# REFERENCES

1) "Is General Practice Effective? A Systematic Literature Review. Scandinavian Journal of Primary Health Care". Engstrom S, Foldevi M, Borgquist L. 2001;19:131–44
http://www.ncbi.nlm.nih.gov/pubmed/11482415
RESULTS:

> Primary care contributed to improved public health, as expressed through different health parameters, and a lower utilization of medical care leading to lower costs. Physicians working in primary care, in comparison with other specialists, took care of many diseases without loss of quality and often at lower cost. The organization of primary care was important in respect of reimbursement by capitation, more group practices, higher personal continuity, and having generalists as primary care physicians.

CONCLUSIONS:

> To compare the effectiveness of primary care and specialist care is a complex task and there are limitations in all studies. However, we have found evidence that increased accessibility to physicians working in primary care contributes to better health and lower total costs in the health care system. It is also clear that studies with evaluation of how to most effectively organize primary care are far too few. There is an extensive need for future research in this area, a suitable task for collaborative research between the Nordic countries.

2) "Medicare costs in urban areas and the supply of primary care physicians." Mark DH, Gottlieb MS, Zellner BB, Chetty VK, Midtling JE. Journal of Family Practice. 1996;43:33–9.
http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/#b118
RESULTS:

> The average Medicare Part B reimbursement per enrollee was $1283. After adjusting for local price differences and county characteristics, a greater supply of family physicians and general internists was significantly associated with lower Medicare Part B reimbursements. The reduction in reimbursements between counties in the highest quintile of family physician supply and the lowest quintile was $261 per enrollee. In contrast, a greater supply of general practitioners and non-primary care physicians was associated with higher reimbursements per enrollee.

CONCLUSIONS:

> These results add to the evidence than an increased supply of primary care physicians is associated with lower health care costs. If this association is causal,

it supports the theory that increasing the number of primary care physicians may lower health care costs.

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3) "Continuity of Care: Is It Cost Effective?" Raddish M, Horn SD, Sharkey PD. American Journal of Managed Care. 1999;5:727–34
http://www.ncbi.nlm.nih.gov/pubmed/10538452
RESULTS:

There were 12,997 patients followed for more than 99,000 outpatient visits, 1000 hospitalizations, and more than 240,000 prescriptions. Increasing the number of primary or specialty care providers a patient encountered during the study generally was associated with increased utilization and costs when HMO and patient characteristics were controlled. The number of specialty care providers also increased as the number of primary care providers increased. The incremental increase in pharmacy costs per patient per year with each additional provider ranged between $19 in subjects with otitis media to $58 in subjects with hypertension.

CONCLUSIONS:

Continuity of care was associated with a reduction in resource utilization and costs. As healthcare delivery systems are designed, care continuity should be promoted.

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4) "The Political Economy Of U.S." The singular lack of balance between primary and specialty care has serious consequences for health care in the United States. Lewis G. Sandy, Thomas Bodenheimer, L. Gregory Pawlson, and Barbara Starfield. s. [Health Affairs 28, no. 4 (2009): 1136–1144; 10.1377

http://content.healthaffairs.org/content/28/4/1136.full.pdf+html

ABSTRACT:

Compelling evidence suggests that the United States lags behind other developed nations in the health of its population and the performance of its health care system, partly as a result of a decades-long decline in primary care. This paper outlines the political, economic, policy, and institutional factors behind this decline. A large-scale, multifaceted effort—a new Charter for Primary Care—is required to overcome these forces. There are grounds for optimism for the success of this effort, which is essential to achieving health outcomes and health system performance comparable to those of other industrialized nation.

5) “THE IMPACT OF PRIMARY CARE” SHI,L , Scientifica, Volume 2012 (2012), Article ID 432892, 22 pages
http://www.hindawi.com/journals/scientifica/2012/432892/

ABSTRACT:

Primary care serves as the cornerstone in a strong healthcare system. However, it has long been overlooked in the United States (USA), and an imbalance between specialty and primary care exists. The objective of this focused review paper is to identify research evidence on the value of primary care both in the USA and internationally, focusing on the importance of effective primary care services in delivering quality healthcare, improving health outcomes, and reducing disparities. Literature searches were performed in PubMed as well as “snowballing” based on the bibliographies of the retrieved articles. The areas reviewed included primary care definitions, primary care measurement, primary care practice, primary care and health, primary care and quality, primary care and cost, primary care and equity, primary care and health centers, and primary care and healthcare reform. In both developed and developing countries, primary care has been demonstrated to be associated with enhanced access to healthcare services, better health outcomes, and a decrease in hospitalization and use of emergency department visits. Primary care can also help counteract the negative impact of poor economic conditions on health.

6) The Patient-Centered Medical Home’s Impact on Cost and Quality
Annual Review of Evidence 2014-2015 Published February 2016
https://www.pcpcc.org/sites/default/files/resources/The%20Patient-Centered%20Medical%20Home%27s%20Impact%20on%20Cost%20and%20Quality%2C%20Annual%20Review%20of%20Evidence%2C%202014-2015.pdf

Key points from this year’s evidence review include:
1) Controlling Costs by Right Sizing Care:
Advanced primary care is foundational to delivery system transformation — medical home initiatives continue to reduce health care costs and unnecessary utilization of services

2) Aligning Payment and Performance:
Payment reform is necessary to sustain delivery system changes, but alignment across payers is critical for health care provider buy-in

3) Assessing and Promoting Value:

Measurement for PCMHs must be aligned and focused on value for patients, providers, and payers

**7) "Primary Care: A Critical Review Of The Evidence On Quality And Costs Of Health Care", Friedberg, M, Hussey,P , Schneider, E, Health Affairs, Vol 29, no.5,** https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2010.0025

Conclusion:

Whatever policy interventions emerge from the recently enacted health care reform law, health system attributes that have grown over decades are unlikely to reorient themselves swiftly toward primary care, even in the face of strong incentives. Our reading of the evidence suggests that these systems exert a powerful influence over the care that individual providers deliver to their patients. In the absence of targeted efforts to reorient local health systems and enhance the capabilities of primary care providers, simply expanding the number of primary care physicians may miss a crucial opportunity to improve health care delivery in the United States.

On the other hand, based on the existing evidence, the determined pursuit of primary care as a health systems orientation is likely to have beneficial effects on the quality, outcomes, and cost of U.S. health care.