Primary care: *quo vadis?*

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Key words
Primary care, health care systems, health care reform

"Across the globe doctors are miserable because they feel like hamsters on a treadmill. They must run faster just to stand still. In Britain they must see ever more patients, fill in more forms, and sit on more committees just to keep the NHS afloat. In the government sponsored, single payer system in Canada, the mandatory insurance systems in Japan or continental Europe, or the managed care systems in the United States, doctors feel that they have to see more patients to maintain their incomes. But systems that depend on everybody running faster are not sustainable. The answer must be to redesign health care." Ian Morrison, Richard Smith, BMJ 2000;321:1541-1542 (23 December)

What is primary care and what is unique about it?

Primary care is the provision of integrated, high-quality, accessible health care services by clinicians who are accountable for addressing a full range of personal health and health care needs, developing a sustained partnership with patients, practicing in the context of family and community, and working to minimize disparities across population sub-groups.

The core attributes of primary care include[1]:

- It serves as a point of first contact for the patient, playing a key role in access to care and in coordinating care for patients who use multiple providers or specialists;
- It is holistic and comprehensive, focusing on the whole person and taking into account his or her social context;
- Uncertainty is a common attribute of clinical decision making in primary care;
- Primary care practice is information intensive;
- Opportunities to promote health and prevent disease are intrinsic to primary care;
- A sustained personal relationship between patient and clinician is a key aspect of primary health care, emphasizing the importance of compassion, continuity, and communication between provider and patient.

Primary care has a critical role to play in each country's health system. It enhances links within the sector both vertically, between primary and secondary care and public health services, and horizontally, among the various health professionals (family doctors, pharmacists, nurses, physiotherapists, occupational therapists, speech language therapists etc) working at the primary level. It provides a platform for the care continuum and is critically important in managing chronic conditions, where successful health outcomes are influenced by continuity and personalized care. Lastly, it enables multisectoral responses to be made, by linking the health system with the social and education sectors.

There is good evidence that the strength of a country's primary care system is significantly associated with improved population health outcomes (as measured by indicators such as all-cause mortality rates), even after controlling for population health determinants at macro- and micro-levels (GDP per capita, physician/population ratio, per capita income, alcohol and tobacco consumption, etc.).[2] More specifically, the increased availability of primary care is associated with higher patient satisfaction, reduced aggregate spending on health care for a given outcome, better access and accessibility, and enhanced equity.[3] However, it is important to realize that the expansion of primary health care services may not always reduce costs because previously unmet needs are identified, access to services is improved, thus expanding service utilization.

Despite the evidence for primary care, resource allocation in most countries still favours hospitals and specialist care. This is partly due to perceptions about what primary care is, what it has to offer[4], and its development as a control function to reduce costs or access to secondary care[5,6], rather than its positive contribution to health gain. This explains the paradox of the attractiveness of primary care on empirical grounds and its lack of appeal to national policy-makers and healthcare professionals, who see it as a low-grade activity with little effect on mortality and serious morbidity and a predominant role in triage of access to hospitals.

The role of primary care should not be defined in isolation but in relation to the constituents of the health system. Primary and secondary care, generalist and specialist, all have important roles in the health system. They are not mutually exclusive, but rather necessary ingredients for any system. However, technological advances, improved education and training, broadening of the primary care team roles and membership, different demand patterns due to health transition, and changing social attitudes mean primary care has a greater role to play than before, and resource allocation needs to flow in its favour.

The Mediterranean Institute of Primary Care

The Mediterranean Institute of Primary Care (MIPC) is a newly formed non-governmental organization financed by a trust held with the Bank of Valletta aimed at supporting research and training within the domain of primary care in the Mediterranean region.

The aim of the research programme within the MIPC is to support, commission, coordinate and conduct policy-relevant research studies on primary care, and relevant clinical, preventive and public health policies, and on systems to improve the evidence-base that drives quality primary health care services, within the Mediterranean setting. The aim of the training programme within the MIPC is to provide educational opportunities for clinicians and trainees to maintain clinical skills and develop new skills in performing research and to support the development of primary care providers as creative and independent investigators in primary care research.

The MIPC welcomes members from all Mediterranean countries and from all the disciplines that form the primary care team. In addition to family doctors, members include pharmacists, nurses, physiotherapists among others. Enquires about membership should be directed to MIPCsecretariat@yesitmatters.com

Between 75% and 85% of people in a general population require only primary-care services within a period of a year. The remaining proportion requires referral to secondary care for short-term consultation (perhaps 10-12%) or to a tertiary care specialist for unusual problems (5-10%). In Malta, ninety-five percent of episodes of care start and end in the family doctor's office.[7] It is frustrating that many of the conditions resulting in preventable hospital admissions are ones which are easily managed in the community setting. For example, diabetes and cardiovascular disease, which account for a significant proportion of preventable hospital admissions, can be successfully treated by GPs and a primary care team.

The gate-keeping function

The first-contact feature of primary care implies that patients do not visit specialists without a recommendation from their primary-care practitioner.

Conference

Primary Care: Quo Vadis Conference

The Medical Association of Malta (MAM) and the newly-formed Mediterranean Institute of Primary Care (MIPC) jointly collaborated in organising an International Conference entitled "Primary Health Care - Quo Vadis?" on May 24, 2008. The highly successful Conference was supported by sponsorship from Bial and involved doctors in all specialties, as well as medical policymakers, regulators and educators in a discussion about primary care in Malta and in other countries, and the strengths, weaknesses and opportunities in various models of primary health care. The Conference was opened by the MAM president Dr. Martin Balzan and was well attended by general practitioners across the island as well as by high-level Government officials. Among the guest speakers were H.E. President Emeritus Prof. Guido de Marco, the Hon. Dr Joseph Cassar, Parliamentary Secretary for Health and Dr Denis Vella Baldacchino, Director of Primary Health Care. Other guest speakers included Prof Frank Dobbs, University of Ulster, and Prof Henk Lamberts and Dr Inge Okkes, formerly of the University of Amsterdam. Streaming of Hon. Dr. Joseph Cassar's speech can be found at www.mam.org. The Mediterranean Institute of Primary Care and the Medical Association of Malta plan to hold a second International Conference on primary care later this year.

In 2007, more than two-thirds of the 111,688 people attending the emergency department at Mater Dei went there without first consulting their family doctor.[8] Since specialists are much greater users of tests and procedures, and since all such interventions have a finite risk of iatrogenic complications (as well as a cost-inflating effect), the interposition of primary care is protective for patients in reducing both unnecessary procedures and adverse events. In many parts of the western world (particularly in the United States), the first-contact aspect of primary care is regarded as a threat to free choice and therefore incompatible with a market (competitive) approach to the delivery of health services. A reasonable compromise might be to ensure free choice of primary-care source where there is a sufficient supply of primary-care personnel to permit choice.[9]

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