

Effective, Essential, and Evidence-based: The Value of General Practice

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This document outlines a summary of key points from the research on the value of primary care. References are given as exemplars; there are many further studies that also support the information below.

Key Messages

- Primary care is the cornerstone of an effective health system
- Evidence supports the following mechanisms for the positive effects of General Practice: access, continuity of care, person-focussed care, and comprehensive care
- Primary care reduces health inequity
- Investing in primary care is crucial, it supports:
 - Better health outcomes for individuals and populations.
 - Reduces costs and inefficiencies in the healthcare system.
 - Leads to more sustainable, equitable care for all.

Primary care is the cornerstone of an effective health system

Primary care improves overall population health, reduces health inequities in distribution of care and health outcomes, and increases life expectancy. There is no similar evidence for other aspects of health system.

Most healthcare is delivered in primary care

- Canadian data show that 71% of healthcare contacts occur in general practice, compared to 29% in specialist / hospital care [1]
- NZ data show 94% patients use the GP as their first port of call for health advice or support, with 14 million consultations per year occurring in general practice [2]
- 3.277 million NZers have visited their GP in the previous year (76% of adults) [3]

General Practice is the most complex of all medical disciplines

Just a GP? A study in 2015 analysed 14 medical specialities by complexity. They looked at data for just over 878 million patient visits on things such as symptoms, diagnoses, diagnostic procedures, and treatments provided. Measures of input, output and total encounter complexity and hourly complexity densities were computed, and found Family Medicine (= general practice) came second only to internal medicine, but when considered by duration-per-visit, (i.e. the time available to deal with these complexities) Family Medicine (= general practice) is the most complex overall. [4]

General practice: [5-15]

- **Reduces** all-cause mortality, including deaths from heart disease, cancer, and stroke.
- **Reduces** infant mortality.
- **Improves** self-rated health.

The effects persist in these studies after controlling for sociodemographic measures and lifestyle factors e.g. % older adults, urban, ethnicity; education; income; unemployment; pollution, obesity, smoking

The more primary care providers available, the better the outcomes (dose-response) [9-17]

- This effect is consistent globally, regardless of how “more” is measured

Clear evidence supports mechanisms for these positive effects

Access, continuity of care, comprehensive care and person-focussed care all support best patient care. Primary care supports reductions in health inequity.

1. Access. [17-20]

Access to health care has many complex influences however there is evidence on the impact primary care can have. If the **supply of GPs is increased** by 10 per 100,000 population, then less people would die each year from cancer, heart, or respiratory disease. [17]

- The more GPs there are, the greater the effect.
- The effect is independent of specialist supply.

Follow up by GPs for “ambulatory sensitive conditions” reduces hospital admissions compared to secondary care follow up. [19, 21-23]

- The effect is seen across different kinds of conditions.
- It is not because specialists see a different patient mix (effect persisted after adjustment for sociodemographic characteristics, season, chronic disease and its severity, comorbid conditions, and health status characteristics)

This is confirmed by evidence from a patient perspective: [21, 22, 24]

- When patients feel they have better access to primary care there are fewer hospital admissions.

However, access is a nuanced concept, as one recent UK study showed: [24]

- Patients are more satisfied and their needs more likely to be met when the proportion of face-to-face appointments vs. virtual is higher.
- Patient satisfaction is lower when practices have a greater proportion of same-day appointments.

2. Continuity of Care (relational continuity) [25-29]

- Continuity of care with GPs results in:
 - Lower mortality rates
 - Better health outcomes
 - Fewer hospital and emergency department visits and lower healthcare costs
- Being enrolled with the same GP for 12+ years (compared to <1yr) this reduces risks of
 - Death **25%**
 - Hospital admission **28%**.
 - Out of hours care **30%** [28]
- These benefits continue to hold true with availability of access to virtual care through episodic (online “walk in”) providers as well as by continuity providers [25-29]
- **2023 Canadian Study:** Virtual “walk-in” patients with a non-continuity provider were twice as likely to subsequently visit the ER in the 30 days following and more likely to need a follow up GP appointment (30% vs. 22%) compared to those who had a virtual visit with their regular GP. [30]

Continuity improves appropriateness of care (quality): [31-34]

- **less undesirable care** (unnecessary or conflicting tests treatments or investigations)
- **more desirable care** (recognition of chronic disease, care of particular conditions such as diabetes, prevention, appropriate prescriptions and tests, better adherence to treatments.
- Continuity improves trust among groups facing deprivation and disproportionate ill health.

Please note: This evidence supports relational continuity of **care**. This is not the same as **informational** continuity (record sharing), for which similar evidence does not exist.

3. Person-Focused Care

Person-focused care integrates of the knowledge of the persons values preferences and priorities into their care **over time**. It includes but extends beyond shared decision making, organising care and services around the person's needs, preferences and individual experience of illness and treatments.

Person focused care improves quality of life, treatment adherence, satisfaction, trust: [35-38]

- Effect can be seen in condition specific outcomes, for example, diabetes - two studies [39, 40] showed **empathy** from GPs in consultations resulted in

- lower death rate over the subsequent 10 years
- reduction in serious complications of diabetes

4. Comprehensive Care

Comprehensive generalist care is what distinguishes General Practice from other disciplines. Comprehensive care meets the majority (90% of care types) of each patient's physical and mental health care needs without referral. It refers to the breadth and complexity of care and the integrating function of General Practice across multiple conditions.

Comprehensive care reduces disparities, reduces inequity in outcomes, and improves preventive care [7, 23, 41-51]

- Comprehensive care integrates care focused on diseases into a whole-person approach.
- In contrast **fragmented, linear care** (i.e. treating a patient as though they are a collection of their single conditions in isolation and treating each one separately) **is both unsafe and unsustainable.**
 - **Unsafe:** there are numerous possibilities for adverse interactions between diseases and drugs if treatment is carried out in this way: A person with 5 chronic conditions receiving treatment adherent to guidelines would end up with 16 different possibilities for harm [52-56]
 - **Unsustainable:** One study showed it would take **more than 24 hours a day to provide all guidelines recommended care in GP patients.** [57, 58]

5. Equity

Health equity, like access to care, has many complex influences however there is evidence on the contribution clinical care can make. **Primary care is the most effective aspect of clinical care for reducing health inequities.** [13-15, 59-62]

- Greatest impact on disadvantaged populations.
- This effect seen globally including for example Spain, Brazil, North America.
- Benefits seen in quality of care, reduced mortality, and hospital admissions.

Equal care can disadvantage the already disadvantaged, but primary care reduces this effect: access, person-focused care, and the comprehensiveness of primary care particularly benefits disadvantaged groups, reducing inequity.

Summary: Investing in primary care is crucial

- Better health outcomes for individuals and populations.
- Reduces costs and inefficiencies in the healthcare system.
- Leads to more sustainable, equitable care for all.

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