



# HCAI Health of Primary Care in California Snapshot Workgroup

March 11, 2026

# Agenda

- 9:00 a.m. **1. Update on Primary Care Snapshot Workgroup Charter**
- 9:05 a.m. **2. Approach to Selecting and Evaluating Primary Care Snapshot Indicators**
- 9:20 a.m. **3. Primary Care Snapshot Investment Indicators**
- 9:45 a.m. **4. Primary Care Snapshot Workforce Indicators**
- 10:25 a.m. **5. Next Steps**
- 10:30 a.m. **6. Adjournment**

# Primary Care Snapshot Workgroup Members

## Providers & Provider Organizations



### Eric Ball, MD

Chair, Board of Directors, American Academy of Pediatrics in California (AAP-CA)

### Rene Bravo, MD

President, California Medical Association (CMA)

### Lisa Folberg, MPP

Chief Executive Officer, California Academy of Family Physicians (CAFP)

### Susan Huang, MD

Chief Medical Officer, America's Physician Groups (APG)

### Melissa Marshall, MD

Chief Medical Officer, California Primary Care Association (CPCA)

### Jeremy Meis, PA-C, MPH

Immediate Past President, California Academy of Physician Associates (CAPA)

### Aimee Paulson, DNP, MSN

President, California Association for Nurse Practitioners (CANP)

## Health Plans



### Edward Juhn, MD, MBA, MPH

Chief Medical Officer, Inland Empire Health Plan (IEHP)

### Todd May, MD

VP Medical Director, Health Net

## Consumer Reps & Advocates



### Selene Betancourt, MPP

Senior Policy Manager, California Pan-Ethnic Health Network (CPEHN)

### Diana Douglas, MA

Director of Policy and Legislative Advocacy, Health Access

## Hospitals & Health Systems



### Shunling Tsang, MD, MPH

Chair of Family Medicine, Riverside University Health System (RUHS)

### Raul Ayala, MD, MHCM

Ambulatory Medical Officer, Adventist Health

## Academic/SMEs



### Kevin Grumbach, MD

Professor of Family and Community Medicine, UC San Francisco (UCSF)

### Sunita Mutha, MD

Director, Healthforce Center at UCSF

### Carlina Hansen, MHA

Senior Program Officer, California Health Care Foundation (CHCF)

## Purchasers



### Crystal Eubanks, MS-MHSc

VP of Care Transformation, Purchaser Business Group on Health (PBGH)

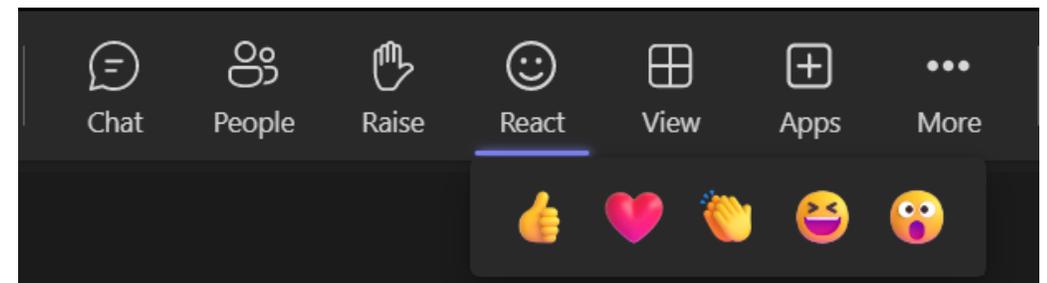
# Meeting Format

Workgroup members may provide verbal feedback during the meeting. Non-workgroup members are welcome to participate during the meeting via the chat or provide written feedback to the HCAI team after the meeting.

**Meeting recurs the second Wednesday of every other month from 9:00 a.m. – 10:30 a.m., with the following exceptions:**

- Wednesday, July 8, 2026 (conflict with Affordability Advisory Committee)
- Wednesday, November 11, 2026 (to be rescheduled due to Veterans Day holiday)

- Remote participation via Teams Webinar only
- We will be using reaction emojis, and chat functions



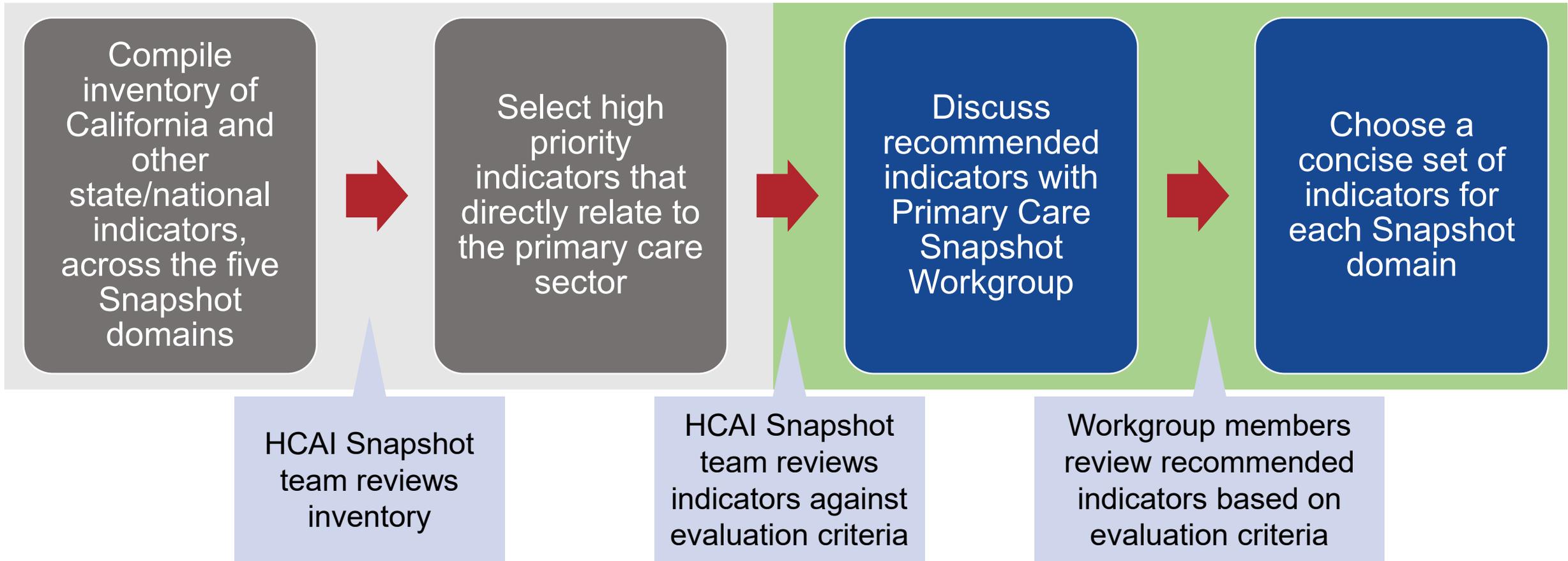
# Update on Primary Care Snapshot Workgroup Charter

