

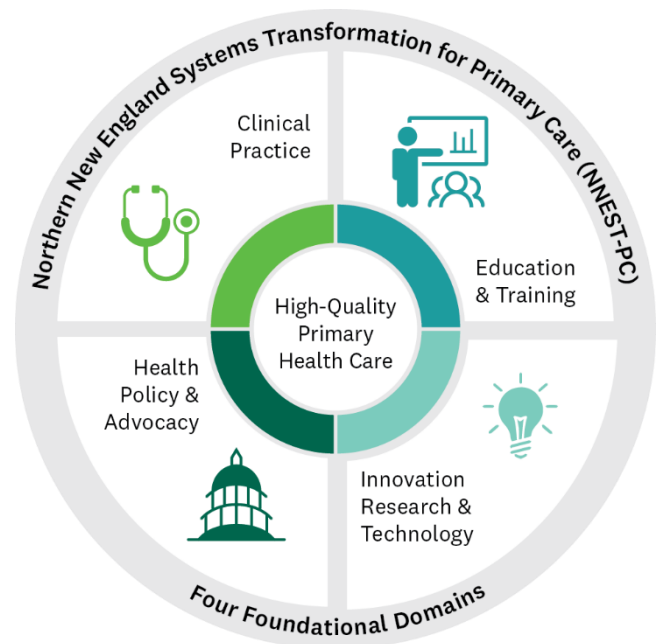
## Northern New England Systems Transformation for Primary Care

Dartmouth’s Northern New England Systems Transformation for Primary Care (NNEST-PC) is a joint venture between the Dartmouth Health’s Department of Community and Family Medicine (CFMED) and The Dartmouth Institute for Health Policy and Clinical Practice (TDI) at Geisel School of Medicine at Dartmouth that seeks solutions to the profound challenge of providing high-quality and equitable primary health care in a rural setting by establishing an innovative and timely regional collaborative. The goal of NNEST-PC is to ensure that whole-person and equitable primary care (PC) is implemented in rural Northern New England (NNE). By growing a regional network of PC leaders in partnership with their individual communities, NNEST-PC will join and advance the national conversation on implementing high-quality primary care, and a fair and just distribution of resources and access to PC services. We achieve this goal by building on four foundational domains:

- Clinical Practice,
- Education and Training,
- Innovation, Research & Technology, and
- Health Policy and Advocacy.

Primary care (PC) in the US is widely recognized to be facing a crisis. While PC accounts for more than 35% of all health care visits, it receives only five percent of all health care spending.<sup>1</sup> Levels of burnout among clinicians are at an all-time high and worse than for other specialties, while primary care workforce is also declining. The US is facing a shortage of up to 55,200 primary care physicians by 2033 due to increasing demand posed by an aging population, physician retirement and fewer medical students entering primary care.<sup>2 3</sup> Additionally, practices face increasing challenges with staffing and recruitment. As a consequence, access to primary care has worsened dramatically, and the health impacts are dire. This decreasing access to PC is contributing to rising mortality and widening disparities in life expectancy, especially for less advantaged communities. Conversely, it has been found that increased access to PC physicians demonstrates benefit for various health indicators, such as infant mortality, cervical cancer, and chronic disease management.<sup>3</sup> All of these issues are heightened in rural regions.

