



## The urgency of creating a primary care CIHR institute

Francine Lemire MD CM CCFP FCFP CAE, EXECUTIVE DIRECTOR AND CHIEF EXECUTIVE OFFICER

Dear Colleagues,

Data about regarding the role of a strong primary care system in improving population outcomes and the importance of contributions by family physicians.<sup>1,2</sup> According to reports presenting Commonwealth Fund survey results, Canadian seniors are more likely than those of other nations to indicate that their primary care providers adopt a person-centred approach to their care and facilitate navigation in the health care system when referrals are required<sup>3</sup>; and Canadian adults rate the care they receive from their family doctor's practice as considerably above average.<sup>4</sup> Yet we know that Canada lags behind other countries when it comes to timely access to care, team-based care, and communication between health care providers themselves and with their patients.<sup>4</sup> We need data and research to better understand this situation, inform a transformational agenda, and assess the effect of innovation in the organization and delivery of primary care.

When the Canadian Institutes of Health Research (CIHR) was first created, the CFPC advocated for an institute dedicated to primary care research.<sup>5</sup> This did not materialize. At that time, CIHR believed that research based on primary care and community health care should be part of the research agendas of the other 13 institutes. We now face a situation where primary care research is proportionately underrepresented by CIHR and underfunded.

To be fair, CIHR has directed time-limited, strategic research funding to primary care, particularly in the past 6 years or so. Although the primary care share of CIHR funding has increased over the past 15 years, total primary care research funding represented only 2% to 3% of total CIHR funding between 2014 and 2017. Its funding for community health care research has been flat over the past 15 years, did not exceed 0.2% of the CIHR total, and peaked at 0.8% of the total in 2016-2017. However, these strategic funding commitments are scheduled to decrease over the next few years and end in 2022-2023.<sup>6</sup>

We believe that one of the main reasons for such a low level of funding relates to limited primary and community health care presence on CIHR's governing council, grant review panels, and institute advisory boards (primary health care researchers are currently represented on only 3 of the 13 institute advisory boards). What is clear is that CIHR's current approach to supporting primary care and community health care research has not been successful.

I want to iterate that the CFPC recognizes the importance of basic science research and the importance of institution-based research. This said, family doctors know that the patients they care for might have more complex needs than those included in interventional, disease-specific studies. We need to be more deliberate in supporting the generation of high-quality evidence to inform policy and practice. This absolutely requires investments in primary care and community health care research.

The CFPC has prepared a proposal for a CIHR Institute of Integrated Primary and Community Health Care; this internal document outlines immediate steps to address some of the challenges identified and to show that CIHR understands and is committed to this vital component of our health care system: develop a sustainable infrastructure for practice-based research networks and primary health care data collection, integration, and access; renew funding and support new primary and community health care strategic funding initiatives to address priority issues; and provide systematic tracking of primary and community health care submissions, success rates, and funding in the CIHR open grants competitions. Finally, although a robust cadre of highly productive, internationally acclaimed primary and community health care researchers has emerged in the past decade, development of an ongoing primary and community health care research training and career support strategy is critical.

We congratulate Dr Michael Strong on his appointment as CIHR President. We are aware of CIHR's intent to revisit future directions, and of the reality that this will be accompanied by legislative requirements. We also recognize the many pressures facing CIHR. This said, we need an institute dedicated to primary and community health care within CIHR. We are pleased that the Canadian Nurses Association, the Canadian Home Care Association, and the Society of Rural Physicians of Canada are considering joining us in this advocacy. Stay tuned for more developments. 🌱

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#### References

- Gulliford MC. Availability of primary care doctors and population health in England: is there an association? *J Public Health Med* 2002;24(4):252-4.
- Glazier RH, Moineddin R, Agha MM, Zagorski B, Hall R, Manuel DG, et al. *The impact of not having a primary care physician among people with chronic conditions*. Toronto, ON: Institute for Clinical Evaluative Studies; 2008.
- CIHI. *How Canada compares: results from the Commonwealth Fund's 2017 International Health Policy Survey of Seniors*. Ottawa, ON: CIHI; 2018.
- CIHI. *How Canada compares: results from the Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries*. Ottawa, ON: CIHI; 2017.
- Gutkin C. Research and the family doctor. *Can Fam Physician* 1999;45:1628 (Eng), 1627, 1626 (Fr).
- Canadian Institutes of Health Research [website]. *Funding decisions database*. Ottawa, ON: Government of Canada; 2018. Available from: <http://webapps.cihr-irsc.gc.ca/decisions/p/main.html?lang=en>. Accessed 2018 Jul 11.

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