- Workgroup did not provide any feedback or edits to the draft Charter
- Workgroup Charter will be posted on the Primary Care Snapshot Workgroup [webpage](#) by the end of the week



# Approach to Selecting and Evaluating Primary Care Snapshot Indicators

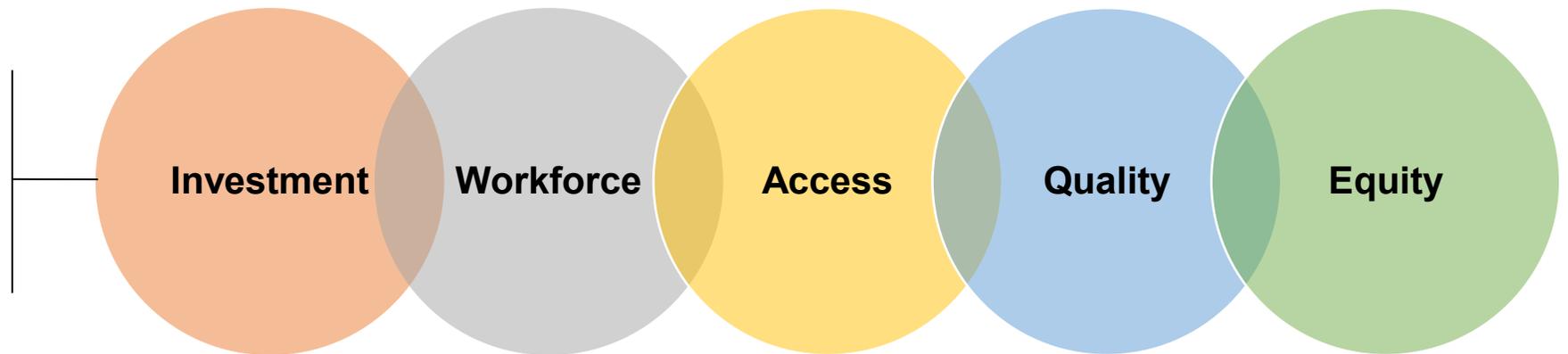
# Indicator Selection Process



# Summary of Indicator Inventory Findings

- Includes over 100 California and other state/national indicators, across the **five Snapshot domains**, published by state agencies and policy organizations (HCAI and others, e.g., CHCF, UCLA Center for Health Policy Research)
- Data sources with California-specific data include administrative data (e.g., HPD), survey data (e.g., CHCF policy survey, CHIS, CA licensure renewal surveys), and professional training data (e.g., ACGME statistics)
- Populations included in measurements range from those covered in specific markets (e.g., Medicaid, commercial) to statewide

**Example Investment indicator:** Primary care investment as a percent of total medical expense



# Criteria for Evaluating Primary Care Snapshot Indicators

Criterion		Why It Matters
	<p>Is the indicator of interest to, and actionable for, California stakeholders?</p>	<p>The Primary Care Snapshot aims to generate insights to increase stakeholders' (e.g., health care purchasers, payers, clinicians, state government and other policymakers, consumer advocates, and researchers) awareness of the challenges facing the primary care sector in California and inform efforts to strengthen it.</p>
	<p>Is the indicator supported by existing, accessible, high-quality, California-specific data sources that can be tracked over time?</p>	<p>The Primary Care Snapshot will minimize duplication of effort and support measure alignment by using existing data sources that are timely, complete, accurate, provide appropriate granularity, have been used for similar analyses, and are likely to be available in the future.</p>

# Criteria for Evaluating Primary Care Snapshot Indicators

Criterion		Why It Matters
	Does the indicator directly measure the strength of the primary care sector?	Many indicators of overall health system performance, such as chronic disease burden, may relate to primary care but improvements in the primary care sector alone would not address them. The Primary Care Snapshot should include indicators for which improvements in the primary care sector likely would result in improved performance on the indicator.
	Does the indicator track change over time in the primary care sector, aligned with the five key domains?	Transparent, longitudinal reporting on the primary care sector helps identify barriers to high-quality primary care and potential policy solutions. The Primary Care Snapshot will focus on advancing these aims, not measuring the performance of specific providers or health plans.

