*“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.”*

*(Barbara Starfield)*

Health is a resource that enables each individual to build and live a fulfilled life, and it is also a resource for our society to develop and prosper. This is a fundamental principle supported by Nordic general practice in line with principles such as peace, social justice and equity.

Nordic general practice seeks to inspire governments and local authorities to see primary health care as an important aspect in all areas of legislation and administration concerning health and disease.

Nordic general practice wants to contribute to reaching better standards for health, continuity, equity on a population based level and for individuals.

This document presents a vision for how general Practitioners can and should approach and contribute to attaining these goals by presenting and discussing the works of our late mentor Barbara Starfield.

**About Professor Barbara Starfield**



Professor Barbara Starfield (1932-2011), a physician and health services researcher, was professor of health policy and pediatrics at Johns Hopkins University.

She is internationally known for her work in primary care, and her work is widely recognized as standard in the field. She was instrumental in leading projects to develop important methodological tools, ex the Johns Hopkins Adjusted Clinical Groups (ACGs) for assessment of diagnosed morbidity burdens reflecting degrees of co-morbidity.

Her work focused on quality of care, health status assessment, primary care evaluation, and equity in health. She was a member of many government and professional committees and groups.

*“Primary care deals with most health problems for most people most of the time. Its priorities are to be accessible as health needs arise; to focus on individuals over the long term; to offer comprehensive care for all common problems; and to coordinate services when care from elsewhere is needed.”*

*(Barbara Starfield)*

Barbara Starfield was a tireless advocate for family medicine and primary care. She reminded us of why we chose to become family doctors – to help people, improve health, and make the world a better and fairer place.

Using detailed data and compelling analysis, she taught us things about ourselves that we believed, but did not know for certain. She opened the eyes of family doctors to the considerable abilities we have, the weighty responsibilities we carry, and the unrealized possibilities we represent.

She saw family doctors as the best hope for health care. Many times, she challenged our vision of what family medicine should look like, and nudged us to see further and clearer.

A robust literature documents the importance of a strong primary care infrastructure in health systems. The benefits of strong primary care extend from greater effectiveness, greater efficiency (lower costs), and greater equity of health within populations.

Strong primary care clinical services depend on supportive health policies in  
political jurisdictions – and constitute the operational aspect of primary health care.

Policies that are critical in supporting primary care include distributing resources according to need rather than to market forces, universal and progressive financing under the control or regulation of the government, no or low cost sharing for primary care, and a broad range of services (comprehensiveness) provided in primary care.

The important clinical functions of primary care services are:

* first contact when people have a problem
* person and not disease focused care
* a broad range of services available only in primary care
* co-ordination of care when people must go elsewhere for rare or unusual conditions

Health systems with excessive specialists suffer high costs, unnecessary care, and higher rates of adverse events.

Although socio-demographic factors undoubtedly influence levels of health, a primary care oriented health system is a highly relevant policy strategy because its effect is clear and relatively rapid, particularly concerning the prevention of the progression of illness and effect of injury, especially at younger ages.

*“Good relationship with a freely chosen primary-care doctor, preferably over several years, is associated with better care, more appropriate care, better health and much lower health costs.”*

*(Barbara Starfield)*

**Conclusions:**

To put it short, we must

* be person oriented over time
* give free and equal access
* be good gate-keepers, and
* be an integrated part of the whole heath system

**This calls for political support and broad public acceptance.**

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