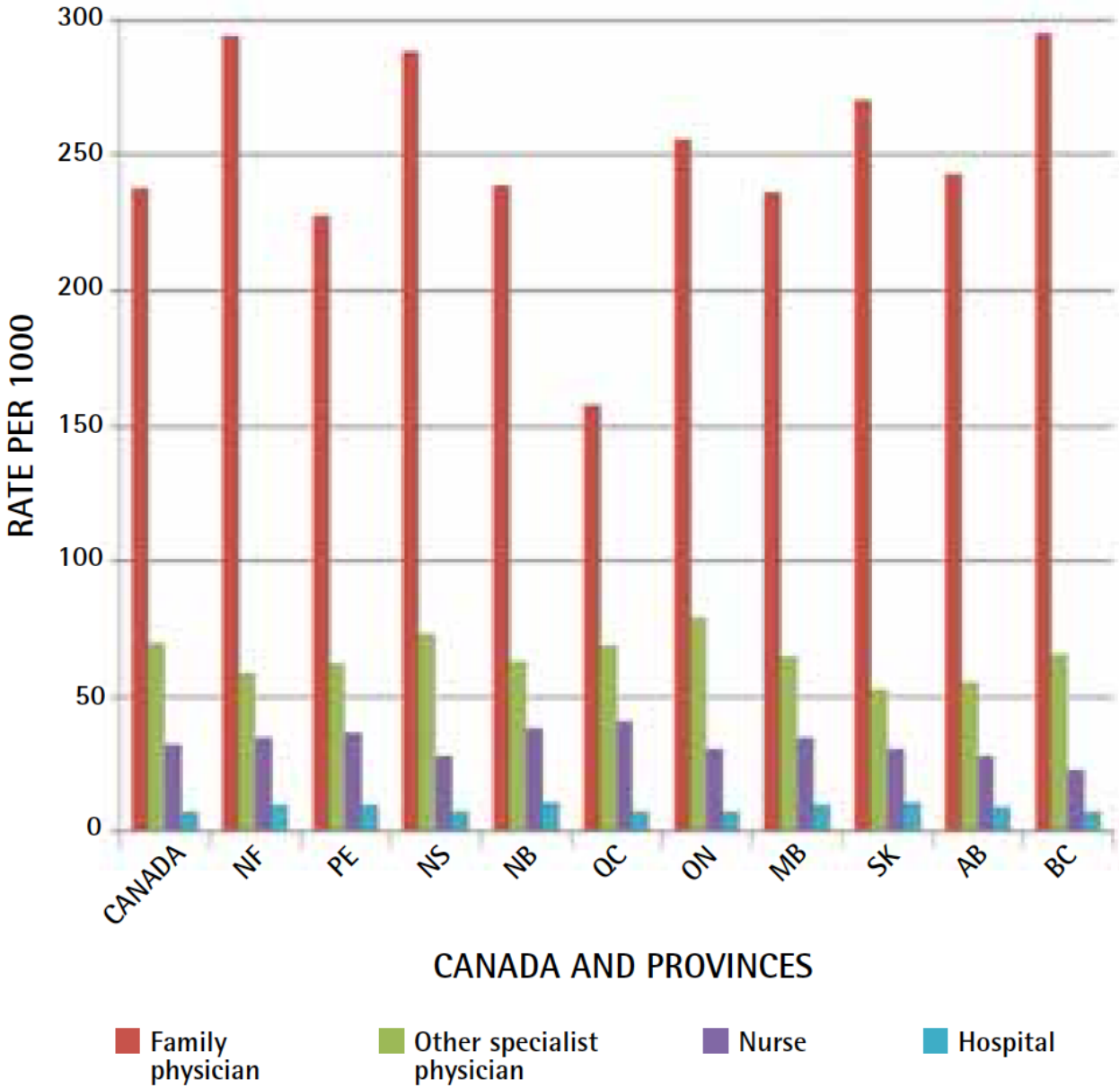
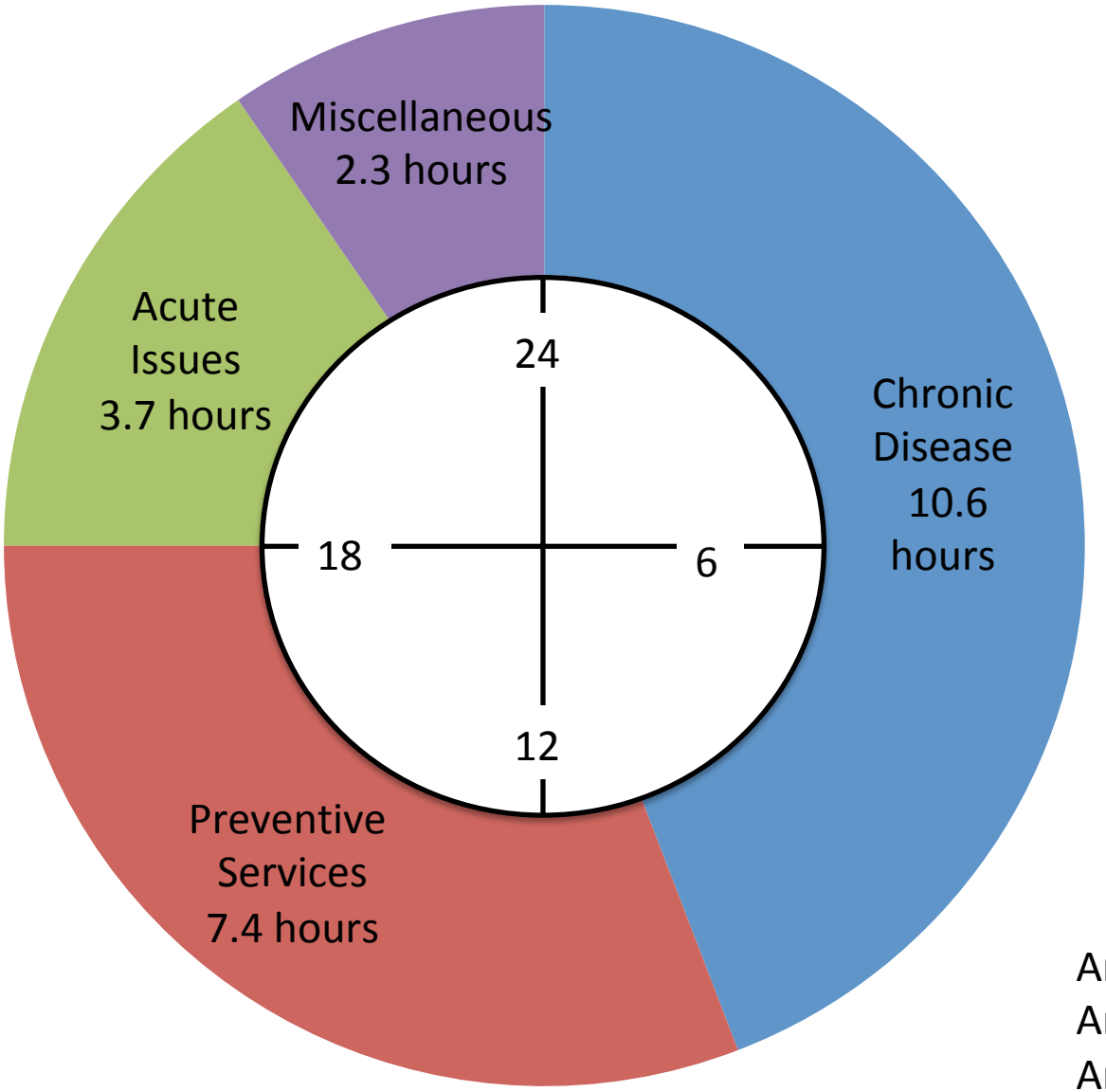
Family doctors provide ~68% of all the nation's healthcare



