VIRGINIA CENTER FOR HEALTH INNOVATION

Update for the Virginia Joint Commission on Health Care

July 8, 2026

Beth Bortz, President and CEO

VIRGINIA CENTER FOR HEALTH INNOVATION

Independent, nonprofit **public-private partnership** advancing better health, better care, and better value for Virginians.

Serves as a **trusted, nonpartisan convener**, bringing together clinicians, health plans, employers, government, researchers, and community organizations to solve complex healthcare challenges.

Leads statewide initiatives in:

- Primary care advancement and sustainability
- Value-based payment
- Data-driven research and policy

https://www.vahealthinnovation.org/

VIRGINIA TASK FORCE ON PRIMARY CARE

Research Consortium
at Virginia Center for Health Innovation

Home to the **Virginia Task Force on Primary Care** and the Research Consortium.

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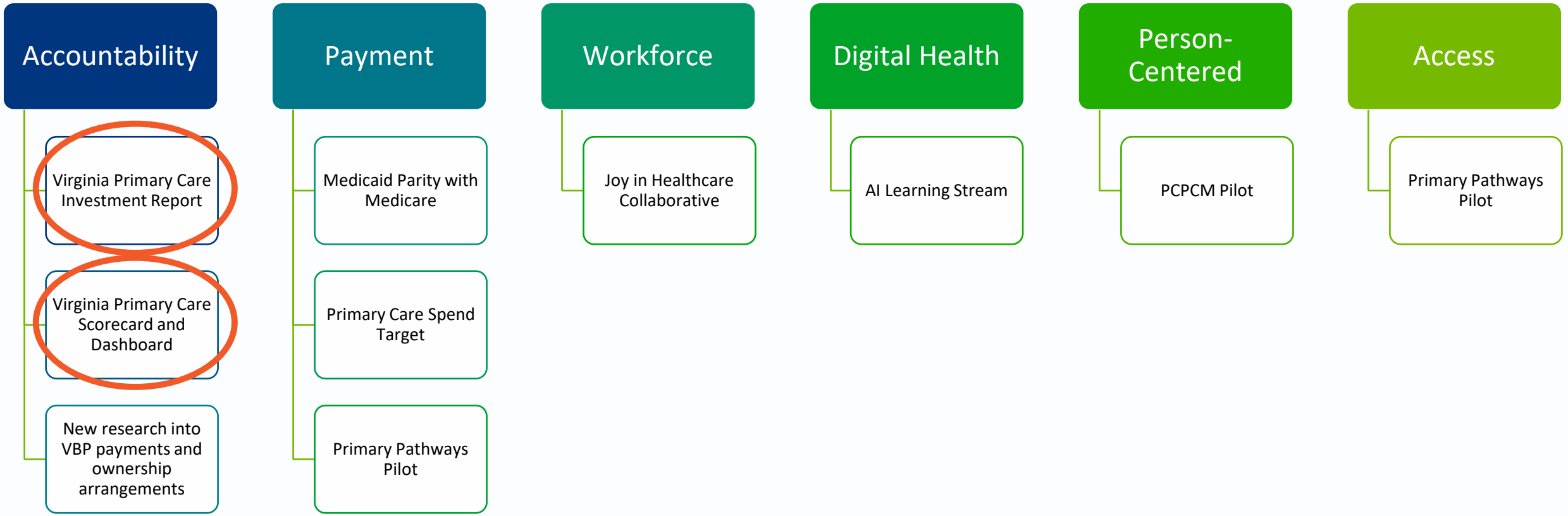
VIRGINIA TASK FORCE ON PRIMARY CARE

- Build a stakeholder coalition to direct primary care support and advance the use of data/ communication systems for action;
- Define payment models to better support primary care and support practice viability through systems that allow for predictability in financial support;
- Describe the infrastructure needed to support primary care;
- Identify markers of high value care from the perspective of all stakeholders to function as quality metrics; and
- Promote innovations in telehealth, population health management, and outreach to adapt to the changing environment.

Our Current Approach: VTFPC Workplan by Domain



VIRGINIA TASK FORCE ON PRIMARY CARE

Virginia Primary Care Investment Report and Scorecard

Comprehensive statewide assessment

Analyzes Virginia APCD data (2019–2024) to examine trends in primary care spending, utilization, continuity of care, workforce composition, and geographic variation.

Actionable insights for policymakers

Explores **who receives and delivers primary care, where care is provided**, and **how patterns differ across payers, localities, and across the lifespan** to better understand how primary care is financed, utilized, and delivered across Virginia.

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Why Measure Primary Care?

Primary care is the foundation of a high-performing health system.

Research shows that strong primary care systems are associated with:

- Better health outcomes
- Lower healthcare costs
- Longer life expectancy
- Fewer preventable hospitalizations
- Improved access, continuity, and coordination of care

Strong primary care depends on more than clinicians alone. Payment models, workforce capacity, care delivery infrastructure, and community partnerships all influence how accessible and sustainable primary care is across Virginia.

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What's New in the 2026 Report and Scorecard?

A deeper dive into

- Primary care utilization
- Primary care continuity of care
- Primary care across the life course
- Primary care delivery settings
- Use of telehealth
- Expanded county-level analyses
- More detailed payer analyses

The report and scorecard have evolved from measuring primary care investment to now more fully describing Virginia's primary care delivery system.

