

The Essentials of Primary Health Care

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In order to reach the nation's goal of making comprehensive health care available to every individual, all those concerned with "primary health care" must have a clear understanding of the meaning of the term. In recent years, a number of definitions and descriptions of "primary health care" have evolved.¹⁻⁹ They provide a general understanding of the term, but fail to delineate its exact meaning. As a result, "primary health care" may have different connotations for different groups, with each group emphasizing specific components and implications that are of particular interest or importance to them, while disregarding the full meaning of the term. A comprehensive descriptive definition of primary health care is needed:

- To delineate its scope and content;
- To allow health professionals and others to communicate more effectively regarding it;
- To be used as a set of guidelines in determining the content of the curricula of educational and training programs which prepare primary health-care providers;
- To serve as the basis for defining the potential role of health-care providers; and,
- To act as a means of increasing consumers' knowledge of the meaning of the term "primary health care" so they can know what to expect from primary health-care providers and are able to judge the adequacy of the primary health care they receive.

To meet all of these needs and objectives, we offer a comprehensive descriptive definition of primary health care (Table 1) that also serves as a guide in delineating the role of

primary health-care providers.

As we increase our understanding of the nature and extent of primary care, we can improve our assessment of health-care needs and develop programs required to meet these needs. At

present, several categories of health professionals (eg, family practitioners, general practitioners, pediatricians, internists, obstetrician-gynecologists, psychiatrists, child health associates, nurse practitioners, physician's assistants, and MEDEX) all lay claim to the title "primary care provider." No health professional can be expected to provide all of the care that every patient requires in health and disease; however, every patient deserves to have a health professional who is willing and able to be responsible for his or her total health care. Thus, the primary health-care providers should be aware of the full scope and content of primary health care, must assume responsibility for seeing that the portion

Table 1. Primary Health Care: A Descriptive Definition

Primary health care includes the initial contact of the patient with the health-care system and encompasses a full range of basic health services. Primary health care should be readily accessible, patient-oriented, of high quality, comprehensive, individualized, and based on a firm foundation which integrates knowledge of the medical, biological, physical, social, psychological, and behavioral sciences.

Primary health care may be provided by a variety of health professionals, working either singly or in teams. It should be given in a caring and supportive manner. Regardless of who renders the primary care, where it is provided, or how long the individual remains as a patient, the primary care provider should assume responsibility and accountability for the coordination, integration, and continuing management of the patient's total health care and services.

The basic elements of primary health care include:

- Care of those who are in good health as well as those who are ill.
- Assessment, diagnosis, and therapy of a wide variety of illnesses and injuries including the screening, initial care, management, and triage of surgical and medical emergencies.
- Prevention, recognition, and management of the complications of common illnesses, including common emotional adjustment problems.
- Responsibility for recognizing and evaluating patients' total health needs, particularly problems that are serious and correctable.
- Provision of psychological and emotional support to help people deal with psychosocial problems, psychosomatic responses, stress, and anxiety, and to help them attain the fullest level of emotional and physical well-being.
- Promotion of health through family planning, sex education, and nutritional counseling, as well as genetic and other forms of counseling and health education.
- Continuing care and management of the chronically ill, the disabled and those requiring rehabilitation.
- Prevention of infectious disease, trauma, disorders secondary to environmental hazards, and other preventable conditions.
- Provision of appropriate cancer screening.
- Identification of individuals at special risk from various congenital and acquired disorders.
- Consideration of the social, cultural, developmental, physiological, and environmental determinants of personality, behavior, and disease.
- Provision of health advice and services to promote health maintenance at an optimal level and to increase patients' capabilities to assume responsibility for their own care.
- Referral of the patient, when necessary, to appropriate resources, specialists, and others, and guidance of the patient through various levels of health care.

Primary health-care deliverers should reach out to individuals from a variety of social, economic, ethnic, racial, and environmental backgrounds who have different expectations of health care; who may not recognize the existence of health problems; who may fail to participate actively in the health-care system; and who may not ordinarily seek care through established channels.

Primary health-care deliverers should assist individuals to understand the need for and the process of seeking health care and the services that are available. They should show individuals who are not in the system how they may enter it; help define for them the conditions under which entry could be acceptable and of value; and provide the services necessary to ensure utilization.

Primary care providers should participate in assessing community health needs and, when indicated, in the surveillance of health problems. They should be involved in planning, organizing, administering, and monitoring pertinent health services for the community.

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of care they give is integrated with the care given by other health personnel, and must be certain that whoever is ultimately in charge of providing the patient's care coordinates it to the patient's benefit.

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Essentials of Primary Care— A Family Doctor's Perspective

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The descriptive definition of primary health care presented above is comprehensive and at the same time, extremely specific. There is nothing in the catalog of responsibilities that family physicians do not do in practice and are not learning to do in the family practice residency training programs.

The authors state that "the primary care provider should assume responsibilities and accountability for the coordination, integration, and continuing management of the patient's total health care and services." This responsibility and accountability assumes an acceptable medico-legal status. This is manifestly extant for physicians, but on a national basis there is, as yet, no resolution of the problem of the non-physician health professional acting as a free-standing primary health-care provider.

Remembering that consumer concern and indignation first directed attention to the lack of primary health-care providers and that this concern has fueled the growth and development of the primary health-care disciplines, we can perhaps safely leave the final decision, as to who should do what in which circumstances, to the people we serve.

Family physicians will find little in the description to quarrel with; in fact, it serves to underwrite the specialty status of the discipline. Although there may be many types of health-care providers, no other group commits itself to "the comprehensive, continuing care of families of patients." Each of these individuals is entitled to the basic elements of primary health care listed in the descriptive definition provided by Dr. Silver and his colleague. This wider spectrum of responsibility accepted by the family physician increases his capacity "to coordinate, integrate, and continuously manage the patient's total health care and services."

Recently the question has been asked, "Do patients really want family doctors?"¹ Data was presented which, to the authors, suggested that patients may not value an ongoing relationship with one physician as much as has been assumed. The authors agreed that the data presented could not be indiscriminately extrapolated because of the special nature of the population measured. The sample contained no one under age 20, and was composed of university employees limited to receiving all medical care through a university health service. This study used criteria of continuity, percentage of total visits, percentage of appointments, and number of complete examinations as a way of defining an ongoing relationship. Such hard measures are necessary, and these may well

be appropriate, but there was no indication of the degree of satisfaction with the care provided, except by inference that a wide selection of physicians was available, as well as the opportunity for a more direct access contact similar to an emergency service.

These measures do not fully address the basic elements of primary health care as listed in the descriptive definition presented by Dr. Silver and Dr. McAtee, and if we accept this definition of primary health care, future studies must have similar hard measures of the patient's care as well as measures of satisfaction with the care delivered.

Dr. Silver and his colleague suggest that primary health-care providers should know the full scope of primary care: they must be responsible for integrating the care they give with the care given by other providers, and they must be *certain* that whoever is ultimately in charge of providing the patient's care coordinates that total care to the patient's benefit.

These statements leave the lines of responsibility unclear and carry with them the sense of fragmentation of care which has been the basis of the criticism leveled at the profession by members of the community in recent years. If we continue to fragment primary care and leave the lines of primary care blurred, we will continue to attract this criticism. Surely, the medical resource person appropriate to coordinate primary care is the one who by discipline, education, and practice has comprehensive continuing responsibility for family groups in a community and that person, by definition, is a family physician.

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