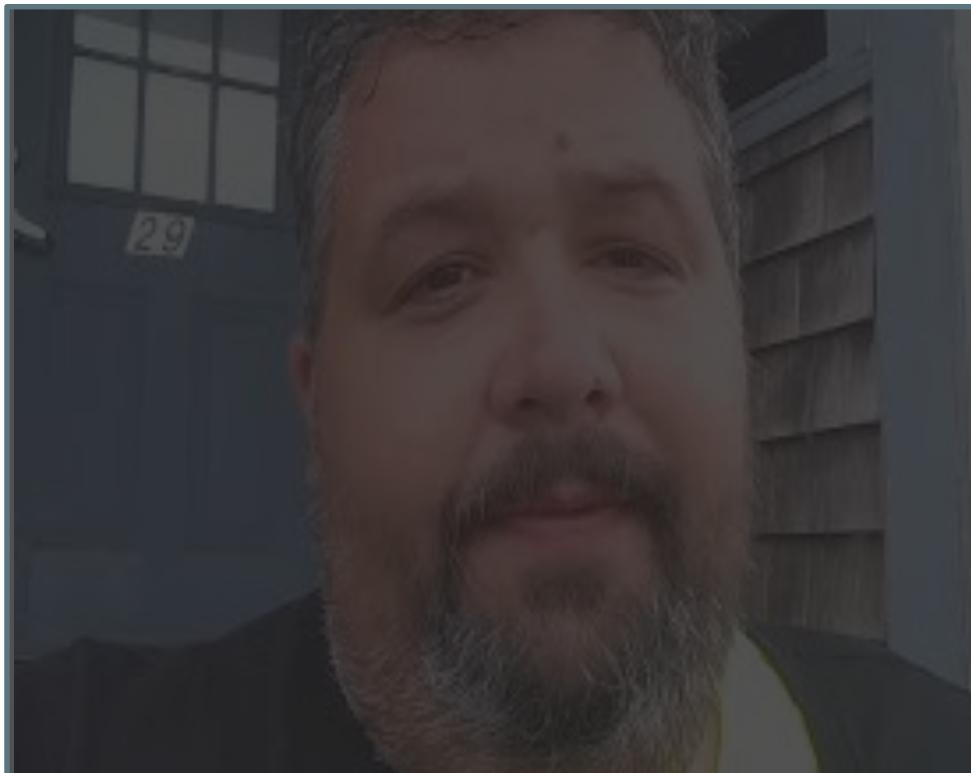


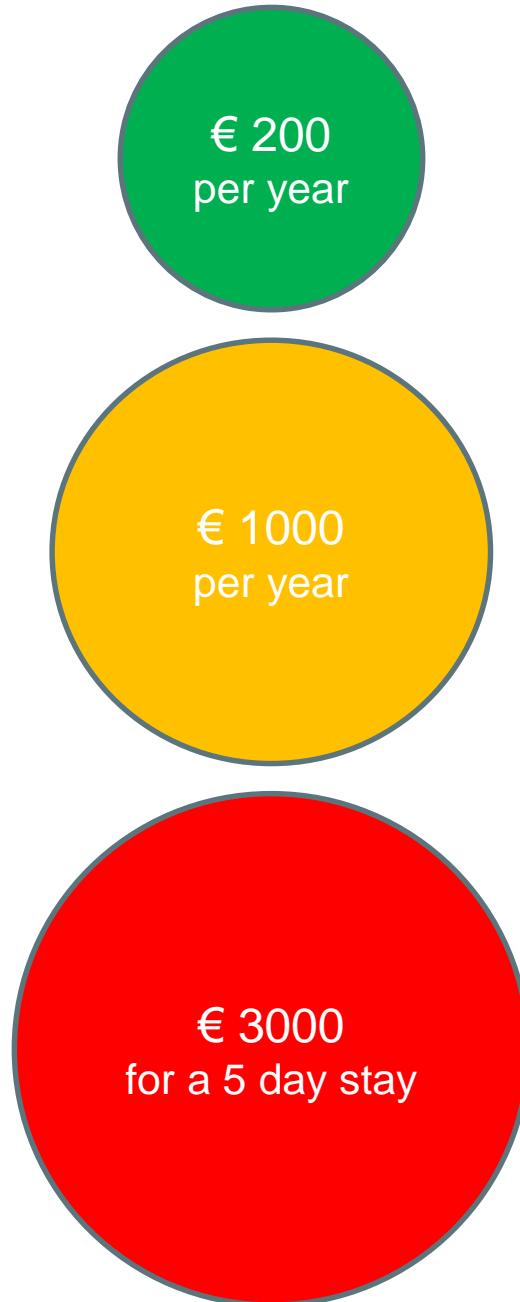
Making healthcare affordable in Europe; revisiting and revising the case for general practice