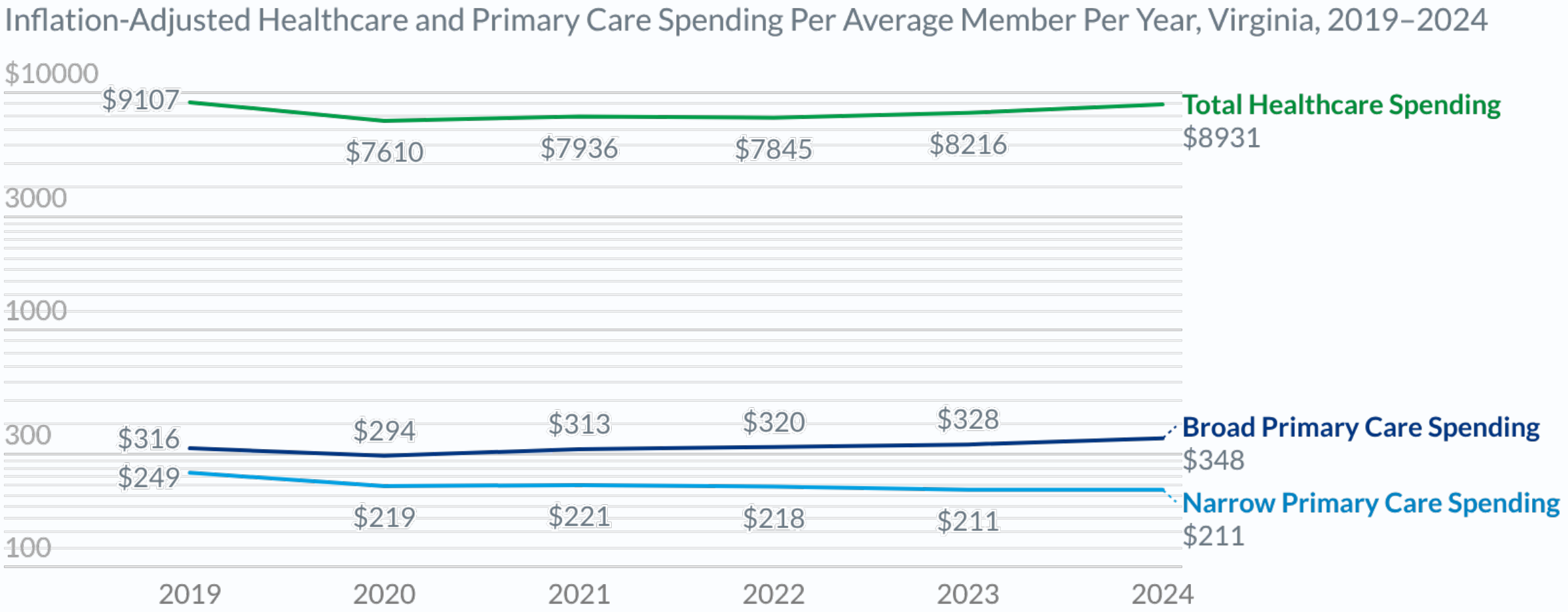
Prior reports focused on:

- Total cost of care
- Primary care investment
- Primary care workforce
- Geographic variation

