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Landmark BC study shows value of good primary care to health care system

Promoting greater attachment to family doctors could save millions of health care dollars

People with chronic diseases who are regularly served by the same full-service family practice cost the health care system significantly less money than those patients not closely attached to a family doctor, a landmark study in British Columbia has found.

Most of the savings result from patients not needing to be admitted to hospital or not needing to be seen so often by specialists, the study found.

The study, conducted by Victoria-based Hollander Analytical Services Ltd., examined usage data from more than 98,000 high-needs patients in B.C. in 2007-08. The study focused on two common chronic diseases, diabetes and congestive heart failure (CHF).

“Our study found that the more patients go to the same family practice, the lower the overall annual costs are to the health care system,” said Marcus Hollander, the study’s chief author. “It appears that as little as a 5% increase in attachment to a family, or primary care, practice, for high care needs diabetes and CHF patients, could result in savings of some \$85 million annually in BC alone.”

The study, which is now available on the web, is reported in the fall issue of *Healthcare Quarterly*, a leading Canadian health care journal covering health care policy, administration and practice. While other studies have shown there is a direct correlation between better health outcomes and regular service by full-service family physicians, Hollander’s study is the most detailed examination yet of the impact family physicians have on direct health care costs. And the impact is considerable.

The study found that the average annual hospital costs for high-needs diabetes patients who were not attached to family practices were almost \$17,000 annually. That compares, on average, to just \$5,900 for similar patients attached to a family practice. The highest needs patients with CHF cost the overall health system almost \$30,000 if they were not attached to a family doctor, but just \$12,000 if they were. “The difference in costs can be attributed in large part to the fact that patients without family doctors spend more days in hospital which greatly adds to the cost of the health care they receive,” Hollander said.

Hollander noted that other studies have found that “continuity of care”, particularly the personal relationship that develops between a patient and a family doctor, tends to keep patients healthier and out of hospital. This relationship is not forged in walk-in clinics, in emergency departments or through specialist visits.

A number of international studies have shown the stronger the system of primary care in a region, state, or country, the better the population’s health outcomes. “We know that good primary care is better for the patient’s health but now we know that it is better use of our health care dollars too,” said Dr. William Cavers, a Victoria-based family physician and the co-chair of the committee that commissioned the research.

Hollander’s study is also being hailed by US physician and academic Dr. Barbara Starfield, one of the world’s leading experts on the link between family physicians and better health outcomes. “Although it might be hypothesized that the sickest individuals would benefit the most from frequent visits to specialists, this is not the case,” said Starfield. “Policy makers must realize that it is ongoing primary care, not specialist care, that has the most to offer in the care of ill individuals regardless of their age,” Starfield said.

In fact, Hollander's study found that attachment to a family practice was the best predictor of the patient's overall health care costs and was more related to costs than other variables such as age.

The paper is being hailed by doctors in Canada and BC because at the present time, a shortage of family physicians poses a serious challenge to health care systems in Canada and the US. "This paper presents compelling evidence of the cost-effectiveness of comprehensive primary medical care for higher needs patients," said Dr. Anne Doig, president of the Canadian Medical Association. "It is remarkable for the rigour and robustness of the analysis. This landmark study should stimulate the drive to ensure that every Canadian has a primary care physician. "

"This study shows that a well designed, collaboratively developed program between physicians and government that has been effectively implemented will work in an area otherwise fraught with setbacks," said Dr. Brian Brodie, president of the BC Medical Association. "In the past, many different programs and models have attempted to renew primary care – all with little results.

These are results from a program designed for all family practitioners that provides better care to patients and saves the system money. This is the kind of program that makes being a family doctor a rewarding career choice because one can see the benefits every day."

Since 2002, in an unprecedented collaboration, the BC Ministry of Health and the BC Medical Association agreed to support family physicians in the province. The resulting General Practices Services Committee (GPSC) has the mandate to "find solutions to support and sustain full service family practice," said Cavers. Some of the GPSC actions include: incentive payments that compensate doctors for the extra time, care and effort good full-service family practice entails; physician recruitment initiatives; funding for training modules for family physicians; and other financial and practical supports.

The Hollander study was an evaluation project of the GPSC to examine the basic question of whether or not full-service family practice was a wise investment of funds in British Columbia. "Our study would suggest that the more we support family doctors to provide good primary care to their patients, the lower the costs to the health care system overall," said Hollander. Copies of the full paper are available for free download at:

<http://www.longwoods.com/product.php?productid=21050>

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