Martin Marshall

Professor Healthcare Improvement, University College London, UK

WONCA 2016, Copenhagen





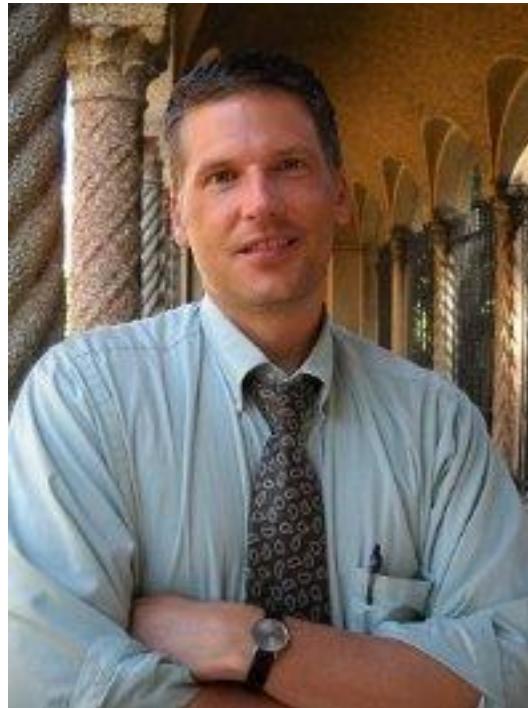
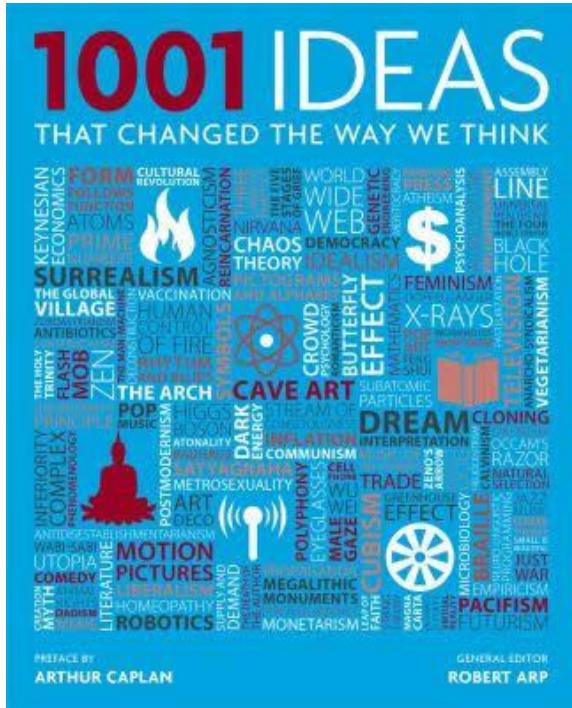
GP care

