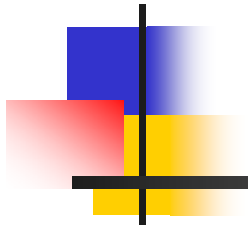


Primary Care



Chapter 13



Objectives

- Define primary care
- Discuss who provides primary care
- Address how patients access and utilize primary care.



Defining Primary Care

- Primary care is usually the patient's first contact with the treatment system.



Defining Primary Care

Roemer's model of a health services system defines primary care as the entry point into the health services system wherein:

- A diagnosis of illness or disease may be made and initial treatment provided
- Episodic care for common, non-chronic illnesses and injuries is rendered



Defining Primary Care

- Prescription drugs to treat common illnesses or injuries are provided;
- Routine dental care – examinations, cleaning, repair of dental cavities – occurs; and
- Potentially serious physical or mental health conditions that require prompt referral for secondary or tertiary care are diagnosed.



Defining Primary Care

- The Institute of Medicine (IOM), which established its first conference on primary care in 1978, convened a Committee on the Future of Primary Care in the early 1990s to re-examine their initial definition.



Defining Primary Care

- Primary care is 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 (IOM 1995).



Primary Care Providers

- The IOM definition of primary care emphasizes the provision of care by clinicians.
- The first category of clinicians that comes to mind is generally physicians.
- Nearly 23 percent of ambulatory visits to physicians' office are made to general practitioners or family practitioners.



Primary Care Providers

- Physician assistants, nurse practitioners, nurse midwives, nurses, and other categories of providers are also considered clinicians.
- The definition of primary care provider may be expanded to also include physical and speech therapists mental health providers, diagnostic and therapeutic laboratory staff, podiatrists, optometrists, home health aides, respiratory therapists, and social workers.



Access to and Utilization of Primary Care

- Because primary care is the entry level to diagnosis and treatment of illness, injury, and disease in a comprehensive health services system, it would seem logical that all members of the society would have unobstructed access to the system.
- The Community and Migrant Health Center program, provided comprehensive primary health services to more than 7 million people through 1,615 delivery sites in medically underserved areas in 1994 (USGAO 1995).



Access to Services of Primary Care Providers

- One measure of access to primary care is the average number of visits to physicians and other primary care providers, including hospital outpatient and emergency departments, per person per year.
 - Figure 13.3 shows that the average number of physician visits per person per year dropped from a high of 6 visits in 1993 to 3.3 in 1995, and then increased slightly to 3.5 in 1999.



Access to Services of Primary Care Providers

- Contacts to a primary care provider are associated with perceived and/or diagnosed health status, age, gender, race and ethnicity, and income.
 - The proportion of the population that had a dental visit in 2000 is also shown in Figure 13.5.



Access to Services of Primary Care Providers

- A higher proportion of females than males typically visits a dentist in a year across all age categories.
 - Figure 13.6 shows the number of physician visits per year by race and by age.
 - Whites have fewer physician visits per year than blacks do in three of the older age categories (45 to 54, 55 to 64, and 65 to 74 years).



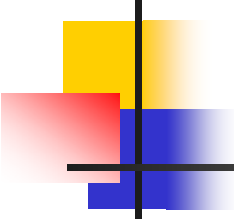
Access to Services of Primary Care Providers

- The proportion of whites, blacks, and Hispanics who saw a dentist in 2000 is shown in Figure 13.7; a considerably higher proportion of whites than other groups had a dental visit across all age categories.
 - The relationship between income and the number of primary care provider contacts is seen in Figure 13.8.



Access to Services of Primary Care Providers

- A substantially lower proportion of persons in the non-poor category did not have a primary care visit in 2000.
- Non-poor people had higher proportions of visits in both the 1 to 3 and the 4 to 9 visits per year categories, indicating that they had fewer problems with financial access.



Primary Care Issues in the U.S. Health Services System

- The U.S. health services system faces several major policy issues related to primary care: access to care, the availability of primary care providers, and reimbursement for primary care providers.



Access to Primary Care

- Primary care, as the entry into the treatment system, is important for dealing with routine illnesses and injuries but also for diagnosing and initiating therapy for more severe illnesses and disease.



Availability of Primary Care Providers

- Access to primary care depends, in part, on the type and number of primary care providers available to serve a population.
- Primary care and other generalist physicians constitute only about one-third of the U.S. physician work force, an inverse ratio to that of health services systems in other industrialized countries.

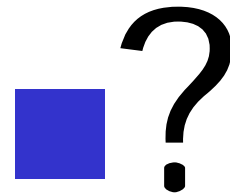


Reimbursement for Primary Care Physicians

- The provision of primary care services has traditionally been reimbursed at lower rates than more intensive levels of services, and primary care and generalist physicians have generally had lower incomes than their specialist counterparts.



Questions





Reference

- Barton, P.L. (2007). *Understanding the U. S. Health Service Systems*, Third Edition; Phoebe Lindsey Health Administration Press.