Primary Care Access in Prince George's County, MD

Prince George's County Board of Health

October 6, 2025

SCHOOL OF PUBLIC HEALTH

Nate C. Apathy, PhD
Assistant Professor, Health Policy & Management
University of Maryland School of Public Health
nca@umd.edu

Agenda

The Importance of Primary Care

How do we define “access” to primary care?

- Insurance Coverage
- Proximity
- Availability

Key Primary Care Providers in Prince George’s County

The importance of primary care

Primary care is the foundation of the US health care system

Primary care supports key longitudinal care relationships & health maintenance

Primary care can prevent exacerbations of chronic disease & ED visits

Primary care teams can coordinate care for patients with complex needs

It is called ***primary*** care, after all. Everything else is secondary (or tertiary)

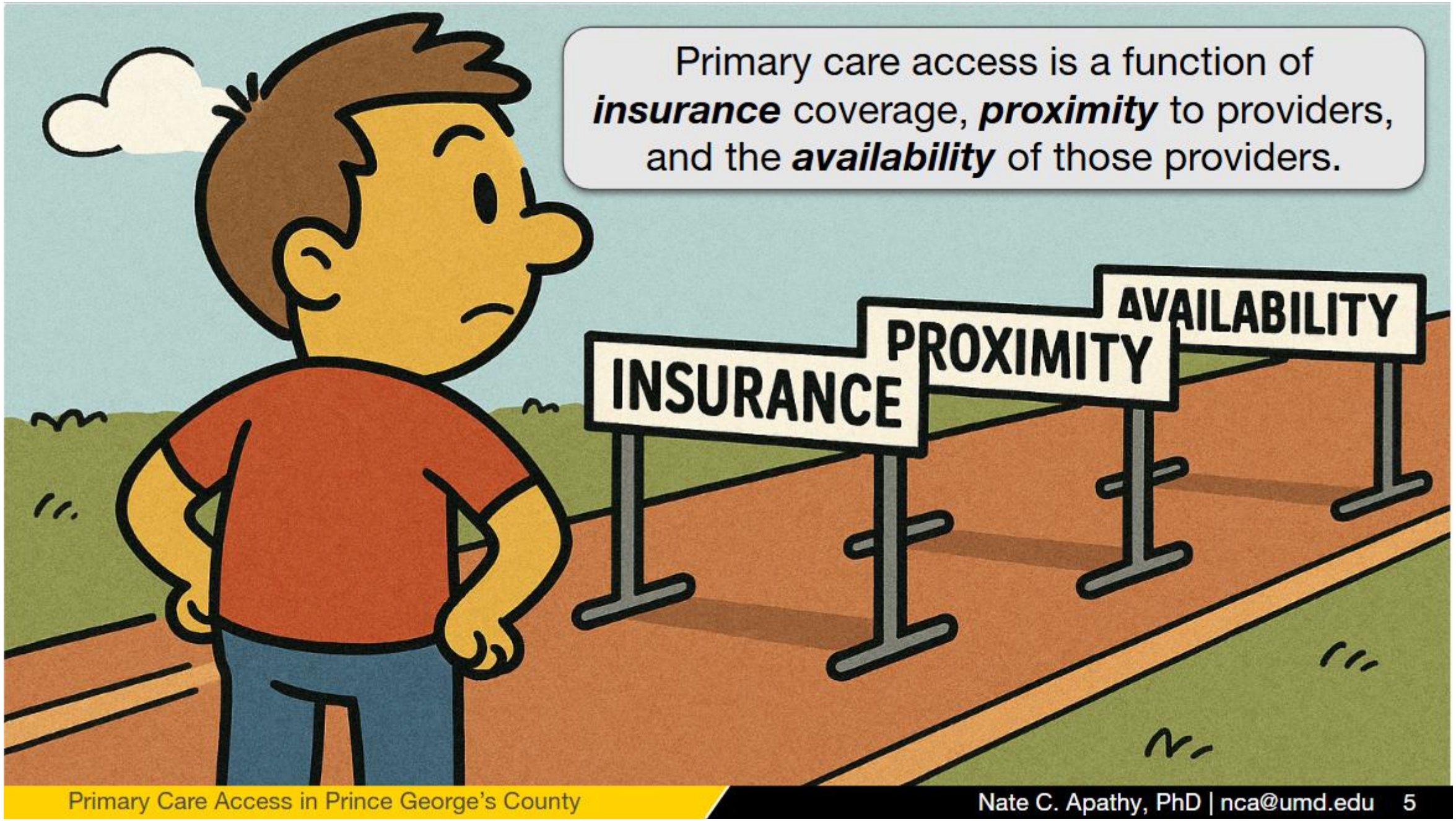
What do we mean by “access”?

