

**Landmark study shows good primary care can reduce health costs**

*The more high-needs patients are attached to a family doctor the lower the hospital cost*

People with serious illnesses who have regular access to the same family doctor end up having fewer health crises and cost the health care system significantly less money, a landmark Canadian study has found. "Our study focused on diabetes and congestive heart failure patients. We 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.

The study was hailed by Dr. Barbara Starfield, Distinguished Professor at John Hopkins University's School of Public Health, in Baltimore, one of the world's leading experts on the link between family physicians and better health outcomes. "This report of the benefits of primary care, particularly with regard to continuity of care within practices, is an important contribution to our current healthcare policy debates," 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. The debate over health care reform in the United States needs to include a vision of strong primary care services as the bedrock of any health care system."

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.

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.

Copies of the full paper are available for free download at:

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

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