Department of Health Care Access and Information

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Introducing the HCAI Health of Primary Care in California Annual Snapshot

Contents

Department of Health Care Access and Information
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Introduction

The California Department of Health Care Access and Information (HCAI) is implementing the Health of Primary Care in California Annual Snapshot (Primary Care Snapshot) to measure and track the strength of the primary care sector across the state and inform policy to drive improvements. The Primary Care Snapshot will utilize existing data sources to track relevant, actionable indicators of a healthy primary care sector and provide comprehensive public reporting on primary care in California. Through the Primary Care Snapshot, HCAI will monitor indicators across five key domains: investment, workforce, access, quality and equity.

High quality primary care is the foundation of a high-functioning health care system. In alignment with HCAI's mission to expand equitable access to quality, affordable health care for all Californians, the Primary Care Snapshot will emphasize the importance and value of primary care with the aim of strengthening California's primary care sector, thereby advancing a healthier California for all.

About This Brief

Introducing the HCAI Health of Primary Care in California Annual Snapshot is the first in a series of ongoing annual Primary Care Snapshot products. This brief describes:

1. The background and context that led HCAI to launch the Primary Care Snapshot;
2. A baseline overview of the current state of primary care in California; and
3. HCAI's approach to developing and implementing the Primary Care Snapshot.

Background

Importance of Primary Care

The importance of high-quality primary care as the foundation for a high performing health care system is well established.[1] Primary care, which is the provision of health care services by providers who are accountable for addressing the majority of an individual's health care needs over time, plays a critical role in providing preventive services, acute care, and ongoing care for chronic physical and behavioral health conditions.[2,3] The National Academies of Sciences, Engineering, and Medicine (NASEM), in their 2021 report *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*, state that primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes.[4] Chronic underinvestment in primary care, leading to a weakened primary care sector, is considered a key factor in the poor performance of the U.S. health care system compared to other high-income countries.[5,6] Primary care spending in the U.S. is only about 5% to 7% of total health care spending, compared to other high-income countries with higher performing health care systems that spend about 12% to 15% of total health care spending on primary care.[7,8] Furthermore,

"Primary care is the only health care component where an increased supply is associated with better population health and more equitable outcomes."

Source: Lisa McCauley et al., eds. *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care*

[1] Shi, L. (2012). The impact of primary care: A focused review. *Scientifica*, 2012, 432892. https://pmc.ncbi.nlm.nih.gov/articles/PMC3820521/

[2] Starfield, B. (1998). *Primary Care: Balancing Health Needs, Services, and Technology. In Primary Care: Balancing Health Needs, Services, and Technology*. Oxford University Press. https://doi.org/10.1093/oso/9780195125429.002.0001

[3] Rittenhouse, D., Muratore, R., Ament, A., Wesley, D., & Morrison Lee, K. (2024). *Advancing Health Equity Through Primary Care Policy: Priorities and Recommendations for California*. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2024/08/HealthEquityPrimaryCare.pdf

[4] Committee on Implementing High-Quality Primary Care, Board on Health Care Services, Health and Medicine Division, & National Academies of Sciences, Engineering, and Medicine (NASEM). (2021). *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care* (L. McCauley, R. L. Phillips, M. Meisnere, & S. K. Robinson, Eds.; p. 25983). National Academies Press. https://doi.org/10.17226/25983

[5] *Primary Care in High-Income Countries: How the United States Compares*. (2022, March 15). The Commonwealth Fund. https://doi.org/10.26099/xz8y-3042

[6] Blumenthal, D., Gumas, E. D., Shah, A., Gunja, M. Z., & Williams II, R. D. (2024). *Mirror, Mirror 2024: A Portrait of the Failing U.S. Health System*. Commonwealth Fund. https://doi.org/10.26099/ta0g-zp66

[7] Jabbarpour, Y., Greiner, A., Anuradha, J., Coffman, M., Jose, C., Petterson, S., Pivaral, K., Phillips, R., Bazemore, A., & Neumann Kane, A. (2019). *Investing in Primary Care: A State-Level Analysis*. Robert Graham Center. https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/Investing-Primary-Care-State-Level-PCMH-Report.pdf

[8] Blumenthal et al., *Mirror, Mirror 2024*

national data suggest that primary care's share of total health care spending in the U.S. continues to decrease.[9]

Strengthening the primary care sector and infrastructure, from training more primary care providers to improving continuity of care and implementing team-based care models, can lead to a stronger, more effective health care system.[10] HCAI envisions a high-quality, advanced primary care sector as one that is accessible, fosters long-term, trusting relationships, utilizes well-rounded primary care teams, provides comprehensive care, and reflects the diversity of the patients it serves. Primary care should be person- and family-centered, integrated, coordinated, and equitable to all Californians (Figure 1).

Figure 1. One Vision for Primary Care Delivery in California.

Source: California Quality Collaborative (CQC). (June 2020, revised April 2022). *Advanced Primary Care: Defining a Shared Standard*. Purchaser Business Group on Health (PBGH).

In recent years, there have been numerous calls to strengthen the primary care sector and to track progress over time. In their 2021 report, NASEM specifically called for a U.S. scorecard on the health of primary care to measure progress towards high quality primary care across the country.[11] The Milbank Memorial Fund, in partnership with The Physicians Foundation, released the first annual Health of U.S. Primary Care Scorecard in 2023.[12] Massachusetts, New York, and Virginia also publish annual primary care scorecards to track the health of primary care within their states (Box 1). Early experience with these scorecards demonstrates that transparent reporting on the primary care sector helps identify barriers to high-quality primary care and promotes policy development and other solutions to address them.

