



Rev PC SUMMIT

UC DAVIS
HEALTH

SCHOOL OF
MEDICINE

Department of Family
and Community Medicine

UC DAVIS
Center for Healthcare
Policy and Research

Rebuilding the Foundation: Recommendations from the Summit to Revitalize Primary Care (Rev PC)

Anthony Jerant, MD

Professor and Chair, Department of Family and Community
Medicine, UC Davis School of Medicine

February 19, 2026



Why was there a need for Rev PC?



The long-awaited 2021 National Academies of Sciences, Engineering and Medicine (NASEM) report on primary care:

Designated primary care to be a **common social good**, but...
...warned that primary care in the U.S. is **slowly dying**

Source: NASEM. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, D.C.: The National Academies Press.

Signs and symptoms

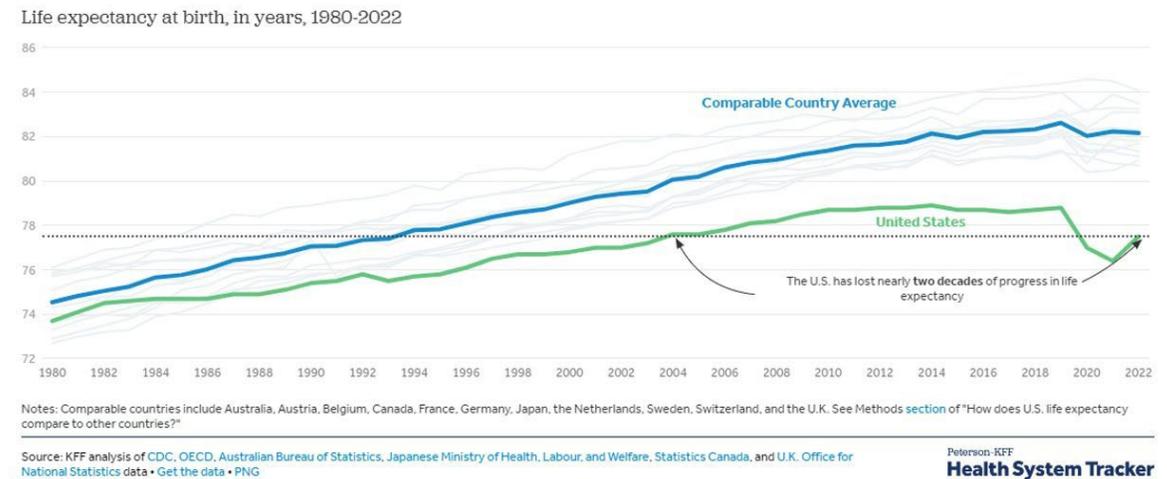
- Not enough primary care (PC) clinicians - and the shortfall is worsening
- More and more patients have no PC at all, let alone ideal PC
- Clinicians who remain in practice:
 - Have overly large panels
 - Lack the resources to support multi-disciplinary care teams
 - Often narrow their scope of practice
 - Face spiraling administrative burdens
- Half or more of PC clinicians meet criteria for burnout
- Patients dissatisfied with poor access, limited services, hurried visits

Sources: Bodenheimer T. Revitalizing Primary Care, Part 1: Root Causes of Primary Care's Problems. *Ann Fam Med* 2022;20:464-468 / The Complexities of Physician Supply and Demand: Projections From 2021 to 2036. AAMC, March 2024.

A weak and deteriorating primary care base is bad for everyone

- The health of primary care is closely related to the health of the population
- Our health care system severely underperforms relative to other industrialized nations
- We spend much more in total for health care, but far less on primary care, getting less bang for our buck

In 2022, life expectancy partially rebounded in the U.S. while stabilizing in most comparable countries

