Advanced Primary Care: Defining a Shared Standard

Pacific Business Group on Health (PBGH) and the California Quality Collaborative (CQC) have articulated attributes to define Advanced Primary Care, which ensures high-quality, lower-cost primary care that keeps patients at the center of every interaction. The goal of this work is to activate the many fronts required to achieve Advanced Primary Care on a broad scale:

- patients and purchasers of healthcare will be able to recognize it when they see it, and, thus, will pay differently for it;
- providers not yet meeting the standard will have a clear idea of what’s needed to get there; &
- supporting entities like CQC will have a clear picture of where support is necessary for scaling Advanced Primary Care.

This definition of Advanced Primary Care sets an intentionally high standard of attributes that are either in-place or require development. Attributes were developed using evidence from the literature\(^1\) and CQC’s first-hand experience. A fundamental principle is to center the definition of Advanced Primary Care around the patient and how the patient experiences care.

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<th>Patients say:</th>
<th>Attributes of the primary care practice include(^2):</th>
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| “I can get care and information from my primary care team when I need it and in the way that best meets my needs.” | • Access to care through same day appointments  
• Video and phone visits  
• Care team availability after hours. |
| “My primary care team knows me and keeps me well; when I need planned surgery or emergency care, they know what happened and support me in becoming well again.” | • Grouping patients by risk level and proactive outreach to get them needed care  
• Knowing when patients are hospitalized or visit the ED to transition them back to primary care  
• Understanding patients’ treatment goals. |
| “My primary care team can meet most of my healthcare needs; when I do need to see a specialist, they help me find the right one and communicate with them about me.” | • The ability to perform common procedures without having to refer out for a specialist appointment  
• Practicing team-based care  
• Maintaining care coordination agreements with specialists. |
| “My primary care team knows and supports the whole me - not just my body.”                        | • Screening and managing of behavioral health and social needs of patients. |

For a complete description of CQC’s Advanced Primary Care attributes, visit our website.

\(^1\)Barbara Starfield’s pillars of primary care; UCSF Center for Excellence in Primary Care’s 10 Building Blocks of High Performing Primary Care; Stanford Clinical Excellence Research Center’s findings on attributes of high value primary care

\(^2\)Listed are examples of some of the attributes. For a complete list, see here.