.

What may be of special interest to employers is the prediction that these retailers will likely outperform traditional primary care providers on the patient experience and attract customers through increased access and convenience, particularly in geographically underserved areas.

Some of the higher profile transactions demonstrate that primary care is ripe for disruption and their growing national presence and enterprise scale pose a significant threat to traditional providers that simply can't compete:

- Amazon and CVS Health jostled over One Medical, with [Amazon announcing it planned to buy the primary care operator](#) for \$3.9 billion.
- CVS, Amazon, UnitedHealth Group and Option Care Health

fought for ownership of [Signify Health](#), the nation's largest health risk-assessment provider, with CVS announcing its plans to [buy Signify Health for \\$8 billion](#).

- UnitedHealth Group, which has made major investments in physician practices through its Optum healthcare services arm over the past two years, recently purchased Kelsey-Seybold Clinic, a large, multi-specialty group practice based in Houston, Texas.
- JPMorgan Chase has ventured into the primary care space by partnering with two medical practices to create office-based clinics for its employees in what could be a pilot for a broader effort. More than 20,000 workers at JPMorgan Chase in the Columbus, Ohio, area can visit advanced primary care centers at three offices staffed by providers from Seattle-based Vera Whole Health and Central Ohio Primary Care of Westerville.
- Walgreens-backed VillageMD agreed to acquire medical practice Summit Health, the parent company of CityMD, an

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urgent care provider in the New York metro area. They will combine their provider locations and VillageMD's experience with value-based care to help accelerate the transition to risk for payer clients.

FLUCTUATING DEMAND FOR PRIMARY CARE

Despite this burst of activities, many industry observers are wondering if the practice of primary care is in 'critical condition.' Traditionally, the primary care physician (PCP) has been a patient's first and most consistent contact with the healthcare system.

As early as 1996, the National Academy of Medicine (formerly the Institute of Medicine) expressed concern about a shortage of PCPs and questioned whether these doctors were merely gatekeepers in an outmoded delivery system. Many pointed to uneven quality of care, inadequate reimbursement and fewer U.S. medical students opting to enter the field.

These situations persist, further complicated by the onset of COVID-19, with physicians suffering from burnout and deserting primary care. The newest data from Definitive

Healthcare data shows nearly 334,000 physicians, nurse practitioners, physician assistants and other clinicians left the workforce in 2021 due to retirement, burnout and pandemic-related stressors.

Physicians experienced the largest loss, with 117,000 professionals leaving the workforce in 2021, notably 13,015 providers who left family practice.

Physicians remaining in practice are further demoralized over cuts in Medicare, which provide the basis for commercial reimbursement. At the time of this writing, physicians were lobbying Congress to delay a 4.4% decrease to Medicare payments after CMS [finalized the cut in its Physician Fee Schedule rule](#), cutbacks that they say will reduce access to care.

But the new entrants in the primary care market, including Amazon, Walmart and CVS that have daily foot traffic, online connectivity and millions of customers, also face threats to reimbursement from the Congressional Budget Office, especially for low-acuity care.



Ongoing Reinvention of Primary Care

In this volatile environment, the Primary Care Collaborative, a not-for-profit multi-stakeholder membership organization dedicated to advancing an effective and efficient health system built on a strong foundation of primary care and the patient-centered medical home, introduced a framework to help fellow medical home supporters and advocates explain the benefits and strategies associated with delivering patient-centered primary care.



