

Supplemental materials for:

Henry TL, Britz JB, St. Louis J, et al. Health equity: the only path forward for primary care. *Ann Fam Med.* 2022;20:Online. <https://doi.org/10.1370/afm.2789>.

Supplemental Table 1. Key Themes of Discussion From Each of the Early Career Physician Meetings

Sessions

Key Elements

1: Establishing Priority Topics

- Physician and team optimization is necessary.
- The physician should be an active member of the community and reflect the values, traits, and demographics of the community.
- Electronic medical records and documentation provide barriers to equitable care.
- Payment should account for more than services provided and encourage equitable access to primary care.
- The health workforce recruitment base, including medical education, should actively seek out individuals from historically marginalized groups

2: Physician Support and Optimizing the Healthcare Team

- Physician and healthcare team community engagement is critical, in particular for disadvantaged communities, yet, there is limited time to be active in the community.
- The clinician workforce is not sufficiently diverse and is not representative of the community served.
- Administrative tasks are highly burdensome without clinical value.
- There is insufficient time and staffing available for panel management, which is critical for social complex populations.
 - High burnout exists among the healthcare team.
- Integrated, team-based models demonstrate improved outcomes and reduce burnout.

3: Primary Care Payment Reform and Aligning Incentives

- The current fee-for-service system continues to perpetuate inequities.
- Fee-for-service payments do not support high-functioning primary care systems; they incentivize volume and not quality.
- Clinicians are not reimbursed for tasks critical to patient and community health, including addressing social needs, community engagement.
 - Metrics are often disease-oriented and not patient or community-oriented.
- There are promising alternative models that are more equipped to provide comprehensive and equitable care.

4. Principles of High Value Primary Care

- High value primary care should be equitable, transparent, comprehensive, accessible, socially responsible, affordable, preventive, resourceful, coordinated, and representative.
 - There is a primary care workforce shortage.
- Black, Latinx, and Native American professionals have all had limited representation in medicine.

5: Envisioning the 4 Cs

- The 4 Cs remain relevant and important.
- Pervasive healthcare inequities continue to pose barriers to realizing the 4 Cs.
 - Access remains a critical issue, in terms of insurance, transportation, proximity to clinics, and ability to use telehealth services, specifically during and after the COVID-19 pandemic.
- Many delivery models have emphasized one of the 4 Cs at the cost of another C.
 - Cultural humility, structural competency, community engagement, and collaboration are equally important to equitable care delivery.

6: Conclusions and Dissemination of Results

- Health equity is ubiquitous in all discussions of the future of primary care.
 - Equitable implementation and focus on the 4 Cs could help achieve greater health equity, less fragmentation of care, and improved patient satisfaction; however, components of the framework need to be elaborated.
 - The primary care workforce is strained and insufficiently diverse to care for the communities it serves.
 - Payment reform is necessary to achieve high value primary care.
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