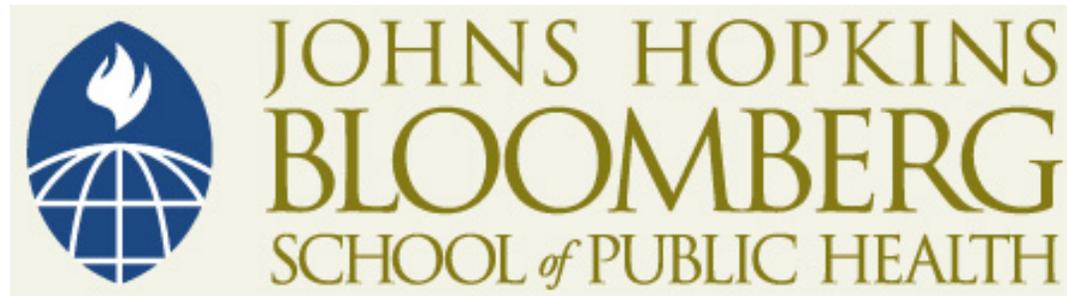


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Introduction

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Strictly speaking, this set of annotated powerpoint slides represents the third edition of the book *Primary Care*. The first edition was published by Oxford University Press in 1992 and was subtitled *Concept, Evaluation, and Policy*. Although there was already recognition of the importance of primary care, manifested by the World Health Organization's Alma Ata Declaration of 1978, the definitions provided by that declaration were too general to be a guide to designing primary care-oriented health systems. For the first time, this first edition provided a practical way to convert the values and principles into practice, by presenting a theoretical framework within which the components could be specified in a way that made them measurable. It was the first book ever to deal systematically with the theoretical framework for primary care, its components, and accomplishments in practice.

Within a short five years, so much had been learned from research in primary care that a new edition was warranted. Subtitled *Balancing Health Needs, Services, and Technology*, it re-reviewed the nature of primary care within health systems in the light of growing interest in the subject throughout the world.

This “second edition” updated existing knowledge about primary care and included an updated assessment of the state of primary care in thirteen industrialized countries.

Now, more than ten years later, it is time to update once again. However, this powerpoint book does not replace the early primary care book. Readers who have not previously read at least the 1998 version will benefit from doing so, as it reviewed the literature on various aspects of primary care. This new book makes no attempt to review the accumulated literature – or even that published in the past ten years – because it is too extensive to be practical.

In the past 5-10 years, there have been several reports, monographs, and major international reviews on the benefits of primary care to health systems. Notable among these are:

1. World Health Organization. The World Health Report 2008: Primary Health Care – Now More than Ever. Geneva, Switzerland: World Health Organization, 2008.
2. Pan American Health Organization, Macinko J, Montenegro H, Nebot C. Renewing Primary Health Care in the Americas: A Position Paper of the Pan American Health Organization/World Health Organization (PAHO/WHO). Washington, DC: Pan American Health Organization, 2007.
3. Saltman RB, Rico A, Boerma WGW. Primary Care in the Driver's Seat? Organizational Reform in European Primary Care. Maidenhead, UK: Open University Press, 2006.
4. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q* 2005;83:457-502.
5. Starfield B. Primary care. In: *Encyclopedia of Health Services Research*. Thousand Oaks, CA: Sage Publishing, 2009:953-958.

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Reports (continued)

6. Ettelt S, Nolte E, Mays N, Thomson S, McKee M, International Healthcare Comparisons Network. Health Care Outside Hospital: Accessing Generalist and Specialist Care in Eight Countries. Copenhagen, Denmark: World Health Organization on behalf of the European Observatory on Health Systems and Policies, 2006.
7. Atun R. What Are the Advantages and Disadvantages of Restructuring a Health Care System to Be More Focused on Primary Care Services? London, UK: Health Evidence Network, 2004.
8. Gilson L, Doherty J, Loewenson R, Francis V. Challenging Inequity through Health Systems. Final Report, Knowledge Network on Health Systems, June 2007. WHO Commission on the Social Determinants of Health (http://www.who.int/social_determinants/resources/csdh_media/hskn_final_2007_en.pdf; accessed March 17, 2009). Johannesburg, South Africa: Centre for Health Policy, EQUINET, London School of Hygiene and Tropical Medicine, 2007.

and several relatively comprehensive journal articles including

9. Macinko J, Starfield B, Erinosh T. The impact of primary health care on population health in low- and middle-income countries. *J Ambul Care Manage* 2009;32:150-71.
10. Kringos DS, Boerma WG, Hutchinson A, van der Zee J, Groenewegen PP. The breadth of primary care: a systematic literature review of its core dimensions. *BMC Health Serv Res* 2010;10:65.
11. Friedberg MW, Hussey PS, Schneider EC. Primary care: a critical review of the evidence on quality and costs of health care. *Health Aff* 2010;29:766-72.
12. Rosenthal TC. The medical home: growing evidence to support a new approach to primary care. *J Am Board Fam Med* 2008;21:427-40.
13. Kruk ME, Porignon D, Rockers PC, Van Lerberghe W. The contribution of primary care to health and health systems in low- and middle-income countries: a critical review of major primary care initiatives. *Soc Sci Med* 2010;70:904-11.