www.vahealthinnovation.org/virginia-primary-care-investment-report-2026/

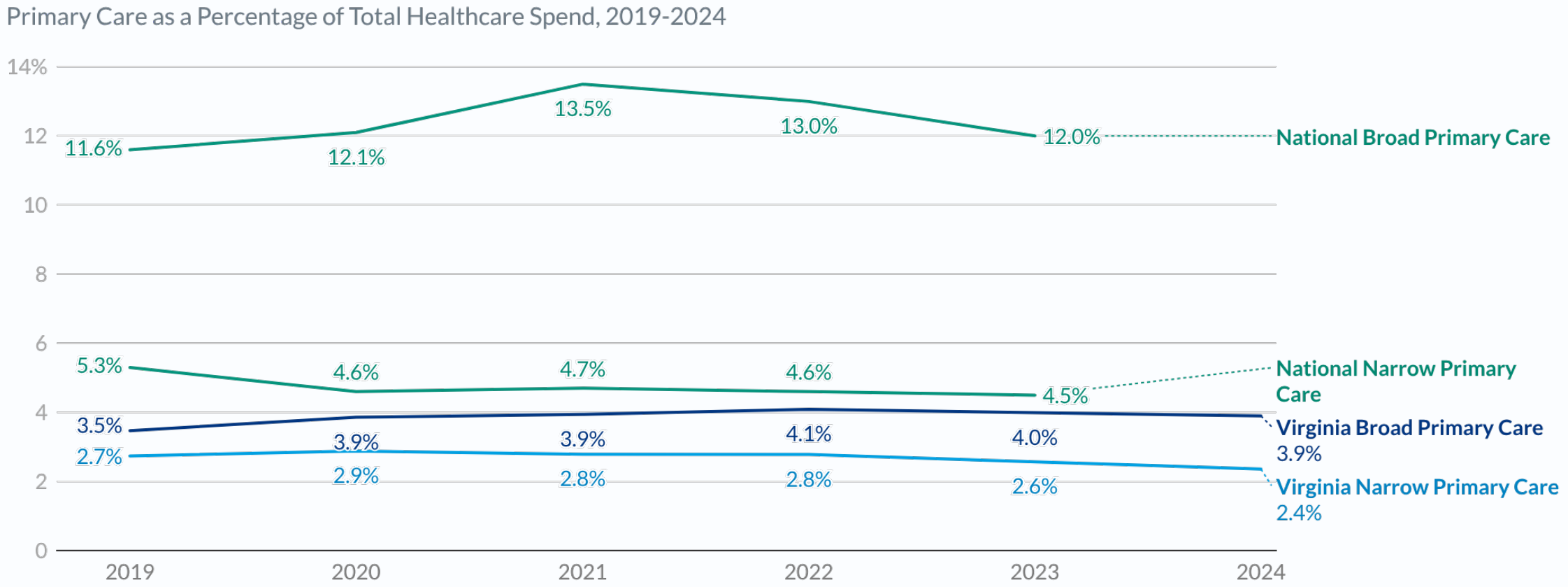
VIRGINIA TASK FORCE ON PRIMARY CARE

First Up: Total Cost of Care and Primary Care Spending



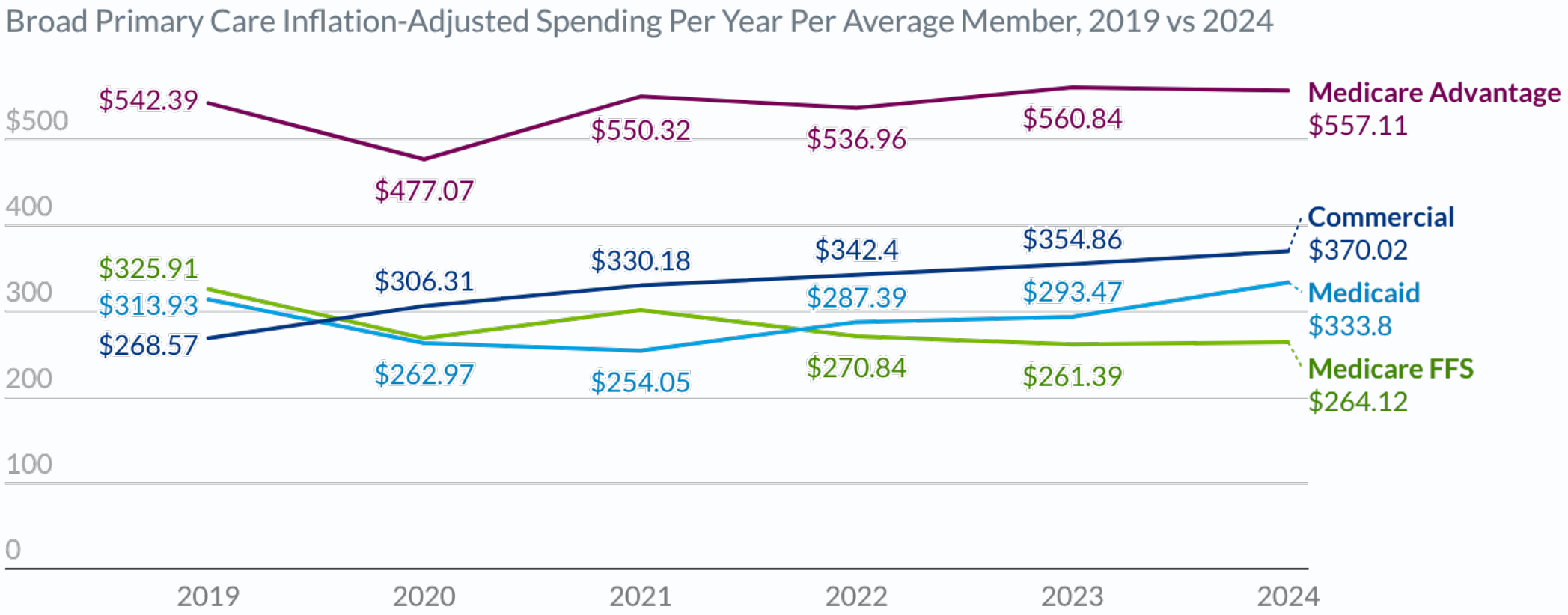
Broad primary care spending per member increased modestly, while narrowly defined physician-led spending declined.

Virginia remains well below national primary care spending benchmarks



Nationally, primary care spending has been estimated to range from approximately 4.5% to 5.3% of total healthcare expenditures using a narrow definition and from 11.6% to 12.0% using a broad definition.

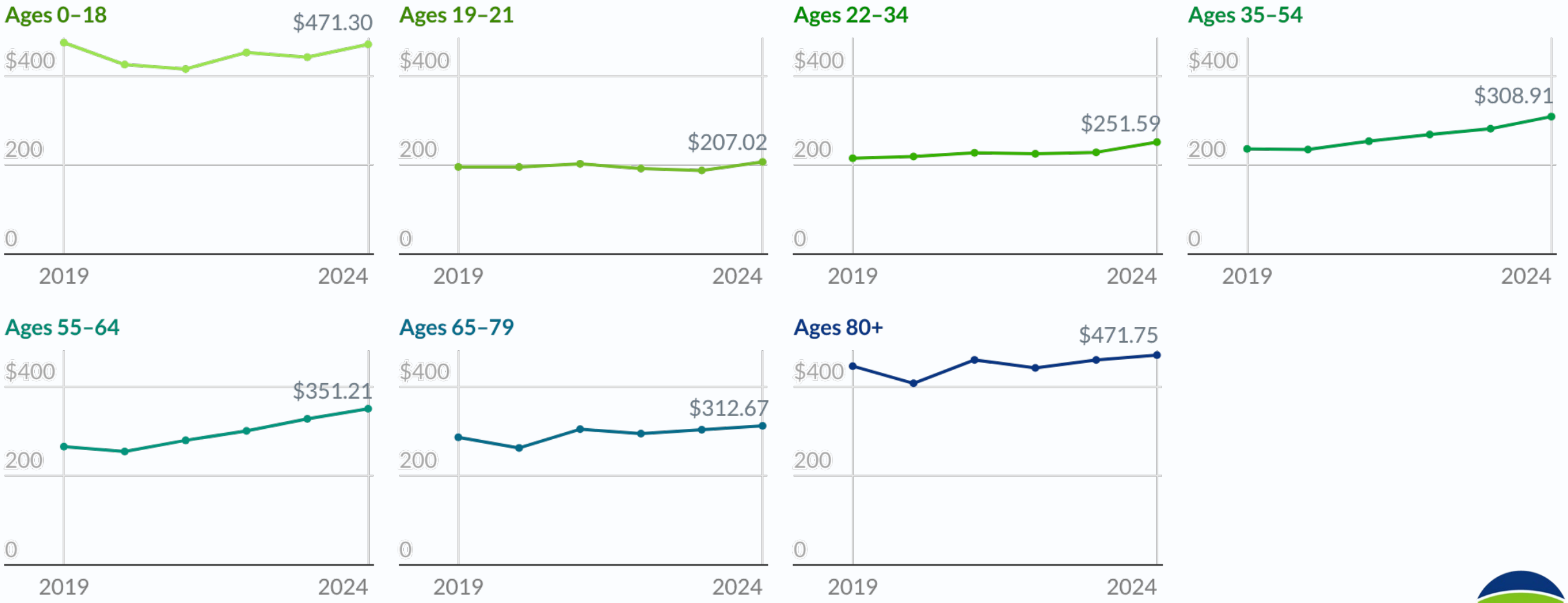
Primary care spend continues to vary by payer



Inflation-adjusted primary care spending per member per year increased between 2019-2024 from $269 to $370 for commercially insured members, $314 to $334 for Medicaid members, and remained stable for Medicare Advantage members at approximately $540–$560 per member.