Topic: Access to Care

Access to health care means having "the timely use of personal health services to achieve the best health outcomes."

- Access to health care consists of four components:
  - **Coverage:** facilitates entry into the health care system. Uninsured people are less likely to receive medical care and more likely to have poor health status.
  - **Services:** Having a usual source of care is associated with adults receiving recommended screening and prevention services.
  - **Timeliness:** ability to provide health care when the need is recognized.
  - **Workforce:** capable, qualified, culturally competent providers.

Agency for Healthcare Research and Quality

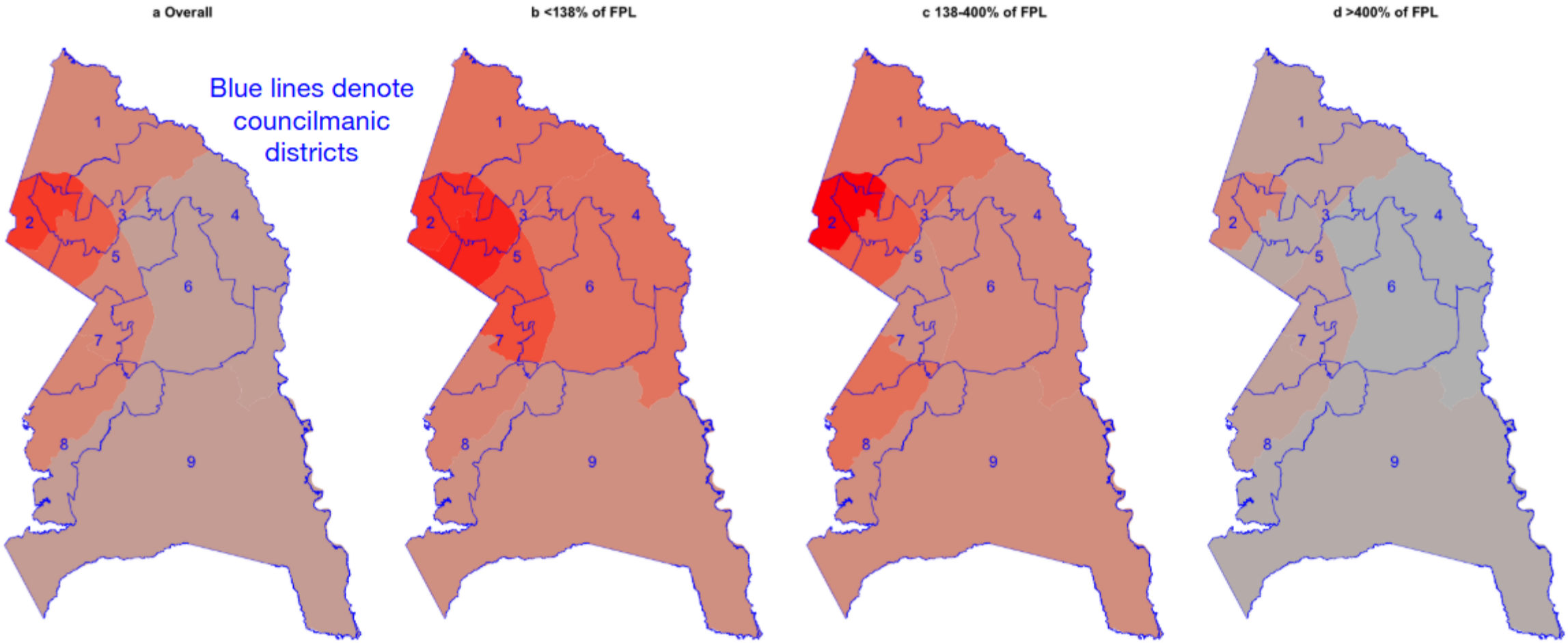

Primary care access is a function of ***insurance*** coverage, ***proximity*** to providers, and the ***availability*** of those providers.
INSURANCE
PROXIMITY
AVAILABILITY

Insurance Coverage

Uninsured Rates, non-elderly population

% Uninsured 10% 20% 30%

Shaded areas are Public Use Microdata Areas, the most granular level of geography available in the ACS public use file.



Source: ASPE 2023 Estimates

1 of every 8 (13.4%) non-elderly county residents is uninsured

Insurance Coverage: Uninsured Population Estimates