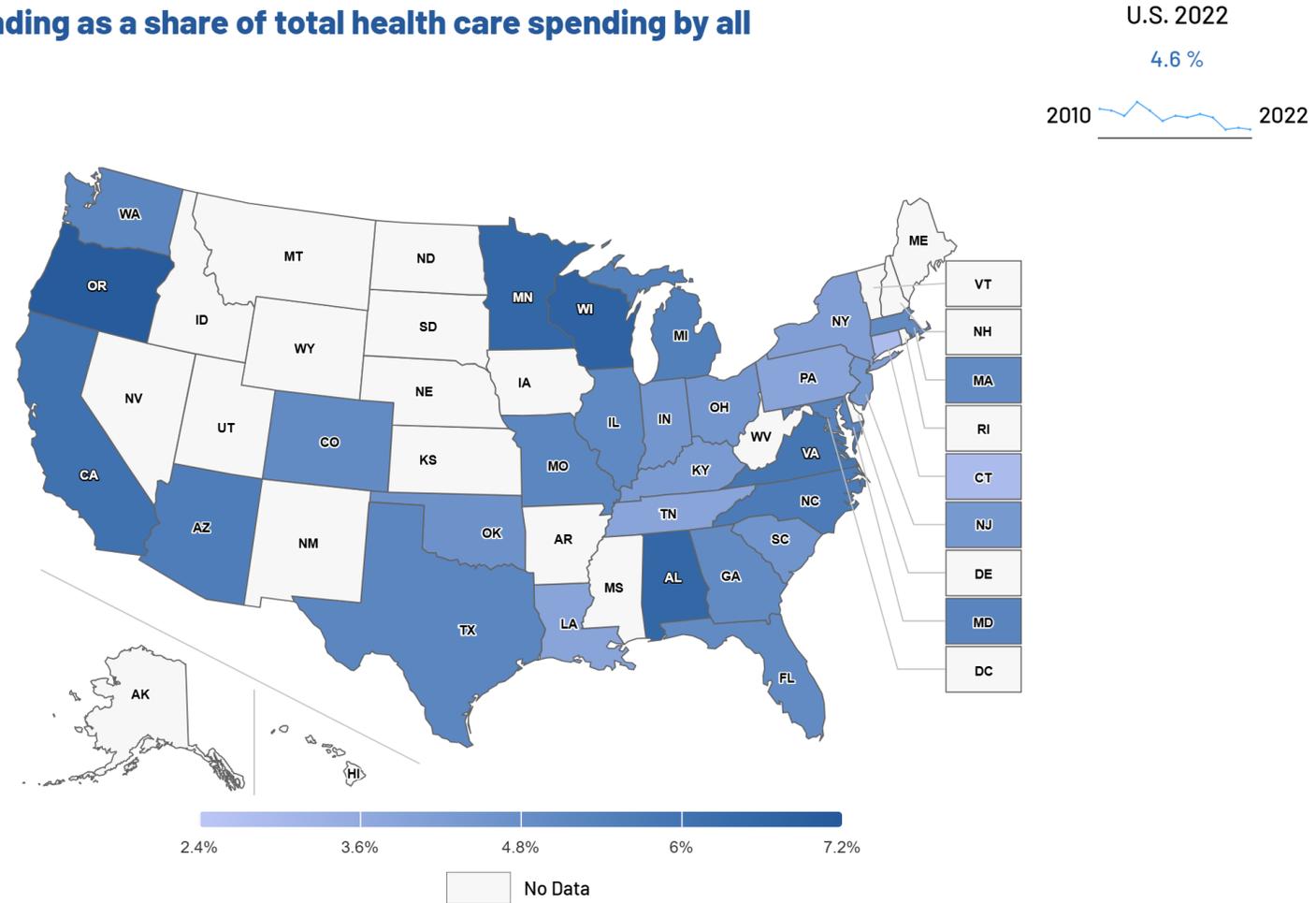


Sources: Bodenheimer T. Revitalizing Primary Care, Part 1: Root Causes of Primary Care's Problems. Ann Fam Med 2022;20:464-468 / Kaiser Family Foundation Health System Tracker / Munira et al. U.S. Health Care from a Global Perspective, 2022: Accelerating Spending, Worsening Outcomes. The Commonwealth Fund.

