

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6290

### **Title**

*Measuring Primary Care Access: Aligning Measurement with the Expanding Domains of Access*

### **Priority 1 (Research Category)**

Systematic review, meta-analysis, or scoping review

### **Presenters**

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### **Abstract**

**Context:** Despite the many well-established benefits of primary care (PC), the percentage of Americans with a source of usual care or with an ongoing PC relationship is declining. This has led to a proliferation of efforts and interventions aimed at improving access to PC, however, current strategies for effectively measuring access to PC fail to align measurement with the multi-variable components that have come embody PC access. This includes Healthy People 2030, which has limited PC access to a single measure of 'usual source of care'. As a result, it is necessary to improve the measurement of PC access and identify measures that can standardize access measurement across all levels of the PC community.

**Objective:** To identify existing measures that effectively evaluate access to PC. **Study Design and Analysis:** Scoping literature review identifying evidence where PC access was measured in any capacity.

**Setting or Dataset:** PubMed and the University of Cincinnati (UC) online library. **Population Studied:**

Measures of PC access. **Intervention/Instrument:** Keyword search to identify literature that included measures of PC access. **Outcome Measures:** Measures of PC access that expand measurement beyond traditional single measurement strategies. **Results:** 35 measures of PC access were identified in recent literature. Measures were organized across three system levels of change to align, via an adaptation, with the 2021 NASEM high quality PC implementation framework: macro-level (population/national) measures, meso-level (institution/organization) measures, and micro-level (patient) measures.

Measures were further categorized into 13 access domains. Domains included Usual Source of Care, Unmet Care, Insurance Coverage, Spatial & Geographic, Primary Care Workforce, and Utilization at the macro level; Comprehensiveness, Timeliness of Care Provision, and Staffing at the meso level; and Patient Perception of Comprehensiveness, Patient Satisfaction & Experience, Timely Access to Care, and Novel Integrated Patient Measures at the micro level. **Conclusions:** This review demonstrates that the measurement of PC access has expanded beyond traditional single measure strategies into multi-factorial access domains. These measures can inform a recommendation of core access measures that

can standardize the evaluation of PC access and provide researchers and federal agencies a framework for common comparison across studies and facilitate coordinated efforts to improve access to PC.

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