

The Rise of Primary Care Transformation:

State and Territorial Primary Care Offices Play A Key Role

[Primary care transformation](#) is critical to developing a comprehensive primary care healthcare system in the United States. State/territorial primary care offices (PCOs) can play an important role in this work by assessing statewide needs to improve the primary care workforce, increasing use of quality data, bridging gaps in the integration of health systems, and creating innovative methods to integrate primary care and behavioral health.

The Role of Primary Care Offices

Through statewide needs assessments and [shortage designation systems](#), primary care offices (PCOs) uncover critical primary and preventive needs affecting their states/territories and recognize key target populations at risk for limited healthcare access. PCOs serve as a point of contact for federal and state programs that aim to recruit and retain health professionals in underserved communities and provide technical assistance to support improved access to primary care services. PCOs also offer technical assistance to providers and communities applying to the [HRSA National Health Service Corps program](#), which awards scholarships and loan repayment to primary care providers and other health professionals working in underserved areas.

Primary Care Integration

Evidence shows that integrating oral health and behavioral health in primary care may improve access to care, particularly in rural and underserved populations. PCOs can facilitate integration of primary care by connecting resources from communities and healthcare settings to underserved areas. For example, [North Dakota's PCO](#) led innovative efforts to improve coordination and efficiency of oral health data collection and reporting, while increasing access to oral health services for underserved and tribal populations. The state's PCO collaborated with the [North Dakota Oral Health Program](#) to improve the sharing and reporting of state oral health data. This catalyzed additional collaborative efforts to expand the scope of practice for dental hygienists and integrate oral health educational programs, such as [Smiles for Life](#), into [primary care settings](#). These joint efforts are an attempt to mitigate dental provider shortages and leverage primary care practices to advance oral health education.

In addition, the [Maryland PCO](#) recently merged with the Maryland Behavioral Health Administration. The intent of the merged departments was to demonstrate the importance of integrating behavioral health in primary care and encourage statewide integrations. Maryland has long-recognized the importance of integrated primary care and behavioral health, as evidenced by broader state primary care transformation efforts, such as the [Maryland Primary Care Program](#) (MPCP). The MPCP, a voluntary payment reform program for state primary care providers, sets [requirements for participating providers](#) to collect and report data using designated quality measures on mental health and substance use disorders.

Workforce Development

Given the unmet need for primary care services and health professional shortages in rural and underserved areas, PCOs may support the implementation of [community health worker programs](#) that

increase access to care. The Florida PCO supported the development of the [Florida Community Health Worker Coalition](#), which includes volunteers from the community who advocate for the advancement of community health workers in Florida. Community health workers offer a voice at the table and advocate for patients to improve health experiences and increase representation in care. The state collaborated with the Community Health Worker Coalition in the development and planning of a state-led Chronic Disease Summit, elevating awareness of community health workers and their role in patient care.

To expand access to oral health services for underserved communities, North Dakota increased dental hygienists' scope of practice through state code clarification, allowing them to perform authorized services under the supervision of a licensed dentist. These policy changes can reduce provider burnout and increase the capacity of providers in underserved areas.

Opportunities for Partnership

PCOs can collaborate with [Primary Care Associations](#) (PCAs), which represent federally qualified health centers (FQHCs) and provide technical assistance and training to these safety-net providers. Both entities can often play a meaningful role in primary care transformation by connecting communities and stakeholders to resources and assisting FQHCs in implementing high-quality integrated primary care to improve physical, behavioral, and oral health outcomes.

Conclusion

The PCOs highlighted in this brief have been effective in helping FQHCs and communities overcome access and health workforce challenges by providing support in the coordination of services, facilitation of resources, and supporting practices with technical assistance and staff trainings to build clinical capacity in delivering effective care. By partnering with federal, local, and community partners, states can disseminate needed resources, properly address barriers preventing this work, and provide a sustainable and more efficient healthcare system that can improve health outcomes for all.

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