ADVANCED PRIMARY CARE



November 2026

Trends in Virtual Advanced Primary Care Through the Purchaser Lens

Purchaser Business Group on Health

Executive Summary

Virtual primary care is an increasingly important option for purchasers seeking to expand access to high-quality primary care, particularly where in-person options are limited. To understand how closely the market is aligned with purchaser expectations, the Purchaser Business Group on Health (PBGH) issued a Request for Information (RFI) in June 2026 to virtual and digitally enabled primary care vendors. Fifteen vendors responded and were evaluated against the same purchaser-defined standards PBGH applies to all Advanced Primary Care (APC) through its Care Excellence Program.

The responses show a market making progress toward these standards, along with clear areas where purchasers need stronger evidence that APC is being delivered consistently in a virtual setting.

Where the Market is Advancing	**Payment**	13 of 15 respondents offer alternative payment models, signaling a broad shift away from fee-for-service.
	Behavioral health	12 of 15 report behavioral health clinicians, reflecting growing recognition that behavioral health belongs in primary care.
Where Purchasers Need More Evidence	**Quality**	Just over half of respondents were able to report on quality using at least some of the PBGH APC Measure Set, but few can report on the full set or provide results that allow employers to identify disparities within their population.
	Continuity	Most vendors say they are committed to continuity, but few monitor it or can demonstrate that it occurs. That matters because continuity has been linked to lower costs, reduced mortality and better health outcomes. In a virtual model, where patients may see any clinician from a larger pool, continuity is particularly challenging. It must be designed purposely and tracked.
	Coordination	Approaches vary when patients need in-person primary or specialty care. None of the respondents had a fully mapped patient journey for transitions that extend beyond their own organization, a challenge that also exists across the broader healthcare system. For virtual primary care, however, coordination is particularly important when patients also need in-person primary care. What could have been addressed in a single primary care visit may instead require two encounters across two organizations. Without informed referrals and clear handoffs, care cannot be considered coordinated.

For purchasers, the findings show the importance of holding all APC to the same attributes and measures, regardless of how care is delivered, yet currently the same terms can describe very different care. Continuity should mean having a dedicated primary care–by a team–who knows and understands the patient over time. Integrated behavioral health should mean a behavioral health professional working collaboratively with primary care toward a shared care plan, not a referral to a separate service. Purchasers should ask vendors to define exactly what these commitments mean in practice, how they are measured, and who is accountable when a patient's care extends beyond the virtual setting.

PBGH is using these findings to inform the development of its National Advanced Primary Care Network, which will bring qualified in-person and virtual care together around the purchaser-defined expectations of the PBGH Care Excellence Program.

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The Market at a Glance

13 of 15	vendors offer alternative payment models
12 of 15	report behavioral health staff
Just over half	report measuring quality against at least some of the PBGH APC Measure Set recognized in the PBGH Care Excellence Program
Few	measure continuity of care
None	have a fully mapped patient journey to ensure coordination when patients need in-person care beyond their own organization

Access and payment models are advancing faster than the infrastructure needed to consistently demonstrate quality and maintain continuous, coordinated care.

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How PBGH Defines Advanced Primary Care

Advanced Primary Care is high-quality primary care that keeps patients at the center of every interaction and is designed to lower total cost of care by investing in prevention and continuity while reducing waste from unnecessary services. PBGH and its purchaser members have spent more than five years defining what APC should deliver, building on attributes developed by the California Quality Collaborative (CQC), a PBGH program that draws on research evidence and years of hands-on work helping primary care practices improve care. The PBGH Care Excellence Program puts those expectations into practice. Using shared attributes and quality measures covering access, patient experience, clinical performance and outcomes, it recognizes primary care that meets PBGH's purchaser-defined APC standards. That gives purchasers a consistent way to identify and evaluate APC based on what it delivers.

Person- and family-centered	Care reflects each patient's needs, goals and preferences, with patients and families actively involved in decisions and improvement.
Relationship-based	Patients build continuous, trusting relationships with a primary care provider and team they know and choose.
Comprehensive	Primary care teams proactively address most physical, behavioral and social health needs, including routine, acute and chronic care.
Team-based	Integrated, multidisciplinary teams work collaboratively, with each member contributing their expertise to meet patient needs.
Accessible	Patients can get timely care from a team that knows them, with same-day in-person and virtual care, behavioral health connections, after-hours support and secure digital access.
Integrated	Physical, behavioral and social health needs are managed together through shared information and a comprehensive care plan.
Equitable	All patients receive consistent access, quality and outcomes, with care teams proactively identifying and addressing disparities.
Coordinated	Primary care teams guide patients across specialists, hospitals, behavioral health providers and community resources, with information following the patient across settings.

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About the RFI

June 2026	**RFI Issued**
15 Vendors	**responded, ranging from national health plans and network aggregators to virtual-only primary care providers**
4	**PBGH members championed the effort**

The RFI included a 12-question initial screening followed by organization- and market-level questions across nine domains:

- Whole-person health and well-being
- Coordinated care, risk stratification and care management
- Physical wellness
- Employee and patient engagement and activation
- Health outcomes
- Health equity
- Access, including after-hours access, virtual care options and continuity with a primary care clinician
- Informed referrals, including specialty network, hospital services and prescription drug management
- Health information technology and data sharing

The RFI did not create a separate standard for virtual APC but instead sought to understand how virtual and digitally enabled models could fulfill the same attributes through their clinical models. This report focuses on five areas of particular importance to purchasers: payment, behavioral health integration, quality measurement and reporting, continuity of care and coordination throughout a patient's healthcare journey.