Diagnosis: severe under-resourcing is killing primary care

Primary care spending as a share of total health care spending by all payers

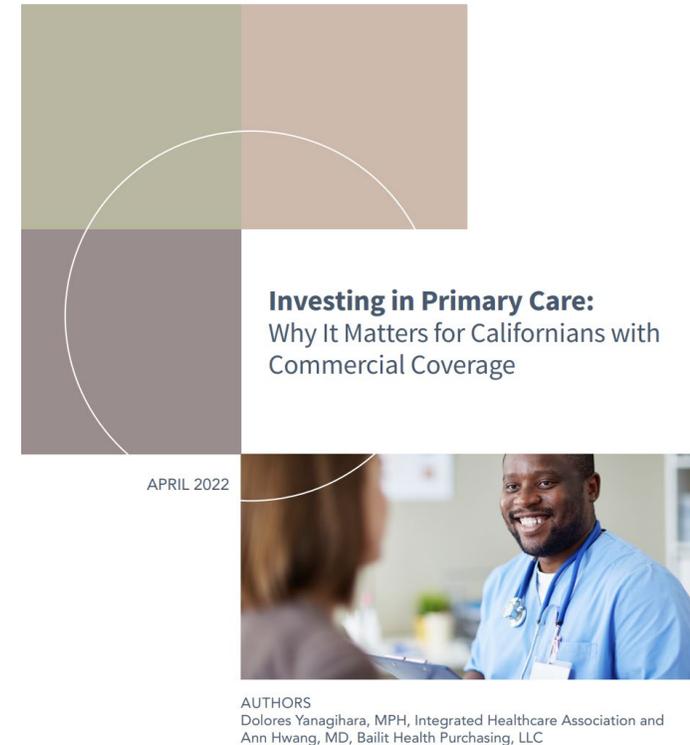
Narrow Definition



2025 Primary Care Scorecard Data Dashboard: Milbank Memorial Fund. <https://www.milbank.org/primary-care-scorecard/>

A promising treatment: optimize the primary care spend

- Greater investment in primary care among health plans associated with **better quality care, fewer hospital visits**
- Greater investments among provider organizations associated with **better quality and patient experience, fewer hospital and ED visits, lower total cost of care**
- If provider organizations in the lower brackets of primary care spending matched those in the highest bracket:
 - 25,000 hospital stays, 89,000 ED visits avoided annually
 - \$2.4 billion in annual overall health care spending saved



Source: Yanagihara D and Hwang A. Investing in Primary Care: Why It Matters for Californians with Commercial Coverage. CHCF April 2022.

Optimizing the primary care spend will require more than \$

Spectrum of Physician Payment Models

ACTIVITY-BASED VS FIXED PAYMENT MODELS

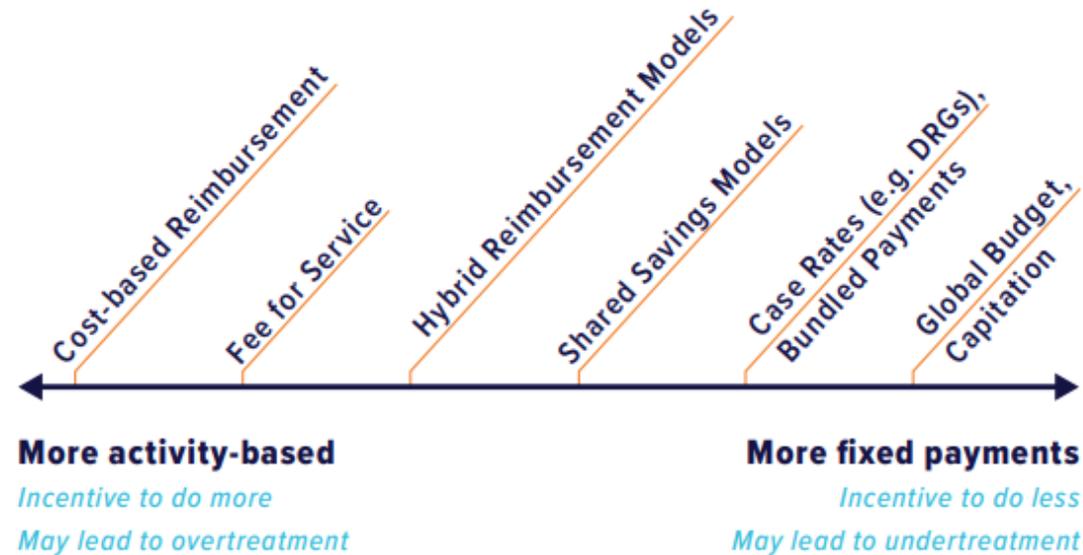


FIGURE 9-1 Payment models fall along a spectrum according to the unit of payment.
NOTE: DRG = diagnosis-related group.

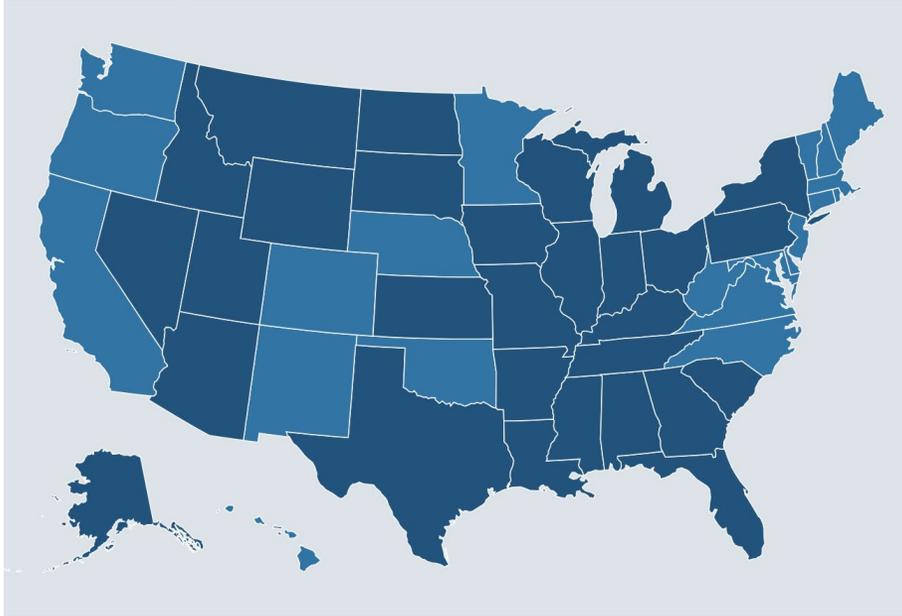
Source: NASEM. 2021. Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care. Washington, DC: The National Academies Press.