Why the Medical Home Works: A Framework

Feature	Definition	Sample Strategies	Potential Impacts
Patient-Centered	Supports patients and families to manage & organize their care and participate as fully informed partners in health system transformation at the practice, community, & policy levels	<ul style="list-style-type: none"> Dedicated staff help patients navigate system and create care plans Focus on strong, trusting relationships with physicians & care team, open communication about decisions and health status Compassionate and culturally sensitive care 	<p>Patients are more likely to seek the right care, in the right place, and at the right time</p> <p>Patients are less likely to seek care from the emergency room or hospital, and delay or leave conditions untreated</p> <p>Providers are less likely to order duplicate tests, labs, or procedures</p> <p>Better management of chronic diseases and other illness improves health outcomes</p> <p>Focus on wellness and prevention reduces incidence / severity of chronic disease and illness</p> <p>Cost savings result from: <ul style="list-style-type: none"> Appropriate use of medicine Fewer avoidable ER visits, hospitalizations, & readmissions </p>
Comprehensive	A team of care providers is wholly accountable for patient's physical and mental health care needs – includes prevention and wellness, acute care, chronic care	<ul style="list-style-type: none"> Care team focuses on 'whole person' and population health Primary care could co-locate with behavioral and/or oral health, vision, OB/GYN, pharmacy Special attention is paid to chronic disease and complex patients 	
Coordinated	Ensures care is organized across all elements of broader health care system, including specialty care, hospitals, home health care, community services & supports, & public health	<ul style="list-style-type: none"> Care is documented and communicated across providers and institutions, including patients, specialists, hospitals, home health, and public health/social supports Communication and connectedness is enhanced by health information technology 	
Accessible	Delivers consumer-friendly services with shorter wait-times, extended hours, 24/7 electronic or telephone access, and strong communication through health IT innovations	<ul style="list-style-type: none"> More efficient appointment systems offer same-day or 24/7 access to care team Use of e-communications and telemedicine provide alternatives for face-to-face visits and allow for after hours care 	
Committed to quality and safety	Demonstrates commitment to quality improvement through use of health IT and other tools to ensure patients and families make informed decisions	<ul style="list-style-type: none"> EHRs, clinical decision support, medication management improve treatment & diagnosis. Clinicians/staff monitor quality improvement goals and use data to track populations and their quality and cost outcomes 	

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PANDEMIC ACCOUNTS FOR SLUGGISH DEMAND

Even with physician drop-out, it appears that patient demand for primary care physician visits remains below pre-pandemic levels, as preventive care and screenings have been delayed or deferred during the pandemic.

Crossover Health, a national medical group that delivers at scale Primary Health, asserts that many Americans find it difficult to engage with primary care. They report statistics showing that **as many as 25%** of Americans do not have a primary care provider.

According to Trilliant Health, a healthcare data analytics company, the COVID-19 volumes also underpin the massive increase in urgent care volumes seen over the past two years. They report that while urgent

care volume was 31% higher in the first quarter of 2022 compared to the first quarter of 2019, as much as half of that utilization is attributable to COVID-19. As a result, urgent care volumes represent a larger proportion of a declining number of primary care encounters.

Interestingly, Trilliant also found that while women are engaging in routine healthcare services, women are still more likely than men to not have a primary care provider relationship (53% versus 47%). Additionally, women and men are returning to care in different settings, with men disproportionately using urgent care while women are more likely to be returning to non-hospital outpatient settings like retail clinics.

In a report issued just before the pandemic by Deloitte Consulting, they said primary care is simply in a time of transformation that involves drastic change, suggesting a future where humans and machines work together with technological breakthroughs in robotics, AI, nanotechnology, quantum computing, fifth-generation wireless technologies, 3D printing and material science.

As PCPs rely more heavily on this technology and share more of their work with physician assistants, nurse practitioners,



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medical assistants and others, consultants estimate that 30% of their current work could be performed by nonphysicians and 18% could be automated.

Today, patients also have more choices for accessing primary

care than visiting in their local physician office. The increasing supply of new players, such as retailers, and options for telehealth, make it more difficult for traditional providers to capture consumer attention and loyalty. These significant and competitive threats create new challenges for every stakeholder in the health economy.

EMPLOYERS CONTRACT FOR DIRECT PRIMARY CARE

As primary care physicians seek more favorable working environments that enable them to understand and meet the needs of employers, a growing number are negotiating direct working relationships with self-funded employers.

Direct Primary Care (DPC) is largely the practice of delivering high-quality, physician-led care to employees through near-site, onsite, or shared multi-employer clinics independent of traditional employer-sponsored insurance. Compared to traditional primary care, employers find direct primary care offers a better experience, more comprehensive care and lower costs.

