Making the case for primary care

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Dear Colleagues,

When I applied for my current position at the CFPC, I sought the advice of a mix of national and Chapter elected leaders and staff. What became very clear is that despite considerable progress over the past 60 years, there is still a need to validate the work of family doctors and our contribution to our health care system. In a recent member survey, more than 45% of you believed that your work was not justly recognized by governments and decision makers in our health care system.

Stewart and Ryan, in a Canadian study about the ecology of health care in Canada,[1] remind us of the place of family practice in the system. In a population of 1000 Canadians older than 15 years of age, in any given month, 560 have at least 1 chronic condition, and 230 will see their family doctors. More than 80% of Canadians will see their family doctors within a 2-year period.[2] Clearly this is a substantial contribution to health care. What, then, are some of the myths that surround family medicine's contribution and how can we diffuse them?

Myth 1: You are too good to be a family doctor

Such statements might be influenced by evidence that shows primary care outcomes are worse for certain specific diseases. However, population health outcomes for people with chronic diseases managed in primary care are similar to outcomes in specialized care, with lower costs and better quality. For example, specialized diabetes clinics might demonstrate better hemoglobin A_{1c} levels, but the population outcomes for those patients looked after in primary care show lower mortality, better quality of life, and lower costs.[3] Katerndahl et al examined the relative complexity of patient encounters for 14 different specialties.[4] They found that primary care and generalist physicians care for and manage a broad spectrum of very complex patients.

Myth 2: Family medicine is not an academic discipline

It is fascinating to observe that although more than 80% of Canadians visit primary care physicians within a 2-year period,[2] as recently as 10 years ago less than 1% of research funding was dedicated to primary care.[5] Despite this, the effects of new knowledge obtained through family medicine research are impressive. Patient-centred care, and the patient-centred clinical method, now being adopted and recognized internationally, was first described and disseminated by Stewart et al in Canada. The authors demonstrated that the patient-centred approach resulted in fewer diagnostic tests and referrals.[6] Klein and colleagues' work on vaginal birth was pivotal in dispelling the presumed necessity of routine episiotomies as part of normal birthing.[7] These are examples of important new knowledge generated in family practice that improved how we practise medicine. These and other transformative works are summarized in the CFPC's *The Seven Wonders of Family Medicine Research*.[8]

Myth 3: I don't need a family doctor—I can go to a walk-in clinic when I am sick

This is not meant to single out walk-in clinics over other practice settings; rather, it is to affirm the sustained body of evidence supporting a whole-person approach. For chronic illnesses, attachment to a family physician or family practice and continuity of care positively affect population outcomes. Hollander et al demonstrated an inverse relationship between attachment to a family practice and cost of care (including emergency visits) for patients with congestive heart failure and diabetes.[9]

Our story

We must not be afraid to tell our story. Your elected leaders at the CFPC and provincial Chapters are engaged in this, on your behalf, every day. We also know that much of this needs to be reinforced by family physician leaders at the local level. A recently released annotated bibliography highlights the substantial body of research that robustly supports the role of primary care and family practice in influencing better population health outcomes.[10] I encourage you to review this important information and use it to address your local and regional needs.

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