New Research Reviewing Primary Care Among Workers With Employment-Based Health Coverage Finds Fewer People Making Traditioal Office Visits, More Using Telemedicine and Urgent Care Clinics

- Primary care services by nurse practitioners and physician assistants also increased -

For immediate release: 11/20/23
For more information: Ron Dresner
dresner@ebri.org

(Washington, D.C.) – A new research report published today from the Employee Benefit Research Institute (EBRI) documenting how changes in primary care location and provider type have changed from 2013-2021 while coinciding with private- and public-sector policy changes finds that less people are making traditional office visits and more are using nurse practitioner and physician assistant services.

“Through the provision of workplace health benefits, employers are constantly trying to attract high-quality employees while also playing an important role in facilitating primary care use. Coverage of primary care through employment-based health plans helps employees stay healthy and can reduce the risk of serious health problems that can lead to high health care costs and lost productivity,” explained Paul Fronstin, Ph.D., director, Health Benefits Research, EBRI.

Key findings in the new research report, “Use of Primary Care Among Workers and Dependents with Employment-based Health Coverage: A Longitudinal Analysis,” include:

• Among users of primary care, 95-97% utilized it in an office setting prior to 2020, but only 86% did so from 2020-2021 as employees began using telemedicine (7-8%) and urgent care clinics (3-4%) with greater frequency due to the COVID-19 pandemic.

• There has been a consistent downward trend in the share of employees whose primary care office visits are at a general/family practice, falling from 42% in 2013, to 37% in 2021. In addition, primary care office visits at internal medicine providers have fallen from 21% in 2013 to 17% in 2021. Finally, provision of primary care by a medical doctor has fallen from 9% in 2013 to 4% in 2021.

• In contrast, primary care provision by nurse practitioners and physician assistants has risen over time. The share of employees whose primary care office visits have been with a physician assistant rose from 2% in 2013 to 6% in 2021. The corresponding change for nurse practitioners has been from 4% in 2013 to 16% in 2021.

• The share of workers reporting a usual source of care has fallen from 2013-2020 and has occurred for all workers regardless of gender, race, age, education, or income.

• The decline in primary care office visits at general/family and internal medicine practices demonstrated using claims data is consistent with the decline in general/family and internal medicine practices being the usual source of care reported in the Medical Expenditure Panel Survey as are the increases in primary care provision by nurse practitioners and physician.

• Young, lower income workers with some college, an A.A., or a B.A., are driving the trends in usual source of care away from general practices. Young workers with high levels of education and income are driving the trends in usual source of care away from internal medicine practices. Middle aged workers with intermediate and high levels of education and income are driving the trends in usual source of care towards nurse practitioners. Finally, the rise in physician assistants as the usual source of care has been seen across all types of workers to a similar degree.

An open question is how the changing primary care work force will impact primary care costs and use of health care services. Evidence indicates that the growing nurse practitioner presence has the potential to lower costs and increase access to care. However, what we have seen so far has been the opposite. From 2010–2020, the share of health spending in commercial health plans that was put toward primary care rose 30 percent, but the share of Americans with private health insurance reporting having a usual source of care fell 8 percent. Understanding why the shift toward nurse practitioners hasn’t resulted in lower costs or improved access to care is an important puzzle for public policy to address given the importance of primary care for employers and employees,” said Fronstin.


This study was conducted through the EBRI Center for Research on Health Benefits Innovation with the funding support of Aon, Blue Cross Blue Shield Association, Independent Colleges and Universities Benefits Association, JPMorgan Chase & Co., Pfizer and PhRMA.

The Employee Benefit Research Institute is a non-profit, independent and unbiased resource organization that provides the most authoritative and objective information about critical issues relating to employee benefit programs in the United States. For more information, visit www.ebri.org.

# #

(MEDIA NOTE: To receive the complete research report, email dresner@ebri.org).