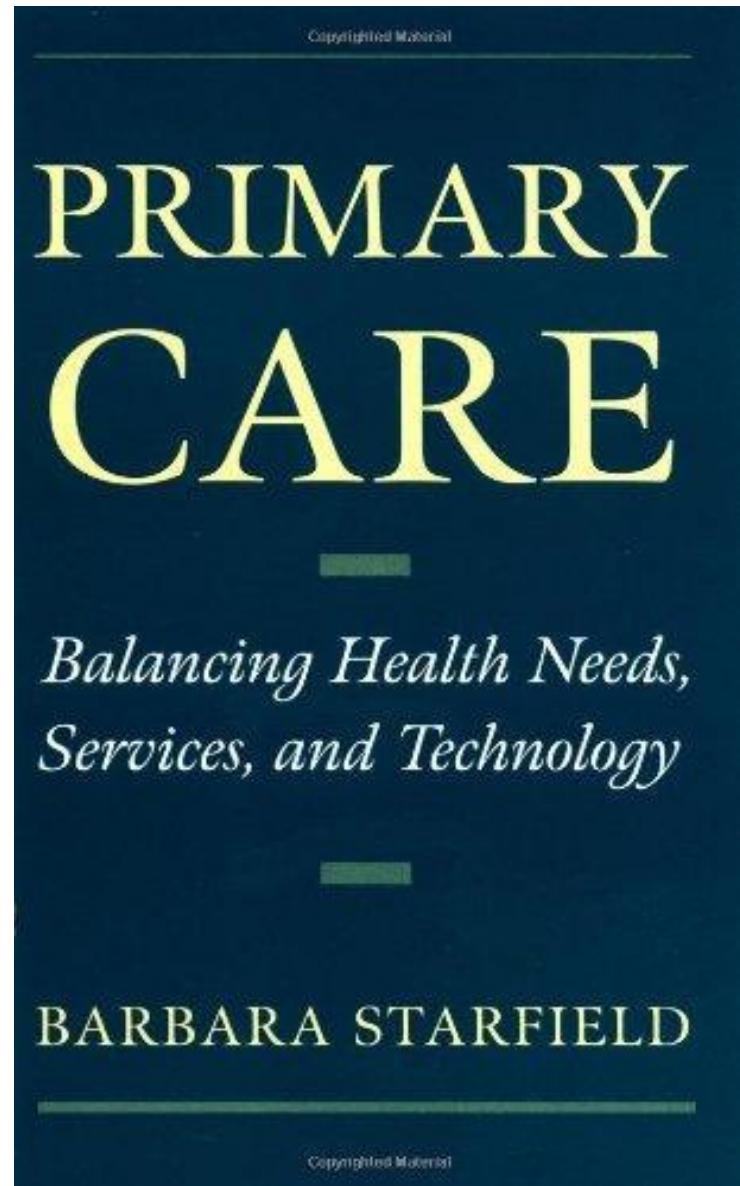
**casualty department
care**

**hospital in-patient
care**

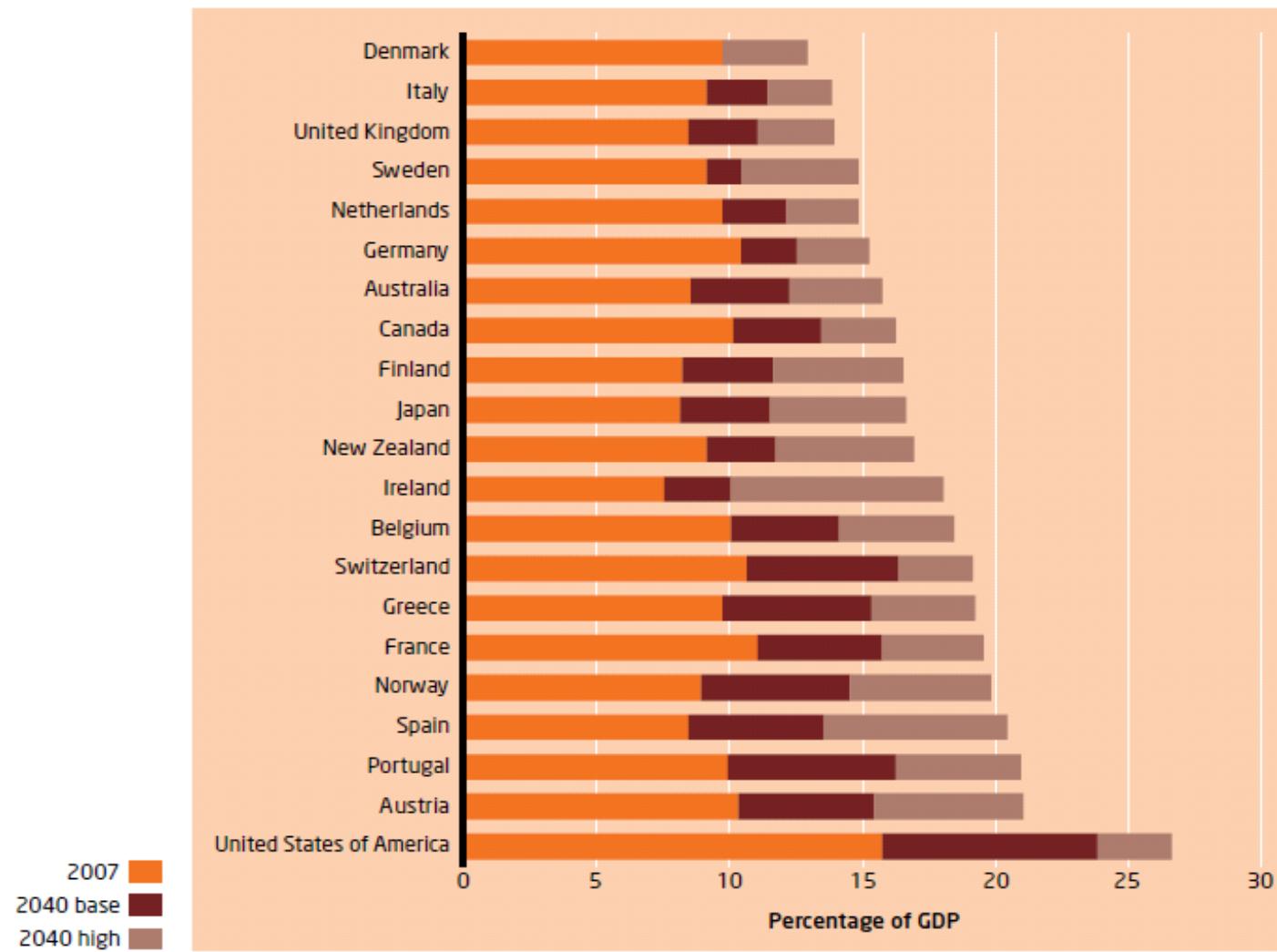
- ✓ 2 visits to a practice nurse
- ✓ 5 visits to a GP
- ✓ 2 visits to a healthcare assistant
- ✓ 6 visits to a pharmacist
- ✓ 4 visits to a legal adviser
- ✓ a comfortable place to sit and chat

**The care
Mohammed
received last
year for €200**





Projected potential growth in health care spending by 2040



Source: Kibasi *et al* (2012)

The Barbara Starfield collection

The 'Case for Primary Care'

There is now good evidence, from a variety of studies at national, state, regional, local, and individual levels that good primary care is associated with better health outcomes (on average), lower costs (robustly and consistently), and greater equity in health. Starfield

Professor Barbara Starfield championed the value and need of strong primary health care systems worldwide. This collection emphasizes the case for primary care and includes a number of Barbara Starfield's own articles as well as other key related material.

About Professor Barbara Starfield



Professor Barbara Starfield (1932-2011), a physician and health services researcher, was university distinguished professor and professor of health policy and pediatrics at Johns Hopkins University. She is internationally known for her work in primary care, and her books are widely recognized as the seminal works in the field. She was instrumental in leading projects to develop important methodological tools, including the Primary Care Assessment Tool (PCAT), the CHIP tools (to assess adolescent and child health status), and the Johns Hopkins Adjusted Clinical Groups (ACGs) for assessment of diagnosed morbidity burdens reflecting degrees of co-morbidity. She was the co-founder and first president of the International Society for Equity in Health, a scientific organization devoted to dissemination of knowledge about the determinants of inequity in health and ways to eliminate them. Her work focused on quality of care, health status assessment, primary care evaluation, and equity in health. She was a member of the Institute of Medicine, serving on its governing council. She was a member of the National Committee on Vital and Health Statistics and many other government and professional committees and groups.