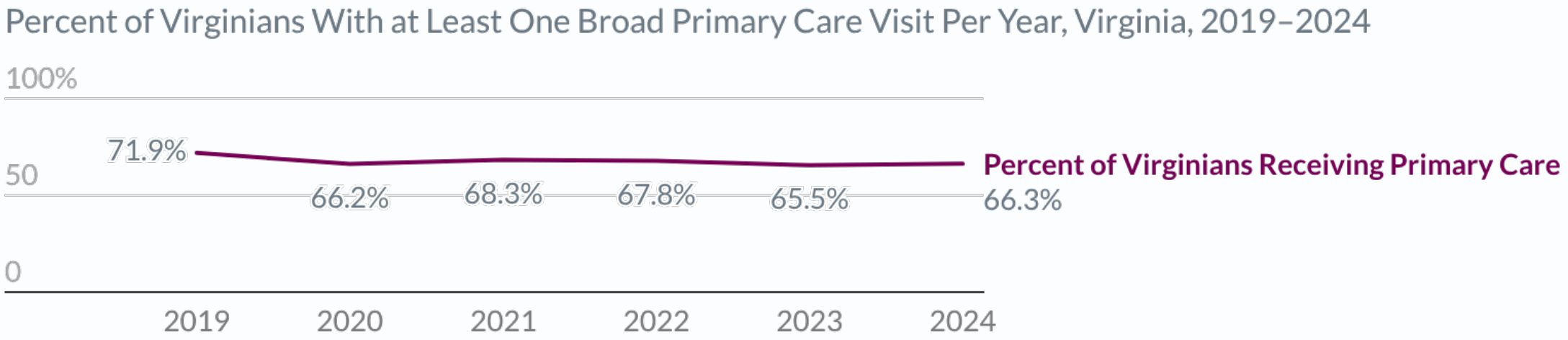
Investment varies across the life course

Inflation-Adjusted Broad Primary Care Spending Per Average Member by Age Group, Virginia, 2019-2024 (2024 Dollars)



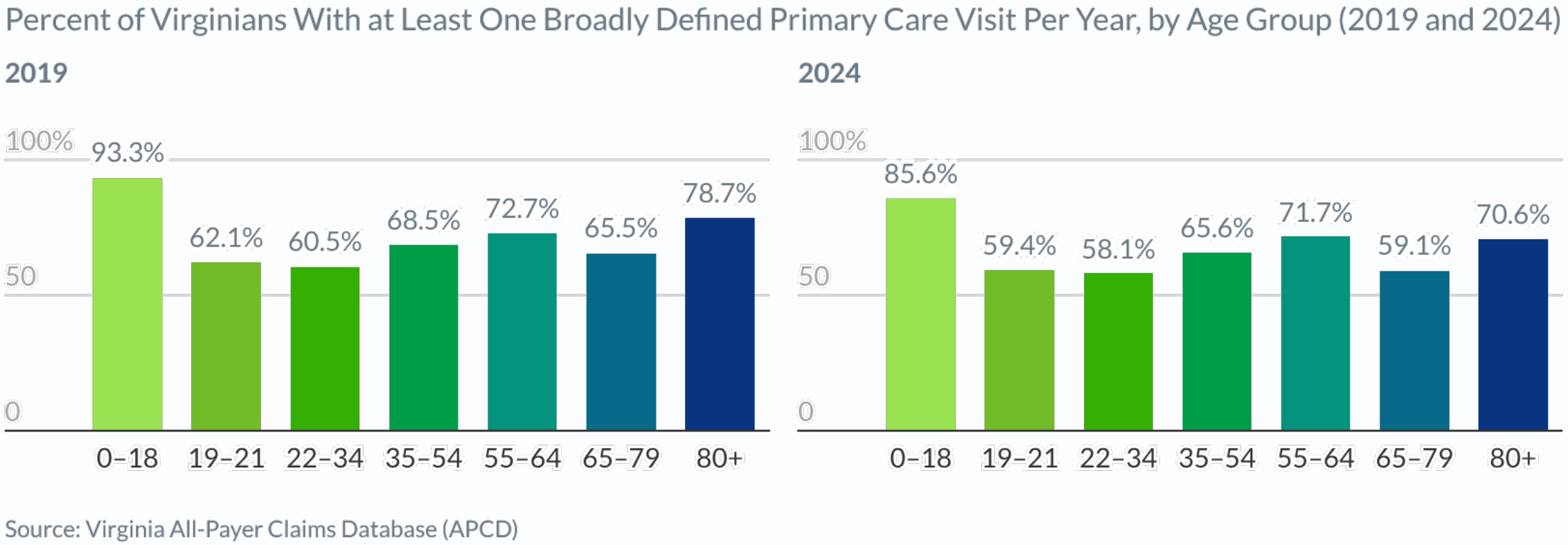
Source: Virginia All-Payer Claims Database (APCD)

Are Virginians receiving primary care?



- Approximately **66% of Virginians** received at least one broad primary care visit in 2024, which declined from **71.9%** in 2019.
- Primary care use declined sharply during the COVID-19 pandemic and has not fully returned to pre-pandemic levels.
- Primary care use varies substantially across Virginia.
- Rural counties have higher primary care use than the statewide average.

