*“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.**

**Scientific articles:**

Starfield B. Primary Care and Health. A Cross-National Comparison. JAMA. 1991; 266:2268–71.

Starfield B, Simpson L. Primary Care as Part of U.S. Health Services Reform. JAMA. 1993; 269:3136–9.

[Gérvas J, Pérez Fernández M, Starfield B. Primary Care, Financing and Gatekeeping in Western Europe. Fam Pract. 1994; 11(3):307-17.](http://www.equipocesca.org/wp-content/uploads/2009/04/primary-care-financing-and-gatekeeping-in-western-europe.pdf)

Starfield B. Is Primary Care Essential? Lancet. 1994; 344:1129–33.

Starfield B, Cassady C, Nanda J, Forrest CB, Berk R. Consumer Experiences and Provider Perceptions of the Quality of Primary Care: Implications for Managed Care. Journal Family Practice. 1998; 46:216–26.

[Shi L, Starfield B, Kennedy BP, Kawachi I. Income inequality, primary care, and health indicators. J Fam Pract. 1999; 48:275-84.](http://www.jhsph.edu/pcpc/Publications_PDFs/1999_JFP_Shi.pdf)

[Starfield B. Is US health really the best in the world?. JAMA. 2000; 284(4):483-4.](http://www.drug-education.info/documents/iatrogenic.pdf)

Starfield B. New paradigms for quality in primary care. Br J Gen Pract. 2001; 51:303-9.

Starfield B, Forrest CB, Nutting PA, von Schrader S. Variability in Physician Referral Decisions. Journal American Board Family Practice. 2002; 15:473–80.

[Starfield B, Shi L. Policy Relevant Determinants of Health: An International Perspective. Health Policy. 2002; 60:201–18.](http://www.jhsph.edu/pcpc/Publications_PDFs/2002_HP_Starfield.pdf)

Starfield B, Lemke KW, Bernhardt T, Foldes SS, Forrest CB, Weiner JP. Comorbidity: Implications for the Importance of Primary Care in "Case" Management. Annals Family Medicine. 2003; 1:8–14.

[Starfield B. Research in general practice: co-morbidity, referrals, and the roles of general practitioners and specialists. SEMERGEN. 2003; 29(Supl 1):7-16.](http://apps.elsevier.es/watermark/ctl_servlet?_f=10&pident_articulo=13051357&pident_usuario=0&pcontactid=&pident_revista=40&ty=124&accion=L&origen=elsevier&web=www.elsevier.es&lan=es&fichero=40v29nSupl.1a13051357pdf001.pdf)

Starfield B, Shi L. The Medical Home, Access to Care, and Insurance: A Review of Evidence. Pediatrics. 2004; 113:1493–8.

[Starfield B. The Primary Solution. Put doctors where they count. Boston Review. Nov/Dec 2005.](http://bostonreview.net/BR30.6/starfield.php)

[Starfield B, Lemke KW, Herbert R, Pavlovich WD, Anderson G. Comorbidity and the Use of Primary Care and Specialist Care in the Elderly. Annals Family Medicine. 2005; 3(3):215-222.](http://www.annfammed.org/cgi/reprint/3/3/215)

[Starfield B, Shi L, Macinko J. Contribution of Primary Care to Health Systems and Health. Milbank Quarterly. 2005; 83(3):457–502.](http://onlinelibrary.wiley.com/doi/10.1111/j.1468-0009.2005.00409.x/pdf)

[Harzheim E, Starfield B, Rajmil l, Álvarez-Dardet C, Stein AT. Consistência interna e confiabilidade da versão em português do Instrumento de Avaliação da Atenção Primária (PCATool-Brasil) para serviços de saúde infantil. Cad Saúde Pública, Rio de Janeiro. 2006; 22(8):1649-59.](http://www.ua.es/webs/opps/docs/articulos/Internal_consistency_and_reliability_of_Primary_Care_Assessment_Tool_%28PCATool-Brasil%29_for_child_health_services.pdf)

Starfield B, Shi L. Primary care and health outcomes: a health services research challenge (commentary). Health Serv Res. 2007; 42(6 Pt 1):2252-6.

Valderas JM, Starfield B, Salisbury C. Definitions of chronic health conditions in childhood. JAMA. 2007; 298:1636.

Valderas JM, Starfield B, Roland M. Multimorbidity’s many challenges: A research priority in the UK. BMJ. 2007; 334(7604):1128.

Starfield B, Shi L. Commentary: The impact of primary care and what states can do. North Carolina Medical Journal. 2007; 68:204-7.

Starfield B. Co-morbidity and its challenges for quality of primary care (editorial). Rev Port Clin Geral. 2007; 23:179-80.

Starfield B. Pathways of influence on equity in health: A rejoinder to Braveman and Wilkinson. Soc Sci Med. 2007; 64(7):1371-2.

[Gervas J, Starfield B, Violan C, Minue S. GPs with special interests: unanswered questions. Br J Gen Pract. 2007; 57:912-7.](http://www.equipocesca.org/wp-content/uploads/2009/04/innovation-2007-bjgp.pdf)

Starfield B, Fryer GE Jr. The primary care workforce: ethical and policy implications. Ann Fam Med. 2007; 5:486-91.