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1. The case for general practice

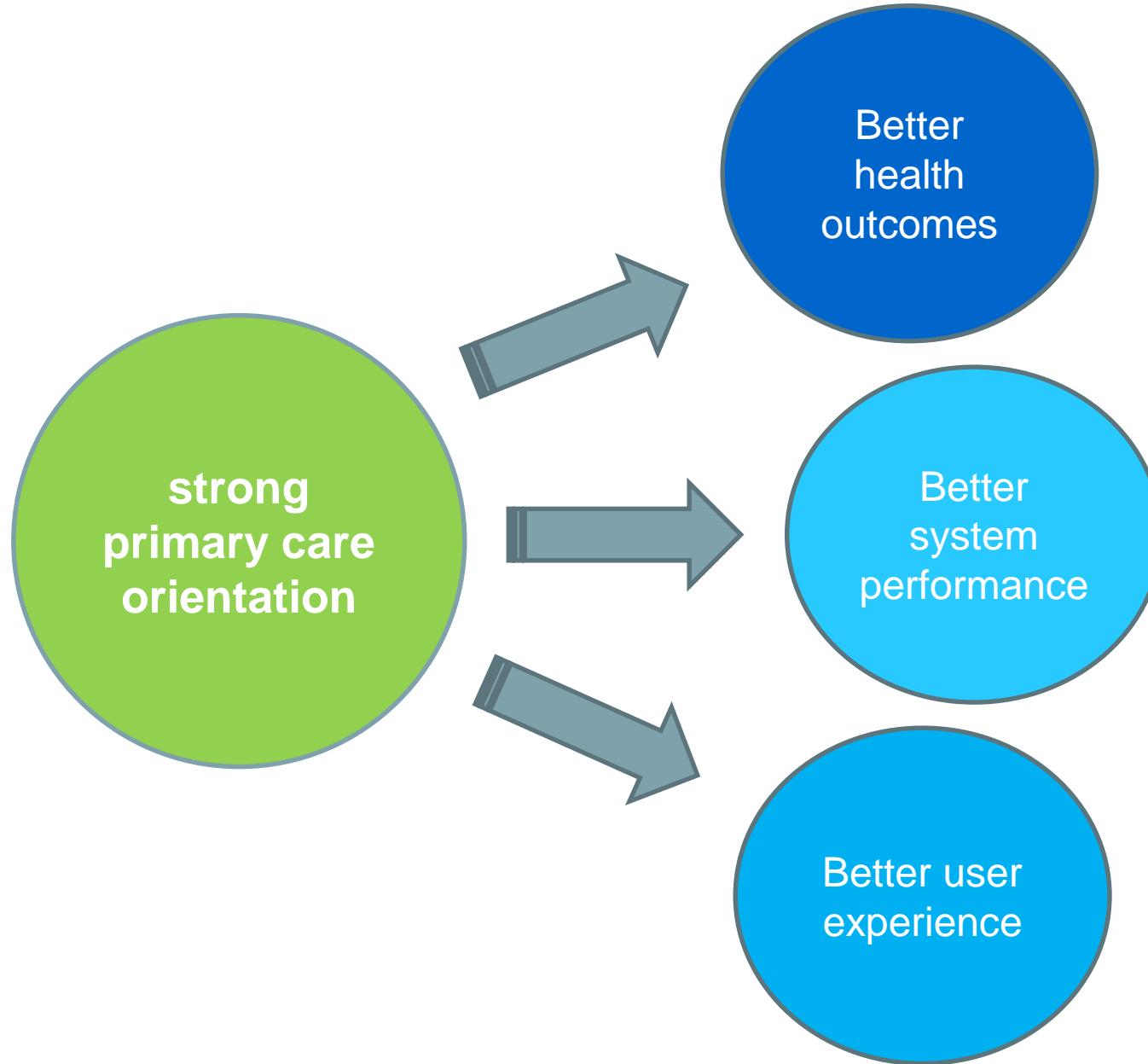
2. Why the case for general practice is proving so difficult to make

3. What general practice can do to maintain its importance

In order for general practice to thrive in the future, GPs will have to focus their attention as much on the value that they bring to their health systems and society as on the holistic needs of their individual patients – and this means doing some things differently.



1. The case for general practice



How does general practice work?