Primary care utilization across the life course



Primary care utilization declined across all age groups between 2019 and 2024, decreasing most notably from 93% to 86% among children, from 65.5% to 59.1% among adults ages 65–79, and from 78.7% to 70.6% among adults aged 80 years and older, while remaining lowest among young adults (<60% in 2024).

Primary care visits per year

- **Primary care visit intensity remained stable** despite modest declines in the percentage of Virginians receiving any primary care, suggesting that changes were driven more by **access to care** than by reduced use among established patients.
- **Broad primary care visits varied substantially by age**, averaging **5.6–6.5 visits per member** among children, **2.5–3.1 visits** among young adults (19–34), and increasing to **7.8 visits per member** among adults aged 80+ in 2024.
- **Young adults had the lowest primary care utilization**, while children and older adults consistently had the highest levels of use, reflecting differences in preventive care needs, chronic disease burden, and healthcare complexity.

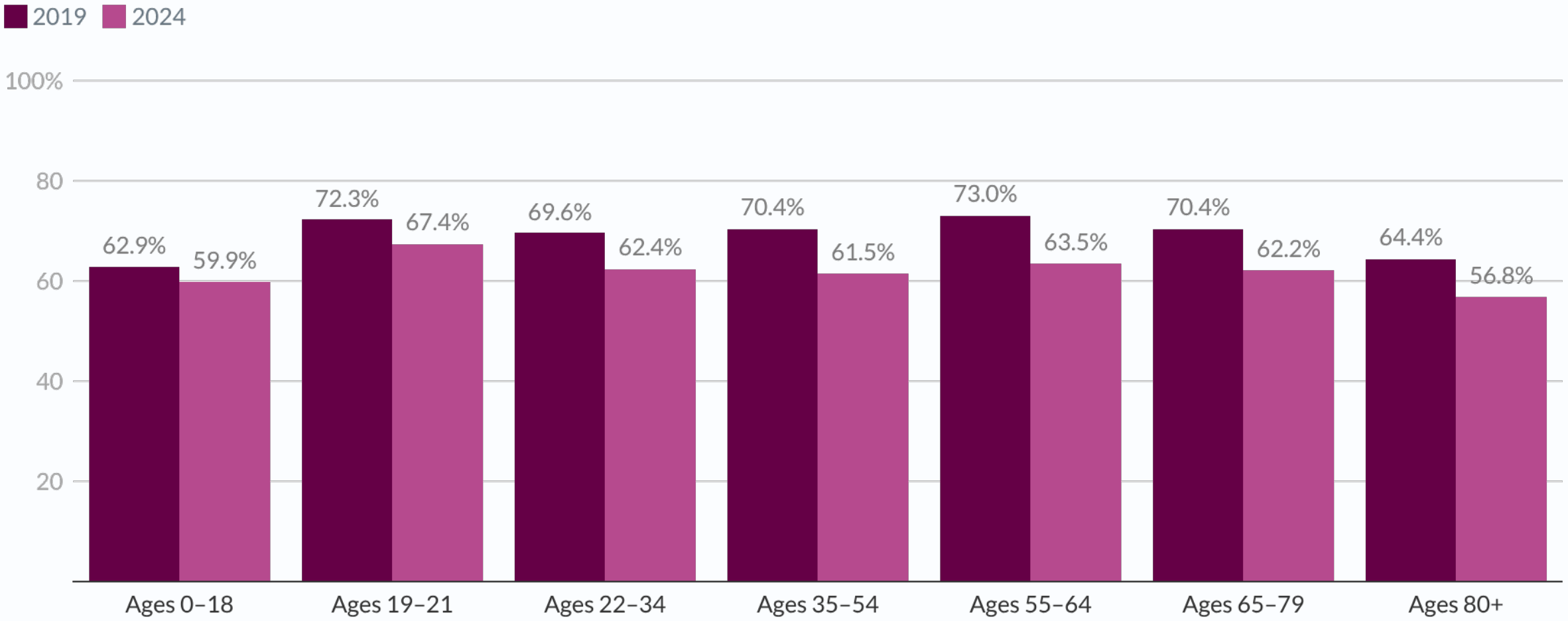
Broad Primary Care Visits Per Member Per Year by Age Group, Virginia, 2019–2024

Age Group	2019	2020	2021	2022	2023	2024
0–18	6.13	5.78	5.60	6.31	6.08	6.50
19–21	2.51	2.76	2.94	2.82	2.54	2.78
22–34	2.66	2.87	3.07	3.01	2.83	3.12
35–54	3.46	3.50	3.77	3.86	3.77	4.07
55–64	4.28	4.11	4.43	4.69	4.74	5.04
65–79	5.09	4.60	4.95	4.89	4.98	5.19
80+	7.50	6.76	7.15	7.19	7.47	7.81

Continuity of care

- **Primary care continuity declined statewide**, with the share of patients receiving **≥75% of their primary care from the same clinician** falling from **67.7% in 2019 to 60.8% in 2024** and not returning to pre-pandemic levels.
- **Continuity declined across every age group**, with the largest decreases among adults **55–64 years (73.0% to 63.5%)** and **35–54 years (70.4% to 61.5%)**.
- **Geographic variation was observable** but did **not follow a clear urban-rural pattern**, suggesting that **local workforce and practice organization may be stronger drivers of continuity** than geography alone.