Public Use Microdata Area (sub-county geographic region)	*Total Non-Elderly Population*	*Non-Elderly Uninsured Population*	*Uninsured Population <138% FPL*	*Uninsured Population 138-400%*	*Uninsured Population >400% FPL*
Inner Northwest: College Park City & Langley Park	110,800	32,300	14,300	15,000	3,000
North: Laurel, Greenbelt & Beltsville	117,200	13,700	4,900	6,300	2,500
Inner Northeast: New Carrollton & Hyattsville	101,800	21,600	9,800	11,000	800
Central: Seat Pleasant, Capitol Heights, & Landover	95,700	11,500	5,800	3,900	1,800
East: Bowie City, Kettering, & Largo	176,300	10,600	3,600	5,700	1,300
South: Clinton, Fort Washington, & Rosaryville	113,100	7,100	2,200	3,600	1,300
Southwest: Oxon Hill, Hillcrest Heights, & Temple Hills	86,100	10,500	3,100	6,100	1,300
Total	**801,000**	**107,300**	**43,700**	**51,600**	**12,000**

Source: ASPE 2023 Estimates

Insurance Coverage

43,700 county residents may qualify for Medicaid (<138% FPL)

- **One third** (14,300) reside in the College Park/Langley Park area (Dist. 2 & 3)
- Another **22%** (9,800) reside in the New Carrollton/Hyattsville area (also Dist. 2 & 3)

51,600 county residents are potentially eligible for premium tax credits (138-400% FPL) for insurance purchased via the Maryland Health Benefit Exchange