[9] 2025 Primary Care Scorecard Data Dashboard. (2025, February 18). Milbank Memorial Fund. https://www.milbank.org/primary-care-scorecard/
[10] NASEM, *Implementing High-Quality Primary Care*
[11] Ibid
[12] Health of US Primary Care Scorecard. *Milbank Memorial Fund.* https://www.milbank.org/focus-areas/primary-care-transformation/health-of-us-primary-care-scorecard/

Box 1. Existing National and State Level Scorecards

Milbank Memorial Fund Primary Care Scorecard Data Dashboard

The Milbank Primary Care Scorecard Data Dashboard tracks key primary care indicators nationally and by state, where data is available, across four high-level domains: financing, access, training, and research. The Robert Graham Center and HealthLandscape developed the 2025 dashboard and accompanying reports, with funding from the Milbank Memorial Fund and The Physicians Foundation.

Massachusetts Primary Care Dashboard

Massachusetts monitors the health of the primary care sector across five domains: finance, capacity, access, care, and equity. The dashboard, developed by Massachusetts Health Quality Partners and the Massachusetts Center for Health Information and Analysis, aims to inform policy solutions and investments and track the impacts of these reforms.

Virginia Primary Care Scorecard

Developed by the Research Consortium at the Virginia Center for Health Innovation, on behalf of the Virginia Task Force on Primary Care and funded by the Virginia General Assembly, the scorecard reports on primary care spending, workforce, and utilization and associated health outcomes. The scorecard reports data by county to highlight geographic variability in its primary care sector performance.

New York State Primary Care Scorecard

The New York scorecard, developed by the Primary Care Development Corporation, reports on the state of primary care across workforce, access, performance, and health outcomes. The purpose of the scorecard is to identify gaps within the primary care system and assess the impact of policy changes related to primary care access and quality.

Note: Images created by Tyler Gobberdiel from Noun Project.

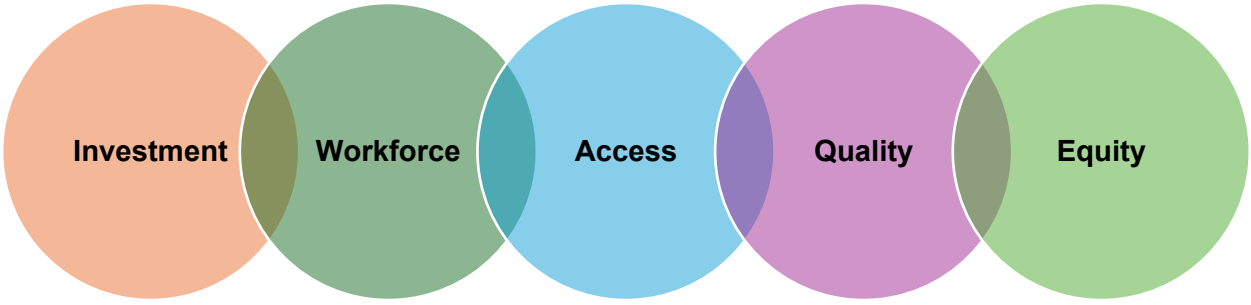
Purposes and Audiences

The HCAI Health of Primary Care in California Annual Snapshot aims to:

- Create a shared understanding of the health of California's primary care sector, both statewide and by geographic regions, across five key domains (Figure 2); and
- Identify challenges to inform policy and drive progress toward equitable, high-quality, sustainable primary care for all Californians.

The main audiences for the Primary Care Snapshot are engaged stakeholders, including health care purchasers, payers, providers, state government and other policymakers, consumer advocates, and researchers. These stakeholders may use the Primary Care Snapshot to generate insights to increase public awareness of the challenges facing the primary care sector in California, strengthen the state's primary care infrastructure through investment and workforce development, and inform efforts to improve primary care access, quality, and equity.

Figure 2. Primary Care Snapshot Domains



HCAI's Focus on Primary Care and the Origin of the Primary Care Snapshot

HCAI has been engaged in primary care reporting and improvement efforts for decades. Since 1973, the HCAI Song-Brown Healthcare Workforce Training Program has supported graduate medical education and the primary care workforce in California by providing funding to support and expand primary care training capacity and diversity.[13] HCAI also has multiple efforts underway to track and report on aspects of California's primary care sector, through its California Primary Care Office,[14] the Health Workforce Research Data Center,[15] the Healthcare Payments Data Program,[16] and the Office of Health Care Affordability (OHCA).[17]

[13] More information is available on HCAI's website: https://hcai.ca.gov/workforce/financial-assistance/grants/song-brown/
[14] https://hcai.ca.gov/workforce/health-workforce/california-primary-care-office/
[15] https://hcai.ca.gov/workforce/health-workforce/workforce-data/
[16] https://hcai.ca.gov/data/cost-transparency/healthcare-payments/
[17] https://hcai.ca.gov/affordability/ohca/

Momentum has grown in recent years for a California-specific primary care scorecard. HCAI is a member of the Primary Care Investment Coordinating Group of California, a leadership group convened in 2021 by the California Health Care Foundation (CHCF), which adopted several guiding principles and recommended actions in 2022—including the recommendation that "California stakeholders should assemble, regularly compile, and disseminate an implementation scorecard to track progress and report on impact."[18] In September 2023, a CHCF-sponsored convening of 30 policy thought leaders, including experts in primary care and health equity from California, such as state officials, consumer advocates, community leaders, providers, and patient representatives, reached broad consensus that a California primary care scorecard was important to improve accountability for strengthening the state's primary care sector.[19] Building on this momentum, the University of California Davis School of Medicine hosted the Summit on Revitalizing Primary Care in October 2024 with national leaders in primary care research, policy, and advocacy, as well as UC Davis faculty and staff, which recommended implementing a public dashboard to track primary care spending.[20] Because supporting and monitoring progress on primary care spending, workforce, access, and outcomes is central to HCAI's mission, HCAI stepped forward in early 2025 to lead this statewide initiative, now the HCAI Health of Primary Care in California Annual Snapshot.

