



March 13, 2020

Re: Evidence Pertaining to a Healthy Primary Care Workforce

In light of recent Alberta government decisions regarding Family Medicine/primary care funding, members of the PEER team (evidence and knowledge translation experts) wished to provide an overview of the evidence on the impact of Family Medicine on health care utilization and costs and overall patient health. In summary, **access to a primary care workforce which provides comprehensive patient care improves patient outcomes (death) and decreases health care utilization (emergency room visits, hospitalizations and readmissions) and health care costs.**

Family Physicians provide the overwhelming majority (~70% in Alberta) of all health care visits in Alberta and Canada.¹ Family physicians see more patients with multiple co-morbidities than specialists² and **perform as well as specialists in managing common diseases** such as diabetes, depression and cardiovascular disease in the elderly.^{3,4,5}

Patients who have a **regular family physician report using emergency services less than half** the time as those without a physician (4.3% versus 9.6%) and being **admitted to hospital less than half** the time (1.7% versus 4%).⁶

Adding Family Physicians to a population improves health outcomes greater than any other physician group. For every additional 10 family physicians per 100,000 population, there are 15 fewer deaths, 40 fewer hospitalizations⁷ and an average increase in life expectancy of 52 days.⁸

Alberta studies demonstrate that **continuity of care with a patients' Family Physician** improves outcomes in patients with chronic diseases including:

- **Decreased re-admissions and death for congestive heart failure patients at 1 year⁹**
 - *~10-15% fewer compared to no follow up visits*
 - *3-4% fewer compared to follow up with an 'unfamiliar physician (ex. cardiologist)*
- **Decreased number of emergency visits (60-75% relative) and hospitalizations (~25%) for asthmatic patients.¹⁰**

In addition, a study of over 50,000 potentially preventable hospital admissions of Alberta chronic disease kidney (CKD) patients found that not having a family physician increased admission rates by ~ 15%.¹¹

Ontario communities that lost > 3 Family Physicians per 100,000 population had a ~20% decrease in 5 year breast cancer survival.¹² Using 2019 Alberta population,¹³ Alberta Family Physician numbers,¹⁴ breast cancer incidence and death rates¹⁵ (where annually 470 Alberta women currently die of breast cancer) if Alberta were to lose 129 family physicians, an additional 470 potentially avoidable breast cancer deaths will occur over 5 years.



Canadian patients who have **contact with their Family Physician 1-2 times in a year were twice as likely to engage in colorectal cancer screening** than those without contact with a Family Physician.¹⁶ Greater density of primary care physicians decreases the proportion of advanced colorectal cancers.¹⁷

Numerous other studies find that access to primary care reduces infant mortality,¹⁸ obesity rates,¹⁹ late stage urologic malignancies,²⁰ and mortality from cervical cancer.²¹

Finally, caring for complex patients takes time. Patients of comprehensive **Family Physicians in Alberta who bill extended visit modifiers to manage these complex patients, are less likely to end up in the emergency room or be admitted to hospital.**²² Those physicians who bill extended time modifiers earn on average \$60,000 less than their counterparts.

This summary demonstrates the evidence supporting primary care, including the importance of access, continuity and comprehensiveness of primary care. Ultimately the health of all Albertans will benefit from a system that recognizes and supports the contributions of its Family Physicians.

Sincerely,

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