



MANAGEMENT BRIEF

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Primary Care: Accessible, Continuous, Comprehensive, & Coordinated

“One of the most important changes currently under way in VHA is the expansion of our primary care capacity: assuring every patient has a generalist physician or physician-led team of care givers responsible for providing accessible, continuous, comprehensive, and coordinated care.”

Kenneth W. Kizer, M.D., M.P.H.

DEFINITION: Primary care is the provision of continuous, comprehensive, and coordinated care to populations undifferentiated by gender, disease or organ system. It is an approach to organizing care for individuals and populations. Primary care is more than services provided in a physician's office. Primary care is characterized by four key features that enhance the effectiveness and efficiency of services and differentiate ifrom other levels of health care services:

- Accessible first-contact care: Proximity to the primary care site, availability of public transportation or parking and wheelchair compatibility, are only a few examples of the many factors influencing accessibility.
- Continuity over time: The development of an ongoing relationship between patient and a primary care provider (or a team of providers) is central to health care continuity.
- Comprehensiveness: Comprehensiveness of care is achieved when the primary care provider arranges the full spectrum of services to meet all but the uncommon health care needs of the population.
- Coordination: Coordinated care avoids service duplications, enhances efficient care, and precludes gaps in care. Coordinated care means all information pertaining to the patient is integrated and easily retrievable.

RESEARCH: Below is a sampling of findings from some Health Services Research and Development Service research activities related to primary care:

- A primary care practice model helps diabetic veterans improve blood sugar control along with patient satisfaction. This study shows enhanced access and coordination of care results in better blood sugar control and higher patient satisfaction. Weinberger M, Kirkman MS, Samsa GP, et al: A nurse coordinated intervention for primary care patients with non-insulin-dependent diabetes mellitus - impact on glycaemic control and health-related quality of life. *J Gen Intern Med*, 10: 59-66, 1995, Feb.
- Hospital-based health care “Firms” combat care fragmentation. “Firms” improve access and continuity of care by creating two or more multi-specialty group practices within a single hospital. At the Cleveland VA, a specific firm follows each patient throughout his association with the hospital, ensuring that patients and care givers develop a beneficial long term relationship. Landefeld CS, Auer J: Improving primary care in academic medical centers. The role of firm systems. *Med Care* 33: 311-14, 1995, Mar.
- Short duration antibiotics treatment has potential savings of 80 million dollars each year. This study finds a 3 day course of antibiotics is just as effective and has fewer side effects than a 10 day treatment for sinusitis. Williams JW, Hildeman DR, Samsa GP, and Simel DL: Randomized controlled trial of three versus ten days of trimethoprim-sulfamethoxazole for acute maxillary sinusitis. *JAMA*, 278: 1015-1021, Apr 5, 1995.
- Change in clinic staffing guards against drug interactions for elderly VA patients. Adding a clinical pharmacist to the primary care team helps elderly VA patients taking multiple medications improve medication control guarding against drug interactions. Cowan K, Hanlon J, Weinberger M, et al: Physician acceptance of clinical pharmacists drug therapy recommendations for elderly outpatients with polypharmacy. *J Amer Geriatrics Soc*, 42: SA43 (p144).
- Safe Rides Home keeps VA patients from driving while alcohol impaired. Many VA emergency room

patients present with elevated blood alcohol levels. Most are eligible for discharge before blood alcohol levels are safe for driving. The Durham VAMC now issues a driving prescription giving the patient an estimated time when blood alcohol will return to normal, or they provide a ride home for driving-impaired patients. Siml DL, Feussner JR: Driving-impaired patients leaving the emergency department. The problem of inadequate instructions. Ann Int Med 112: 365-370, Mar 1, 1990.

Health Services Research examines the organization, finance, and management of health care and their effect on health care delivery, quality, cost, access, and health outcomes. The HSR&D Service supports a wide range of research projects in Primary Care. One of HSR&D's nine field programs is a center for excellence in primary care health services research located at the Durham VA.

FOR MORE INFORMATION, CONTACT:

The MDRC to request a copy of the primer: Primary Care in VA, by Barbara Starfield, et al. Boston, Mass: Management Decision & Research Center, 1995. 23pgs.

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This is our first MANAGEMENT BRIEF and we would like to know what you think. For quick feedback just circle Gerry McGlynn in the box below and fax your response back to 617-278-4438:

What would be most helpful to you regarding the highlighted HSR&D studies?

___ article citations, ___ investigator name & contact info, Other? _____.

General comments on the Management Brief: _____

The Management Brief is produced by the Management Decision & Research Center, a program within the VA's Health Services Research & Development Service, Office of Research & Development. The purpose of the Management Brief is to provide VA senior managers with a concise and timely overview of a specific health care topic that includes topic definition, benefits, VA activities and resources for further information. Your comments on this management brief or the management brief concept in general including suggestions for future topics are most welcome. Please send comments to Gerry McGlynn, MDRC 152-M, 150 S. Huntington Ave, Boston, MA, 02130. Or, by phone at FTS 700-839-4433 or 617-278-4433, FAX 617-278-4438.