

policy makers. As part of this initiative, the CIHR will soon be announcing \$60 million in funding for multisector and interdisciplinary primary health care research and capacity building (CIHR, oral communication, July 2011). This is more than the cumulative amount spent on the primary health care sector by the CIHR since it was created in 2000.

Moving forward

Within months, more opportunities will become available through the CIHR's Strategy for Patient Oriented Research (SPOR), a plan to improve the research environment and infrastructure; set up mechanisms to train and mentor health professionals and nonclinicians; strengthen organizational, regulatory, and financial support for multisite studies; and support best practices in health care. Primary health care research is one of 2 priority areas targeted by SPOR.

To prepare for the SPOR competition, Canadian primary health care researchers have come together and created the Canadian Primary Health Care Research Network (CPHCRN), which was officially launched on October 3, 2011, in Edmonton, Alta, at the Accelerating Primary Care Conference. By coordinating and enabling multidisciplinary primary care research efforts across the country, the CPHCRN will improve the quality, accessibility, and cost-effectiveness of the Canadian health system. These efforts will be strengthened by the CPHCRN's strong partnerships with international researchers, all Canadian primary care disciplines, government decision makers, industry, quality councils, funding agencies, health charities, and patients.

Just as the microscope facilitated miracles in understanding infectious diseases, modern information technology

tools and new analytical techniques will unlock our understanding of what makes primary health care effective and inform us of what is needed to improve the quality and cost-effectiveness of the entire health care system.

We can now link data from patients and electronic medical records in community-based primary care practices across the country to provincial and national health administrative databases. We finally have the tools and resources to drive our discipline forward, reinforce the underpinnings of Canada's health care foundation, and rebuild our primary care system. In time, we will catch up with our international counterparts and resume our position in the world as primary care leaders.

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Spirometry interpretation in primary care

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The role of spirometry in primary care continues to evolve with increasing peer-reviewed support for its use as a diagnostic and therapeutic tool.^{1,2} Despite the availability of affordable hand-held spirometers, spirometry remains largely underused in primary care.³ Barriers to implementation include time constraints, quality control, and the challenges of interpreting spirometric data.²

In this issue of *Canadian Family Physician*, members of the Primary Care Respiratory Alliance of Canada discuss how 2 different spirometry interpretation algorithms influence interpretation of the same spirometric data and how this can lead to disease misclassification (pages 1148 and 1153).^{4,5} The articles describe a new algorithm that builds on principles of an existing algorithm endorsed by the Ontario Thoracic Society,⁴ and critically appraise the older algorithm to highlight some important limitations and inconsistencies with current guidelines on asthma and chronic obstructive pulmonary disease management.^{6,7} Caregivers can use the new algorithm as a stand-alone

document to manage patients with respiratory complaints, with a view to minimizing disease misclassification.

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