The Primary Care Snapshot presents an opportunity for HCAI to unite its breadth of primary care development, monitoring, and analytic expertise with reporting efforts across the state, such as from other state agencies, nonprofit organizations, and academic research, into one tool dedicated to advancing primary care in California. The Primary Care Snapshot will curate relevant data across available sources and provide a holistic picture of the health of primary care in California to promote action towards California's vision for primary care.

Current State of Primary Care in California

State agencies, researchers, and nonprofit organizations periodically report data related to the planned Primary Care Snapshot domains of investment, workforce, access, quality, and equity (Box 2). This section presents some of these data to provide insight into the current state of the primary care sector in California. These data serve as examples of potential indicators that could be included in the Primary Care Snapshot.

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[18] Primary Care Investment Coordinating Group of California. (2022). *Primary Care Investment Coordinating Group of California: Guiding Principles and Recommended Actions*. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2022/04/PCInvestmentCoordinatingGroupGuidingPrinciples.pdf

[19] Rittenhouse et al., *Advancing Health Equity Through Primary Care Policy*

[20] *A Summit on Revitalizing Primary Care to Recenter Relationships and Enhance Health*. (2024). UC Davis Health Department of Family and Community Medicine. https://health.ucdavis.edu/family-medicine/news-events/optimizing-the-primary-care-spend-symposium/

Box 2. Highlights of Existing Reporting on Primary Care in California

The **California Health Care Foundation (CHCF)** has reported on primary care graduate medical education, primary care investment in the commercial and Medi-Cal markets, and on several domains via its Health Policy Survey.

Covered California's Health Plan Performance Report includes primary care access, quality, and equity measures for Covered California members.

The **Department of Health Care Services (DHCS)** regularly reports on primary care access, quality, and equity and patient experience for the Medi-Cal population.

The **Department of Managed Health Care (DMHC)** focuses on timely access to primary care as part of its regulatory reports.

HCAI produces multiple reports annually on indicators of primary care access, equity, quality, and workforce and leads California's work on the primary care investment benchmark.

The **UCLA Center for Health Policy Research** conducts an annual California Health Interview Survey (CHIS) gathering information on access, quality, and patient experience.

Investment in Primary Care

Increased investment in primary care is associated with better quality of care. Ongoing underinvestment in primary care is considered a key factor in the poor performance of the U.S. health care system, compared to other high-income countries.[21] This underinvestment has important consequences for access to primary care and for population health.

A 2022 CHCF study highlights that provider organizations with higher primary care spending as a percentage of total medical spending have higher clinical quality scores, better patient experience scores, lower hospital and emergency department use, and lower total cost of care.[22] CHCF found that primary care spending varied based on health plan product type (HMO, PPO, and EPO)[23] and population.[24, 25] Differences in primary care spending when measured as a percentage of total spending are expected

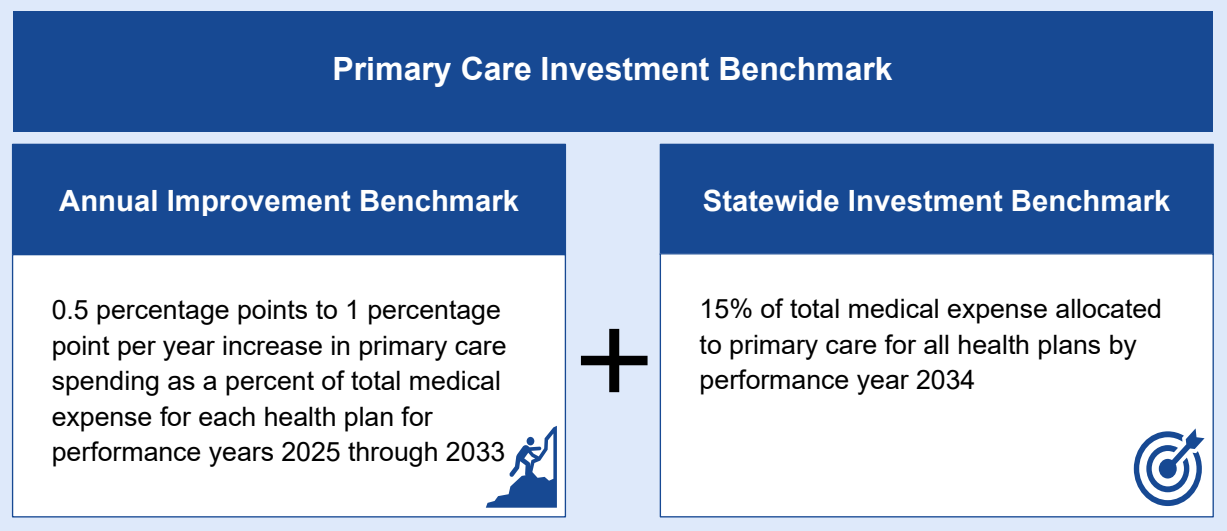
[21] Blumenthal et al., *Mirror, Mirror 2024*
[22] Yanagihara, D., & Hwang, A. (2022). *Investing in Primary Care: Why It Matters for Californians with Commercial Coverage*. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2022/04/InvestingPrimaryCareWhyItMattersCommercialCoverage.pdf
[23] HMO: Health Maintenance Organization; PPO: Preferred Provider Organization; and EPO: Exclusive Provider Organization
[24] Yanagihara & Hwang, *Investing in Primary Care*
[25] Edrington, K., Costa, J., Williams, C., & Sadow, J. (2022). *Investing in Primary Care: Why It Matters for Californians with Medi-Cal Coverage*. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2022/07/InvestingPrimaryCareMMC.pdf

across age groups, such as children who typically have lower total spending than seniors. Spending variation for the same population may highlight differences in health plan primary care investment. CHCF results highlight these differences:

- **Commercial health plans**: Average primary care spend of 7.5% for 14 million members (about 60% in HMO and 40% in PPO/EPO product types), with a range between 5% and 11% based on product type.[26]
- **Medi-Cal health plans:** Average primary care spend of 11%, with a range between 5% and 19%.[27]
    - Adults: Average spend of 12%, range 5% to 20%;
    - Children: Average spend of 28%, range 10% to 37%; and
    - Seniors and Persons with Disabilities: Average spend of 5%, range 2% to 15%.