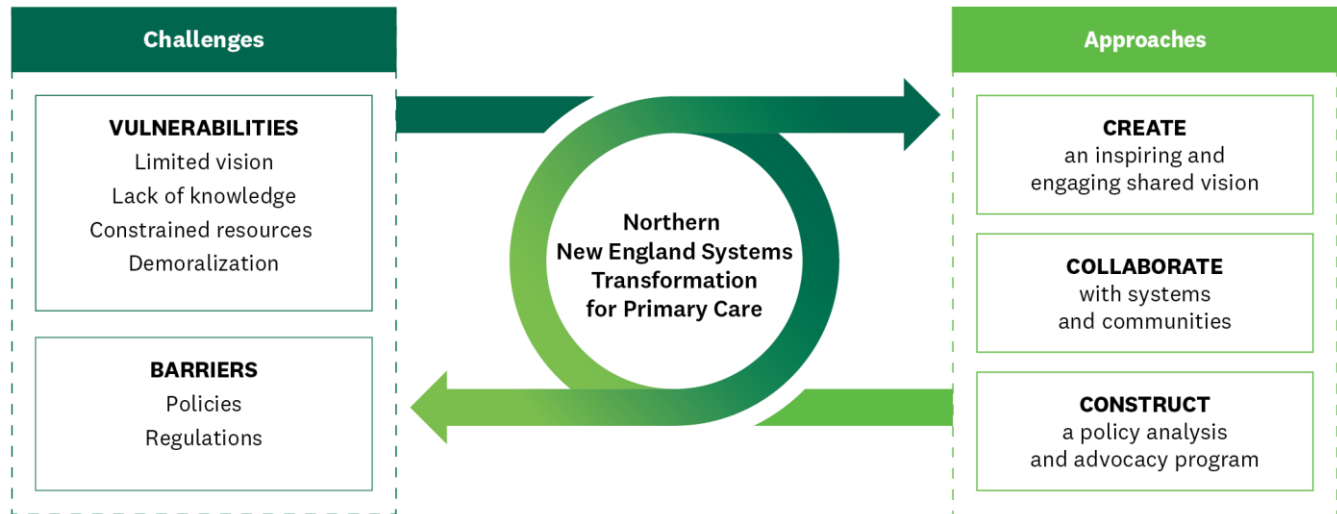
To address the PC crisis, CFMED and TDI established a working group of PC clinicians, educators, researchers, and policy leaders. Drawing on the 2021 National Academies of Sciences, Engineering, and Medicine (NASEM) report *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care* and conversations with primary care leaders across the country, NNEST-PC will address the underlying causes of primary care dysfunction in rural NNE that deserve particular attention.



1 Willis J, Antono B, Bazemore A, Jetty A, Petterson S, George J, Rosario BL, Scheufele E, Rajmane A, Dankwa-Mullan I, Rhee K. The State of Primary Care in the United States: A Chartbook of Facts and Statistics. October 2020.

2 [New AAMC Report Confirms Growing Physician Shortage | AAMC](#)

3 Basu S, Berkowitz SA, Phillips RL, Bitton A, Landon BE, Phillips RS. Association of Primary Care Physician Supply With Population Mortality in the United States, 2005-2015. *JAMA Intern Med.* 2019;179(4):506–514. doi:10.1001/jamainternmed.2018.7624



### Strategy & Way Forward

Strategies to advance health equity and sustainability in a multi-prong approach in four arenas:

1. Infuse a health equity approach to improve PC design and delivery in rural settings.
2. Train, engage and partner with primary care teams and communities to expand high-quality PC.
3. Advance innovation and research to transform high-quality PC.
4. Influence policy and strategy in Northern New England to create policy, payment, and delivery structures for high-quality PC.

Moving forward in alignment with NASEM’s implementation plan, NNEST-PC will ensure that high-quality, whole-health care is implemented in rural New England by addressing changes at the practice (micro), systems (meso) and policy (macro) levels.

- Practice Level (Micro): NNEST-PC will actively engage primary care service lines, academic departments, and clinics through quality improvement initiatives, pilot redesign projects, practice-based research and targeted education. We will engage clinicians, patients and communities in designing, monitoring and evaluation primary care innovation.
- Systems Level (Meso): NNEST-PC will work to address systemic and organizational structures that are often major determinants of health inequities. We will share information on management and training policies for primary care providers.
- Policy Level (Macro): NNEST-PC will work with other coalitions and associations to facilitate relationships with key government officials and agencies to advocate for PC programs and related translational research funding. In collaboration with DH Government Relations Office and other state and local coalition offices, NNEST-PC will advocate at the local, state and federal levels.

### Collaborations & Stakeholders

Dartmouth’s NNEST-PC will not only engage the micro, meso, and macro levels, we will seek to redefine how micro interacts with meso and macro through direct engagement with clinical care infusing education, research, and policy into our practices to inform and transform care systems. By building sustainable partnerships and ensuring a strong collaborative network, we will advocate for primary care as a common good.