Introduction to the Dedicated Issue

Moving Forward in Knowledge on the Process of Primary Care: Convergence Rather Than Parallelism in Scholarship (Hopefully)

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Several characteristics define primary health care services. These include being the first contact for care by a patient, having continuity of care between patients and providers, having providers supply comprehensive medical care, and having providers coordinating the range of the patient's needed medical services. Although some medical specialties may exhibit one of these characteristics, the combination of these characteristics seems to embody the uniqueness and importance of primary care. The Institute of Medicine has noted the importance of primary care to the effective delivery of health services.

Interest in the process of primary care and its effects on health care outcomes is not limited to family medicine in the United States. In fact, researchers in a variety of disciplines throughout the world have focused their intellectual resources on examining and understanding these issues. According to a MEDLINE search conducted in September 2003, there are more than 1,300 English language citations from 2000–2003 under the heading of “continuity of patient care.” I should note that not all of these citations focus on continuity in the primary care sense, but as only one aspect of the process of primary care, it is instructive to observe that this is an area of substantial scholarship.

This dedicated issue of *Family Medicine* on the process of primary care would thus seem to be justified based solely on the sheer volume of scholarship. However, as the guest editor of this issue, I admit to a more idealistic goal—to bring together investigations on the process of primary care from a variety of disciplines and countries. Over time, it had become clear to me—through my reading of the literature and collaborations with colleagues in the United Kingdom and New Zealand on studies concerning the process of primary care—that many investigators have been working in parallel with little knowledge of similar types of work done outside of their specialty or country. The works presented in this dedicated issue are an attempt to address this parallel work and create a convergence of ideas into one place. The studies featured in this dedicated issue emanate from investigators in the United States, the United Kingdom, Canada, and The Netherlands. The lead investigators represent the fields of family medicine, general practice, pediatrics, and public health, with collaborators from psychology, sociology, and management.

In an effort to reach out to potential contributors to this dedicated issue, a call for papers was issued not only to readers of *Family Medicine* but also to listserves of the North American Primary Care Research Group, the Society of General Internal Medicine, and the Ambulatory Pediatrics Association. In addition, experts working in the field were invited to submit manuscripts. Moreover, it was emphasized to individuals that all aspects of the process of primary care were of interest and even encouraged. Although continuity of care is a big interest among many investigators, studies on coordination of care, comprehensiveness, and other aspects of primary care, as well as continuity of care, were of interest for this dedicated issue of *Family Medicine*.

All contributing authors were informed that submissions were to undergo peer review. As such, each of the submissions underwent two levels of review. The first was conducted by Barry D. Weiss, MD, editor of *Family Medicine*, and myself to assure quality standards and provide a breadth of coverage of topics. The second phase of the review process was a blinded peer review of the papers, resulting in revision and subsequent acceptance of some papers and a decision not to publish others. Consequently, we feel
that we have a strong collection of papers from a diverse group of investigators that represent important contributions to the field.

The organization of this dedicated issue is designed to begin with studies that ask the overarching question, “Does primary care make a difference?” Several unique characteristics of primary care are often cited in discussions about the value of family medicine and other primary care disciplines, and the first several articles in this issue focus on whether these characteristics are related to health outcomes. The next set of articles report on studies focusing on the unique nature of the process of primary care.

Finally, the dedicated issue includes a commentary by James Gill, MD, MPH, a leading investigator in this area of inquiry, in which Dr Gill discusses the implications of these studies for the organization of health care systems and for future investigations.

My hope is that the group of studies presented in this issue will not only inform readers about current findings in research on the process of primary care but will also stimulate investigators to begin to collaborate across disciplines and national boundaries in this area of inquiry. I believe that working together and taking advantage of the intellectual resources of a broad community of investigators will improve everyone’s knowledge of the effective delivery of primary care.

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**References**