Since the physicians operate independently from the employer's traditional insurance, they are not burdened with claims processing and can focus on delivering patient care.

Furthermore, the clinic physicians become the employee's medical home and can often detect potential risks or issues that could progress to the point that the individual requires expensive ER care or hospitalization.

Primary care direct contract physicians have a track record for focusing on cost-effective referrals and coordination, drastically reducing the number of specialist referrals as compared with one in three patients referred out in a traditional system.

Minimizing the time employees have to spend at the doctor's office is also a key catalyst prompting for employers to use this model. Research published in the American Journal of Managed Care estimates that it takes an average of 121 minutes each time a patient seeks medical care, including 37 minutes of travel time and 87 minutes at the clinic.

Out of those 121 minutes, patients spend 8-12 minutes face-to-face with their doctor. That's less than 10% of the total time patients invest in seeking care.

DPC changes this paradigm, allowing physicians to spend as much time as necessary with each patient and the convenience of same-day appointments. As a result, employees may be more to seek out care for chronic conditions like diabetes and high blood pressure when they know their doctor will listen to them and work with them to develop a plan of action. Plus, workers are appreciative of the financial

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savings at the point of care since they typically have zero out-of-pocket expenses to access care at the clinic.

For all these reasons, it's not surprising that a [study](#) conducted by Mercer and the National Association of Worksite Health Center showed that almost a third of all employers with 5,000 employees or more and four out of ten employers with 20,000 employees or more stated that they had an employer-sponsored primary care clinic. The healthcare, finance, and government industries are most likely to offer an onsite or near-site primary care clinic.

Nearly half of the employers surveyed reported using a [cost-plus](#) or management fee reimbursement strategy, which has been the traditional method of reimbursement for this model. However, capitated payment models were on the rise, increasing in number from 14 percent of these contracts in 2018 to 44 percent and three in ten employers used fee-for-service.

As employers weigh their options for the direct purchase of primary care and treatment of covered individuals, they may want to refer to the seven attributes that characterize advanced primary care (APC), a practice that shifts the focus of primary care toward quality.

Released jointly by the [Primary Care Collaborative](#), the [National Alliance of Healthcare Purchaser Coalitions](#) and the Purchaser Business Coalition on Health, they include:

- Enhanced access for patients
- Optimized time with patients
- Realigned payment methods
- Organizational and infrastructure backbone
- Disciplined focus on whole-person health
- Behavioral health integration
- Referral and care management

One initiative worth reviewing was undertaken by The Texas Academy of Family Physicians (TAFP) along with the commentary of Dr. Jed Constantz, Advanced Primary Care Strategies, a primary care finance and delivery reform strategy consultancy.

The organization established a template set of materials that supports employers and sources of primary care, seeking to engage in the direct purchase of or the negotiation for advanced primary care.



Dr. Jed Constantz, B.A.
Healthcare Strategy Consultant

Employers express the need for a framework that can be utilized in any part of the country, simplifying the negotiation process to ensure a more balanced arrangement that respects their role as purchasers and the obligation of primary care physicians in the treatment of patients.

The end point is a deeper understanding by purchasers and providers regarding capabilities and financial terms. The project focused on a standardized business agreement involving:

- Calculation of a comprehensive payment and detailing mutually acceptable, deliverables from the source of primary care
- Methodology for value-based reporting, by the source of primary care, focused on measures that matter

- Address basic triple aim deliverables, simple improvement in the health status of covered individuals, control of the total cost of care, and high levels of satisfaction among the parties

TAFP CEO Tom Banning says this direct purchasing model does not necessarily cut out insurance carriers. “Direct contract arrangements can vary, allowing an employer to choose to directly contract for a comprehensive set of primary care services or single services, like COVID testing or administering vaccines. It does not necessarily mean the end of dealing with insurance companies since an employer may use a third-party administrator or insurance company to cover higher cost services like specialty care, hospitalization, and pharmaceuticals or to manage claims and physician payment.”