Starfield B, Birn A-E. Income redistribution is not enough: income inequality, social welfare programs, and achieving equity in health. J Epidemiol Community Health. 2007; 61:1038-41.

[Starfield B. Global health, equity, and primary care. J Am Board Fam Med. 2007; 20(6):511-3.](http://www.jabfm.org/cgi/reprint/20/6/511)

[Pasarin MI, Berra S, Rajmil L, Solans M, Borrell C, Starfield B. Un instrumento para la evaluación de la atención primaria de salud desde la perspectiva de la población. Aten Primaria. 2007; 39(8):395-401.](http://apps.elsevier.es/watermark/ctl_servlet?_f=10&pident_articulo=13108612&pident_usuario=0&pcontactid=&pident_revista=27&ty=94&accion=L&origen=elsevier&web=www.elsevier.es&lan=es&fichero=27v39n08a13108612pdf001.pdf)

[Gérvas J, Starfield B, Minué S, Violan C, Seminario de Innovación en Atención Primaria 2007. Algunas causas (y soluciones) de la pérdida de prestigio de la medicina general/de familia. Contra el descrédito del héroe. Aten Primaria. 2007; 39(11):615-8.](http://apps.elsevier.es/watermark/ctl_servlet?_f=10&pident_articulo=13112199&pident_usuario=0&pcontactid=&pident_revista=27&ty=90&accion=L&origen=elsevier&web=www.elsevier.es&lan=es&fichero=27v39n11a13112199pdf001.pdf)

Beasley JW, Starfield B, vanWeel C, Rosser WW, Haq CL. Global health and primary care research. J Am Board Fam Med. 2007; 20(6):518-26.

Pueyo MJ, Serra-Sutton V, Alonso J, Starfield B, Rajmil L. Self-reported social class in adolescents: validity and relationship with gradients in self-reported health. BMC Health Services Research. 2007; 7:151.

Forrest CB, Shadmi E, Nutting PA, Starfield B. Specialty referral completion among primary care patients: results from the ASPN Referral Study. Ann Fam Med. 2007; 5:361-7.

Starfield B, Horder J. Interpersonal continuity: old and new perspectives. Br J Gen Pract. 2007; 57(540):527-9.

Starfield B. Pathways of influence on equity in health. Soc Sci Med. 2007; 64(7):1355-62.

Macinko J, Starfield B, Shi L. Quantifying the health benefits of primary care physician supply in the United States. Int J Health Serv. 2007; 37(1):111-26.

Gervas J, Starfield B, Heath I. Is clinical prevention better than cure? Lancet. 2008; 372:1997-9.

Starfield B. Refocusing the system. N Engl J Med. 2008; 359(20):2087, 2091.

Lee TH, Bodenheimer T, Goroll AH, Starfield B, Treadway K. Perspective roundtable: redesigning primary care. N Engl J Med. 2008; 359(20):e24.

Starfield B. Access, primary care, and the medical home: rights of passage (commentary). Med Care. 2008; 46:1015-16.

Starfield B. The biggest bang for the buck: a conversation with Barbara Starfield, M.D., M.P.H. Interview by Sallie Rixey. Md Med. 2008; 9(3):11-3.

Rawaf S, De Maeseneer J, Starfield B. From Alma-Ata to Almaty: a new start for primary health care. Lancet. 2008; 372(9647):1365-7.

Starfield B. An evidence base for primary care. Managed Care. 2008; 17(6):33-26, 39.

Starfield B, Hyde J, Gérvas J, Heath I. The concept of prevention: a good idea gone astray? J Epidemiol Community Health. 2008; 62:580-3.

Alonso J, Urzola D, Serra-Sutton V, Tebe C, Starfield B, Riley AW, Rajmil L. Validity of the health profile-types of the Spanish Child Health and Illness Profile – Adolescent Edition (CHIP-AE). Value in Health. 2008; 11:440-9.

Starfield B. The importance of primary care in health systems. (editorial). Hong Kong Practitioner. 2008; 30:1-2.

Starfield B. Quality and outcomes framework: patient-centred (comment). Lancet. 2008; 372:692-4.

Starfield B. Primary care in Canada: coming or going? (commentary). Healthc Pap. 2008; 8:58-62; discussion 64-7.

[Starfield B, Gérvas J. Prevención de la población al paciente y viceversa ¿Es la prevención una función de la Atención Primaria?. El Médico. 2009; (1104):34-6.](http://www.equipocesca.org/wp-content/uploads/2009/10/prevencion-el-medico-2009.pdf)

[Starfield B. Family Medicine Should Shape Reform, Not Vice Versa. Family Practice Management. 28/05/2009.](http://www.aafp.org/online/en/home/publications/journals/fpm/opinion.printerview.html)

[Starfield B. Toward international primary care reform. CMAJ. 2009; 180(11):1091-2.](http://www.cmaj.ca/content/180/11/1091.full.pdf)

Starfield B. Re-inventing primary care: lessons from Canada for the United States. Health Aff. 2010; 29:1030-6.