In October 2024, to address historic underfunding of primary care services and to promote sustained systemwide investment in primary care,[28] the California Health Care Affordability Board approved California's first statewide primary care investment benchmarks, an annual improvement benchmark and a statewide investment benchmark (Figure 3).[29] Data collection and analysis to determine current primary care investment and progress towards these benchmarks is underway.

Figure 3. OHCA Primary Care Investment Benchmark



Source: OHCA Primary Care Investment Benchmark

[26] Yanagihara & Hwang, *Investing in Primary Care*
[27] Edrington et al., *Investing in Primary Care*
[28] OHCA defines spending for primary care as a specific set of primary care services, provided at primary care places of service, by primary care providers. OHCA data submission guides list the specific service, place of service, and provider taxonomy codes included in the definition and provide the methodologies for calculating primary care portions of non-claims payments.
[29] https://hcai.ca.gov/affordability/ohca/promote-high-value-system-performance/primary-care-investment-benchmark/

Primary Care Workforce

The foundation of a high-quality, advanced primary care sector is a well-rounded primary care team. The primary care team includes core members (e.g., physicians, physician associates, and nurse practitioners), extended health team personnel (e.g., pharmacists and care managers), and extended community care team professionals (e.g., community health workers and peer support specialists).[30] California's primary care workforce has grown over recent years but is not yet able to meet the needs of residents.[31] Despite a 20% increase in primary care graduate medical education positions from 2018 to 2023, the number fell short of California's Future Health Workforce Commission Goal by almost 40%.[32] Still, there are bright spots. California's Song-Brown Healthcare Workforce Training Program increases equitable primary care access by providing funding through competitive grants to support primary care residents from underrepresented groups, as well as train and place medical school graduates in underserved areas, funding nearly 1,000 primary care residency positions since 2017. Almost half of the awardee graduates provide health care in areas of unmet need.[33]

Access To Primary Care

Primary care is often the first point of health care access,[34] and timely access to primary care prevents disease, helps individuals manage illness, and promotes wellness. The 2024 California Health Interview Survey (CHIS) reports that about 83% of Californians have a usual place to go for care when sick or needing health advice—this may be a primary care doctor, nurse practitioner, specialist, physician associate, nurse, or other provider. Sixty-two percent receive their usual care from a doctor's office and 20% receive their usual care from a community or government clinic or hospital (Figure 4).[35] The 15% of Californians without a usual source of care, as well as the 1% who receive their usual care from emergency rooms or urgent care centers, demonstrate the need to improve access to comprehensive, relationship-based primary care in California.

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[30] Krist, A. H., Winford, E., Wakefield, M., Jabbarpour, Y., Cohen, D. J., Grumbach, K., Hasselberg, M. J., Bortz, B., Fortuna, K. L., Cancino, R., Gold, S., Tong, S., Meisnere, M., & Hughes, L. S. (2025). Implementing High-Quality Primary Care in 2025: Key Policy Priorities. *National Academy of Medicine.* https://nam.edu/perspectives/implementing-high-quality-primary-care-in-2025-key-policy-priorities/

[31] Coffman, J., & Fix, M. (2025). *California Physicians Almanac: 2025 Edition (California Health Care Almanac)*. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2025/02/PhysiciansAlmanac2025.pdf

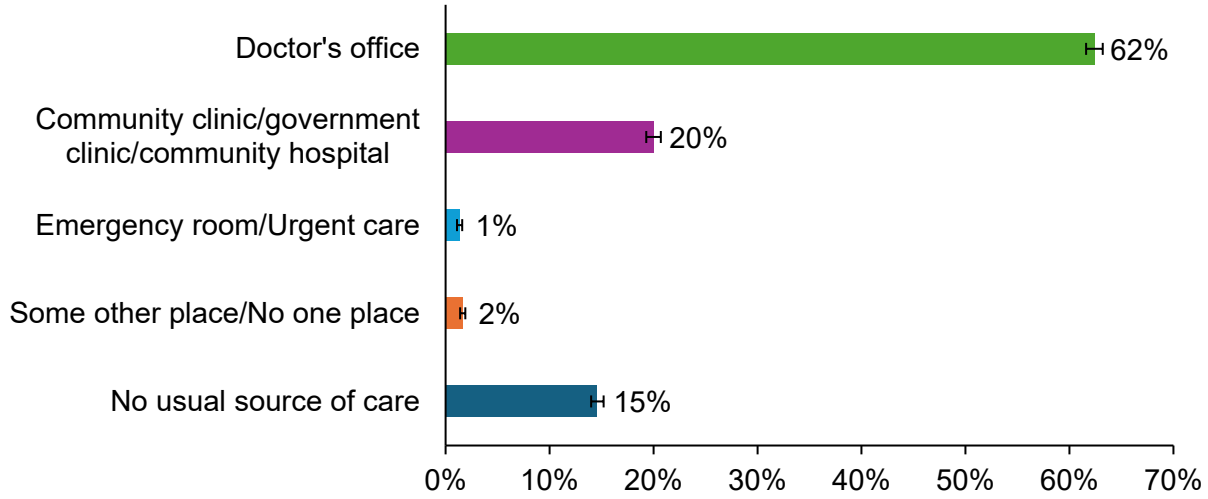
[32] Ament, A., & Rittenhouse, D. (2024). *Graduate Medical Education (GME) Expansion in California: A Progress Update: 2013–2023*. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2024/10/GMEExpansionProgressUpdate201323.pdf

[33] https://hcai.ca.gov/workforce/financial-assistance/grants/song-brown/

[34] Rittenhouse et al., *Advancing Health Equity Through Primary Care Policy*.