He cites some major obstacles that might stand in the way of a practice enter into a D2E contract, such as scale and geography. “Multi-national companies with employees spread across the country, like IBM or Southwest Airlines, want a single health care solution that can be administered across all the geographic regions where its employees live and work. It’s simply not practical for

an employer to negotiate hundreds or thousands of direct contracts across the country. That, however, is not the case for large to mid-sized employers whose employees are geographically concentrated. It can also take time to negotiate terms of the contract and an agreed-to price for services.”

Case Example of DPC Savings

Nextera Healthcare, the first provider of direct primary care (DPC) in Colorado and one of the first in the United States, was the subject of an in-depth case study report on the positive impact in health and healthcare costs for a large local school district. The case study evaluated the benefits of DPC and how DPC is used to improve employee health outcomes while decreasing cost to the employee and employer.

Members received unlimited access to in-office visits and telehealth with their physician/provider without having to incur any co-pays or cost per visit. Physicians used secure text messaging, phone calls and video chat to communicate with patients for conditions like high blood pressure, mental health concerns and diabetes. Physicians also provided follow-up care for patients who had undergone surgery or were admitted to the hospital.

Patients were offered same day access to their physician's office for urgent medical concerns during business hours as well as virtual care for urgent issues outside of normal operating hours. This prevented patients from having to visit the urgent care or emergency room. As the DPC model doesn't rely on the volume of patients seen per day to generate revenue, physicians were able to spend 30 to 60 minutes with patients during their visit. This time allowed for significant focus on prevention and wellness.

The study concluded that DPC members had 25.5% lower hospital admissions, while the cost of ER claims was reduced by 53.6%. The improved outcomes, better patient experience, reduced paperwork and lower costs generated through DPC payment models can help smaller practices remain independent.

Source: Nextera Healthcare

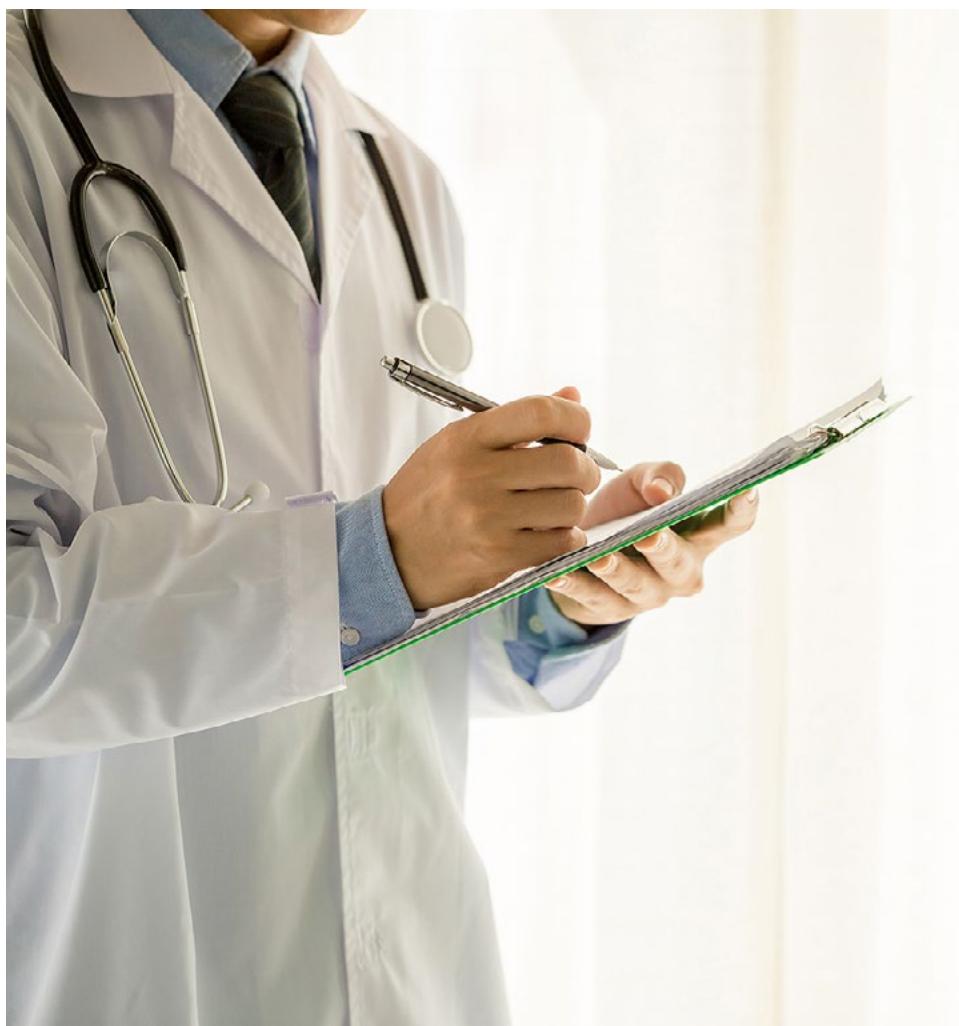
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PRIMARY CARE ORGANIZATIONS TESTING INVESTOR AND PUBLIC MARKETS