Responses were self-reported and were not independently verified. Individual vendors are not identified.

The full RFI is available at here.

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Key Finding 1 | Payment

Alternative Payment Is Becoming the Norm, but Not All Models Buy the Same Care

13 of 15 respondents offer alternative payment models

APC requires payment models that support predictable investment in comprehensive primary care and create greater opportunity to reward value rather than volume. Virtual primary care providers have generally moved away from relying solely on fee-for-service and offer a range of payment options.

But the same payment model does not necessarily buy the same care. Services included in the fee vary by vendor, and the base rate may not cover the full range of APC services, such as care management or integrated behavioral health.

What good looks like:

The fee clearly defines which APC services are included, with performance tied to quality and outcomes.

Ask:

What services does the fee include, and are there any APC services that patients have access to that are being billed separately?

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Key Finding 2 | Behavioral Health

Behavioral Health Is Increasingly Part of the Model; Integration Must Be the Next Focus

12 of 15 respondents report behavioral health staff

Integrated behavioral health is a core component of APC, but having behavioral health services available is not the same as integrating them into primary care.

The level of integration varies. In some models, behavioral health still operates primarily through referrals to a behavioral health team rather than as part of an integrated care team. Sharing an electronic medical record does not by itself achieve integration. It may mean clinicians can see each other's notes, not that they are working together toward shared patient goals.

The encouraging signal is that collaborative approaches are becoming more prevalent as vendors work to bring together care that has traditionally been delivered through separate tracks.

What good looks like:

Behavioral health clinicians work within the primary care team and share a care plan.

Ask:

Are behavioral health clinicians part of the primary care team, or is behavioral health a referral?

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Key Finding 3 | Quality

Quality Reporting Lags Behind the Rest of Primary Care

Just over half of respondents report measuring quality against at least some of the PBGH APC Measure Set

The RFI found significant variation in vendors' ability to measure and report against the PBGH APC Measure Set used by the Care Excellence Program. Few can report on the full set, and reporting frequency and detail vary. In many cases, results are limited to the vendor's overall population.

This is important to note because the measures in the set are standard HEDIS measures that health plans and in-person primary care organizations already report as a routine part of doing business. In-person primary care still faces many of the other challenges identified in this review, but quality measurement is fundamental. Virtual care should be held to the same level of accountability, and vendors should be monitoring their own quality.

What good looks like:

The vendor reports on the full PBGH APC Measure Set at regular intervals and has the ability and willingness to stratify the purchaser's own population to identify health disparities.

Ask:

Which measures from the PBGH APC Measure Set does your organization report, how often, and how can results be stratified for our population to better understand disparities?

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Key Finding 4 | Continuity

Convenient Access Isn't Enough if Continuity Ends at the Screen

Few respondents measure continuity of care

Continuity is fundamental to APC and is linked to lower healthcare costs, reduced mortality and better health outcomes. Patients should have an ongoing relationship with a primary care clinician or team that knows them and stays connected to their care over time. The relationship should be consistent enough that patients are able to identify their attributed primary care clinician.

Patients who return to the same clinic tend to build continuity with the same clinician and the co-located care team over time. In a virtual model, where patients may see any clinician from a larger pool, continuity is not assured. It must be purposely designed and measured.

Most vendors said they are committed to continuity, but few measure it, and most could not demonstrate that patients consistently see the same clinician or a purposely designed care team. Fast access should not come at the expense of an ongoing clinical relationship.

What good looks like:

Each patient has a consistent relationship with a person that they can identify as their primary care clinician, and the vendor measures and reports how often patients interact with them.

Ask:

How does your organization assign patients to a consistent clinician or team, and how do you measure continuity?

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Key Finding 5 | Coordination

What Happens When In-Person Care Is Needed?

None have a fully mapped patient journey to ensure coordination when patients need in-person care beyond their own organization

No respondent had a fully mapped patient journey for when patients need care that cannot be provided virtually, even when that care is in scope for primary care, which is particularly concerning. Without informed referrals and clear handoffs, patients may need a second visit, and a second co-pay, for care that could have been completed in primary care.

APC means one team takes responsibility for the patient's primary care, including when care moves beyond the virtual setting. The virtual team should serve that role, not one more service in an already fragmented system.

What good looks like:

A defined patient journey for in-person primary and specialty care, with informed referrals and a single primary care team that stays involved in the patient journey.

Ask:

When a patient needs in-person care, what does that journey look like, and how does your primary care organization remain accountable for ensuring needed care is completed?

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Where the Market Goes from Here

The RFI shows a virtual primary care market making progress toward the expectations purchasers have established for APC. Alternative payment models are widespread, and behavioral health is increasingly part of the primary care model.

Purchasers still need consistent evidence of quality, measured continuity, and coordinated care when patients' needs extend beyond a virtual visit. The opportunity is not to create a different standard for virtual care, but to ensure virtual care can deliver the same high quality Advanced Primary Care and positive experience patients deserve and need to improve their overall health.

PBGH is applying these findings as it develops its National Advanced Primary Care Network, intended to bring qualified in-person and virtual care together around the purchaser-defined expectations of the PBGH Care Excellence Program.

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About PBGH

PBGH is a nonprofit coalition representing more than 40 private employers and public entities across the U.S. that collectively spend $350 billion annually purchasing healthcare services for more than 21 million Americans and their families. PBGH has a 35-year track record of incubating and scaling new, disruptive operational programs that lower healthcare costs and increase quality across the U.S. For more information please visit www.pbgh.org.

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