

Engaging in primary care research

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I am delighted to have the opportunity to share my first President's Message with you. I have only been President for a short period but I am very honoured to have the privilege to serve Canadian family physicians in this capacity.

Like many of you, I have worked as a family physician in multiple settings, fulfilling various functions. I worked in the remote village of Bella Bella, BC, for 6 years, providing emergency and obstetric services. I served a high-risk population in inner-city Winnipeg, Man, for another 6 years. For the past 13 years, I have been working as part of an interprofessional team providing clinic, hospital, long-term care, and home visit services. In all of these settings and contexts I have seen the value that family doctors can offer our patients. As President, I intend to be a champion for our profession for the many roles we play in the multiple settings where we work.

One of the unique opportunities of being President of the CFPC is that I get to travel across the country and meet with many family physicians doing great work. Over the course of my term, I would like to use this space to highlight the work of the family physicians I meet.

In November, I attended the North American Primary Care Research Group conference in Chicago, Ill. The highlight of this experience for me was the opportunity to be in the same room with some of Canada's leading family medicine researchers: Brian Hutchison, Bill Hogg, Alan Katz, Judith Belle Brown, Moira Stewart, Martin Fortin, José Pereira, and Rick Glazier, to name a few.

Dr Glazier, the incoming Scientific Director of the Canadian Institutes of Health Research's (CIHR's) Institute of Health Services and Policy Research, gave a session in which he described future opportunities for family medicine research to be funded by the CIHR. He also stated that to optimize our potential research funding, we need to increase the number of family physicians who apply for it.¹

At Family Medicine Forum, Dr Hutchison highlighted the challenge we face. Since CIHR's establishment in 2000, the share of its funding going to primary health care research has never exceeded 3%, despite this being where most health care interactions take place (CIHR data, personal communication from J. Nadigel to B. Hutchison, March 19, 2018). As a discipline we need to strategize about increasing the amount of research taking place. Ideally, the CIHR would establish an institute for primary care research.

Many people are probably familiar with the foundational research of Starfield and colleagues.² They found that

mortality from all causes, heart disease, and cancer was lower where the supply of family physicians was greater.² She calculated that "127,617 deaths per year in the United States could be averted"² with an increase in primary care physicians. This supports the importance of family doctors in the health care system. But this research is almost 15 years old and not specific to the Canadian context. We have more to learn about how we can best serve our patients.

Also, Canadian-based research on the benefits of primary care and family medicine for the health of our communities is important leverage for policy makers. This will help when our medical associations negotiate with governments with regard to medical remuneration and different primary care models, such as family health teams in Ontario.

We need more family medicine research on both a large and a small scale. Certainly, we need capacity to apply for more CIHR grants, but research is important on a small scale too.³ I do not have much research experience myself, but last year my colleagues Amanda Condon and Tara Stewart and I decided to embark on a small, self-funded research project. We have an interest in home-based primary care. We wanted to learn about what our colleagues across Canada are doing in this area. We interviewed colleagues in other Canadian cities who do this kind of work. We made a submission to the Research Ethics Board of the University of Manitoba so we could write it up and try to publish it to share it with others. This was unfamiliar ground for us and a bit anxiety provoking, but I was proud when our project was supported. We are still in the middle of this very modest project, but it has been one of the most rewarding professional activities of our year.

I encourage you to consider how you might participate in research in your practice. If small, self-funded projects or large applications for CIHR research grants are not your thing, then maybe you can participate as a sentinel site for the Canadian Primary Care Sentinel Surveillance Network. This project collects information from our electronic medical records in a confidential way. Then, they can give you back useful data on your own practice for quality improvement as well as act as a repository for conducting family medicine research. It is a great way for every Canadian family doctor to support the research we need so much.

References

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2. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q* 2005;83(3):457-502.
3. McWhinney IR. Assessing clinical discoveries. *Ann Fam Med* 2008;6(1):3-5.