- **Half** reside in Districts 2 & 3

MARYLAND HEALTHBENEFIT EXCHANGE

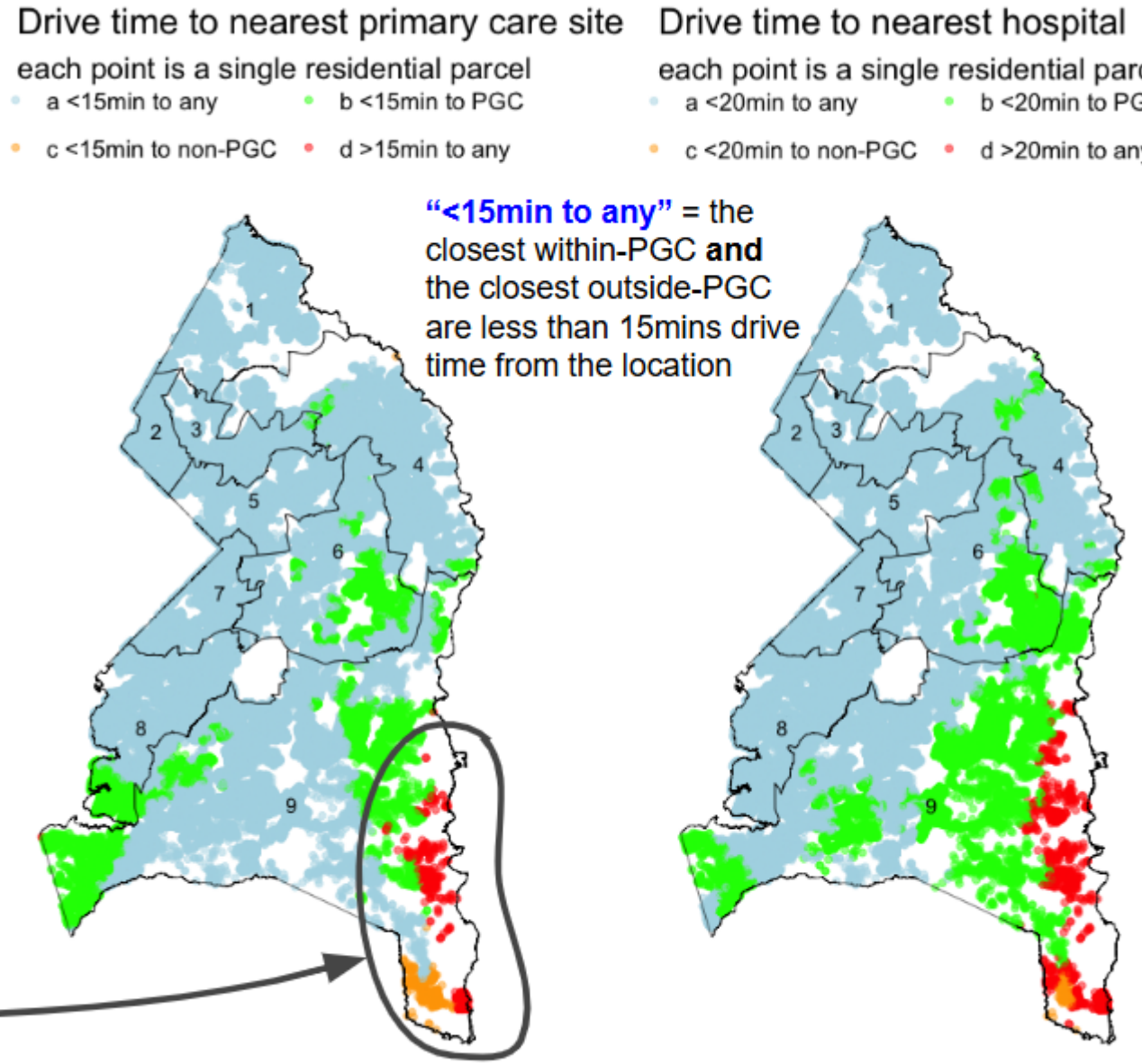
The number of uninsured county residents is very likely to increase in January 2026 unless Congress extends enhanced premium subsidies (est. enrollment decline of 20% statewide)

More info: https://www.marylandhbe.com/partner-resources/ & https://www.marylandhealthconnection.gov/whats-new/

Proximity to providers

The vast majority of residential areas in the county are within a 20 minute drive to both primary care and hospitals ***within the county***.