[35] *California Health Interview Survey (CHIS) Public Use Files*. UCLA Center for Health Policy Studies. https://healthpolicy.ucla.edu/our-work/public-use-files

Figure 4. Type of Usual Source of Care among Surveyed Californians, 2024



Source: 2024 California Health Interview Survey

Following the COVID-19 pandemic, the use of telehealth, defined as the use of electronic telecommunication to deliver health care services to patients, surged in California and has become an important tool to access primary care services.[36,37] The UCLA Center for Health Policy Research, which conducts CHIS, reported that 47% of California adults used telehealth in 2022 for a variety of services inclusive of primary care, down from 49% in 2021 but almost quadruple the percent of adults who used telehealth in 2018 (12%).[38] Despite evidence of significant use of audio-only and video telehealth services, little published research to date directly addresses the impact of telehealth adoption on access, quality, or equity of primary care.[39]

Improving primary care access requires a sufficient and well distributed workforce, convenient times and locations, and affordable services. Several organizations monitor and report on access to primary care providers as a key indicator to ensure Californians receive high-quality care. While data sources may vary, a consistent story emerges: California continues to lag behind the national average of 104 primary care physicians per 100,000 people.[40] In 2022, there were 100 primary care physicians per 100,000

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[36] Arora, N., & Jones, M. (2025). *Telehealth's Evolution in California: Progress, Challenges, and Opportunities.* California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2025/01/THEvolutionCA2025.pdf

[37] Reed, M., Huang, J., Graetz, I., Muelly, E., Millman, A., & Lee, C. (2021). Treatment and Follow-up Care Associated With Patient-Scheduled Primary Care Telemedicine and In-Person Visits in a Large Integrated Health System. *JAMA Network Open*, *4*(11), e2132793. https://doi.org/10.1001/jamanetworkopen.2021.32793

[38] Tan, S. (2023). *Telehealth and the Future of Health Care Access in California*. UCLA Center for Health Policy Research. https://healthpolicy.ucla.edu/our-work/publications/telehealth-and-future-health-care-access-california

[39] Bracken, K., Salerno, J., & Yang, L. (2025). Physician-Led Synchronous Telemedicine Compared to Face-To-Face Care in Primary Care: A Systematic Review. *Evaluation & the Health Professions*, *48*(3), 279–290. https://doi.org/10.1177/01632787241273911

[40] "2025 Primary Care Scorecard Data Dashboard", Milbank Memorial Fund

Californians, up from 89 in 2016.[41] This ratio of primary care physicians to people has practical implications for access. The 2024 CHIS survey reports that over 12% of California adults reported trouble finding and scheduling an appointment with an available primary care provider in 2024.[42]

California law requires health plans to meet wait time standards for access to health care services. Health plans report their performance against the DMHC standard for non-urgent appointments with primary care providers, which measures "the network providers' next available appointment and does not measure actual patient experiences."[43] In 2023, the median plan-reported wait time for non-urgent appointments with a primary care physician ranged from one to four business days among providers included in the plans' timely access survey samples.[44]

Additional patient experience indicators that monitor access to primary care are needed. For example, according to CHCF's 2024 Health Policy Survey, almost half of Californians surveyed who tried to make an appointment for physical health care in the past 12 months reported waiting longer than they thought was reasonable to get an appointment. Decreasing wait times to see a provider was also rated in the top five highest health care priorities in the survey, with 75% of respondents indicating this priority as extremely important or very important.[45] Although these CHCF data are not specific to primary care, they signal the value that patients place on timely access to care and suggest deeper study of these issues is needed.

Primary Care Quality

Primary care quality is commonly measured through specific quantitative indicators that assess whether patients received appropriate preventive health services and chronic disease management, as well as their experience with care. The California Public Employees' Retirement System (CalPERS), Covered California, DHCS, DMHC, and HCAI align on a set of core indicators for quality that serve as indicators of primary care performance (Table 1).[46] Covered California reported that in 2023, eight of its 14 plans improved colorectal cancer screening rates from the previous year, though only four were

Table 1. Aligned Core Quality Indicator Set
Childhood Immunization Status
Colorectal Cancer Screening
Controlling High Blood Pressure
Glycemic Status Assessment for Patients with Diabetes

[41] "2025 Primary Care Scorecard Data Dashboard", Milbank Memorial Fund.
[42] *California Health Interview Survey (CHIS) Public Use Files*, UCLA Center for Health Policy Studies
[43] *Timely Access Report: Measurement Year 2023*. (2024). California Department of Managed Health Care. https://www.dmhc.ca.gov/Portals/0/Docs/OPM/MY2023TAR.pdf
[44] Ibid
[45] Joynt, J., Catterson, R., Alverez, E., Bye, L., Pineau, V., & Liu, L. (2024). *The 2024 CHCF California Health Policy Survey*. California Health Care Foundation. https://www.chcf.org/wp-content/uploads/2024/01/2024CHCFCAHealthPolicySurvey.pdf
[46] https://hcai.ca.gov/wp-content/uploads/2025/05/CLEAN_Office-of-Health-Care-Affordability-Quality-and-Equity-Measure-Set-Memo_04.17.pdf

at or above the 66th national percentile. Only two plans performed at this level for the controlling high blood pressure indicator.[47]