2. Why the case for general practice is proving so difficult to make



“Overall health care expenditures were higher in countries with stronger primary care structures”

Kringos et al, BMJ, 2013

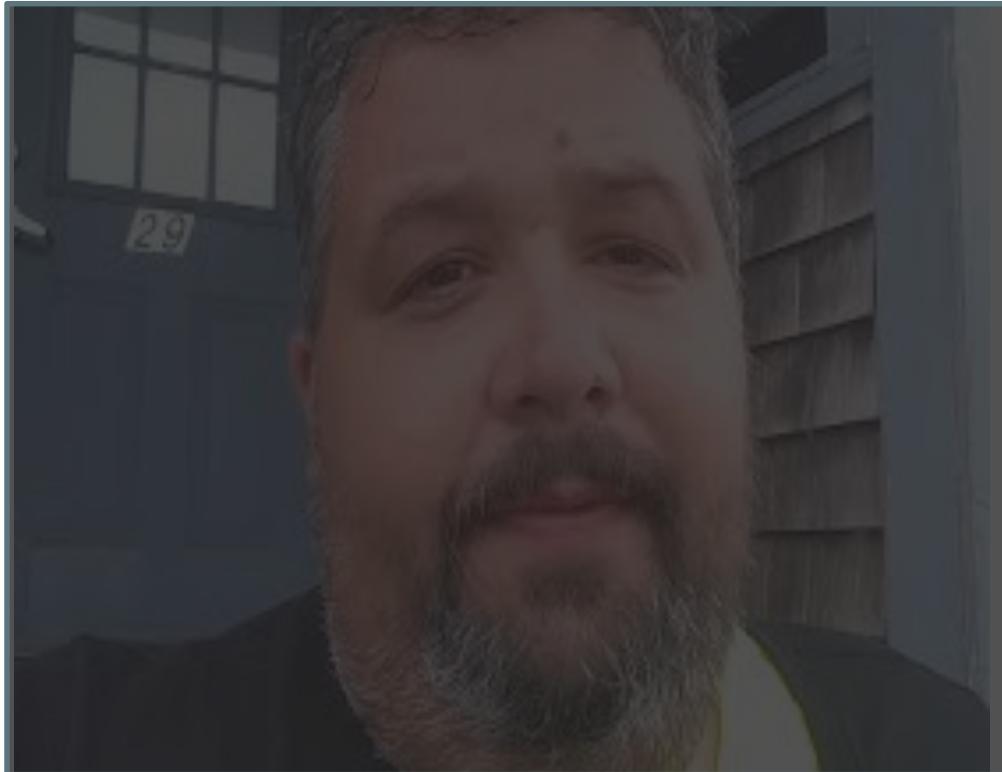


2. Why the case for general practice is proving so difficult to make

A collage of four photographs illustrating healthcare and medical practice. The top-left photo shows a woman holding a baby in a green sling, talking to a man at a desk with a computer monitor. The top-right photo shows a man with a beard sitting in a chair while a woman in a blue top takes his blood pressure. The bottom-left photo shows a woman holding a baby while a healthcare professional in a grey cardigan examines the baby. The bottom-right photo shows a healthcare professional in a dark blue uniform taking a blood sample from a patient's arm.

3. What general practice can do to maintain its importance

**GPs have
extraordinary
insights into
how well the
health system
is working**





People living in the poorest neighborhoods live 7 years fewer than those in rich neighborhoods and have 17 years fewer free of disability

“Why do we treat patients and then send them back to the conditions that made them sick?”

*Fair Society, Healthy Lives;
Marmot, 2010*



What we don't know

What we do
know

What we do
know

What we do
know

What
we do
know

Our zone of uncertainty



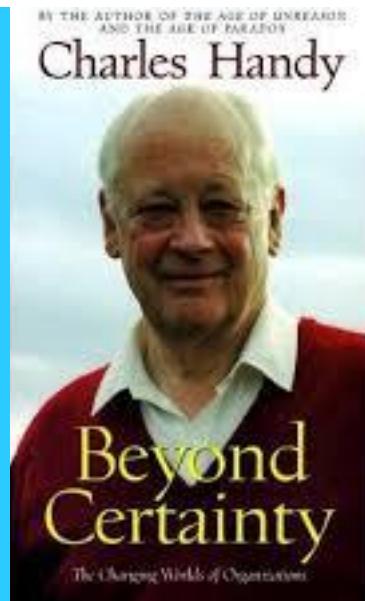
About 60 per cent of the problems that patients present in general practice cannot be understood in terms of recognised disease processes