Broad Primary Care Continuity by Age Group, Virginia, 2019–2024

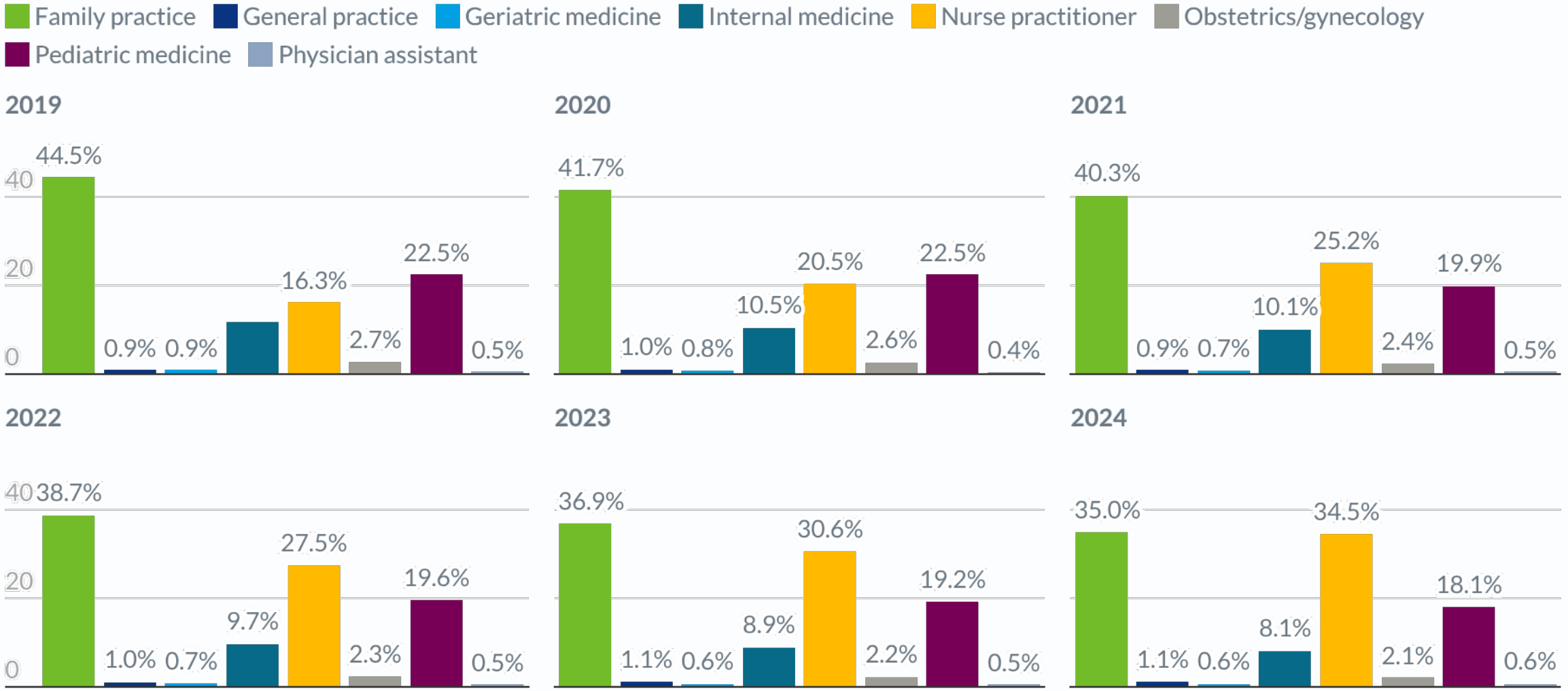


In contrast, narrow primary care continuity remained consistently high, increasing across all age groups from 2019 to 2024. By 2024, over 80% of adults and 71.1% of children received at least 75% of their primary care from the same physician.

Primary care workforce is changing

- **Virginia's primary care workforce** became more multidisciplinary**.** Nurse practitioners' share of broad primary care **spending increased from 15% to 35%** and their share of **visits increased from 16.3% to 34.5%** between 2019 and 2024.
- **Family physicians remained central to primary care delivery,** but their share of **spending declined from 40% to 32%** and their share of **visits declined from 44.5% to 35.0%.**
- **Pediatricians continued to play a major role,** accounting for **20% of primary care spending** and **18.1% of visits** in 2024, despite modest declines since 2019.

Percent of Broad Primary Care Spending by Clinician Type, Virginia, 2019-2024



Virginia's primary care workforce is becoming increasingly multidisciplinary, with nurse practitioners playing a rapidly expanding role in delivering care.

Virginia's Primary Care Scorecard

The Investment Report tells us *how* Virginia's primary care system functions.
The Scorecard tells us how well it performs.

- Workforce supply
- Population health outcomes
- Behavioral health access
- Patient experience
- County comparisons
- National benchmarks