Patient experience and satisfaction are also indicators of quality. As described above, not all Californians have a usual source of care. For Californians with a primary care provider, more than 90% are very or somewhat satisfied with their provider, with only slight variation for those earning below 200% of the Federal Poverty Level at 88%, according to CHCF's Health Policy Survey. Among Californians with a regular primary care provider in 2023, 86% strongly or somewhat agree they can tell their primary care provider "anything about their health."[48]

Equity Across the Primary Care Sector

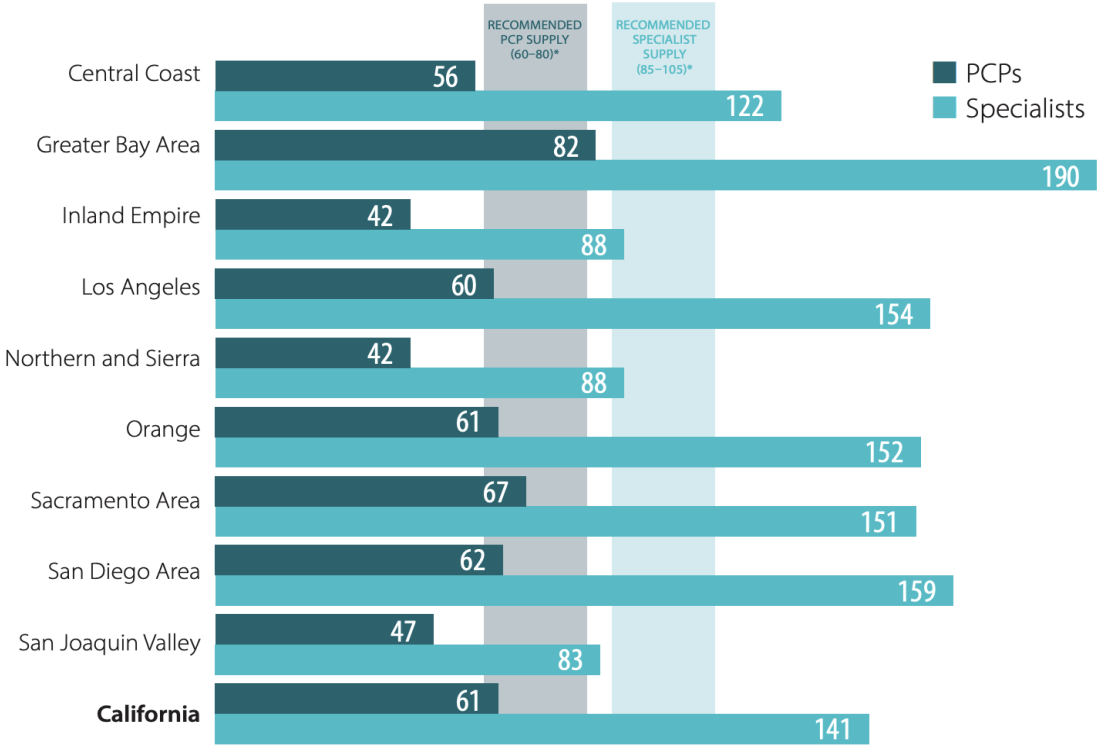
Primary care investment, workforce, access, and quality vary in California with differences across demographic factors, such as race and ethnicity, geographic regions, and income. For example, in 2023 75% of Californians with low incomes reported having a regular doctor compared to 87% of those with high incomes, according to CHCF's Health Policy Survey. Similarly, Latinx and multiracial Californians were less likely to have a regular provider (78% and 72%, respectively) compared to Black and White Californians (89% and 90%, respectively).[49]

In 2023, the Medical Board of California surveyed physicians renewing their licenses on their location, primary and secondary specialties, if applicable, and provision of patient care. CHCF analyzed this survey data to assess regional variation of active primary care physicians, which they defined as respondents who self-identified as providing patient care at least 20 hours per week and who reported a primary specialty of family medicine, internal medicine, general pediatrics, or geriatrics without any secondary specialty. Results show the supply of active primary care physicians varies significantly by region, with the Inland Empire, Northern Sierra, and San Joaquin Valley areas having less than 50 primary care physicians per 100,000 people in 2023 (Figure 5). This is in stark contrast to the Greater Bay Area that had about 80 primary care physicians per 100,000 people.[50] As the primary care workforce grows, it is critical to note that increasing the diversity of the workforce also matters. Studies have shown that racial and social concordance, or shared identity, between physicians and their patients, as well as the ability to speak the same language, has positive impacts on patient

[47] *2024 Health Plan Performance Report: Quality Rating System (QRS) Measure Results*. (2024). Covered California. https://hbex.coveredca.com/data-research/plan-performance-reports/2024/Release%20Year%202024%20PPR%20-%20MY2023%20QRS%20Measures.pdf
[48] Joynt et al., *The 2024 CHCF California Health Policy Survey*.
[49] Ibid
[50] Coffman & Fix, *California Physicians Almanac: 2025 Edition*.

outcomes, reduces healthcare expenditures, and increases patient satisfaction among minority populations.[51,52,53]

Figure 5. Regional Variation in Number of Primary Care Physicians (PCPs) and Specialists per 100,000 Population, by Region,[54] California, 2023



Source: CHCF California Physicians Almanac: 2025 Edition

DHCS reports that in 2023, only 31% of children enrolled in Medi-Cal Managed Care Plans received the recommended vaccinations, roughly the same as the national median. Vaccination rates for children covered by Medi-Cal Managed Care Plans varied greatly by race and ethnicity. Asian children had the highest rate of vaccinations (45%)

