

EXECUTIVE SUMMARY: SCHWARTZ ATTORNEY BREAKFAST

EVENT OVERVIEW

The Schwartz Center for Compassionate Healthcare hosted its annual Attorney Breakfast featuring Dr. Troyen Brennan, a nationally recognized health law, public policy, and healthcare delivery expert. Dr. Brennan is the author of the recently published “Wonderful and Broken: The Complex Reality of Primary Care in the United States.”

The event featured a comprehensive discussion of primary care in the United States, its critical role in healthcare delivery, and the relationship between effective primary care and compassionate medicine. Dr. Brennan drew insights from his extensive fieldwork throughout the country.

PRIMARY CARE: THE CENTRAL PARADOX

Dr. Brennan noted a fundamental paradox within American healthcare: ***While most stakeholders agree that robust primary care is the foundation of any functional healthcare system, the primary care sector itself is widely characterized as broken.***

This brokenness manifests through workforce shortages, provider burnout, and limited patient access to primary care physicians. This paradox motivated Dr. Brennan to explore the conditions that support or hinder primary care practices across the country.

THE WONDERFUL: COMPASSION AND COMMITMENT

Through extensive fieldwork and research, Dr. Brennan identified a consistent theme: the inspiring commitment of primary care clinicians to their patients. He illustrated this through an encounter with a family physician who specializes in care for pregnant women with substance use disorders. When asked about the state of primary care today, she responded with the phrase that ultimately inspired the book’s title: “Wonderful, crazy, and broken.”

Across the 40-50 practices he visited, Dr. Brennan observed consistent evidence of compassion, altruism, and patient-centered care, regardless of operational challenges. This foundation represents an optimistic indicator for primary care’s future.

THE BROKEN: CRITICAL CHALLENGES

Primary care faces multiple interconnected challenges:

UNDERINVESTMENT

The United States underinvests in primary care, spending as little as one-fifth of what



EXECUTIVE SUMMARY: SCHWARTZ ATTORNEY BREAKFAST

countries like Germany and the Netherlands allocate. Regulatory attempts in some states to boost primary care spending have not yet proven effective.

Some of the most impressive practices that Dr. Brennan studied were Medicare Advantage-based organizations that allocated 20% or more of their resources to primary care and demonstrated markedly better provider satisfaction and patient outcomes. This could serve as a roadmap for the United States as a whole.

ADMINISTRATIVE BURDEN AND ELECTRONIC HEALTH RECORDS

Electronic medical record systems have become a persistent source of frustration for providers. The rise of measurement-driven compliance requirements, often falling entirely on primary care providers, compounds the burden.

Prior authorization requirements, which primary care physicians most frequently manage, add another layer of administrative work that leaves providers feeling overwhelmed.

INADEQUATE COMPENSATION

Primary care physician compensation is drastically lower than specialist income, a disparity that becomes increasingly untenable given primary care's foundational importance to health systems. This gap in pay directly contributes to workforce decline, further compounding access issues.

GOVERNMENT AND POLICY FACTORS

Dr. Brennan identified both positive and negative regulatory forces:

STATE INITIATIVES

The most promising developments emerge at the state level, particularly within Medicaid programs and federally qualified health centers. A few states have been making strides in supporting value-based primary care. Oregon was highlighted as exemplary, by:

- Setting primary care spending expectations as a percentage of total payment
- Shifting large insurers and medical centers toward value-based care
- Creating capitated Medicaid programs in which organizations assume responsibility for patient care outcomes

VALUE-BASED CARE

Dr. Brennan identified a key practice of successful value-based organizations: the morning huddle. In these settings, physicians, nurse practitioners, nurses, social workers, community health workers, and other care team members convene to discuss critically



EXECUTIVE SUMMARY: SCHWARTZ ATTORNEY BREAKFAST

ill or high-risk patients, review statistics, and create care plans. This practice exemplifies patient-based care by addressing anticipated patient needs rather than reactively managing chronic disease. Dr. Brennan also spoke about recent opposition to value-based care within health law and policy circles, with increasing calls for rate regulation instead.

CORPORATIZATION FORCES

While 30-40 years ago corporations were viewed as a necessary counterweight to physician power, there is now growing pushback against corporatization and venture capital involvement in medicine. Dr. Brennan acknowledged these valid concerns, but also noted that some venture-backed startups (such as Aledade in Kansas) are successfully supporting innovative primary care models.

RETAIL AND CORPORATE VENTURES

Dr. Brennan shared his experience leading healthcare initiatives at CVS and reflected on the broader sector. Retail clinics, while filling a gap in healthcare access, have been unable to build true primary care practices due to workforce limitations and lack of insurance risk integration. He has been an advocate for vertically integrated models that combine primary care, hospitals, and insurance products, a structure seen in some successful international systems.

CHANGES IN THE PRIMARY CARE WORKFORCE

Dr. Brennan highlighted the sustaining power of long-term patient-caregiver relationships, which fuels many providers, helping to somewhat offset the toll of system-level challenges. The current trend toward episodic, transactional care in an impersonal healthcare system runs counter to this deeply human need.

We are also seeing a shift in primary care staffing:

- There are 3-4 nurse practitioners (NPs) for every 1 new physician entering primary care.
- Many NPs enter practice with limited clinical experience, leading primary care practices to develop 1- to 2-year long clinical mentorship programs.
- Artificial intelligence may increasingly play a role in the technical dimensions of diagnosis, freeing clinicians to focus more on compassionate patient care and communication.

EXECUTIVE SUMMARY: SCHWARTZ ATTORNEY BREAKFAST

OUTLOOK: OPTIMISM AND URGENCY

There are some near-term challenges: Contraction of Medicaid funding and coverage, potential ACA marketplace failure, and continued systemic financial and capacity pressures. Despite these factors, Dr. Brennan expressed cautious long-term optimism, based on:

- Functional healthcare systems simply cannot exist without a strong primary care foundation.
- Long-term demographic and financial trends will require systemic change.
- A future shift toward government-financed healthcare would require policy to adequately support primary care.

When asked about impactful policy solutions, he highlighted mandatory spending percentages by insurers on primary care, and ongoing efforts by the Center for Medicare & Medicaid Innovation to test new payment codes and risk-sharing arrangements. In the absence of such solutions, he suggested we may continue to see an expansion of unionization efforts within the primary care workforce, as some recent efforts have resulted in higher compensation and reduced patient volumes. He also mentioned there may be more growth of concierge or membership-based practices since they allow clinicians to practice medicine closer to what they envisioned (although this model is not universally accessible).

CONCLUSION

The Schwartz Center's commitment to compassion in healthcare is nowhere more vital than in primary care. Despite systemic brokenness, the fundamental commitment of primary care clinicians to their patients' welfare endures. Yet success cannot be achieved by clinicians alone. It requires coordinated actions from government, insurers, and healthcare systems.

Primary care must be reframed: not as a cost center to be minimized, but as an essential investment in population health, meaningful patient relationships, and the practice of compassionate medicine.