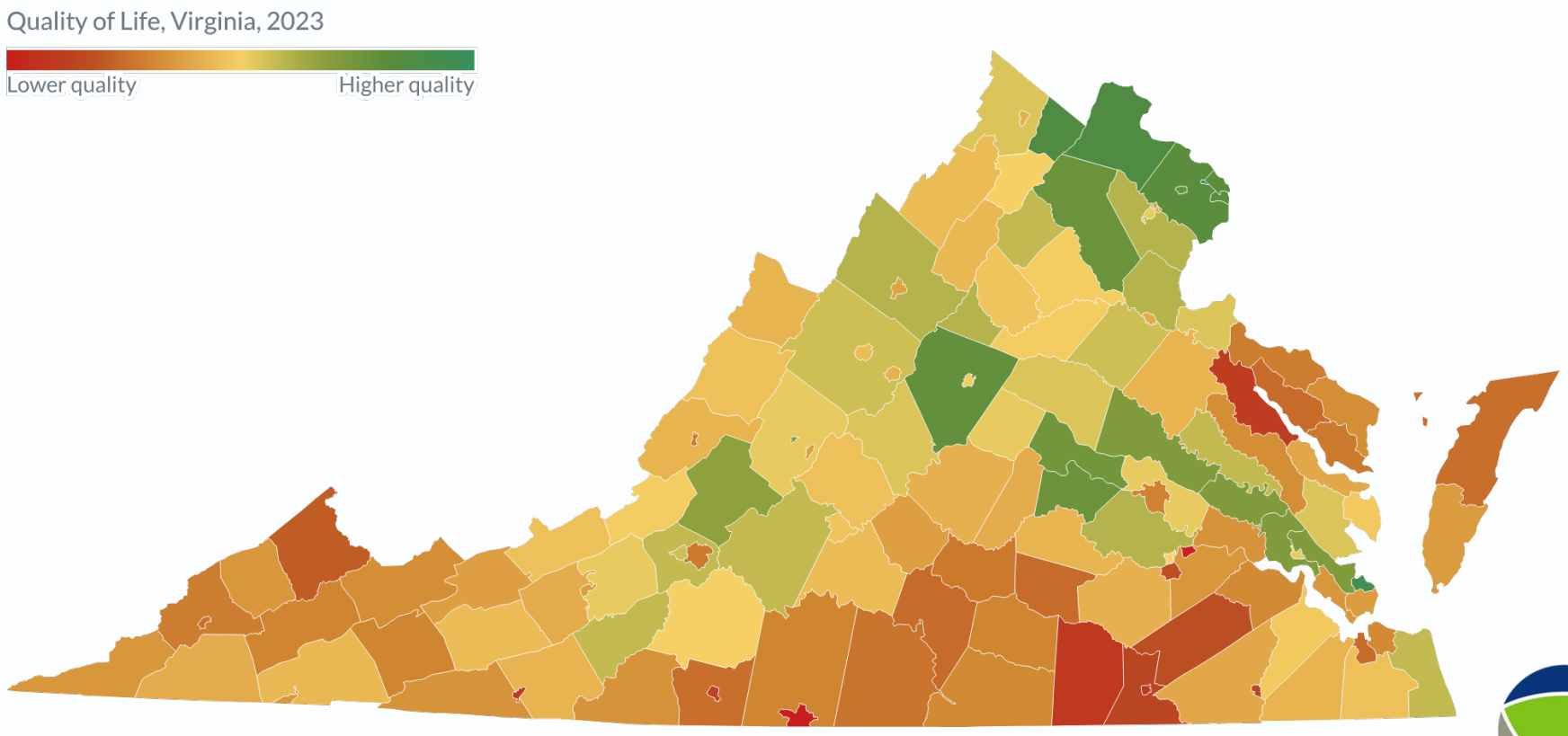
www.vahealthinnovation.org/primary-care-scorecard-dashboard-2026/

VIRGINIA TASK FORCE ON PRIMARY CARE

Quality of Life

Locality	Poor Physical Health Days Per Month	Poor Mental Health Days Per Month	Adults in Fair or Poor Health	Low Birth Weight	Quality of Life Score	
Virginia	3.8	5.3	16%	8%	0.59	
Accomack	4.6	6.0	23%	11%	0.36	Rural
Albemarle	3.5	5.3	13%	6%	0.73	
Alexandria City	3.4	4.8	12%	7%	0.74	
Alleghany	4.6	6.2	19%	8%	0.52	Rural
Amelia	4.6	5.9	20%	8%	0.52	Rural

Quality of life varies considerably across Virginia, with **many rural and economically disadvantaged communities experiencing poorer health outcomes** than the state average.