# Primary Care Snapshot Data and Analyses

## HCAI will:

- Include key insights from existing data sources with California-specific data
- Develop new analyses of existing data
- Align methodologies for analyses with state and national best practices when possible
- Update reporting to align with OHCA's primary care definition when possible

**Note: New data collection is not a part of the Primary Care Snapshot project.**

# Capturing Team-Based Care Using OHCA's Primary Care Definition

## Investment Domain:

- Definition includes billable care team members when on claims:
  - Family Medicine, Internal Medicine, Pediatric, General practice physicians
  - Physician assistants, nurse practitioners, nurses, community health workers, pharmacists, certified clinical nurse specialists, and community paramedics
  - FQHCs, rural health, primary care, and critical access hospital clinics/centers
- Non-claims payments in support of primary care also cover services provided by primary care team members.

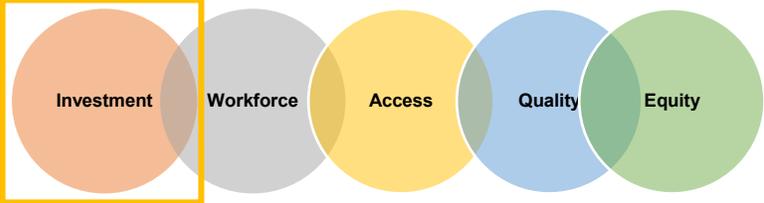
## Other Domains:

- OHCA's list of primary care provider taxonomies, places of service, and services will be used, where feasible, to define primary care.



# Primary Care Snapshot Investment Indicators

# Investment Domain Background



Domain Description	Why It Matters	Example Policy Questions
<p>Financial resources spent to strengthen the primary care sector and deliver continuous, comprehensive, and coordinated primary care.</p>	<ul style="list-style-type: none"> <li>Increased investment in primary care is associated with better quality of care and more equitable outcomes.</li> <li>Historic and 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.</li> <li>Underinvestment has important consequences for access to primary care and for population health.</li> <li>Fee-for-service payments remain the predominant funding stream for most primary care providers despite national efforts to move to value-based payments.</li> </ul>	<ol style="list-style-type: none"> <li>How much is spent on primary care?</li> <li>What payment methodologies are most frequently used?</li> <li>How is spending changing over time?</li> </ol>

# January Workgroup Investment Data Sources Follow-Up

- Two data sources related to physician compensation and practice structure were suggested:
  - American Academy of Family Physicians' Family Medicine Career Benchmark Dashboard provides **survey data** on family physician compensation
  - Concierge and Direct Primary Care article (Health Affairs) authors used a **proprietary data set and manual review** to identify a subset of Direct Primary Care providers and practice ownership
- After consideration, these data sources do not meet criteria for inclusion in 2026 Primary Care Snapshot
- HCAI will continue to explore whether and how to present data on physician compensation and practice structure in future iterations of the Primary Care Snapshot

# Additional Data Sources For Consideration

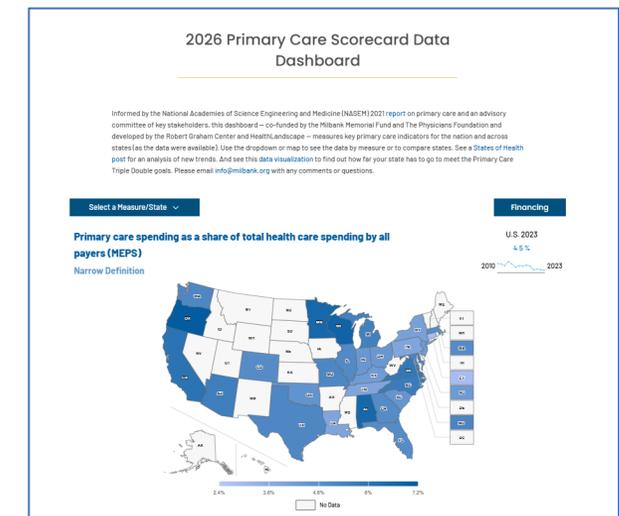
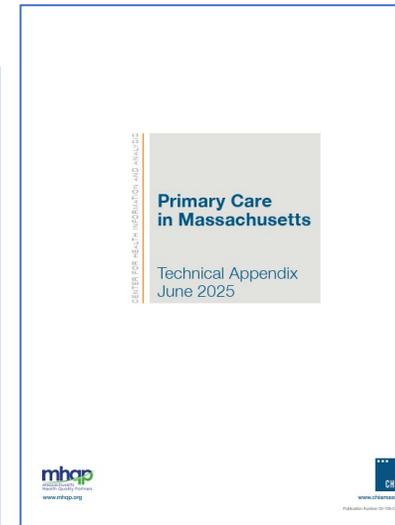
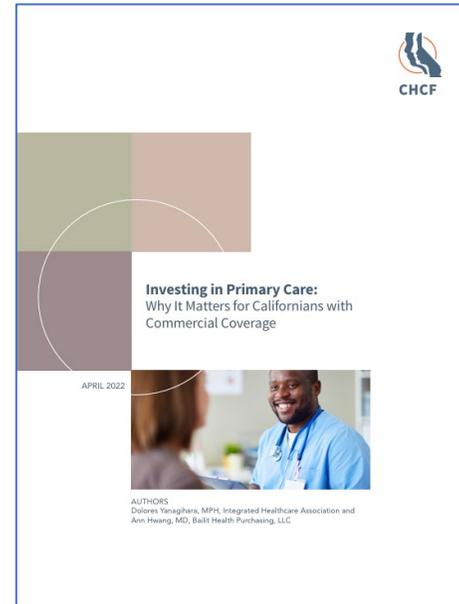
- Two data sources related to the number and salaries of physicians were also reviewed:
  - American Medical Association (AMA) Health Workforce Mapper uses their **Masterfile and NPPES data** to report on physician and nonphysician health care workforce counts, location, practice type, gender, and age
  - U.S. Bureau of Labor Statistics Occupational Wage Statistics provides **survey data** on mean annual wages for most care team members
- These data sources may support indicator development for future iterations of the Primary Care Snapshot
- HCAI will continue to explore whether and how to present data on workforce demographics and compensation

