## INTRODUCTION

Jonathan Sugarman, MD, MPH, *Qualis Health*
Dan Kress, *Bill & Melinda Gates Foundation*

While the United States is a global leader and a source of ideas and inspiration in many domains, few would argue that the U.S. healthcare system should serve as a role model for the rest of the world. Indeed, while per capita costs far exceed those in other nations, the U.S. fares worse than many industrialized and developing countries for many important health outcomes. Among the contributing factors to the high costs and suboptimal outcomes is the fact that, by and large, U.S. healthcare is not organized around primary care.

Barbara Starfield, MD, MPH, a global thought leader in the field, described primary care as "that aspect of a health services system that assures person-focused care over time to a defined population, accessibility to facilitate receipt of care when it is first needed, comprehensiveness of care in the sense that only rare or unusual manifestations of ill health are referred elsewhere, and coordination of care such that all facets of care (wherever received) are integrated." The U.S. excels in tertiary care and the use of highly sophisticated technology for those with access. Compared to many other industrialized nations, the U.S. healthcare system concentrates disproportionately on highly specialized care delivered by clinicians concerned with a specific disease or organ system in contrast to primary care focused on the whole person.

Despite the shortcomings of the U.S. healthcare system as a whole and the lack of appropriate balance between primary care and other resources, the U.S. enjoys pockets of innovation and excellence in primary care that may provide important insights to others working across the world to develop and improve health systems. The U.S. experience provides lessons ranging from the macro level organization of healthcare delivery systems (such as the national network of community health centers and a number of vertically integrated delivery systems) to micro level insights about the characteristics of effective primary care at the level of clinical service delivery. Further, there are a growing number of examples of delivery systems that have expanded beyond the traditional medical care paradigm to focus on improving population health. Evolving primary care systems in the U.S. are beginning to implement innovative applications of information technology to support improved care delivery. High-income, industrialized countries already look to the pockets of excellence in U.S. primary care to guide improvements. Many of these reforms are affordable, improve outcomes, and can slow the rate of cost increase. These lessons may be useful for low- and middle-income countries, and many may inform thinking on primary care systems of the future.

In response to the emerging global recognition of the importance of strengthening primary healthcare systems, in 2015 the Bill & Melinda Gates Foundation, the World Bank Group, and the World Health Organization launched the Primary Health Care Performance Initiative (PHCPI). In addition to measuring

the performance of primary healthcare and improving the quality of primary healthcare data, a key goal of the PHCPI partnership is to collaborate with country partners and to provide a platform for countries to share lessons and co-develop tools for improving primary healthcare.

The Bill & Melinda Gates Foundation recognized that primary care in the U.S. could be a source of lessons and tools to inform the PHCPI partnership. The Foundation commissioned Qualis Health, a Seattle-based, not-for-profit population health organization, to convene a symposium showcasing learnings from U.S. primary care at the Gates Foundation headquarters on November 9, 2016. Sixteen experts from across the country shared examples of U.S. healthcare delivery that illustrate key elements of effective and high-functioning primary care. Presenters from exemplary institutions and organizations introduced several U.S. models of primary care delivery system design and described key innovations resulting in improved care, better population health, and effective healthcare spending. Breakout sessions further explored the models and concepts introduced in the presentations. A distinguished reactor panel reflected on aspects of the American examples of interest to national health ministries, donors, and others in middle- and lower-income countries. This document captures key learnings from this symposium with an eye to applying them in other contexts.

VIDEO: Symposium Welcome and Overview
SLIDES: Symposium Welcome and Overview