STARFIELD SUMMIT

Starfield III Conference Brief

What Matters in Primary Care: Back to Basics

Why This Matters

To measure something properly requires shared understanding and agreement about what the "something" is. Meaningful measures, able to assess and guide improvement, must connect to the nature of the "something" and how it works.

What We Know

- 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."[1]
- Primary care is a function, not a discipline, specialty, or service line. What matters most to primary care are the goals and functional status of every patient. It is vital to all people of any age, background, and socioeconomic circumstance.[2]
- Primary care depends on generalists and the way they think and work.[3] By definition, all health and healthcare problems that beset people exist in primary care, even if all are not resolved there. Primary care is not a selective compilation of diagnoses nor a selective list of professions and disciplines. It is neither so easy anyone can do it nor so hard no one can do it. Primary care is a coherent way of being, knowing, perceiving, thinking, and doing that matters greatly to people and healthcare systems.[3,4] No matter what happens to technology, politics, economics, and medicine, the human need for a clinician who can put it all together will survive.[5]
- Primary care accomplishes its desirable results by providing a place to which people can bring a wide range of health problems as they wish. It guides patients through health care systems and facilitates ongoing relationships between patients and clinicians within which patients participate in decision making about their health and health care. Those relationships open opportunities for disease prevention, health promotion, and early detection of disease. They help to build bridges among personal health care, patients' families and communities, and public health, to the advantage of all.[1]
- Crucial features of primary care include 1) comprehensiveness (addresses most of the problems most people have most of the time), 2) continuity (over time and places), 3) coordination (an antidote to confusion, fragmented care, and waste), and 4) access and availability for first contact (where a person starts in most instances for help with a health problem).[1]
- Primary care is both complicated and complex. 1) It is grounded in biomedical and social sciences. 2) It often requires clinical decisions negotiated within large spaces of irreducible ambiguity and in many cases, preceding potential diagnoses. 3) At its core are sustained, personal relationships between patients, families, communities, and clinicians. 4) It does not consider mental health separately from physical health. 5) It is information intensive – possibly medicine's biggest information challenge. 6) It reduces undesired variability in healthcare services while assuring desired variation to personalize and customize care in the context of family and community.[1]
- Primary care is intolerant of losing sight of the whole person. Primary care clinicians understand people are simultaneously parts and wholes, nested in a hierarchy of interacting (bidirectionally) systems ranging from atoms, cells and organs to individuals and on into families, communities and societies.[6]
- In contrast to working in a world of rational choices, primary care clinicians work in an unbounded, non-linear and unpredictable world where anything that happens to a person with a concern or problem can matter.[7,8]

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- Primary care clinicians must see and hear each patient in the fullness of his or her humanity in order to minimize fear, to locate hope, to explain symptoms and diagnoses in language that makes sense to the particular patient, to witness courage and endurance, and to accompany suffering.[9]
- Primary care clinicians require a quality Aristotle called phronesis, i.e. practical wisdom: the ability to apply general rules to particular situations,[8,10,11] while allowing themselves to emotionally connect with the stories and plights of their patients.[12]

What Needs to Change

- Instead of measuring pieces of things that exist in primary care and matter to someone, measure some essential things that yield the desirable outcomes of primary care and that matter to all primary care clinicians and their patients.
- Replace more and more measurement with parsimonious measurement that refocuses primary care on its purpose and points toward improved performance and value.

How This Informs Starfield III

- An agreed, accepted, and shared understanding of primary care is foundational to identifying and advocating for proper measures of primary care.
- The key elements and attributes of primary care must be the focus of the measurement of primary care if they are to be acceptable and adopted widely.
- Clarity of what matters in primary care can help conference participants make the necessary choices to inform and achieve parsimony of measures while avoiding wasted effort, identifying measure gaps, and capturing the information necessary to improve the quality of care.

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