Can Fam Physician 2015;61:449-53

A Primary Care Day:

Brought to you by the Good people at Guidelines!



If we follow CPG:

18 hours every day for prevention & chronic disease

Ann Fam Med. 2005;3:209-14.
Am J Public Health. 2003;93:635-41.
Ann Fam Med 2012;10:396-400.

Treating Acute Symptoms	Long-term Symptomatic Medications	CVD (Primary Prevention)	Ca Screening (for Cancer Specific Mortality)	Social Screening/ Health Promotion
Headache: ASA – Sumatriptan, **NNT 5-9** pain free at 2 hours	Depression: Antidepressants **NNT 7-9,** respond 6 wks	Statin**: NNT 55-77** x5 yrs (any CVD)	Mammogram **NNS 377-2000 x10 yrs**	Alcohol screening No benefit in disordered drinking
Knee OA: steroid injection, **NNT 3-5** global improve x 4 wks	Constipation (chronic): PEG **NNT 2-3** for 6 months	Metformin in DM: **NNT 29** x5 yrs (MI)	Fecal Immunochemical Testing **NNS 1200 x10 yrs**	Counseling re: physical activity (x1) – insuff evidence.
AOM: Amoxil **NNT 3-10** in 4-10 days Sx free	Headache: TCA or Beta-blocker, **NNT 4-8** for 6 months, reduce 50%	ASA: **NNT 346-427** x5 yrs (Any CVD)	PSA: **NNS 441-1410 x10 yrs**	Family Violence screening – increased awareness but no outcomes
BPV: Epley manoeuver **NNT 3** for symptom free	Neuropathic pain: duloxetine or gabapentin **NNT 6-8**, 3 mons pain down ≥50%	Hypertension (≥160) treated, **NNT = ~20** for 5 years (Any CVD)	Cervical cancer NNS ?. (But 1 in 500 screened die of Cervical Ca vs 1 in 100)	Screening for obesity: ~3kg wt loss at 1 year, no improved patient outcomes

