

Underinvestment in Primary Care

HARMS PATIENTS



MAY 2026

Primary care is the foundation of a high-performing health care system that addresses people's health care needs.

The evidence is clear that primary care is associated with better [health outcomes](#), [lower costs](#), and [greater health equity](#). Moreover, [across demographics](#), people have a clear vision that primary care in the U.S. should be affordable, accessible, and convenient.

However, the current health care system - and how it values primary care - does not realize that vision. As a result, patients are left with an inadequate or poor experience that fails to meet their primary care needs, or worse, unmanaged chronic conditions and lower life expectancy.

People Highly Value Primary Care and Understand the Importance of Having a Regular, Trusted Primary Care Clinician

Public opinion [research](#) conducted in 2025 illuminated public perceptions and priorities regarding primary care and patient experiences. This research concluded that:

- People value having a regular primary care clinician. **More than eight of 10 (83%) respondents said they highly prioritize having a regular primary care clinician**; more than half (52%) say it's a top priority. However, cost and access are the most cited barriers to accessing primary care across all demographics.
- Primary care is being underutilized to address chronic disease in the U.S. Among adults who have recently received primary care, **only 27% used it to manage a chronic condition**.
- While 93% of rural adults were satisfied with their insurance coverage of primary care, rural adults are significantly more likely (32%) than urban (21%) and suburban (24%) adults to **report not seeking out primary care because they are unable to afford it**.

Regular Access to Primary Care is Associated with Better Surgical Outcomes for Medicare Beneficiaries



The evidence is clear that Medicare beneficiaries with better or more regular access to primary care are more likely to have **better surgical outcomes**:

LOWER

risk of in-hospital mortality

LOWER

mortality risk at 30, 60, 90, and 180 days post-surgery

LOWER

rates of emergency surgery

LESS

likely to have serious complications

LESS

likely to be readmitted to the hospital post-surgery

THE PROBLEM IS ROOTED IN HOW MEDICARE PAYS FOR PRIMARY CARE

Despite Empirical Evidence and Public Opinion Findings Proving the Case for Primary Care's Value, Our Payment System Falls Woefully Short in Bridging the Gap

Despite these benefits, [less than five percent](#) of all health care spending goes to primary care, and that number is [declining](#). [Nearly one-third](#) of people nationwide don't have access to a regular primary care provider. People's access challenges - and related workforce shortages - are particularly acute in [rural communities](#) and other [underserved areas](#), leading many to seek care in more [costly emergency settings](#) or [forego care altogether](#). Low levels of investment also [disproportionately affect](#) people with chronic conditions who rely on consistent, coordinated primary care services to manage their health needs and avoid hospitalizations.

These realities are a symptom of the **fundamentally flawed Medicare Physician Fee Schedule** (PFS) which chronically undervalues primary care.

Patients Pay the Price When Primary Care Lacks Sufficient Investment

Undervaluing primary care in payment systems directly curtails people's access to primary care and can compromise the quality of care they are able to get.

- ➔ **PATIENTS DO NOT GET ENOUGH TIME WITH DOCTORS.** Primary care practices must see more patients in less time to remain financially sustainable. That means less opportunity for patients to ask questions and little time to build trust or manage complex needs.
- ➔ **TEAM-BASED CARE IS UNDERFUNDED.** Behavioral health specialists, care coordinators, pharmacists, and others are essential to comprehensive care, but current payment models often [do not provide enough funding](#) to support team-based care.
- ➔ **FEWER CLINICIANS CHOOSE PRIMARY CARE.** Persistent underpayment in Medicare has made it difficult for clinicians to sustain careers in primary care. The clinicians who decide to go into primary care face rising administrative demands and worsening burnout. New doctors, [burdened with debt](#), often choose to further their career in higher-paying specialties. This trend is worsening provider shortages and extending wait times for patients.
- ➔ **PATIENTS GET SICKER AND SPEND MORE.** When people [cannot access](#) timely primary care, they delay or skip necessary services, leading to worse outcomes and higher costs for everyone.
- ➔ **INCENTIVIZING OVERUSE OF EXPENSIVE AND UNNECESSARY SERVICES.** In addition to resulting in increased use of more expensive services that could have been prevented, this payment structure [directly incentivizes](#) using more specialty procedures that might not even improve outcomes.

What's Driving Undervaluation in Primary Care? Payment Policy Sustained by the Status Quo

The supply of primary care providers to meet demand is made nearly impossible given the way our health care system is designed. Several factors contribute to this market failure, but much of this dynamic is accounted for in how much traditional Medicare pays primary care providers for health care services, which influences reimbursement across coverage markets. [This dynamic feeds into a system that fails patients on several fronts](#), regardless of source of coverage.

This lack of primary care investment is driven by an unsustainable [fee-for-service](#) payment model that continues to undervalue primary care, particularly in the [Medicare PFS](#). As currently structured, the Medicare PFS overvalues episodic care and procedures in an increasingly fragmented, difficult to navigate sick-care environment. This comes at the expense of relationship-based, whole-person preventive and primary care designed to keep people healthy.

POLL FINDINGS

Satisfaction with Primary Care



92% of people

reported being **satisfied** with their primary care services

Top 3 reasons for **DISSATISFACTION** with primary care experience:

- ➔ Provider rushed through an appointment (26%)
- ➔ Provider did not spend much time with patient (23%)
- ➔ The wait time for an appointment or at the doctor's office was too long (20%)

The issues that contribute to people's negative experiences with primary care are **rooted in a payment system** that undervalues primary care at the expense of providers and patients.

MOVING FORWARD



Without meaningful change to improve primary care valuation in the Medicare PFS, people will continue to face challenges in their primary care experiences and access. **It is imperative that Congress take steps to [increase primary care investment](#) through the Medicare PFS.**