# Potential Investment Data Sources

Data Source	Tradeoffs
OHCA Primary Care Investment Data Collection	<ul style="list-style-type: none"> <li>• OHCA primary care spending data is available to HCAI</li> <li>• Aggregate data available for all payer types</li> <li>• Not able to stratify by geography or demographics</li> </ul>
HCAI Health Care Payments Database (HPD) Data	<ul style="list-style-type: none"> <li>• HPD data is available to HCAI</li> <li>• Granular data available for most payer types</li> <li>• Does not yet include non-claims data</li> <li>• Able to stratify by geography</li> </ul>
Integrated Healthcare Association (IHA) Health Plan Data	<ul style="list-style-type: none"> <li>• Not readily publicly available</li> <li>• Limited commercial, Medicare Advantage, and Medi-Cal data</li> <li>• Includes non-claims and geography</li> </ul>
Medi-Cal Rate Development Template (RDT)	<ul style="list-style-type: none"> <li>• Not publicly available</li> <li>• Only has Medi-Cal data</li> </ul>

# Investment Indicators

- HCAI reviewed 19 primary care investment indicators from California and national reports.
- Many indicators reviewed were similar variations: 10 unique indicators were identified.
- Of these, HCAI identified 4 to consider for inclusion in the 2026 Primary Care Snapshot.



# Recommended Primary Care Investment Indicators

## Criteria for Evaluating Primary Care (PC) Indicators

Indicator	Stratifications	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
<p><b>Primary care investment as a percent of total medical expense and on a per member, per year basis</b></p> <p><b>Year over year change in primary care investment</b></p> <p><b>Primary care investment by claims and non-claims payment categories</b></p>	<ul style="list-style-type: none"> <li>• Payment Category</li> <li>• Market, Payer and/or Product Type (Commercial HMO vs PPO, Medicare Advantage, Medi-Cal Managed Care)</li> </ul>	<p>Increased investment in primary care is expected to result in improved primary care delivery and outcomes</p>	<p>OHCA Total Medical Expense and Primary Care data collection (2023 and 2024)</p> <p>Data collected and reported annually</p>	<p>Directly measures primary care spending through claims and non-claims payments</p>	<p>Tracks changes in primary care investment in California, as well as shifts in claims and non-claims payment categories, over time</p>

# Additional Investment Indicator Under Consideration

## Criteria for Evaluating Primary Care (PC) Indicators

Indicator	Stratifications	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
<b>Cumulative change in primary care spending (PMPY) relative to other service categories (inpatient, outpatient, etc.)</b>	<ul style="list-style-type: none"> <li>• Payment Category</li> <li>• Market, Payer and/or Product Type (Commercial HMO vs PPO, Medicare Advantage, Medi-Cal Managed Care)</li> </ul>	Redistributing spend from higher-intensity, lower-value areas to primary care is a key strategy to improve health outcomes and slow total health care spending growth.	OHCA Total Medical Expense and Primary Care data collection	Directly measures primary care spending through claims and non-claims payments	Tracks changes in primary care investment in California, as well as other service spending

# Potential Investment Indicator

**Potential Indicator:**

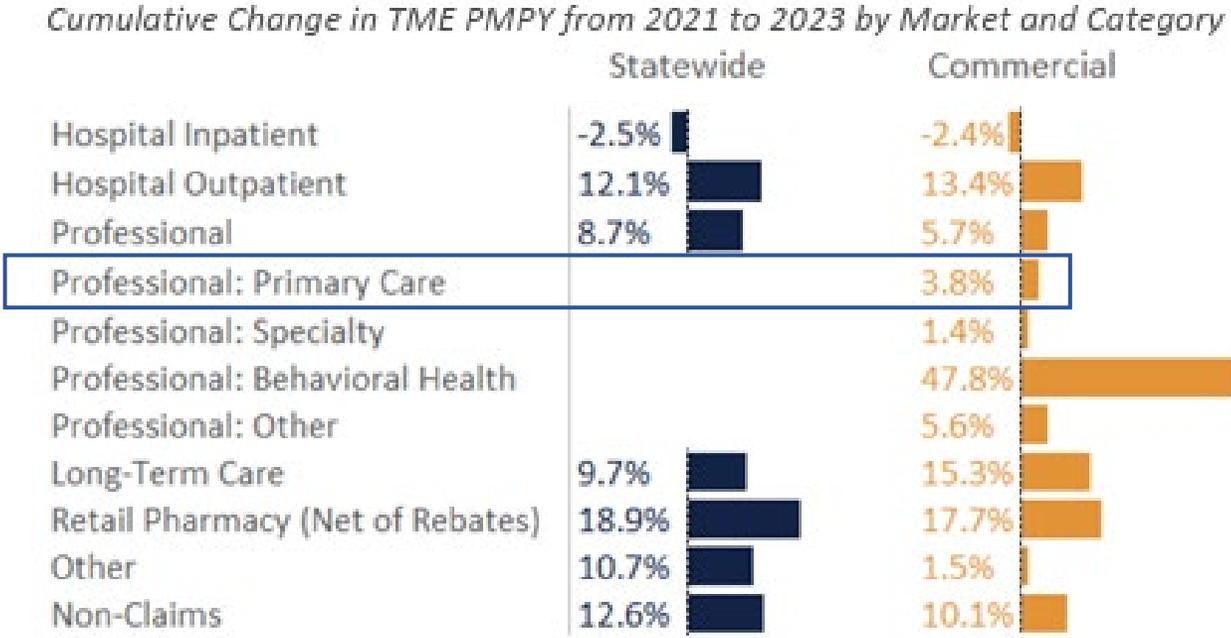
Cumulative change in primary care spending (PMPY) relative to other service categories (inpatient, outpatient, etc.)

