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# News Release

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**FOR IMMEDIATE RELEASE**

**September 17, 2009**

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

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

*“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 family doctors, for high care needs diabetes and CHF patients, could result in saving of some \$89 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 while older patients with diabetes and congestive heart failure tend to cost the health care system slightly more, attachment to a family practice was the best predictor of the patient’s overall health care costs and was more related to costs than any other variable, including age.

Another interesting finding from analyzing BC health care data was that patients who saw family doctors who were trained in Canada had slightly lower costs than those who saw doctors trained at US or international universities.

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 result. 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 care entails. The GPSC also supports recruitment drives and bonuses for new medical school graduates who chose general practice, provides funding for training modules and administrative support for the running of a medical office, and offers 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 paper can be downloaded at [www.longwoods.com/home.php?cat=249](http://www.longwoods.com/home.php?cat=249)

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### **Media Inquiries**

For comments about the research aspects of the study please contact:

Dr. Marcus Hollander, President, Hollander Analytical Services Ltd. Victoria, BC, Canada

Email: [marcus@hollanderanalytical.com](mailto:marcus@hollanderanalytical.com)

Dr. William Cavers can be contacted by email to arrange interviews at [wccavers@shaw.ca](mailto:wccavers@shaw.ca)

Dr. Barbara Starfield can be reached in the US at 410-955-3737 or at [bstarfie@jhsph.edu](mailto:bstarfie@jhsph.edu)

To speak to someone in person, for more information, or assistance in contacting any of the above individuals, please call 250-384-0123.

# DRAFT

## Fact Sheet – Primary Care

### The BC study:

- The study examined the question: “Is the investment in supporting primary care, also called full-service family practice, a good use of provincial funds?”
- The study looked at two areas: diabetes and congestive heart failure and chose the patients with the highest level of care needs living in the community. The study excluded those patients who died during the year, who had more than \$100,000 in hospital costs or who were in residential care.
- The study analysed the usage data from more than 98,000 patients.
- 07-08 costs for high-needs diabetes were almost \$17,000 for non-attached, and \$5900 for attached patients.
- 07-08 costs for the highest needs congestive heart failure patients were \$28,423 for those non-attached, but just \$12,309 for those closely attached.
- Attachment was the best predictor of costs, and more accurate than other variables, such as age.
- The more a patient goes to the same practice, the lower the overall annual costs to the health care system.

### Findings from other studies:

- Countries with poorer primary care services have poorer health outcomes.
- Health care systems that rely more on primary care doctors than on specialists as the main source of care have better health outcomes, improved equity, access and continuity, and lower costs.
- The benefit apparently comes from the long term relationship between the patient and an individual doctor, rather than a patient and a particular place, like a walk-in clinic.
- Patients who have an ongoing relationship with their doctor receive evidence-based care and the patients report being more satisfied with their care.
- Other international studies have found that greater continuity of care is associated with reduced costs and patients at the end of life who have more primary care visits spend fewer days in hospital.
- A 2007 Canadian study found that a lack of a primary care physician was associated with an increased rate of emergency room visits.

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