Given the massive size of the primary care market, no one is shocked that private equity and venture capital firms have rushed into the market. An important factor has been the impact of Value-Based Care (VBC) and the continued shift toward value-based reimbursement.

In this model which rewards value or volume, traditional primary care practices are not set up to succeed amid pressures to address rising costs, physician shortages, consumerism and digital disruption in an effort to promote more efficient care, improved outcomes and reduced total cost.

These doctors are challenged to move to VBC as they struggle with financial, operational and administrative challenges in the delivery of true population-based reimbursement.



This is one of the reasons that companies, as covered below, have been successful in tapping funding sources that can support practices and arm them with population health analytics, data integration and care coordination tools that enable them to transition to VBC.

While many of the leading players are focused upon the Medicare and Medicare Advantage market, such as Chen Med, Iora Health, Oak Street Health and Agilon Health, here are some of the higher profile companies that have raised capital and are leading the primary care space:

One Medical: A membership-based, tech-integrated, and consumer-focused primary care platform, the company has been around since 2002 and raised \$245 million in its 2020 IPO. Backed by Google parent Alphabet, the Company currently serves about 455,000 patients in 11 markets across the U.S. and plans to add more later in 2020.

Forward: Another membership-based primary care company, Forward has built various proprietary technologies including a custom electronic health record system, a body scanner, and real-time blood testing. Patients have access to a range of basic primary care and preventive health services.

Aledade: Founded in 2014, the Company takes a partnership approach and works with more than 550 primary care practices to build accountable care organizations. The startup provides practices data analytics, policy and ACO expertise and has raised \$64 million in a Series C round.

Crossover Health: Launched in 2012, the primary care provider focuses on the self-insured employer market. Through the company's on-site or near-site health centers, [Crossover](#) provides a wide range of primary care services, in addition to behavioral health services, health coaching, acupuncture, physical therapy and optometry services. Aetna has tapped Crossover Health to provide access to primary care—both in-person and virtual doctor visits—to Seattle-area employers and their workers.

VillageMD: A fast-growing operator of primary care clinics that currently operates in nine markets, the company has 2,900 employed or partner primary care providers through independent practices, hospital-owned practices, and hospital-affiliated practices. In October, VillageMD landed \$100 million in a Series B funding round led with \$75 million from Kinnevik AB. The company [partnered with Walgreens](#) to open five new 2,500-square-foot primary care clinics in the Houston area, with

plans to possibly expand there and in other markets.

Privia Health: A tech-enablement company and national physician organization that went public in 2021, Privia partners with primary care and select specialist physician practices, health systems, payers and employers. Privia's footprint includes 2,500-plus healthcare providers who care for more than 2.6 million patients across five markets, according to the analysis. Most recently, Privia unveiled a joint venture strategic partnership with non-profit health system Novant Health to launch a tech-enabled provider group focused on value-based care. Novant Health's integrated network currently includes over 1,800 physicians and spans more than 800 locations, including 15 hospitals.