**Indicator Evaluation Criteria**

**Example of Existing Reporting on Indicator:**

**Utah Commercial Cumulative Change in Total Medical Expense Spending PMPY, 2021 -2023**

Primary care spending increased at a lower rate than hospital outpatient, retail pharmacy, long-term care, and other spending.



# Discussion

1. Do workgroup members have questions or feedback on the proposed investment indicators for the Primary Care Snapshot?
2. Do workgroup members want to highlight any other key investment indicators for the Primary Care Snapshot?

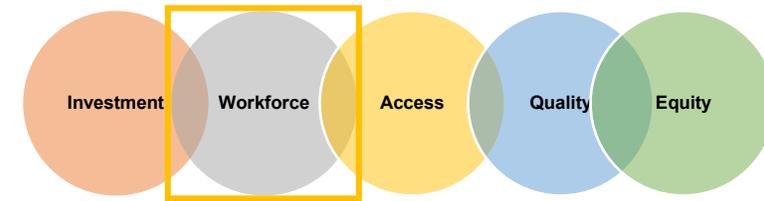
# Investment Indicator Next Steps

1. Workgroup members to complete survey with their evaluation of investment indicators against criteria
2. HCAI to review survey results to inform final list of indicators
3. HCAI to develop technical specifications for indicators for inclusion in 2026 Primary Care Snapshot



# Primary Care Snapshot Workforce Indicators

# Workforce Domain Background



Domain Description	Why It Matters	Example Policy Questions
<p>Supply, geographic distribution, diversity, and demand for individuals on the primary care team including primary care clinicians*, expanded care team professionals, and community care team members.</p>	<ul style="list-style-type: none"> <li>• A high-quality, advanced primary care sector requires well-rounded primary care teams.</li> <li>• California’s primary care workforce is growing but not yet able to meet all needs.</li> </ul>	<ol style="list-style-type: none"> <li>1. How does the primary care workforce supply compare to demand?</li> <li>2. How are supply and demand changing over time?</li> <li>3. What factors impact supply and demand, including retention?</li> </ol>

\*Primary care clinicians refers to physicians (i.e., MDs and DOs), nurse practitioners, and physician associates.

# Potential Workforce Data Sources

Data Source	Tradeoffs
HCAI Health Care Payments Database (HPD) Data	<ul style="list-style-type: none"> <li>• Available to HCAI</li> <li>• Can identify OHCA primary care providers (PCPs)</li> <li>• Able to stratify by geography</li> </ul>
HCAI Workforce License Renewal Survey Data	<ul style="list-style-type: none"> <li>• Available to HCAI</li> <li>• Does not specifically collect data on primary care physicians</li> <li>• Race/ethnicity, language spoken, and education pathways data published in aggregate by license type</li> <li>• Does not include whether provider is actively working in primary care</li> </ul>
Accreditation Council for Graduate Medical Education (ACGME) Data	<ul style="list-style-type: none"> <li>• Data is publicly available</li> <li>• Identifies many primary care specialties, but not all OHCA PCPs or non-physician team members</li> <li>• Includes physician residency positions</li> <li>• Cannot track whether provider eventually practices primary care</li> </ul>

# Workforce Indicators Reviewed

- HCAI reviewed 30 primary care workforce indicators from California and national reports.
- Many indicators reviewed were similar variations: 24 unique indicators were identified.
- Of these, HCAI identified 4 to consider for inclusion in the 2026 Primary Care Snapshot.

**CHCF**

**Graduate Medical Education (GME) Expansion in California**  
A Progress Update: 2013–2023

OCTOBER 2024

AUTHORS  
Alexandra Ament, MA; Diane Rittenhouse, MD, MPH

**HCAI**  
Department of Health Care Access and Information

**SONG-BROWN HEALTHCARE WORKFORCE TRAINING PROGRAM**

Since 1973, the Song-Brown program has played an important role in supporting graduate medical education (GME) and the primary care workforce in California. The Song-Brown program provides critical funding to support existing primary care training capacity and the creation and expansion of programs. Through a competitive evaluation process, the program prioritizes funding to residency programs that demonstrate success in:

- ✓ Admitting residents from underrepresented groups
- ✓ Training graduates in medically underserved areas
- ✓ Placing graduates in medically underserved areas

The Song-Brown Program has historically supported underserved communities such as the San Joaquin Valley. Since 2017, the Song-Brown program has helped open 3 new residency programs, expanded 7 others, and maintained 250 existing residency slots in this region.

**Expanding GME Capacity**

The Song-Brown program provides funding to existing programs to expand the number of residency slots and provides critical seed funding to new programs.

**Since 2017**

<b>25</b>	New Training Programs	▲
<b>21</b>	Expanded Programs	▲
<b>233</b>	Additional First Year Slots	▲

Health Workforce Data Dashboard

STATE OF RHODE ISLAND

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RIODE ISLAND ECOSYSTEM  
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- CNA Career Progression by School
- Pathway to RN Licensure

**Primary Care Provider Workforce**

Search in table

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County	Primary Care Providers (Broad Definition) per 100,000 Residents	Primary Care Providers (Narrow Definition) per 100,000 Residents
Virginia	252	125

Table: Virginia Primary Care Scorecard Dashboard - Source: AMA Health Workforce Mapper - Created with Datawrapper

**Primary Care Providers Per 100,000 Residents (Broad)**

Click on the buttons below to see the primary care workforce data in different ways:

Providers (Broad) Providers (Narrow)

Virginia has an average of 252 primary care providers per 100,000 residents using the broad definition of primary care.

102 out of 132 localities in Virginia are below the statewide average of broad primary care providers per 100,000 residents.

