GUEST EDITORIAL

'But my patients are sicker!'

Kevin Grumbach MD

Professor and Chair, Department of Family and Community Medicine, School of Medicine, University of California–San Francisco (UCSF), San Francisco, USA

'But my patients are sicker!' This is invariably the first reaction from a general practitioner (GP) when presented with data showing that his or her patients are more likely than those of the average GP to have an unplanned visit to the emergency department or hospitalisation. Or if the patients are not clinically more complex than the average GP's roster of patients, then they must be more socially disadvantaged, or have some other characteristic that predisposes them to unplanned use of acute care services.

But high rates of avoidable use of emergency departments and hospital stays may be as much about the attributes and activity of general practices as about the characteristics of their patients. The study by Sandiford and colleagues in this issue adds to the literature, indicating that considerable variation across primary care practices in rates of potentially avoidable use of acute care services persists, even after controlling for differences in prevalence of comorbidities and patient demographic characteristics. Although the study did not directly assess practice characteristics that might explain the variation, it certainly raises suspicions that differences in how practices address timely access to primary care services (e.g. availability of same-day appointments and after-hours care), implementation of the chronic care model (e.g. self-management support and proactive population-oriented care management) and other attributes of high-performing primary care may explain a substantial portion of this variation in patient outcomes.

We in the field of primary care need to move beyond defensiveness about data that may implicate inadequacies in our approach to organising and delivering primary care as one of the likely explanations for variation in patient outcomes. Instead, we need to view data of this nature as an opportunity to learn how to improve delivery of primary care. My colleagues and I recently proposed a conceptual model of advanced primary care—the 10 building blocks of high-performing primary care.[1] Among the four foundational building blocks is 'data-driven improvement'. The data presented by Sandiford and colleagues should naturally lead GPs to ask, 'What are those practices with low rates of avoidable acute care services doing to promote access to care and better control of chronic illness that other practices could learn from?' Data of this type should not just be presented in research studies, but should become metrics that health systems routinely generate and share with practices on a regular basis to monitor performance on these types of meaningful indicators of population health and health system efficiency. Tracking these metrics can allow practices to gauge the impact of improvement strategies they may implement. Professional and government organisations working to support high-performing primary health care should consider methods, such as improvement collaboratives and practice coaching initiatives, to assist clinicians to share best practices and create learning communities, targeting these types of outcomes.

Like most challenges in health care, avoidable use of hospital services is a multi-factorial problem. The primary care sector should accept accountability for reducing that portion of variation in these rates that is amenable to better methods of delivering primary care.

J PRIM HEALTH CARE 2014;6(2):92.

CORRESPONDENCE TO:
Kevin Grumbach
UCSF School of Medicine,
1001 Potrero Ave,
San Francisco, CA
94110, USA
kgrumbach@fcm.ucsf.edu

Reference

1. Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K. The 10 building blocks of high-performing primary care. Ann Fam Med. 2014;12(2):166–71.