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[51] Cooper, L.A., Roter, D.L., Johnson, R.L., Ford, D.E., Steinwachs, D.M., & Powe, N.R. (2003). Patient-centered communication, ratings of care, and concordance of patient and physician race. *Annals of Internal Medicine*, 139(11), 907–915. https://doi.org/10.7326/0003-4819-139-11-200312020-00009

[52] Jetty, A., Jabbarpour, Y., Pollack, J., Huerto, R., Woo, S., & Petterson, S. (2022). Patient-Physician Racial Concordance Associated with Improved Healthcare Use and Lower Healthcare Expenditures in Minority Populations. *Journal of Racial and Ethnic Health Disparities*, 9(1), 68–81. https://doi.org/10.1007/s40615-020-00930-4

[53] Gonzalez, D., Nelson, T., & Smedley, B. (2025). *Racially Minoritized Patients Can Benefit from Racially Concordant Providers but Struggle to Find Them*. Urban Institute. https://www.urban.org/sites/default/files/2025-02/Racially_Minoritized_Patients_and_Provider_Concordance.pdf

[54] CHCF defines regions by the California Health Interview Survey (CHIS) regions. The list of counties in each region can be found in Appendix A of the CHCF California Physicians Almanac: 2025 Edition.

compared to American Indian/Alaska Native (22%), White (20%), and Black (12%) children.[55]

DHCS' quality reports also indicate that the percent of members aged three to 21 who had at least one well-care visit with a primary care provider varied by race and ethnicity in 2023. Members who were multiracial (49%), Native Hawaiian or Other Pacific Islander (43%), American Indian or Alaska Native (41%), Black (41%), or White (40%) were all less likely to receive well-child visits than the statewide average of about 50%.[56]

Summary

Although California has made strides to increase the supply of primary care providers in the state, meet quality improvement goals, and provide equitable primary care services, Californians still experience challenges accessing timely, high-quality, and equitable primary care.

Primary Care Snapshot Development Approach

Through the Health of Primary Care in California Annual Snapshot, HCAI will compile existing data on primary care from HCAI and across multiple sources, such as those included in Box 2. HCAI's approach to developing the Primary Care Snapshot involves a comprehensive data review of existing California and national data sources, identification of high-value primary care indicators, and extensive stakeholder engagement.

Data Review

HCAI's approach to developing the Primary Care Snapshot involves compiling statewide and regional level data from across HCAI, state government, and other publicly available sources to provide comprehensive public reporting on primary care in California. Data sources will be evaluated on their availability, timeliness, completeness, quality, and level of granularity. HCAI data that could contribute to the Primary Care Snapshot include, but are not limited to, primary care spending data and performance on primary care investment benchmarks, Healthcare Payments Data, primary care workforce data, and data on health professional shortage areas.

Primary Care Indicator Development

HCAI has identified five key domains for assessment in the Primary Care Snapshot: investment, workforce, access, quality, and equity. Each domain will include a concise set of indicators to track improvements in California's primary care sector. For example, the Healthcare Payments Data Program can be used to measure potentially avoidable emergency department visits, which can be an indicator of access to quality primary care.

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[55] *Medi-Cal Managed Care Plans: Measurement Year 2023 (MY23) Quality Scores By Domain*. (2024). California Department of Health Care Services. https://www.dhcs.ca.gov/services/Documents/QPHM-MCAS-Factsheet-MY-2023-1024.pdf

[56] Ibid

All indicators included in the Primary Care Snapshot should:

- Be of interest to, and actionable for, California stakeholders;
- Be supported by existing, accessible California data sources or national data sources with California-specific data that can be tracked over time;
- Directly measure the strength of the primary care sector; and
- Track change in the primary care sector, aligned with the five key domains.

The Primary Care Snapshot will initially rely on existing indicators that are readily available to report. For future iterations, HCAI also plans to use available data sources to develop new highly relevant indicators that assess the health of the primary care sector, such as using Healthcare Payments Data to measure the extent to which patients and providers are establishing ongoing relationships, also known as continuity of care.

Stakeholder Engagement

Stakeholder engagement is a key element of Primary Care Snapshot development and will occur throughout the entire project life cycle. The stakeholder engagement approach is organized in three parts—convening a new public workgroup, engaging existing HCAI stakeholder groups, and interviewing individual key informants—and is guided by the principles of engaging a diverse set of stakeholders and soliciting their input to create a relevant and actionable slate of primary care indicators.

- **Convening a New Public Workgroup.** To offer a transparent public forum and understand stakeholders' priorities for the Primary Care Snapshot, HCAI convened the Primary Care Snapshot Workgroup in November 2025. Workgroup members represent six stakeholder categories: healthcare providers, health plans, purchasers, consumer and policy advocates, academic and subject matter experts, and health systems (Table 2).The Workgroup will provide technical input on the availability and feasibility of including primary care indicators across the five domains in the Primary Care Snapshot. The Workgroup's meeting schedule is available on the HCAI Primary Care Snapshot Workgroup webpage.
- **Engaging Existing HCAI Stakeholder Groups.** HCAI will coordinate with its existing stakeholder advisory bodies, including the Health Care Affordability Board, Health Care Affordability Advisory Committee, OHCA Investment and Payment Workgroup, Health Workforce Education and Training Council, and Healthcare Payments Data Program Advisory Committee. HCAI will also collaborate with sibling state departments including CalPERS, Covered California, DHCS, and DMHC to seek their input. The goal is to gather high-level consultation from these groups to inform Primary Care Snapshot development.
- **Interviewing Individual Key Informants.** Individual key informant interviews with stakeholders and experts will be conducted as needed to ensure diverse and representative stakeholder engagement across California's health care landscape. These interviews will be an opportunity to elicit candid feedback on domains, indicators, priorities, and tradeoffs.