Seize today and trust little in tomorrow

	Treating Acute Symptoms	Long-term Symptomatic Medications	CVD (Primary Prevention)	Ca Screening (for Cancer Specific Mortality)	Social Screening/ Health Promotion
Estimated Benefit	NNT ~ 5	NNT ~ 7	NNT ~ 40 x 5 years	NNS ~ 1000 x 10 years	NNS ~ ∞
Encounters with benefit/ year	720	143	3.25	0.13	0
Over 30 years	21,600	4,300	100	4	0

Reverence for Surrogate Markers?

- **Surrogates are often unreliable and the targets are unrealistic.**
- Small RCT to hit targets in BP, Chol & sugar[1]
  - 80 patients: only 1 hit all targets
- From 3 target based RCTs of Diabetics[3]
  - 77% did not hit targets for 4 outcomes.
- Review: CVD pts, highest dose of statins[2]
  - <50% actual get an LDL < 2 mmol/L.

- Outcomes improve, despite not hitting targets

1) NEJM 2003;348:383-93. NEJM 2008;358:580-91. 2) CMAJ 2008;178:576-84. 3) Can Fam Physician. 2014;60:541.

Accessibility and Satisfaction

- 90% of the care takes place in primary care and GPs know primary care
- In Alberta, chronic disease patients x1 yr,
  - 90.5% felt primary care access was good
  - 5% felt they had an unmet need, (3% thought it impacted their health).

HEALTHCARE SERVICE AREA	% SATISFIED (4 OR 5 OUT OF 5)**				
	2012	2010	2008	2006	2004
Family doctor	84	83	83	84	84
Community walk-in clinic	62	58	56*	57	60
Emergency department	59	59	58	51*	50*
Specialist	80	79	81	81	74*
Mental health	74	78	74	72	70

Satisfaction and experience with healthcare services: A survey of Albertans 2012. Health Quality Council of Alberta. January 2013. Hemmelgarn 2014, et al. In –print

Some Myths

- GPs don't see complicated stuff
  - Family doctors have more visits with high morbidity[1]
- GPs don't do as good a job?
  - Managing Diabetes: No Diff[2]
  - Managing Depression: No Diff[3]
  - Managing CVD in Elderly: No Diff[4]
- But I thought,… GPs care is associated with worse outcomes that specialist care

Ann Fam Med 2003; 1:8-14. Can Fam Physician, April 2008; 54: 550 - 558. Am J Psychiatry 2009; 166:599–607. Am Heart J 2006;152:585-92.

Many other studies done WITHIN countries, both industrial and developing, show that areas with better primary care have better health outcomes, including total mortality rates, heart disease mortality rates, and infant mortality, and earlier detection of cancers such as colorectal cancer, breast cancer, uterine/ cervical cancer, and melanoma. The opposite is the case for higher specialist supply, which is associated with worse outcomes.

Thanks Barb Starfield.

Source: Starfield B. www.pitt.edu/~super1/lecture/lec8841/index.htm

There is even a formula,…

- “An increase of 1 primary care physician per 10,000 persons was associated with a reduction of 3.5 deaths per 10,000.
- An increase of 1 specialty physician per 10,000 population was associated with approximately 1.5 additional deaths per 10,000.”

J Am Board Fam Pract. 2003 Sep-Oct;16(5):412-22.

So Is there anything new?

- Women with breast cancer who have a family physician[1]
  - Reduced risk of breast cancer mortality: 0.69 (0.63-0.75),
  - Reduced risk of overall morality 0.83 (0.79-0.87),
- Meanwhile, in Alberta
  - Readmission lowest if patients seen by their family physicians vs other physicians (adjusted HR 0.91, 0.85-0.98)[2]

Poor access to the following increases admission			
	Nephrology	Internist	Family Doctor
Heart Failure	7%	16%	44%
Malignant Hypertension	52%	137%	365%

1) Cancer 2013;119:2964-72. 2) CMAJ. 2013 Oct 1;185(14):E681-E689. 3) Am J Kidney Dis. 2014;64(2):230-8..