POLICY
PRESCRIPTIONS

HEALTH BENEFIT OF PRIMARY CARE

A study from 2007 quantifies the health benefits that primary care provides. For every extra primary care physician added over 4 lives can be saved.

In the 1940s and 1950s more than 50 percent of all physicians in the United States practiced primary care. By 1975, less than 35 percent were in primary care. The question remains as to whether increasing the number of primary care physicians (PCPs) would improve health outcomes. Previous studies have shown that countries with well-developed primary care systems have lower overall health system costs, better health outcomes, and higher levels of satisfaction than countries without robust primary care systems. The purpose of this article was to summarize existing studies of the likely effect of PCP supply on a variety of health outcomes in the United States.

Primary care was measured as a continuous measure of number of PCPs per 10,000 population, or PCPs/10,000, divided into quartiles of increasing PCP density.

For every health outcome, the PCP/10,000 measure was found to be associated with improved outcomes. For state-level all-cause mortality, an increase in primary care supply was predicted to reduce mortality by 41-85 per 10,000 population. One additional primary care physician per 10,000 population is estimated to result in a fourfold greater reduction in mortality for black populations than for white populations. Health improvements for black

Kameron Matthews, MD, Esq.

has contributed to Policy Prescriptions since 2008. She completed her undergraduate degree at Duke University in Public Policy Studies. Dr. Matthews earned her medical degree from Johns Hopkins University. During medical school, Dr. Matthews also obtained a law degree at the University of Chicago. She is completing a residency in Family Medicine at the University of Illinois at Chicago and serves as Chief Resident in 2009-2010.

POLICY PRESCRIPTIONS

populations (on both the state and county levels) were higher than those for white populations. On the state level, an increase in primary care physician supply was associated with moderate decreases in low birth weight, infant mortality, and stroke mortality rates. At the county level, primary care supply was associated with moderate reductions in heart disease and cancer mortality. Self-rated excellent or good health would be expected to improve between 2 to 3 percent overall.

The authors recognized the important policy impact of these findings. At the national level, a one unit increase in PCP supply (one PCP/10,000) would result in a 5.31 percent reduction in all-cause mortality in 2000; one additional PCP/10,000 could avert 127, 617 deaths. These results suggest that considerable health gains could be obtained by creating incentives to train more physicians in primary care. These results are also limited because they do not include the impact of PCP supply on morbidity and quality of life, nor do they reflect the influence of PCP supply on the efficiency of the health system as a whole regarding prevention, lower hospitalization rates, decreased emergency room use, and increased patient compliance with medical treatments.

Key Points

- Every extra PCP saves over 4 lives
- Primary care reduces mortality
- Minorities will reap great benefits from better primary care

Int J Health Services. 2007; 37 (1): 111-126.

Commentary

This study provides positive insight into the future our health care system might experience should we continue to include the primary care model in our discussions and implementation of health care reform. This model addresses not only improved health outcomes for all but also the reduction of health care disparities between Blacks and Whites.

Our country prides itself on the advances of academic medicine which have placed our research and technological advances far above that of other nations. However, such advances are unfortunately gained through the diminishment of resources for a large segment of our society. By increasing the PCP supply even by a small margin, we might make measurable change in health outcomes, while not sacrificing the personnel needs of academic research.

The majority of our medical schools are housed within major academic centers, which stress research as its foundation, source of income, and focus of prestige. However the majority of patients throughout the nation are not seen within these academic medical centers, treated by physicians affiliated with these medical centers, or may not even have geographical or financial access to the resources of these medical centers. Yet the connection is not made as to why we do not have more medical students moving outside of this training realm for their eventual clinical practice. In order to make a workforce supply shift in our health care system, we must make changes within the current model of academic medicine. Primary care must be prioritized in medical school for the benefits of the above mentioned results to come to fruition.

Disclosure: Dr. Matthews is a primary care physician. She believes in the philosophy of the patient-centered primary care model in which prevention and the patient-physician relationship are prioritized.