Caroline County has only 23 broad primary care providers per 100,000 residents, while Winchester City has the highest at 1234.

Using the narrow definition, Virginia has an average of 125 primary care physicians per 100,000 residents. 101 out of 132 localities in Virginia are below this average.

**2026 Primary Care Scorecard Data Dashboard**

Informed by the National Academies of Science, Engineering, and Medicine (NASEM) 2021 report on primary care and an advisory committee of key stakeholders, this dashboard – co-funded by the Milbank Memorial Fund and The Physicians Foundation and developed by the Robert Graham Center and HealthLandscape – measures key primary care indicators for the nation and across states (as the data were available). Use the dropdown or map to see the data by measure or to compare states. See a States of Health post for an analysis of new trends. And see this data visualization to find out how far your state has to go to meet the Primary Care Triple Double goals. Please email info@mlbank.org with any comments or questions.

Select a Measure/State

Financing

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

Narrow Definition

U.S. 2023: 4.5%

2020 2023

# Recommended Primary Care Workforce Indicator

## Criteria for Evaluating Primary Care (PC) Indicators

Indicator	Stratifications	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
<b>Primary care clinicians per 100,000</b>	<ul style="list-style-type: none"> <li>Market, Payer and/or Product Type (Commercial HMO vs PPO, Medicare Advantage, Medi-Cal Managed Care)</li> <li>Geography</li> <li>Community level of social need*</li> <li>Primary care clinician licensure (e.g. MD/DO, NP, PA)</li> </ul>	<p>A high-quality, advanced primary care sector requires a well distributed supply of practicing primary care clinicians.</p>	<p>2027: Develop indicator using HPD</p> <p>2026: Milbank Memorial Fund PC Scorecard Data Dashboard (2016-2023)</p>	<p>Measures primary care clinicians per unit of population</p>	<p>Tracks changes in primary care clinicians in California</p>

\*Community level of social need may be defined by the California Health Places Index score or Social Deprivation Index as included in the Milbank Memorial Fund's 2026 Primary Care Scorecard Data Dashboard.

# Potential Workforce Indicator

**Potential Indicator:**

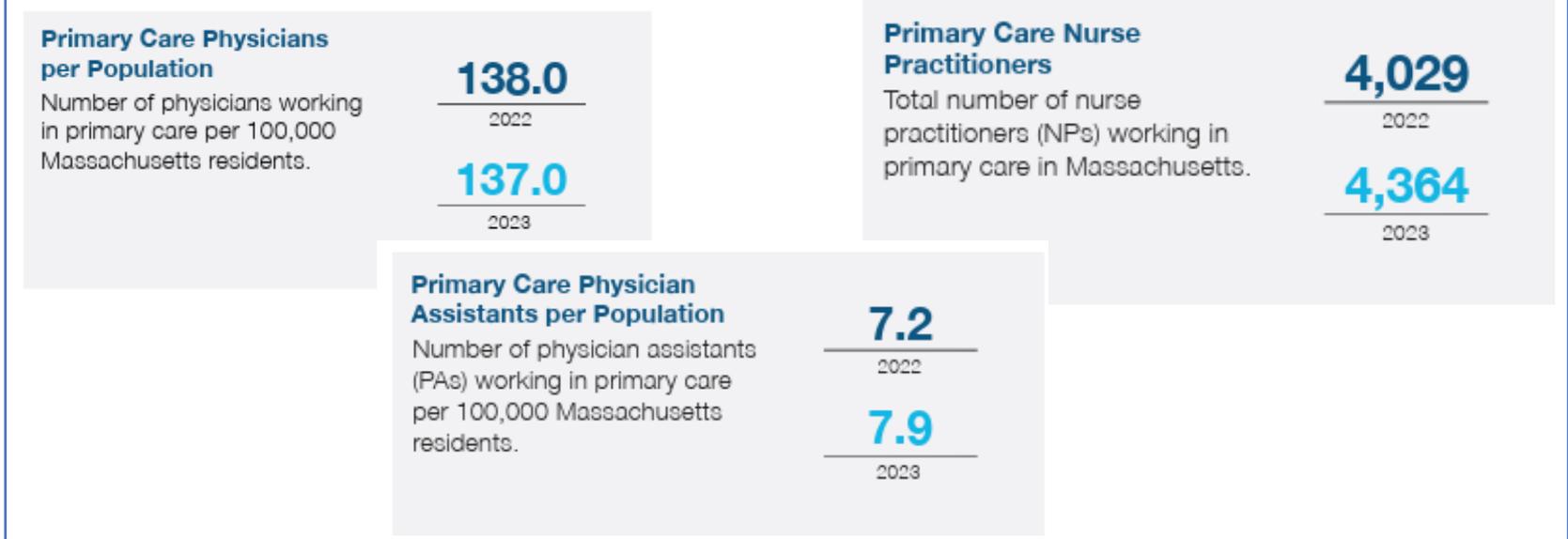
Primary care clinicians per 100,000

**Indicator Evaluation Criteria**

**Example of Existing Reporting on Indicator:**

**Massachusetts Primary Care Capacity: Primary Care Physicians, Physician Assistants, and Nurse Practitioners per 100,000, 2022 and 2023**

While the supply of primary care providers increased, the share of primary care physicians decreased slightly highlighting the importance of team-based care.



