Methods Conference: Measurement of Primary Care Spending

SUMMARY

December 6 & 7, 2017

Introduction

As global spending on health care – especially in the United States - continues to increase, there is a push to characterize the expenditures and inform policy interventions. At the same time, evidence has been building to suggest that increased attention to primary care results in improved health outcomes at a lower cost. However, there is no single established method for defining or measuring primary care expenditures in the US or internationally. As countries grapple with how to allocate resources in health care, a unified measurement method and definition of primary care spending can help guide future primary care investments.

On December 6 and 7, 2017, the 34 people listed in the appendix, representing several international and US health organizations came together with these specific aims:

AIMS

1. Share updates about ongoing efforts to measure primary care spending.
2. Define differences between current definitions of primary care and how it is measured.
3. Develop consensus about core primary care inclusion elements as components of a unified definition.
4. Identify needed exclusions to the unified definition and ways to support comparability.
5. Develop an overarching method that can be used for future research and policy development.
6. Discuss a plan for engaging policy makers about why primary care spending matters.

Participants addressed differences between methods for calculating or measuring primary care spending and worked towards a consensus method that could be:

- Used across payor types and settings (Commercial, Public)
- Used to compare across countries (with agreement on inclusion differences)
- Disseminated broadly
- Understood and adopted by policymakers

Thanks to several presentations on methods currently under consideration or in use around the world, and robust discussions of the policy-relevant goals of calculating primary care spend, this group arrived at several conclusions listed below. While consensus was achieved, it included humility around inability to ideally measure primary care investment in most countries. We arrived at the overall conclusion that we may not be able to use a single definition or method across countries at this time, but that we all aspire to arrive at a much more complete method that includes accounting for **primary care services, delivered by primary care teams, within the context of first-contact care, comprehensive services, in continuous relationships, with coordination of care**.

More granularly:

(1) Although primary care or primary healthcare policies have been promoted globally since the Declaration of Alma Ata nearly 40 years ago, there is little understanding of how much is spent on primary care or Primary Health Care globally.

(2) Government, payers, providers, consumers, and researchers are all the stakeholders and target audiences for primary care expenditure information and related policies. **The key is to influence policy.**

(3) There are two fundamental approaches for tracking primary care expenditure currently in general use, the provider approach (tracking expenditures from identified primary care providers) and services approach (tracking expenditures from identified primary healthcare or essential healthcare services).

(4) In high income countries or in countries with well-developed healthcare systems, the provider approach is currently favored; in low income countries or those with poorly developed healthcare systems, the services approach is more typical.

(5) These two predominant modes of expenditure accounting don't capture an accurate picture of spending for primary health care. OECD's use of international System Health Accounts, for example, is an effort to approximate PC expenditures from existing data. Given the intention of supporting robust primary health care, and in

order to achieve this goal a **three-tiered, nested measurement framework** was proposed with the aspiration to eventually arrive at the **third-tier, which includes service by provider in the context of the First Contact, Comprehensiveness, Continuity and Care Coordination.**

a. Service is the first tier (base level) tracking approach. This approach is to track expenditure based on a defined package of primary care, primary healthcare, essential healthcare, or basic healthcare services regardless where they are delivered. This approach is especially applicable for Low and Middle-Income Countries (LMICs) where the Primary Health Care (PHC) system is weak, and PHC services could be delivered by several sites within the healthcare system. It offers a baseline approach for international comparison.

b. Primary care providers delivering primary care services is the second tier tracking approach. This approach measures expenditure based on both services and providers and is currently used in analyses of OECD countries. And for LMICs, this approach can be used as well for the allocation and efficiency analysis.

c. The third tier approach measures expenditures on high performing primary care (real primary care) which accounts for services delivered by primary care providers in the context of First Contact, Comprehensiveness, Continuity and Care Coordination.

Conference attendees agreed that this consensus is an important starting point, subject to further development and testing. Next steps include reassessment in current analytic efforts to incorporate these tiers. There will also be three writing products to include a policy brief, a commentary aimed at the Lancet, and a longer paper to include the results of the qualitative study that preceded and informed the conference as well as case-studies that illustrate the nested measurement tiers. A related study by the Roberg Graham Center using US Medical Expenditures Panel Survey data to demonstrate differences in estimating primary care investment based on different methods currently in use was already under review at Health Affairs and may stimulate more participation in future discussions.

Appendix A: Participant List

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