Starfield B. Commentary on regular primary care lowers hospitalisation risk and mortality in seniors with chronic respiratory disease. J Gen Intern Med. 2010; 25:758-9.

Starfield B. Primary care, specialist care, and chronic care: can they interlock? Chest. 2010; 137:8-10.

[Starfield B. The hidden inequity in health care (editorial). International Journal Equity Health. 2011; 10:15.](http://www.equityhealthj.com/content/pdf/1475-9276-10-15.pdf)

[Berra S, Rocha KB, Rodríguez-Sanz M, Pasarín MI, Rajmil L, Borrell C, Starfield B. Properties of a short questionnaire for assessing Primary Care experiences for children in a population survey. BMC Public Health. 2011; 11:285.](http://www.biomedcentral.com/content/pdf/1471-2458-11-285.pdf)

Pueyo MJ, Serra-Sutton V, Alonso J, Starfield B, Rajmil L. Self-reported social class in adolescents: validity and relationship with gradients in self-reported health. BMC Health Services Research. 2007; 7:151.

Forrest CB, Shadmi E, Nutting PA, Starfield B. Specialty referral completion among primary care patients: results from the ASPN Referral Study. Ann Fam Med. 2007; 5:361-7.

Starfield B, Horder J. Interpersonal continuity: old and new perspectives. Br J Gen Pract. 2007; 57(540):527-9.

Starfield B. Pathways of influence on equity in health. Soc Sci Med. 2007; 64(7):1355-62.

Macinko J, Starfield B, Shi L. Quantifying the health benefits of primary care physician supply in the United States. Int J Health Serv. 2007; 37(1):111-26.

Gervas J, Starfield B, Heath I. Is clinical prevention better than cure? Lancet. 2008; 372:1997-9.

Starfield B. Refocusing the system. N Engl J Med. 2008; 359(20):2087, 2091.

Lee TH, Bodenheimer T, Goroll AH, Starfield B, Treadway K. Perspective roundtable: redesigning primary care. N Engl J Med. 2008; 359(20):e24.

Starfield B. Access, primary care, and the medical home: rights of passage (commentary). Med Care. 2008; 46:1015-16.

Starfield B. The biggest bang for the buck: a conversation with Barbara Starfield, M.D., M.P.H. Interview by Sallie Rixey. Md Med. 2008; 9(3):11-3.

Rawaf S, De Maeseneer J, Starfield B. From Alma-Ata to Almaty: a new start for primary health care. Lancet. 2008; 372(9647):1365-7.

Starfield B. An evidence base for primary care. Managed Care. 2008; 17(6):33-26, 39.

Starfield B, Hyde J, Gérvas J, Heath I. The concept of prevention: a good idea gone astray? J Epidemiol Community Health. 2008; 62:580-3.

Alonso J, Urzola D, Serra-Sutton V, Tebe C, Starfield B, Riley AW, Rajmil L. Validity of the health profile-types of the Spanish Child Health and Illness Profile – Adolescent Edition (CHIP-AE). Value in Health. 2008; 11:440-9.

Starfield B. The importance of primary care in health systems. (editorial). Hong Kong Practitioner. 2008; 30:1-2.

Starfield B. Quality and outcomes framework: patient-centred (comment). Lancet. 2008; 372:692-4.

Starfield B. Primary care in Canada: coming or going? (commentary). Healthc Pap. 2008; 8:58-62; discussion 64-7.

[Starfield B, Gérvas J. Prevención de la población al paciente y viceversa ¿Es la prevención una función de la Atención Primaria?. El Médico. 2009; (1104):34-6.](http://www.equipocesca.org/wp-content/uploads/2009/10/prevencion-el-medico-2009.pdf)

[Starfield B. Family Medicine Should Shape Reform, Not Vice Versa. Family Practice Management. 28/05/2009.](http://www.aafp.org/online/en/home/publications/journals/fpm/opinion.printerview.html)

[Starfield B. Toward international primary care reform. CMAJ. 2009; 180(11):1091-2.](http://www.cmaj.ca/content/180/11/1091.full.pdf)

Starfield B. Re-inventing primary care: lessons from Canada for the United States. Health Aff. 2010; 29:1030-6.

Starfield B. Commentary on regular primary care lowers hospitalisation risk and mortality in seniors with chronic respiratory disease. J Gen Intern Med. 2010; 25:758-9.

Starfield B. Primary care, specialist care, and chronic care: can they interlock? Chest. 2010; 137:8-10.

[Starfield B. The hidden inequity in health care (editorial). International Journal Equity Health. 2011; 10:15.](http://www.equityhealthj.com/content/pdf/1475-9276-10-15.pdf)

[Berra S, Rocha KB, Rodríguez-Sanz M, Pasarín MI, Rajmil L, Borrell C, Starfield B. Properties of a short questionnaire for assessing Primary Care experiences for children in a population survey. BMC Public Health. 2011; 11:285.](http://www.biomedcentral.com/content/pdf/1471-2458-11-285.pdf)