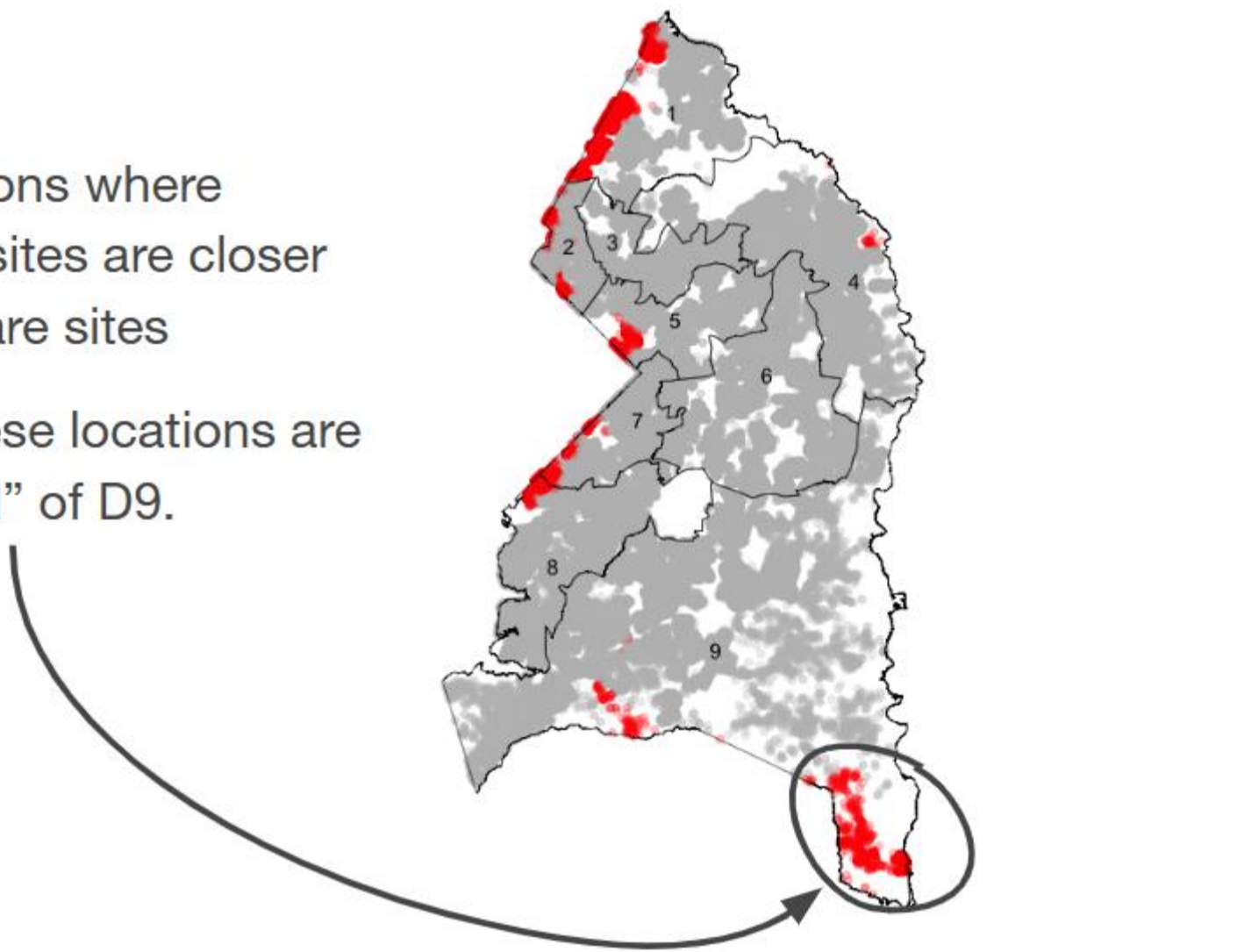
Residential areas with less proximity to providers are <u>exclusively</u> located in the southeast corner of District 9.



Proximity

There are relatively few locations where outside-county primary care sites are closer than within-county primary care sites

A significant proportion of these locations are concentrated in the “bootheel” of D9.



Availability

This takes both proximity and the workforce into account, similar to primary care shortage area designations (from HRSA)

Approach:

- For each block group in the county, construct a 20-minute drive time radius
- Determine which primary care outpatient sites are within that radius
- Count up the number of physicians at those sites
- Divide the block group population by the number of physicians w/in 20min
- Rank block groups (deciles) for visualization/comparison
    - Higher ratios of people per doctor → less availability

