A Renaissance of Primary Care in the US

By Neal Vanselow

In an effort to control costs, enhance quality, and improve access to care, the health care delivery system in the United States has undergone dramatic change over the last two decades. Managed care has moved to the forefront. Health care institutions have merged and consolidated. And rather than paying for patient services each time they are used, many health care providers are paid a fixed amount per year to deliver care to patients.

In tandem with these changes in the organization and financing of health care, there has been a renaissance of interest in primary care. The "old" US health care system placed a strong emphasis on the delivery of high tech, hospital-based care for acute illness. Most of this care was provided by specialists and subspecialists. Primary care physicians were often viewed as "second-class citizens" and paid less than specialists. Medical students were advised to avoid careers in primary care, told paradoxically either that, "Primary care is so easy that anyone can do it," or "Primary care is so all-encompassing that no one can do it well." These attitudes have changed dramatically as the United States moves to a system that is based on primary care, with emphases on health promotion and disease prevention.

The Definition of Primary Care

A widely accepted definition of primary care is included in a 1996 report from the Institute of Medicine (IOM), a branch of the US National Academy of Sciences. Emphasizing the attributes of primary care rather than its setting or who provides it, the IOM defines primary care as "the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."

The word "integrated" in the IOM definition refers to care that is comprehensive, continuous, and coordinated. Good primary care is comprehensive because it addresses any health problem at any given stage of a patient's life cycle. It is continuous rather than episodic, and more than just the entry point to health care. Primary care clinicians provide a critical coordinating function by ensuring that their patients receive the proper combination of health services and information to meet their needs. Some of these services may be provided directly by the primary care clinician, while others are provided by referral to specialists and subspecialists.

The IOM definition also emphasizes the importance of developing a sustained partnership between the clinician and the patient--a partnership based on the presence of mutual trust and respect. Finally, it stresses that to provide quality care the primary care clinician must understand the patient's living conditions, family dynamics, cultural background and community. The IOM definition views primary care as a system of personal health care rather than public health services. But by stressing the need to be aware of community health issues such as epidemics, occupational hazards, and patterns of childhood injuries, it highlights the importance of close contact between primary care clinicians and public health professionals.

Why is Primary Care Important?

The value of a health care system with a strong primary care component can be assessed from two perspectives: the value to the individual patient and the value to the system as a whole. From the perspective of the patient, the comprehensiveness of primary care allows an individual to gain access to the delivery system without having to engage in self-diagnosis and decide what type of specialist or subspecialist to see. Dizziness and low back pain are examples of common presenting symptoms that could be caused by a variety of conditions requiring quite different approaches to care. In cases such as these, access to primary care

allows the patient to enter the delivery system, receive an initial evaluation and be directed to an appropriate source of additional diagnosis and treatment.

The coordinating function performed by primary care practitioners is particularly important for the elderly or those with multiple chronic diseases. These patients often require treatment from a number of different practitioners at multiple locations, leading to the possibility that what is recommended for one problem may have an adverse effect on another. Without a primary care clinician who is aware of the entire scope of the patient's problems and is able to act as a "symphony conductor" to coordinate the patient's total care, there is the possibility of miscommunication and potentially dangerous consequences.

By providing continuity of care over a long period of time, the primary care clinician is able to put a patient's current complaints into the context of his or her past history, family situation, and community environment. A physician who has followed a patient over time is better able to recognize subtleties in the history and physical findings and assess whether or not the current problem is serious. Continuity can also be used as a diagnostic tool, permitting the physician who will be seeing a patient over time to postpone expensive diagnostic tests until the problem becomes better defined. The provision of continuous care also provides the opportunity for prevention and counseling on unrelated problems.

The value of primary care to a delivery system has been studied via both prospective and retrospective studies, and by comparing countries with a strong primary care component with those that are more specialty-oriented. In summary, the primary care model is felt to be less expensive, in part because primary care clinicians tend to use fewer resources and are paid less than specialists. Other studies have shown that patients with access to primary care make fewer visits to emergency departments and have a lower rate of preventable hospitalization. Data from both the US and other countries also suggests that health systems oriented to primary care produce better outcomes (e.g. lower mortality rates) than specialty-oriented systems.

The US Primary Care Workforce

In contrast with countries such as Canada or the United Kingdom, in which primary care is delivered almost exclusively by general practitioners, there are multiple primary care providers in the United States. Family physicians, general internists, and general pediatricians constitute the major component of the US primary care physician workforce, but some primary care is also delivered by specialists who function as "principal physicians" for their patients. The term principal physician refers to a specialist or subspecialist who delivers general care in the course of treating a patient's principal health problem, which falls within the specialist's or subspecialist's domain of care. In addition, increasing amounts of primary care are provided by advanced practice nurses, most of whom have obtained a master's degree after completing their basic nursing education, and by physician assistants who have completed a two year "mini-medical school" course of study.

Until recently, it was generally accepted that there was a shortage of primary care physicians in the United States. Current thinking is that the primary care workforce is adequate in size. While only about one-third of US physicians are in primary care practice, the current supply falls within the lower part of the range of 60-80 primary care physician per 100,000 people recommended by the Council on Graduate Medical Education, an advisory body to the US Congress. The growth of managed care--which uses fewer primary care physicians per unit of population than the old fee-for-service system did--along with the rapid growth of advanced practice nursing and physician assistant training programs and renewed medical student interest in primary care careers all suggest that the US now has adequate primary care capacity.

A persistent problem involving the US primary care workforce has been the geographic maldistribution of physicians. Despite dramatic increases in the overall US physician supply

and numerous programs aimed at improving its distribution, there are still too few primary care and other physicians in rural areas and in low-income areas of the inner cities.

Some Lessons from the US Experience

Efforts to generalize from the primary care experience of any one country are made difficult by differences in health systems. For example, there is no universal access to health care in the US, unlike many other countries. Also, primary care physicians in the US provide both ambulatory and hospital care, whereas in some other nations primary care physicians see only ambulatory patients. Despite these differences, there are some lessons from the US experience that may be helpful to policymakers in the former Soviet Union and the countries of Central and Eastern Europe.

One important and recent development in the United States has been the delivery of primary care by interdisciplinary teams. These teams consist of physicians, advanced practice nurses and physician assistants. They may also include clinical pharmacists, nutritionists, physical therapists, and clinical psychologists. They represent groups of health professionals who work together on a regular basis, are aware of each other's strengths and limitations, and provide primary care to a fixed population of patients. Team delivery has the potential to enhance both the continuity and coordination of primary care.

The renaissance of primary care in the US has also made it abundantly clear that a solid primary care infrastructure is essential to good patient management. Important elements of this infrastructure include comprehensive information systems, clinical practice guidelines, patient education materials, and continuing education for the primary care providers.

Cooperation between a nation's system of primary care and its systems of public health, mental health, and long term care is also critical. Lack of communication and coordination of effort among these systems can lead to fragmentation of care, duplication of effort in some areas and lack of coverage in others.

Finally, one cannot overemphasize the importance of primary care research. Potential research topics include: traditional biomedical research on those problems commonly seen in a primary care practice; health services research aimed at improving the delivery system; and exploration of the links between physical and mental health. One lesson learned from the revival of primary care in the US is that primary care is no different from specialty care--it can be improved using scientific methods.

Primary care will continue to be an important force in shaping health care systems into the next century. It will serve as an entry point and an anchor in the health care system for patients and as the foundation of the health care workforce.

Selected References

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