



Measuring success

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We are so used to thinking of research as a matter of laboratories or clinics that we cannot think of our own practices as laboratories.

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In our daily practice each of us is aware of the differences we are able to make in the lives of many of our patients. Yet it seems we are often challenged by policy makers to demonstrate our worth in a more quantitative way. At a population level there is no question of the value of our services; we often quote, as evidence, Dr Barbara Starfield's landmark work.² She demonstrated that countries with strong primary care systems have better health outcomes and are far more cost-effective. Her description of strong primary care systems features patient-centred, comprehensive continuity of care, which is exemplified in Canadian family medicine.

In other areas, however, we have more difficulty. Implementation of electronic medical records in Canada lags behind other countries, as do performance measures for chronic disease management. In Ontario, performance-pay for achieving targets for 5 preventive maneuvers—flu shots, Papanicolaou tests, mammograms, colorectal screening, and child immunization—has led many family doctors, including me, to realize our shortcomings in delivering these services. And access to our services could improve, even for those patients who do have family doctors. A recent report from the Commonwealth Fund³ suggested that patients in Canada who had family doctors were more likely to wait more than 6 days to see their doctors than patients in 6 other countries.

Laying the groundwork

How strong is the research and evaluation in family medicine? And how well do we demonstrate what is and is not working? Canadian family medicine has a proud history and has produced groundbreaking research in doctor-patient relationship studies. For example, Dr Moira Stewart and her research team discovered that a patient's perception of being listened to fully and completely by the physician is directly related to relief of chronic headache symptoms; ie, good communication skills are associated with better patient outcomes.⁴ The College has sponsored the National Research System for many years, a sentinel practice network that investigates


many conditions for which early surveillance by family physicians can make a difference.

This is all well and good. However, there is a need for a Canadian coordinating body for primary health research.⁵ Canada lacks a specific funding stream for primary care research in Canada. The Canadian Task Force on Preventive Health Care, which has been key to providing evidence-based conclusions on screening, has seen its funding lapse for several years, and is only now being reinvigorated. And we lack funding for a national primary care sentinel surveillance network for chronic disease, although plans for that are ready to be implemented.

Making the grade

This lack of research infrastructure is particularly important given the large investments in primary care reform undertaken by provincial and federal governments in the past 7 years. I am often asked what the effects of primary care renewal have been. I can point to more satisfied patients and physicians, increased involvement of other health professionals, and some implementation of electronic tools to help in office practice, but I am hard pressed to cite definitive research demonstrating the value of what has been achieved.

It is important, though, that research and evaluation of family practices avoid a reductionist approach. Counting the number of Pap tests administered is necessary, but the value to a patient of having a medical "home-base" is much broader and richer than any quantitative measures will demonstrate. Our research methods must be sophisticated enough to make this clear.

We have a firm foundation in our Departments of Family Medicine, in the resources of the Canadian Library of Family Medicine, in our Section of Researchers, and in the talent and commitment of the family medicine research community. Investment in research infrastructure, training, and support can only strengthen our efforts. 

References

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