STARFIELD SUMMIT
...where primary care research inspires policy and practice

Starfield Summit Issue Brief

DISCUSSION TOPIC

- **The Paradox of Primary Care**—Compared with specialty care or with systems dominated by specialty care, primary care is associated apparently poorer quality care for individual diseases, yet better quality, better health, greater equity, and lower cost for whole people and populations. Better health & equity @ lower cost = Value

Why This Is Important *(brief description)*:

- Efforts to improve care one disease at a time can fragment and depersonalize health care, leading to adverse health outcomes, inequity, waste, unsustainable costs, and a demoralized populace and health care workforce.
- Understanding the mechanisms by which primary care works to integrate, personalize and prioritize health care could reverse the declines caused by inadvertently devaluing what is most valuable about primary care.
- Supporting the primary care functions is essential to meeting the triple aim.

What We Think We Know *(bulleted evidence + seminal references)*:

- Systems based on primary care have better quality, better health, greater equity, and lower cost.
- The paradoxical benefits of primary care emerge from the *complex interaction* of:
  - First contact access to health care
  - A comprehensive, whole person approach
  - Integration of care across acute illness, multiple chronic diseases, prevention, mental health, & family
  - Coordination of narrowly-focused care across different settings
  - Relationships involving sustained partnership with the individual, family & community.
- Efforts to improve health of the whole (person, population), by focusing on the parts (diseases, reductionist metrics) can unintentionally make the whole worse.
- Metrics and payment that focus on the long-term, meaning and relationship, in environments that support reflection, development, and collaborative action, can advance health and minimize unintended consequences. But reductionist measurement, incentives and payment impede the primary care functions that provide much of its added value.

Donaldson MS, Yordy KD, Lohr KN, Vanselow NA, eds. Primary Care: America's Health in a New Era. Washington D.C.: National Academy Press; 1996. www.nap.edu/login.php?record_id=5152&page=http%3A%2F%2Fwww.nap.edu%2Fdownload.php%3Frecord_id%3D5152

Starfield B, Shi LY, Macinko J. Contribution of primary care to health systems and health. Milbank Q. 2005;83(3):457-502. www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/

Stange KC, Etz RS, Gullett H, et al. Metrics for assessing improvements in primary health care. Annu Rev Public Health. 2014;35:423-442. www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-032013-182438

Annals Series on a Science of Connectedness & the Practice of Generalism: www.annfammed.org/cgi/collection/editorial_series

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QUESTIONS FOR GROUP DISCUSSION *(PRECONFERENCE)*

Questions for Group Discussion *(add brief answers post-conference)*

- How do we understand the added value of primary care, beyond disease care?
- How can we support development of relationships, as well as delivery of commodities of care?
- How can we support the integrating, personalizing, prioritizing functions of primary care?

Ideas Worthy of Policymaker Attention *(lists ideas for policy preconference, refined ones post-conference)*

- A health care system without a way to integrate care at the levels of the whole person, family and community is doomed to unsustainable cost increases, growing dissatisfaction among both providers and receivers of care, rising inequity and other poor health outcomes.
- Well-supported primary care is what turns care rationing into personalized care, clunky protocols into healing relationships, and fragmentation into integration.
- Currently we measure and support only the lowest level of primary care. Misunderstanding and "carrot and sticking" primary care as only quick care of minor illness and chronic disease management is a major reason for the current system dysfunction.
- Higher levels of primary care that involve *integrating, personalizing, and prioritizing* can be supported, not by crude top-down protocols and incentives, but by providing *time and relevant information* to patients, primary care practices, and connected community and system partners.
- Support primary health care as a relationship, not as a commodity.

Important Unanswered Questions & Ideas Worthy of Research Community Attention

- What are the complex mechanisms by which primary care works?
- How can the higher order functions of integration, personalization, and prioritization of care be supported?
- How can information systems prioritize and present relevant disease information along with patient-reported information to empower patients and primary care to advance what is most helpful for people's health?
- How can we understand and support primary health care not only as a commodity, but as a relationship?
- What integrated systems can support both vertical and horizontal integration of care?