

Characteristics of the Health Care System and Health Policy

Health system characteristics that are associated with improved outcomes and lower costs include universal or near-universal financial assistance guaranteed by a publicly accountable body, equitable distribution of health care services with respect to regional health care needs, low or no co-payment for health care services, and comparable professional earnings by primary care physicians relative to other specialties.¹ A system that provides universal access to its senior citizens can only be successful when the needs of all citizens are met in an efficient, effective manner.

Summary

Family physicians and family medicine educators must become well versed in this information, and must develop personal relationships necessary to effectively deliver this message to those who make laws and policies. Our legislators and regulators must understand that policies designed to increase the number of generalist physicians will result in health care of higher quality, personal medical homes for more people, and movement toward universal access to care. They must also understand that such policies likely will result in annual savings of tens of billions of dollars for Medicare and hundreds of billions of dollars for the health care system. The return of our nation to policies that emphasize primary care, preventive medicine, and public health will lead to lower costs and improvements in quality that will be the first step to save Medicare and reform the health care system.

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And the Association of Departments of Family Medicine

References

1. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q.* 2005;83:457-502.
2. Kruse J. Family Medicine legislative advocacy: our powerful message. *Ann Fam Med.* 2005;3:468-469.
3. Garibaldi RA, Popkave C, Bylsma W. Career plans for trainees in internal medicine residency programs. *Acad Med.* 2005;80:507-512.



From the Association
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WORKSHOP FOR THE DIRECTORS OF FAMILY MEDICINE RESIDENCIES

Registration for the 2006 Workshop for the Directors of Family Medicine Residencies is now available online. The workshop will be held June 4-6, 2006 at the Hyatt Regency Crown Center in Kansas City, Mo.

Workshops will focus on this year's theme of "Forging the Future of Family Medicine Through Quality and Innovation."

To register or find more information, visit <http://www.aafp.org/pdw.xml>.

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THE UK NATIONAL HEALTH SERVICE AND PAY-FOR-PERFORMANCE: LESSONS FOR THE UNITED STATES

The 2005 NAPCRG Annual Meeting, held October 15-18, 2005 in Quebec City, featured a plenary talk by Martin Roland, MD, director of the National Primary Care and Research and Development Centre at the University of Manchester, UK, on the promise and perils of "pay-for-performance" in the National Health Service. This policy shift is the subject of spirited discussions in the United States and is showing signs of growing momentum. Currently, more than 35 health plans representing 30 million members offer pay-for-performance programs. Based on current growth trends, at least 80 health plans are expected to offer such programs by 2006, covering some 60 million members.¹ More significant is the apparent decision by the Centers for Medicare and Medicaid Services to move forward with some sort of "P4P" approach to reimbursement.²

Dr Roland's center carries out research to inform the development of primary care policy in the UK