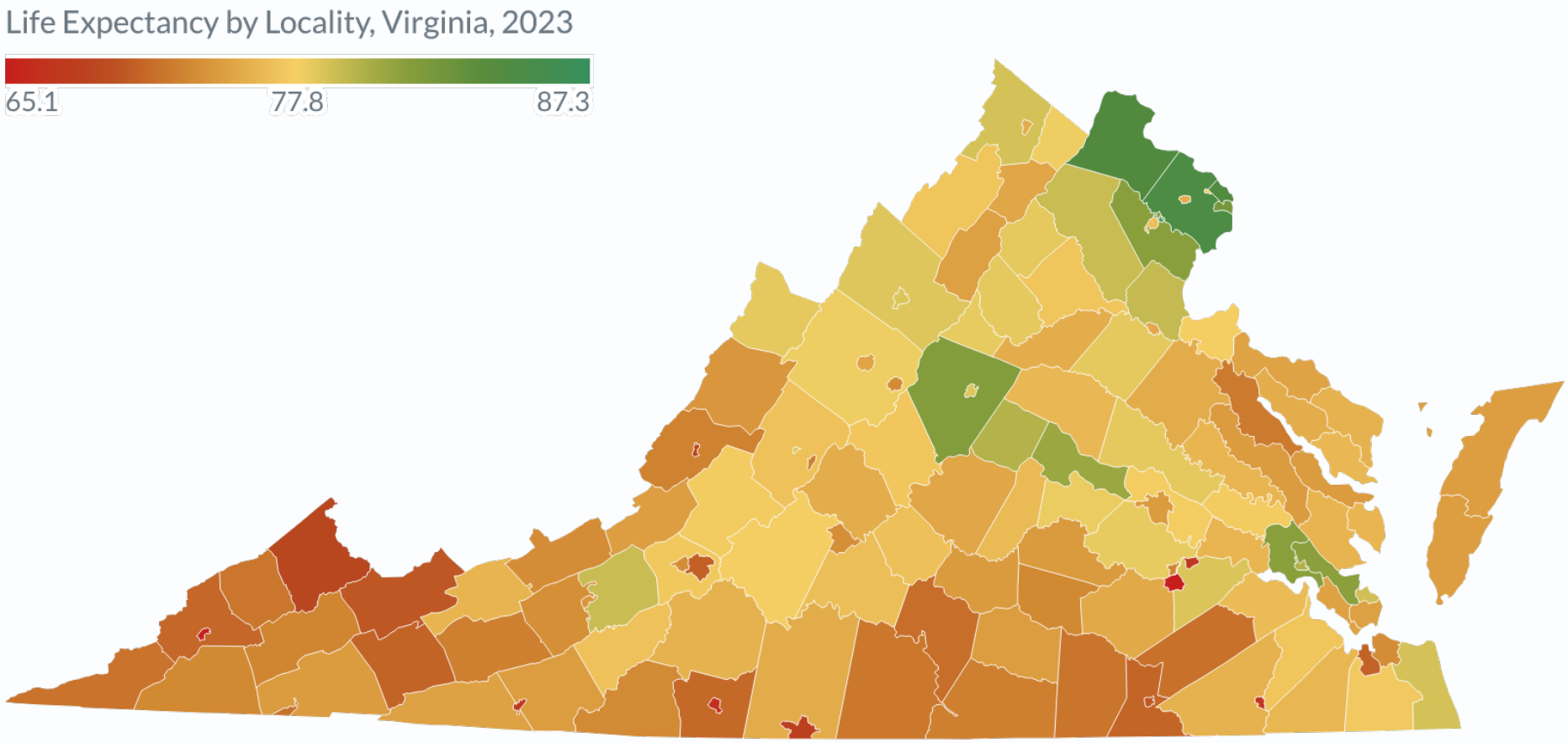


Source: 2025 County Health Rankings

Life Expectancy

Life expectancy in Virginia was 77.8 years, slightly below the national average of 79.0 years.

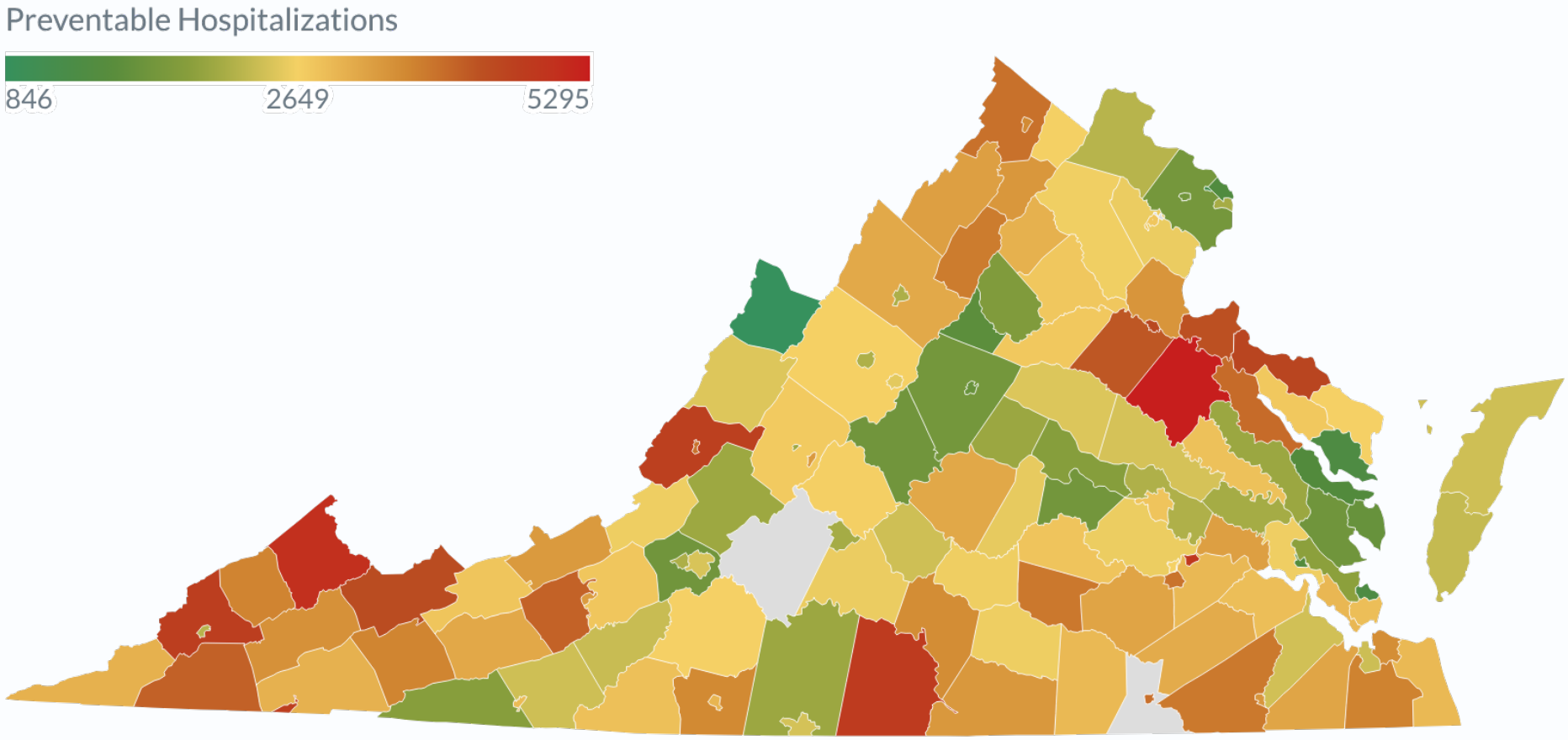
Where Virginians live continues to have a profound impact on how long they are expected to live.



Source: 2025 County Health Rankings

Preventable Hospitalizations

Virginia performs **better than the nation overall** on preventable hospitalizations per 100,000 Medicare enrollees, **but substantial variation persists across communities.**



Source: 2025 County Health Rankings

What's Next for the VTFPC in SFY'27

- Continue **Joy in Healthcare** and **Primary Pathways** pilots.
- Continue **PC Investment Report** and **Scorecard - add non-claims payment data as available**.
- Convene a **committee to disseminate information on RHT opportunities for PC** in Va.
- Convene a **committee to review and advance PC payment opportunities and pilots**.
- Design approach and begin analysis of **patient access/patient engagement challenges** with PC.
- Design and lead **multi-state PC ownership assessment**.
- Design and begin analysis of **PC payment/ money flow assessment**.
- Host **Va Health Policy Research Symposium** with a track on primary care.

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