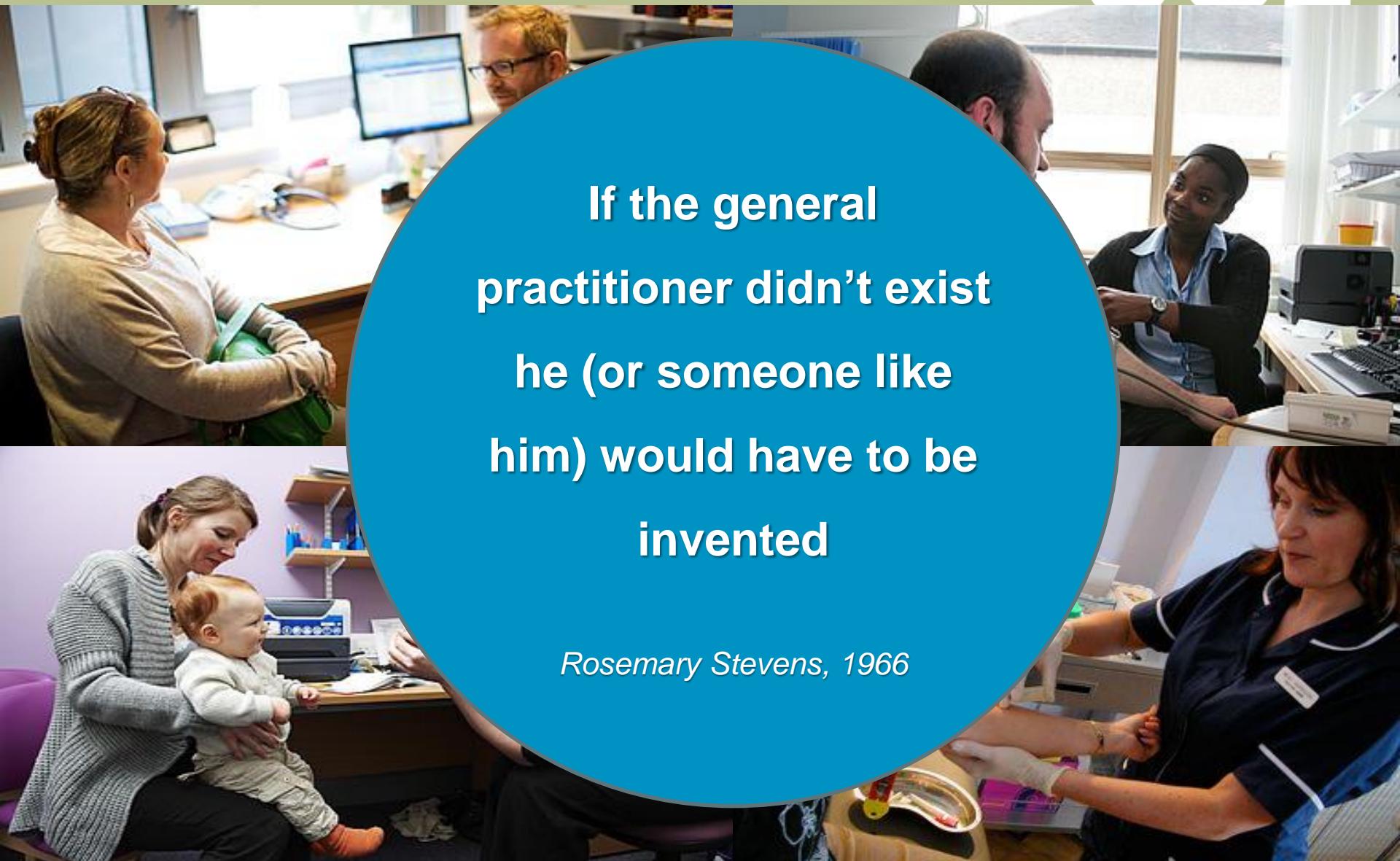
The American
Diabetes Association
increased the
prevalence of pre-
diabetes in the US by
3-fold overnight

*Medical science has
made such tremendous
progress that there is
hardly a healthy human
being left*

Huxley

“Most of the decisions that we make are not between right and wrong but between right and right”





If the general
practitioner didn't exist
he (or someone like
him) would have to be
invented

Rosemary Stevens, 1966