VIRTUAL FIRST PRIMARY CARE

Any discussion around primary care should include the role of telehealth players such as Doctor on Demand, MDLive, Teladoc, Hims and Hers and Recuro Health that have also rolled out virtual-first primary care offerings to payer and employer customers.

Simply put, virtual primary care is a form of primary care that leverages technology to give patients convenient face time with their primary care provider(s). The entire visit can be done from wherever, whenever via smartphone, tablet or laptop.

A statement issued by Health Care Service Corporation (HCSC) confirms that it is also joining this growing list of healthcare players to launch a virtual primary care service. As the country's largest customer-owned health insurer, HCSC will begin offering the virtual care service to some midsize and large employer groups in Illinois and Texas starting Jan. 1, 2023.

The virtual primary care model is designed to help employers with employees scattered across diverse geographies get timely and convenient access to a trusted online care team—all while managing healthcare outcomes and costs.

This type of opportunity has even attracted electronic giant Samsung which is now teaming up with a digital health company to bring virtual care into consumers' homes through their smart TVs. Through a new partnership with virtual primary care company HealthTap, Samsung Smart TV users can connect to the company's healthcare platform

and visit with a doctor of their choice using the built-in camera on their television. The platform provides access to a long-term primary care doctor who can address ongoing health conditions as well as preventive care and referrals.

WHAT'S AHEAD FOR PRIMARY CARE

Health Evolution, a curated community of influential chief executives and senior leaders from all sectors, of the health care industry, advises, "Primary care is increasingly moving from solo practices and small groups to being vertically integrated into hospital systems or horizontally integrated into corporate groups. New primary care models are emerging such as team-based, at risk, concierge services, virtual care models and retail-based models."

The goal of their Work Group is to develop a model for primary care delivery for the future that puts the patient first, is team based and assume that care happens wherever convenient for the patient as a default, with an aim toward same-day appointments.

Commentary in the *Harvard Business Review* by David Blumenthal, MD, president of the Commonwealth Fund, states, "Primary care in the United States has long been undervalued. Can companies moving into this space address its chronic problem — namely, that it is undervalued and undercompensated? There are three strategies they could employ: use primary care as a loss leader for their mainstay business; make fee-for-service primary care more profitable by increasing its productivity; apply a capitation model and assume the financial risk of the cost of care."

Entering the New Year with Gratitude



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—Deborah Hodges

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He points to all the retailers and payers as cited earlier as the acquirers or hirers of PCPs, noting that never before have these titans of capitalism shown such interest in the humble family physician. “And therein lies a story with huge but uncertain implications for American health care,” says Dr. Blumenthal. “This new trend could greatly bolster, or dangerously distort, U.S. primary care, a critical component of a healthy health care system.”

Blumenthal poses a key question as to what these primary care ‘actors’ mean for the quality and efficiency of health care services in the United States. “The answer will depend critically on how corporate entrants address the chronic problem that has afflicted primary care in the United States — namely, that it is undervalued and undercompensated by the health care system generally. They will have to find ways to pay PCPs more without working them to the point that they burn out. If they can, they may rescue our withering primary care sector. But if they go in the wrong direction, they could further undermine primary care and our health care generally.”

And finally, the three leading 2023 trends report from Forrester calls out primary care, predicting that retail health clinics – the leading ones already in the space plus more -- will work to double their share of the primary care market next year. They project that more Americans will go to retail health clinics for primary care with hospitals failing to meet their patient experience expectations and amid resource constraints.

Again, the onus is on traditional primary care providers not keeping up with consumer needs coupled with retail health capabilities to provide an appointment on the same day or within 24 hours. It all comes down to convenience, leaving employers in the driver’s seat to offer their employees the best options. ■

Laura Carabello holds a degree in Journalism from the Newhouse School of Communications at Syracuse University, is a recognized expert in medical travel and is a widely published writer on healthcare issues. She is a Principal at CPR Strategic Marketing Communications. www.cpronline.com

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