

# A System View of Primary Care and the Role of the Family Physician

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A study was carried out in London, Ontario, into the delivery of primary health care. Because previous studies had looked at providers in isolation, the conclusions derived were often misleading. Thus, the decision was made to examine all primary care providers, their activity, and their interactions.

Primary care was defined as health care that was directly accessible to the population, and a primary care provider as a professional who provided first contact care for a health problem, with or without continuing care. The providers that met this criterion in our setting were: family physicians; emergency department physicians; pediatricians; obstetricians and gynecologists; internists; outpatient clinics; optometrists; ophthalmologists; chiropractors; pharmacists; dentists; public health nurses; social workers; and industrial nurses. Excluded were several groups that were felt to stretch the term "professional" and most specialty physicians, the majority of whose care was of a secondary nature. Data were collected by a variety of

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means: by direct interview of physicians; through specific work studies of pharmacists, public health nurses, and social workers; from annual reports of emergency departments; outpatient clinics and industries; and from provincial health insurance data. The studies and reports were brought together through the common denominator of patient visits.

## Results

It became clear after the data collection that providers fell into four distinct groups:

1. *Problem-Specific Providers.* This group consists of professionals and clinics which handle specific problems and whose services are directly accessible. The patient narrows the problem down to one part of the body or cause and decides on the professional to handle it (eg, dentists, chiropractors, ophthalmologists).

2. *Comprehensive Personal Providers.* This group consists of physicians providing general health care to the individual or family on a continuing basis. The physician cares for the person for all problems, but may limit practice by age or sex (eg, family physician, pediatrician).

3. *Community Facility-General Primary Care.* This facility will handle any problem for any person (eg, emergency department).

4. *Allied Health-Care Professionals.* This group consists of professionals working in the health field who are

not predominantly providers of primary care (eg, pharmacists, public health nurses and social workers).

A cross-sectional view of primary care activity on a typical day revealed: 1. Family physicians were the largest providers of primary care.

2. With universal health insurance and everyone having access to a personal physician, hospital clinics provide a negligible amount of primary care.

3. Substantial numbers of people are seen by pharmacists, optometrists, and chiropractors.

## Comment

The information was used to develop a detailed model of the primary care system based on patient flow for a one-week period. It was shown that a network for referral to and from providers of primary care had evolved and was being used to a greater or lesser extent depending on the pathway.

Each provider of primary care had a flow of patients that originated from one to twelve inputs and was handled through one to nine outputs. The family physician was found to have all the primary care providers of the model apply to most cities in Canada and the United States; the specific values apply only to London, Ontario, for the period of study.