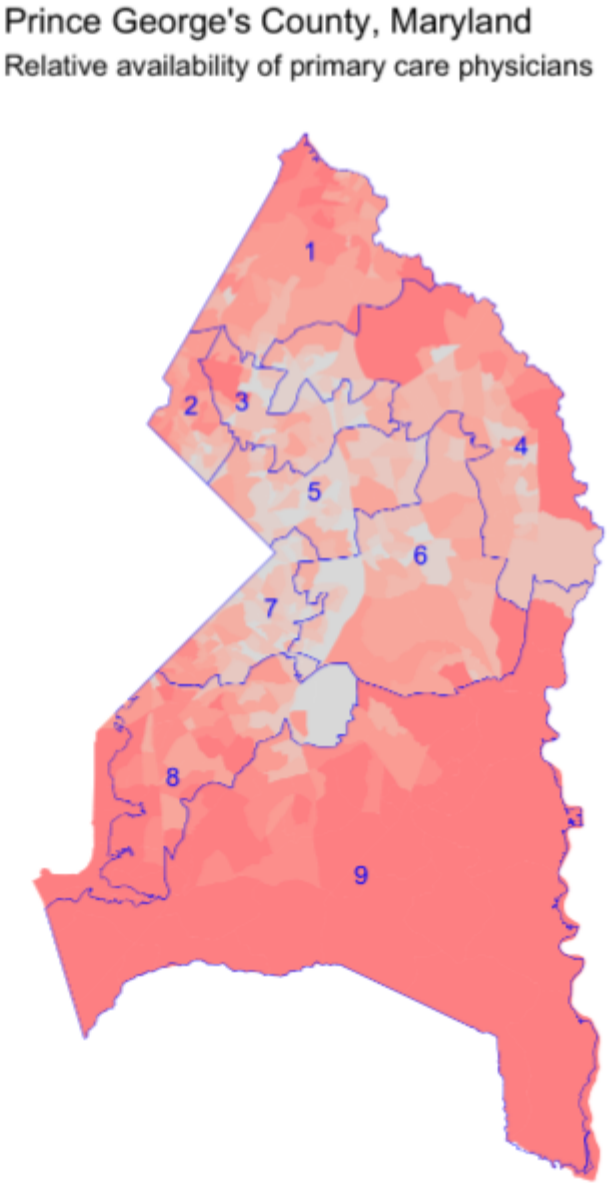
Primary care availability

For each block group, how many outpatient primary care physicians *within the county* are located within a 20-minute drive?

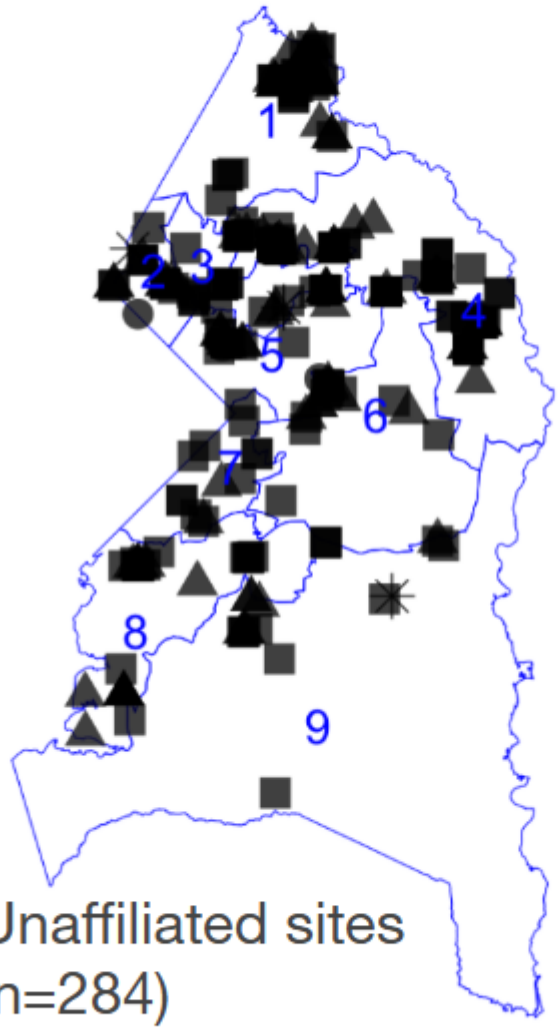
Ranked ratio: (Block Group Population / PGC PCPs)