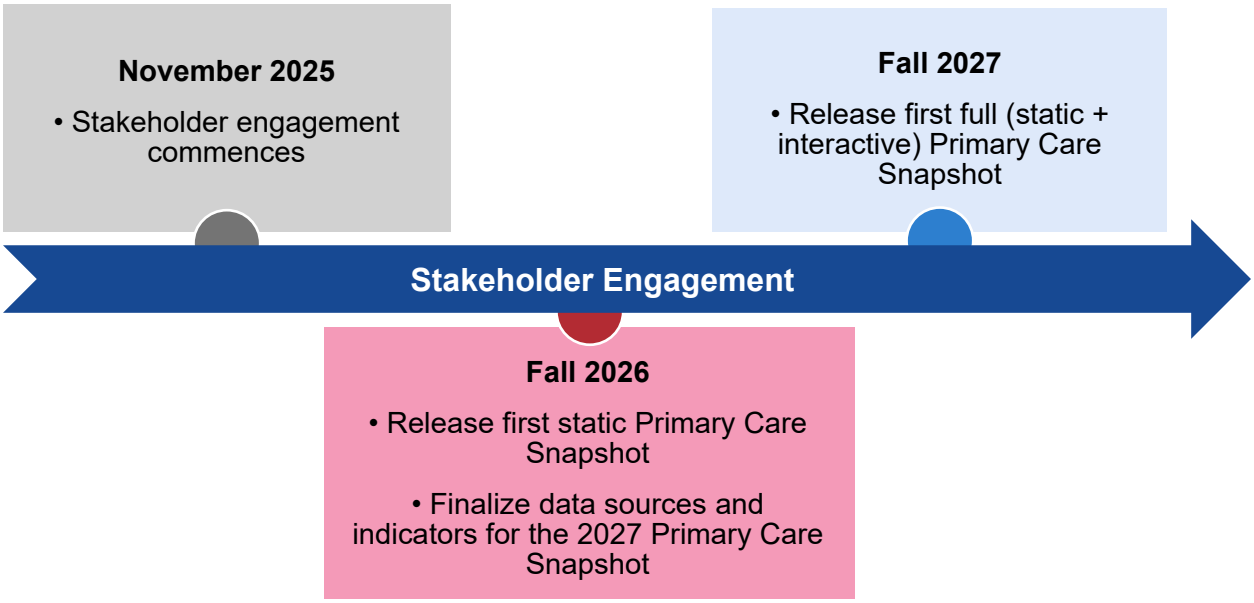
Table 2. Primary Care Snapshot Workgroup Members

Name	Title
Raul Ayala	*Ambulatory Medical Officer, Adventist Health*
Eric Ball	*Chair, Board of Directors, American Academy of Pediatrics in California (AAP-CA)*
Selene Betancourt	*Senior Policy Manager, California Pan-Ethnic Health Network (CPEHN)*
René Bravo	*President, California Medical Association (CMA)*
Diana Douglas	*Director of Policy and Legislative Advocacy, Health Access*
Crystal Eubanks	*Vice President of Care Transformation, California Quality Collaborative (CQC), Purchaser Business Group on Health (PBGH)*
Lisa Folberg	*Chief Executive Officer, California Academy of Family Physicians (CAFP)*
Kevin Grumbach	*Professor of Family and Community Medicine, UC San Francisco (UCSF)*
Carlina Hansen	*Senior Program Officer, California Health Care Foundation (CHCF)*
Susan Huang	*Chief Medical Officer, America's Physician Groups (APG)*
Edward Juhn	*Chief Medical Officer, Inland Empire Health Plan (IEHP)*
Melissa Marshall	*Chief Medical Officer, California Primary Care Association (CPCA)*
Todd May	*Vice President Medical Director, Health Net*
Jeremy Meis	*Immediate Past President, California Academy of Physician Associates (CAPA)*
Sunita Mutha	*Director, Healthforce Center at UCSF*
Aimee Paulson	*President, California Association for Nurse Practitioners (CANP)*
Shunling Tsang	*Chair of Family Medicine, Riverside University Health System (RUHS)*

Implementation Timeline

HCAI will adopt a phased approach to Primary Care Snapshot development and implementation. The first Health of Primary Care in California Annual Snapshot will be released as a static report in Fall 2026 and will include baseline data on key indicators in each domain. In Fall 2027, HCAI will release its first interactive Primary Care Snapshot, enabling a more detailed view of indicators over time with analysis by demographic factors and geographic regions if available. The 2027 interactive Primary Care Snapshot will also have a companion, downloadable static report covering the key indicators. In 2028 and beyond, HCAI will update both the interactive and static Primary Care Snapshots on an annual basis to provide ongoing comprehensive public reporting on the health of primary care in California. Figure 6 provides an overview of this planned timeline and phased approach.

Figure 6. Health of Primary Care in California Annual Snapshot Timeline



About HCAI

HCAI is a leader in collecting data and disseminating information about California's healthcare infrastructure, promoting an equitably distributed healthcare workforce, and publishing valuable information about healthcare outcomes. HCAI also monitors the construction, renovation, and seismic safety of hospitals and skilled nursing facilities and provides loan insurance to facilitate the capital needs of California's nonprofit healthcare facilities. HCAI analyzes California's healthcare infrastructure and workforce needs, providing direct funding to healthcare training institutions and offering scholarships and loan repayments for students and health professionals who provide patient care in medically underserved areas. HCAI also works to improve affordability of health care costs including through healthcare spending targets, primary care spending targets, affordable generic drugs, and enforcement of the Hospital Fair Pricing Act through the Hospital Bill Compliant program.