# Potential Workforce Indicator

**Potential Indicator:**

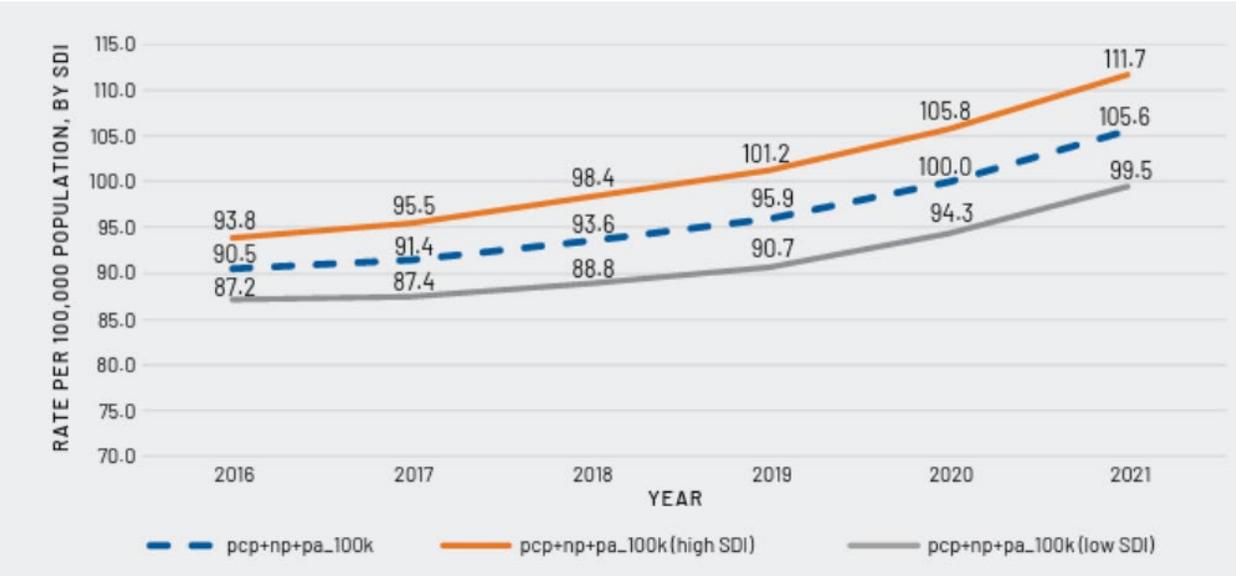
Primary care clinicians per 100,000 in high-need areas\*

**Indicator Evaluation Criteria**

**Example of Existing Reporting on Indicator:**

**Milbank Memorial Fund: The Health of US Primary Care: 2024 Scorecard Report: Primary Care Clinician Density is Highest in High-Need Areas (2016-2021)**

Across the nation, in areas higher on the social deprivation index primary care clinician density is higher.



\*High needs areas are defined as below the median Social Deprivation Index in this example.  
 Milbank Memorial Fund, 2024. The Health of US Primary Care: 2024 Scorecard Report. [https://www.milbank.org/wp-content/uploads/2024/02/Milbank-Scorecard-2024-ACCESS\\_v08-1.pdf](https://www.milbank.org/wp-content/uploads/2024/02/Milbank-Scorecard-2024-ACCESS_v08-1.pdf)

# Recommended Primary Care Workforce Indicators

## Criteria for Evaluating Primary Care (PC) Indicators

Indicator	Stratifications	 Stakeholder Action & Interest	 Data Source (Years Available)	 Direct Measure of PC Sector	 Tracks changes in PC Sector
<b>New primary care physician residency positions in California</b>	<ul style="list-style-type: none"> <li>Statewide</li> </ul>	A sustainable pipeline ensures a workforce supply capable of delivering high-quality, advanced primary care	Accreditation Council of Graduate Medical Education (2013-2023)	Directly measures residents focused on primary care, enabling them to enter the primary care workforce	Tracks changes in primary care physician supply in California
<b>Percentage of primary care physician residents trained in community-based settings</b>	<ul style="list-style-type: none"> <li>Statewide</li> <li>Narrow and Broad definitions of community-based settings*</li> </ul>	Healthcare workforce trained in community-based settings are more likely to practice in those settings	Data available annually	Directly measures residents focused on primary care, enabling them to enter the primary care workforce	Tracks changes in primary care physician supply in California

Community-based settings definition: (1) **Narrow**: Physician used programs with rural training track or a Health Resources and Services Administration Teaching Health Center Graduate Medical Education grant; (2) **Broad**: The majority of training did not take place in a university academic medical center or a hospital with a medical school affiliation

# Potential Workforce Indicator

**Potential Indicator:**

New primary care physician residency positions in California

**Indicator Evaluation Criteria**



## Example of Existing Reporting on Indicator:

**Progress Towards the California Future Health Workforce Commission’s goal to increase the number of new primary care residency positions**

While the target timeline has passed the ACGME will continue to report on new primary care residency positions in California.

Figure 9. Progress Toward Commission Goal: Primary Care



Source: Created by Mathematica based on data from the Accreditation Council for Graduate Medical Education, 2024.

# Potential Workforce Indicator

## Potential Indicator:

Percentage of primary care physician residents trained in community-based settings

