STARFIELD SUMMIT

...where primary care research inspires policy and practice

The First of the 4Cs of Primary Care: "First Contact"

Why this is important (brief description):

The opening dimension of Barbara Starfield's "4Cs" that explain the salutary effects of primary care, "First Contact" is defined as "the ease at which a person can obtain needed care…from the practitioner of choice within a timeframe appropriate to the urgency of the problem" (https://pubmed.ncbi.nlm.nih.gov/17664500/). The idea of primary care as the first point at which someone enters the health care system dates back to the 1920 Dawson Report in Great Britain, which was emerging from a costly war and trying to establish a health care system that was timely, efficient and able to meet a broad range of patient needs outside of its large hospitals. Interestingly, the point of first contact can have significant effects on the cost and continuity of care provided to the patient. Furthermore, it is important to consider the ramifications of inappropriate utilization of the ED and subspecialists on clinicians, the patient, and other patients who may have life-threatening conditions. The other "Cs" - Continuity, Comprehensiveness, and Care Coordination can't exist without getting the patient to the appropriate First Contact or point of care. Without universal access to First Contact with primary care teams, patients get unnecessary services or none at all.

What We Think We Know (Bulleted evidence + Seminal references):

- First contact with a primary care provider rather than another care provider is correlated with a reduction of cost for ambulatory patients (https://pubmed.ncbi.nlm.nih.gov/8691179/)
  - Overall: (53% reduction) $63 vs $134, p<0.001
  - Acute illness: (62% reduction) $62 vs $164, p<0.001
  - Preventive care: (20% reduction) $64 vs $80, p<0.001
- Greater access to primary care correlates with better health outcomes (https://pubmed.ncbi.nlm.nih.gov/21610242/)
- Greater access to primary care correlates with decrease in ED visits (https://pubmed.ncbi.nlm.nih.gov/24982496/)
- Greater access to specialist care does not correlate with better health outcomes (https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.W5.97)
- The percentage of Americans able to identify a personal usual source of care is small (33.3%) and declining https://pubmed.ncbi.nlm.nih.gov/28858388/

Questions for Group Consideration at the Starfield Summit:

- Since the decision to make first contact with a medical professional ultimately relies on each individual, how can we train the public on the importance of first consulting their primary care clinician?
- From the perspective of PCPs, how can health systems ensure that minority, underserved communities can obtain greater access to primary care first contact, rather than relying on the ED?
- How is the role of a health care facilitator and navigator changing in a society that increasingly seeks specialists for first contact?
- Should specialists be trained to inform their patients about the importance of seeking a primary care physician's medical advice prior to employing the help of a specialist?
- In what ways does the increasing role patients play in their overall health care change the role of primary care providers? How can we train FPs to address this changing role?
- How can we reshape the current health care system to encourage consultation of primary care physicians as first contact while still maintaining some level of choice for the patients?
- How should residencies train to ensure appropriate first contact care for patients balanced against continuity (smaller panels)?
- How do payment models affect utilization of PCPs compared to specialists?
- Struggling to find studies that specifically seek direct correlations between first contact with primary care with health outcomes…perhaps more specific research on first contact outside of cost is warranted…also consider research on the value of care provided depending on first contact…
- In a digital and patient-centered world, younger, well people's health seeking behaviors differ from older people, how do we meet the access needs of both? How do we train the younger generation to appreciate access and continuity?
- What does the RRC need to require of these trainees to ensure that they adapt to maintain 'first contact' in the future?
- How do payment models affect first contact with PCPs vs specialists?