Payment models must support **relationship-centered** primary care teams



Sources: NASEM 2021. Implementing high-quality primary care: rebuilding the foundation of health care. Washington, DC: The National Academies Press / Epperly T et al. The shared principles of primary care. Fam Med 2019;51:179-184 / Sinsky CA, et al. Radical reorientation of the US health care system around relationships. Mayo Clin Proc. 2022;97:2194-2205.

Summit on Revitalizing Primary Care (Rev PC) Aims



PCC State PC Initiatives Map



- Broadcast the tenuous and worsening state of primary care in the U.S. – truly a burning platform issue for *all* of us
- Convene an esteemed and accomplished multidisciplinary Expert Committee with national representation to:
 - Leverage burgeoning (mostly State-level) momentum around revitalizing primary care
 - Generate a proceedings paper with recommendations for PC revitalization
 - Help build new and strengthen existing multi-stakeholder coalitions working to revitalize primary care

Five Expert Committee working sessions

- Sharing what has been learned in efforts to optimize the PC spend
- How should practices be paid to provide high-quality, relationship-oriented PC?
- Advancing primary care research
- Traversing the gap between PC funding and transformation
- Leveraging an optimized PC spend to advance health equity

Rev PC Recommendations – high level summary

1. Increase the proportion of health care spending on primary care (PC) while curbing the growth in overall health care spending
 - Develop and encourage use of a uniform PC definition emphasizing core attributes: continuity, comprehensiveness, coordination
 - Establish and enforce PC spending accountability mechanisms

Consistent with the California Office of Health Care Affordability (OHCA) PC Investment Benchmark recommendation published just prior to the Summit

Performance Years	Annual Improvement Benchmark
2025-2033	0.5 - 1% per year for each payer and product*
Performance Year	Investment Benchmark
2034	15% statewide for all payers and products

<https://hcai.ca.gov/affordability/ohca/promote-high-value-system-performance/primary-care-investment-benchmark/>

Rev PC Recommendations – high level summary

2. Change PC payment models to support teams in delivering high quality, equitable, relationship-centered care
 - Move to risk-adjusted hybrid models with most payment as per member per month capitation and less as fee-for-service
 - Consider separate state-run primary care stabilization funds
 - Hold health plans and systems accountable for ensuring funding earmarked for PC reaches practices

3. Help practices transform and then measure the right things to incentivize delivery of high-value PC
 - Include continuity, comprehensiveness, and coordination measures
 - Track service availability, use, costs, and outcomes that matter to patients
 - Include measures of care team well-being

Rev PC Recommendations – high level summary

4. Leverage primary care to equitably improve population health
 - Mandate Medicaid acceptance for all practices
 - Remove cost-sharing for PC services
 - Incorporate social influences on health into risk adjustment
 - Support community-wide data exchange and reporting
5. Advocate for the training of an appropriately sized and diverse PC workforce
6. Expand and advance primary care research
 - Develop research networks and registries
 - Create and apply better measures and methods reflecting PC complexity
 - Accelerate dissemination of findings into practice
7. Engage, educate, and collaborate with a broad array of stakeholders in messaging the vital importance of robust PC to population health



Rev PC report: Recommendations to revitalize primary care

Following the Rev PC Summit, 30 national experts and thought leaders in primary care continued discussions to revitalize primary care in the U.S. Those conversations culminated in a new report to guide future efforts.

The report summarizes insights from the Summit and outlines strategies to revitalize primary care and improve health policy. It includes seven broad, high-priority recommendations to begin addressing the growing crisis in primary care.

[Download the report](#)



JUNE 23, 2025

New report aims to revitalize declining primary care

UC Davis hosted a summit last



NOVEMBER 1, 2024

Experts convene to seek solutions to primary care crisis

UC Davis hosted a who's who of state



OCTOBER 16, 2024

A simple solution to the primary care physician shortage

In an op-ed for The Sacramento Bee,

[Summit webpage](#)

[Proceedings report](#)

Moderated Panel Discussion

- *Moderator:* Richard Kravitz, MD, MSPH
Distinguished Professor of Medicine, Division of General Medicine, UCD SOM
- *Panelists:*
 - Palav Barbaria, MD
Chief Quality & Medical Officer, California Department of Health Care Services (DHCS)
 - Margareta Brandt, MPH
Assistant Deputy Director for Health System Performance, Office of Health Care Affordability (OHCA)
 - Alice Hm Chen, MD, MPH
Executive Vice President and Chief Health Officer, Centene Corporation
 - Raymond Tsai, MD
Vice President of Advanced Primary Care, Purchaser Business Group on Health (PBGH)