

Fifth Award *for Excellence and Innovation in Value Purchasing*

Presented to Dr. Barbara Starfield
March 15, 2007



Dr. Barbara Starfield (center) accepts the Fifth Award for Excellence and Innovation in Value Purchasing; Helen Darling, President, the National Business Group on Health, and Dr. Martin Sepulveda, Awards Committee Chair, made the presentation at the March 15 ceremony.

If you want to revitalize the U.S. health system, make primary care its centerpiece, and restore primary care services in the lives of Americans.

That was the message that Dr. Barbara Starfield brought to the National Business Group on Health on March 15, when she received the Business

Group's prestigious Award for Excellence and Innovation in Value Purchasing. It is the same message the health care scholar has taken to groups around the country that are seeking to understand how to deal with a dysfunctional health care system.

Most people in the U.S. think that having free access to high-powered specialists assures them best quality of care. Unfortunately, this is not the case. Although access to specialists is very important for those people who need it, unrestrained access to specialists for people who think they might need it is potentially dangerous, leading to unnecessary and potentially dangerous tests and therapies. This is why the linkage of people with a strong primary care practitioner is important.

—Dr. Barbara Starfield

Dr. Starfield, who advocates for the centrality of primary care as the way to improve health care quality and, at the same time, lower health care costs, is on the faculty at Johns Hopkins University's Bloomberg School of Public Health. She is the head of the Primary Care Policy Center there and University Distinguished Service Professor in the Department of Health Policy and Management.

She received the award "because through her work, she has painstakingly developed the business case for those of us in the private sector to drive patient-centered primary care in health care delivery reform," said Martin Sepulveda, MD, FACP, Vice President, Global Well-Being Services and Health Benefits at IBM. Dr. Sepulveda, member of the Board of the Business Group and Chair of its Awards Committee, presented the award. This is the fifth year the award has been given.

At a time when the U.S. tops all other developed nations in health care expenditures, according to Dr. Starfield, but ranks lowest in primary care functions and health care outcomes, health care reform is long overdue. But there are serious roadblocks that stand in the way of structural changes to the health care system.

In her acceptance remarks, Dr. Starfield said that while "everyone agrees the U.S. health services system needs reforming, almost every powerful interest group has motives to keep it

from changing.” She singled out the two exceptions: “the business community and the people of the country—who are beleaguered and browbeaten by a counterproductive and chaotic health system.” Dr. Starfield called on these two sectors to form an alliance. In her slide show, “*Primary Care: Why It’s Important to Employers*,” Dr. Starfield enumerates the four major rewards of a primary care-driven health system:

- Better health outcomes
- Greater equity in health
- Lower costs
- Less waste

Based on her own research data, she demonstrates significant differences in overall health indicators among developed countries with better primary care systems and those countries whose primary care systems are inferior. For example, the four countries with worse primary care—Belgium, France, Germany and the U.S.—had much higher rates of low birth weight and post-neonatal mortality than the countries with better primary care, which include Australia, Canada, Japan, Sweden, Denmark, Finland, Netherlands, Spain, England and Wales. Likewise, the overall average life expectancy is longer in the countries with better primary care.

Average Rankings* for Health Indicators in Infancy, for Countries Grouped by Primary Care Orientation				
	Low Birth Weight (1993)	Neonatal Mortality (1993)	Postneonatal Mortality (1993)	Infant Mortality (1996)
WORSE PRIMARY CARE (Belgium, France, Germany, US)	9.5	7.8	11.5	8.8
BETTER PRIMARY CARE (Australia, Canada, Japan, Sweden, Denmark, Finland, Netherlands, Spain, UK**)	5.9	6.7	5.0	6.2

*Best level of health indicator is ranked 1; worst is ranked 13; thus, lower average ranks indicate better performance.

**England and Wales only

Dr. Starfield also points out that other studies in both industrial *and* developing countries “show that areas with better primary care have better health outcomes,” including in categories such as mortality rates, heart disease and infant mortality. There is also an earlier detection of cancers such as colorectal, breast, uterine/cervical and melanoma. “The opposite is the case for higher specialist care,” she says, “which is associated with worse outcomes.”

What needs to be done? Dr. Starfield believes a coalition of the business community and consumers should focus on achieving the following goals:

- A universal, primary care-led health system with comprehensive benefits that are universal and include all needed services except those of marginal or no value. (This alone will eliminate a large portion of administrative waste.)
- A personal physician or team for everyone to provide most care and to help people navigate the rest of the system when indicated.
- An electronic medical record to improve coordination of care, reduce unnecessary duplication, and facilitate the collection of information that can be used to evaluate and improve the effectiveness and equity of health services.
- Protection against the increasingly unsafe, unwarranted and unnecessary technological interventions that add nothing to health.

In regard to the fourth goal, Dr. Starfield believes an increase in sophisticated medical and technological breakthroughs has not been reflected in a higher level of societal health.

Dr. Sepulveda had this to say about Dr. Starfield's overall perspective and her contributions: *“Through her superior research, and in her unassuming, soft-spoken but persistent way, she reminds us that simple things are important and often have a greater impact on health; and that with health care service consumption, less is often better than more; and that the really important decisions that impact behavior change, health services consumption and outcomes the most are made in the intimacy of families and in trusting and durable relationships with physicians/caregivers who have a longitudinal/comprehensive knowledge of us as individuals.”*