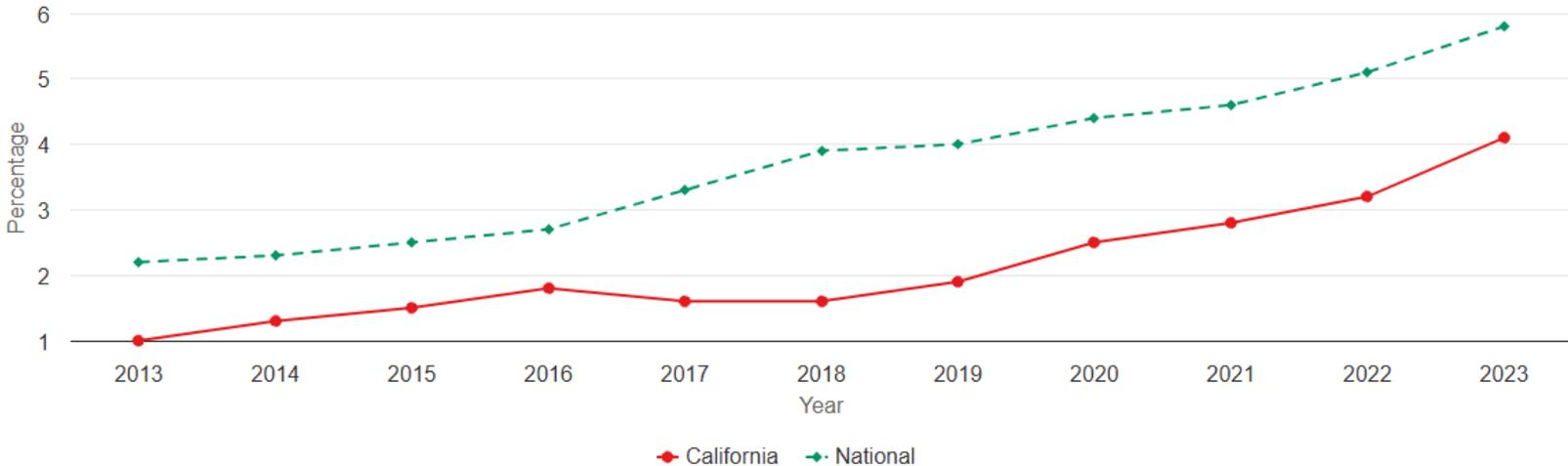
## Indicator Evaluation Criteria



## Example of Existing Reporting on Indicator:

### Milbank Memorial Fund: 2026 Primary Care Scorecard Data Dashboard, California: Percentage of Residents Trained in Community-Based Settings in California 2013-2023

Based on a narrow definition of community-based settings\* California lags behind the nation in residents trained in community-based settings.



\*"Community-based settings" refer to programs with a rural training track or HRSA Teaching Health Center Graduate Medical Education grants. Milbank Memorial Fund, February 2026. 2026 Primary Care Scorecard Data Dashboard. <https://www.milbank.org/primary-care-scorecard/>

# Discussion

1. Do workgroup members have questions or feedback on the proposed workforce indicators for the Primary Care Snapshot?
2. Do workgroup members want to highlight any other key workforce indicators for the Primary Care Snapshot?

# Workforce Indicator Next Steps

1. Workgroup members to complete survey on their evaluation of workforce indicators against criteria
2. HCAI to review survey results to inform final list of indicators
3. HCAI to develop technical specifications for indicators for inclusion in 2026 Primary Care Snapshot



# Next Steps

# HCAI Primary Care Snapshot Next Steps

1. Post-meeting survey on investment and workforce indicators for feedback on whether indicators meet evaluation criteria and should be interactive indicators in 2027
  - Guidance on evaluation criteria and rubric to be included
2. Continue review of 2026 Primary Care Snapshot indicators - Quality, Access, and Equity domains

**Next Meeting: Wednesday, May 13, 2026, at 9:00 a.m.**



# Adjournment



# Appendix

# Potential Investment Indicator

## Potential Indicator:

Primary care investment as a percent of total medical expense and on a per member, per year basis

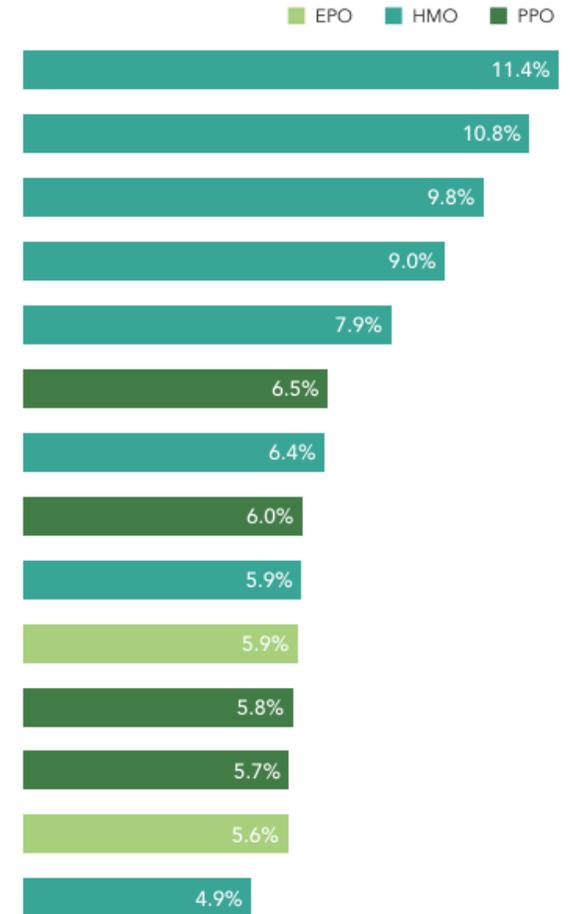
## Indicator Evaluation Criteria



## Example from Prior Reporting:

### California Commercial Adjusted Primary Care Spending Percent of Total Medical and Pharmacy Expense, by Health Plan Product, 2021 (CHCF)

In 2021, California commercial adjusted primary care spending percentage varied widely, ranging from a low of 4.9% to a high of 11.4% across both health plans and different product types.



Notes: EPO is exclusive provider organization. HMO is health maintenance organization. PPO is preferred provider organization.

# Potential Investment Indicator

## Potential Indicator:

Primary care investment by claims and non-claims payment categories

## Indicator Evaluation Criteria



## Example from Prior Reporting:

### Delaware Projected Primary Care Investment via Claims and Non-Claims, 2022-2023

Regardless of population, growth in primary care investment is driven by flexible non-claims payments to support care transformation.

#### Projected Growth in Primary Care Investment Focused on Flexible Payments to Support Care Transformation