Pink/Red: higher population to PCP ratio

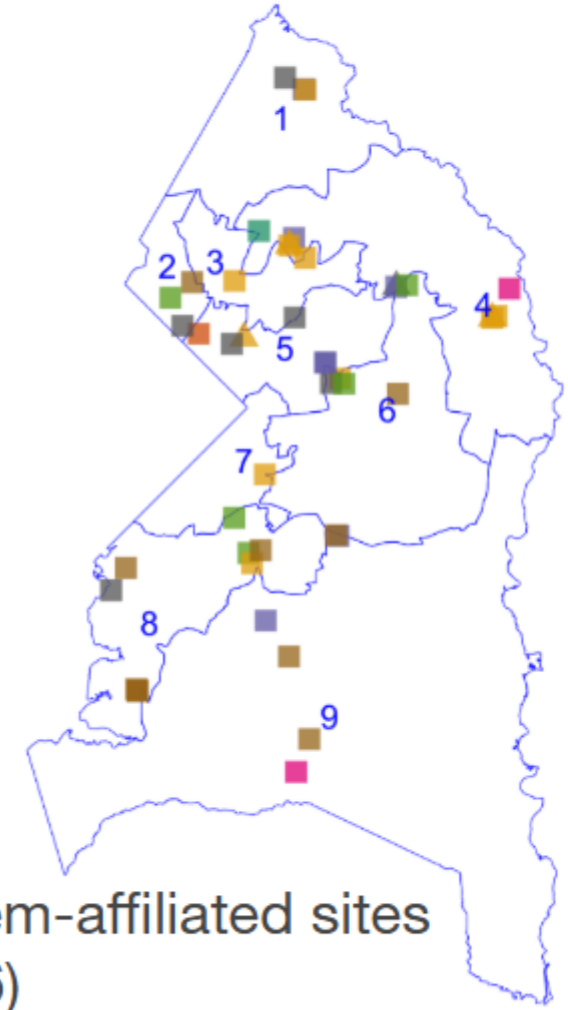
Generally less availability in District 9, southwestern District 8, and the eastern edge of District 4



Outpatient primary care sites & system affiliation



Unaffiliated sites
(n=284)



System-affiliated sites
(n=46)

Health System Affiliation

- Adventist Healthcare
- Ascension Health
- Childrens National Health System
- Johns Hopkins Health System
- Kaiser Permanente
- Luminis Health
- MedStar Health
- University of Maryland Medical System

Outpatient Site Type

- INDEPENDENT PHYSICIAN PRACTICE
- MEDICAL GROUP

Outpatient primary care sites & system affiliation

Unaffiliated: 284 outpatient sites

Luminis Health: 12 sites

MedStar Health: 10 sites

Children's National Health System: 8 sites

University of Maryland Medical System: 7 sites

Kaiser Permanente: 5 sites

Johns Hopkins Health System: 2 sites

Adventist Healthcare & Ascension Health: 1 site each

Summary

Primary care access is a function of insurance coverage, proximity to providers, and the availability of those providers. *Each factor requires different interventions*

The **uninsured population** is concentrated in District 3

- There are ~50,000 residents who may be eligible for free or subsidized insurance via Medicaid or the Maryland Health Benefits Exchange

Proximity to providers is generally quite good, except for the southeast corner of District 9

Availability of providers is relatively worse in southwest District 8, northeast District 4, and District 9

- It is very difficult to assess this in absolute terms (i.e., how much primary care supply is “enough”) based on population alone

Thank you!

nca@umd.edu

Acknowledgements

Sanjukta Bose, PhD
drive time calculations

Shuo Huang, PhD
GIS expertise, shapefiles

UMD Institute for Health Computing