



## Editorial

## Focus on primary care—A tribute to Barbara Starfield

In this issue, the first and foremost focus is on primary care. This group of articles is devoted to Barbara Starfield, professor of Health Policy and Management, who died on the evening of Friday, June 10, 2011 from an apparent heart attack while swimming.

She was a distinguished Professor in the Departments of Health Policy and Management and Paediatrics at the Johns Hopkins University Schools of Public Health and Medicine. She was also Director of the Johns Hopkins University Primary Care Policy Center and the author of two landmark books regarding primary care: *Primary Care: Concept, Evaluation, and Policy* and *Primary Care: Balancing Health Needs, Services, and Technology*.

Without exaggeration, Barbara Starfield was a world-wide recognized leader in the field of primary care and health services research. Her work led to the development of important methodological tools, including the Primary Care Assessment Tool, the CHIP tools (to assess adolescent and child health status), and the Johns Hopkins Adjusted Clinical Groups (ACGs) for the assessment of morbidity. Together with colleagues, she first reported on the development and potential relevance of ACGs – using US data from Medicaid as well as four large HMOs – in April 1991: *Ambulatory Care Groups: A Categorization of Diagnoses for Research and Management* [1]. In the following twenty years, Starfield continued to develop the ACGs, not only in the USA, but world-wide. In May 2011, only weeks before her death, Barbara contacted me to inquire whether Health Policy would be interested in publishing a manuscript describing this experience of applying ACGs around the world, such as in Canada, Israel Spain, Taiwan or the UK. I responded positively but received the actual manuscript on *Multimorbidity and its measurement* only after her death. Her co-author, Karen Kinder, submitted it as intended by Barbara. It is therefore a special honour for *Health Policy* to publish what was probably her last article [2].

Barbara Starfield was a firm believer that a high-quality primary care system is critical to the future of health care systems worldwide. Among the major thrusts of her work were health equity and the impact of health services on

health, in particular the relative roles of primary and specialty care. Her previous articles in *Health Policy* are a testimony of this work: In 1997, she was the co-author on an article on primary health care reform in Spain, analysing the respective changes in that country over a time span of more than 10 years [3]. Five years later, she wrote *Policy relevant determinants of health: an international perspective*, together with Leiyu Shi, a widely cited article [4]. In that publication, they reported on their study of the relationship between the strength of the primary care infrastructure to overall costs of health services across thirteen countries, all with populations of at least 5 million. They concluded that, “The stronger the primary care, the lower the costs. Countries with very weak primary care infrastructures have poorer performance on major aspects of health. Although countries that are intermediate in the strength of their primary care generally have levels of health at least as good as those with high levels of primary care, this is not the case in early life, when the impact of strong primary care is greatest.”

The articles following provide good examples of important aspects of primary care such as predicting pharmaceutical expenditure, affiliation to and choice of general practitioners as well as the public-private mix in Spain [5], Australia [6], New Zealand [7] and Sweden [8]. *Health Policy* is continuously seeking to receiving – and publishing – short, full-length and review articles on primary care, which are both scientifically sound and politically relevant.

As with all other areas, we are especially interested in (1) what is happening in terms of policies, reforms, regulation etc., (2) where the ideas are coming, (3) why it is happening, (4) the actors involved, (5) intended and, especially, unintended effects of these policies or reforms in terms of access, appropriateness, costs, effectiveness, quality, patient experience and equity etc.; and (6) their final consequences in terms of health outcomes, financial protection and responsiveness to the population's legitimate expectations [9]. Nolte's and McKee's article on developments and variations in mortality amenable by health care across 16 high-income countries, also in this issue, provides a good example of such analyses [10].

## References

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