

The Strategic Value of Family Medicine to the Health System



A Family Medicine Advocacy Checklist for Clinical Leadership

1. Primary Care Anchors Market Share and Generates Downstream Revenue

a. Primary care is the front door to the health system and a major driver of downstream clinical revenue.²

\$1.4–\$2.1 Million

generated per new FM physician annually in downstream hospital revenue.²⁻³

b. In competitive markets, FM serves as the entry point to the system and secures long-term patient relationships, reducing leakage and strengthening network integrity.

c. High-quality primary care drives brand loyalty and sustains market share, ensuring the system remains the first choice for care across the patient's life course.⁴

2. Family Medicine Drives Success in Value-Based Payment Models

a. Strong family medicine infrastructure improve performance in value-based payment models by strengthening:⁵

Reducing avoidable hospitalizations, preventable admissions, ED visits, and readmissions⁶

Increasing access to coordinated care⁷

b. Revenue from shared savings or contracted quality payments should then be re-invested to support health system initiatives to manage populations, build effective care teams, and support institutional missions.⁸

3. Primary Care Improves Patient Access, Outcomes⁹ and Experience



Timely access to primary care improves patient experience scores and strengthens patient loyalty to the health system.¹⁰

a. Continuity with Family Medicine is linked to improved adherence, preventive care, and chronic disease outcomes.¹¹⁻¹³

b. Family medicine improves preventive screening and chronic disease management. Higher screening rates for colorectal, lung, and breast cancer drive appropriate service utilization in the short term, while improved management of chronic diseases such as diabetes, hypertension, and heart failure reduces long-term utilization and costs.^{10, 14}

c. Effective primary care coordination reduces avoidable utilization. Structured transitional care management programs led by family physicians have demonstrated reductions in hospital readmissions and emergency department visits when timely post-discharge follow-up is implemented.¹⁵⁻¹⁷

4. Family Physicians Deliver High-Value, Cost-Effective Care

~\$250,000–\$280,000

Median salary for FM physician¹⁸

a. Family physicians have a broad scope of services provided, including inpatient, prenatal, and ambulatory procedures.¹⁹

b. Family physicians bring a depth and breadth of training that enables them to deliver highly comprehensive care, manage clinical complexity, and perform nuanced risk assessments. While advanced practice clinicians (APCs)—including nurse practitioners and physician assistants—are essential and valued members of the primary care team, physician leadership is critical to ensuring that care teams can expand access while maintaining high standards of quality, safety, and comprehensiveness.²⁰

c. Family physicians have a broad scope of practice that covers caring for all age groups and a variety of conditions that may obviate the need for expanding specialist access. For example, non-operative management of orthopedic and dermatologic conditions is well-within scope of practice for Family physicians and may reduce the need for costly specialist services. Increased comprehensiveness of primary care is associated with decreased cost of care and reduced rates of hospitalization.²¹⁻²²

5. Strong Primary Care Teams Improve Workforce Stability and Productivity

a. Factors associated with high-quality primary care that reduce burnout, improve retention and net productivity:²³

Flexible templates

Panel management

Team-based care

b. Particularly for primary care, clinicians with higher burnout are less productive than clinicians with low burnout.²³

6. Family Medicine Strengthens Community Partnerships and Health System Strategy

a. Family Medicine adapts to system priorities and is scalable across:



Telehealth



Home-based
Care



Urgent
Care



Residency faculty
practices

b. Family medicine's whole-person approach integrates clinical care with social and community factors that influence health, supporting health systems' goals to address social drivers of health and improve population outcomes.²⁴⁻²⁵

c. State legislatures are prioritizing policies to expand access to high-quality primary care and improve health through measures such as setting primary care spending targets, launching commissions and task forces, and incentivizing workforce expansion, including in rural settings.²⁶

c. Family Medicine is well-positioned to lead community-engaged initiatives supporting ACA community benefit requirements.²⁷



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