After this Introduction, this book is organized into two parts.

Part 1 contains chapters, each constituting an invited lecture of about 45 minutes, generally for an international audience, over the 5 years since the publication of the *Milbank Quarterly* article (2005). Eleven of the chapters constitute a course on Primary Care in Cape Town (South Africa) in 2007 and in Barcelona (Spain) in 2009.

The second part contains chapters on particular aspects of primary care; they are of no pre-defined length, and the contents are continually in flux as a result of the need to add updated information.

They are intended to be among the most instructive evidence on the subjects related to primary (health) care but by no means are they a definitive review of knowledge on the topic.

Many new issues in the organization and delivery of Primary (Health) Care have arisen as a result of increased world attention to revising health services systems around a core of primary care services. What has not changed is the concept of primary care services; if anything, the characteristics of such services have received more widespread acceptance, and there are now ways to measure their attainment.

The major change has been the increasing recognition that primary care services exist within and depend upon a wider context of Primary Health Care. That is, the organization and delivery of primary care services depends on POLICIES existing on the level of SYSTEMS, and certain of these policies are essential for the development and improvement of primary care services.

Increasing recognition of the importance of primary care has engendered a host of suggested “improvements” in its organization and delivery. Many of these “improvements” constitute an attempt to capture control by groups with vested interests in marketing their products. Most of these “improvements” have been justified by appealing to the lure of technological innovation (e.g., electronic records) or by the interests of various professional groups in being considered an integral part of the primary care “team”. It is important to realize that few of such “innovations” have been demonstrated to contribute to the essential elements of primary care: first contact access and use, person- (not disease-) focused care OVER TIME (rather than just in visits), comprehensiveness in terms of including all conditions except those too uncommon to maintain competence, and coordination of services whenever they must be provided elsewhere.

In the discussion of innovations, much of the evidence derives from the United States because of the serious challenges to the health system of that country (with its extraordinary market orientation). Because of the tendency of other countries to look to the US for lessons, much of the experiences there will be of interest. However, an attempt is made to draw from experiences in other countries as well, particularly when they offer alternatives to the approaches in the US.

A few observations will set the tone for this book.

1. Some observers* have concluded that the case for primary care is lost because the road towards disease, specialty, and technology oriented care has already gone too far in the directions of increasing market orientation, patient beliefs in technology, “robotization” of medical care, disappearance of the physical exam, unattractiveness of primary care to physicians, and on-line availability of information.

Although I agree with these reflections on the state of “modern” health systems, I believe that the evidence on the importance of primary care will eventually be persuasive as it becomes more and more obvious that the rate of improvement in health in the wealthiest countries is slowing and the rate of adverse events from current level of interventions is rising.

*For example: McKinlay J, Marceau L. When there is no doctor: reasons for the disappearance of primary care physicians in the US during the early 21st century. Soc Sci Med 2008;67:1481-91

2. There are some serious challenges to the concept of illness in the 21st century. A new paradigm may be needed.

- There are no single “causes” for diseases. All “causes” are “contributors” or “influences”.
- The concepts of penetrance, etiologic heterogeneity, and pleiotropism need better recognition in understanding the basis for disease interactions and “multimorbidity”.
- Not all health services are beneficial or justifiable. Some cause harm.
- Diseases are not the only (and perhaps not even the most important) measure of the health of populations.

3. Health care needs are changing so fast as to call into question the approach to health systems that served well in the 20th century.
- New challenges require new strategies. There is a strong empirical base for many of these strategies, but vested interest groups resist change.
 - Countries ignoring the new challenges are at risk of falling behind in achieving effectiveness, economy, and equity in their health systems.

Strategy for Change in Health Systems

- Achieving primary care
- Avoiding an excess supply of specialists
- Achieving equity in health
- Addressing co- and multimorbidity
- Responding to patients' problems: using ICPC for documenting and follow-up
- Coordinating care
- Avoiding adverse effects
- Adapting payment mechanisms
- Developing information systems that serve care functions as well as clinical information
- Primary care-public health link: role of primary care in disease prevention

In conclusion, this powerpoint book focuses on the contribution of Primary (Health) Care in the world in the context of other and important influences on ill health, including the role of unequal power relationships within and across countries that so heavily control the policies that make primary care services possible and that perpetuate inequalities in health, both those resulting from social forces and those imposed by inadequate health systems.

One technical note:

Each slide has a unique number on the lower right hand side. An “n” following that number indicates that there is a “notes” page, which explains or clarifies the material on the slide.

Where the material on the slide is derived from a publication, that publication is cited on the lower left.