

# Primary care research: What is it and what does it have to do with me?

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# What is primary care research?

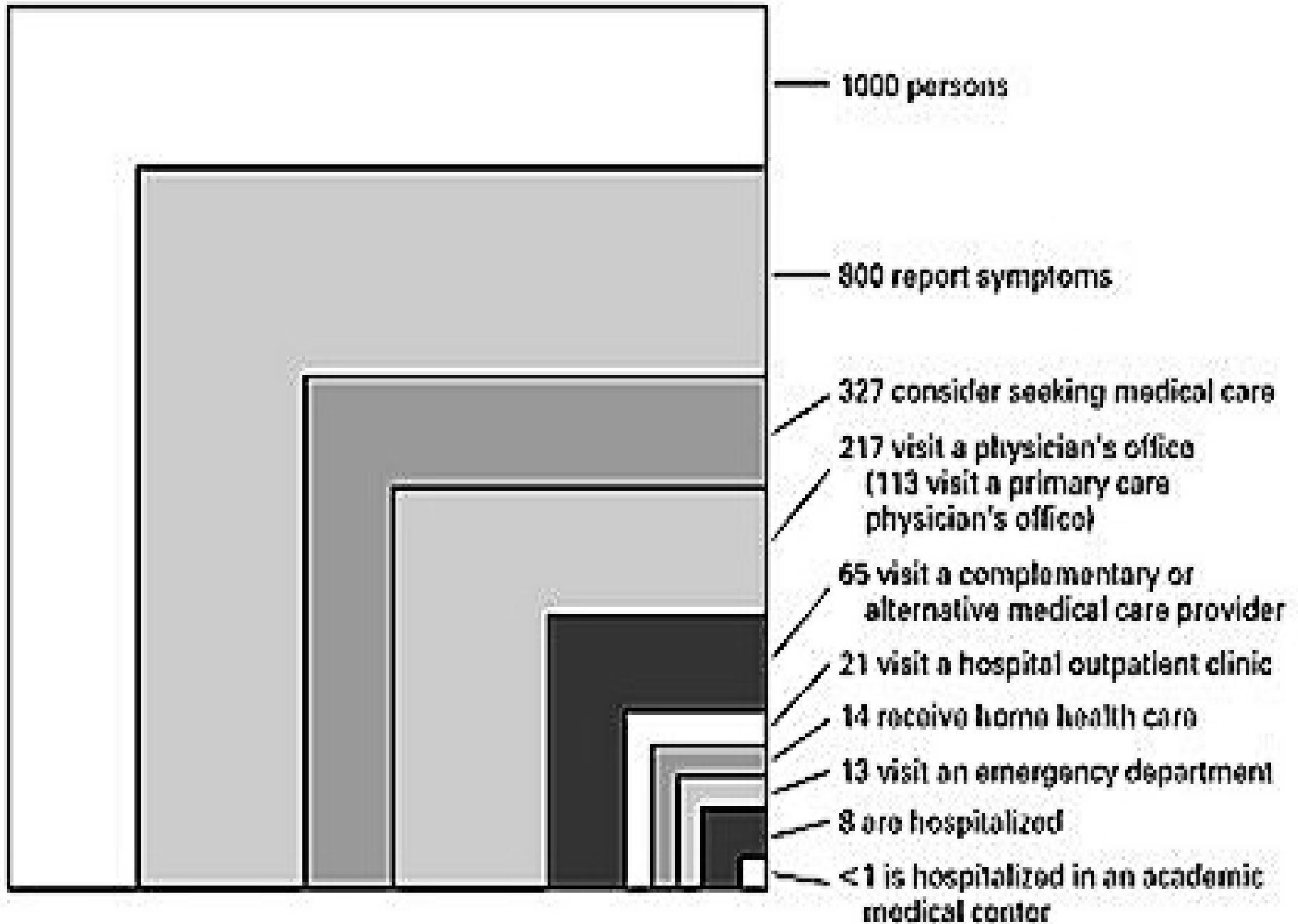
- Covers a very wide range of topics and methods
- But there are themes in terms of topic areas and the methods that are used
- Lots of problems early on with developing a research base for primary care....
- But major growth and advances over the recent years



# Major Topical Areas

- Primary care populations vs specialty populations
  - major early focus for primary care research
- Representative samples and generalizable results
- “Ecology of medical practice” - Kerr White’s boxes (repeated by Larry Green and others, published in NEJM)
  - Physical symptoms and utilization of the health care system per 1,000 people in the community per month





# Primary Care Pillars

First Contact	<ul style="list-style-type: none"><li>• Access to care</li><li>• Use by people for each new problem</li></ul>
Continuous & Longitudinal	<ul style="list-style-type: none"><li>• Relationship between a clinician, team, or practice and their patients over time</li><li>• Use by people over time regardless of the type of problem</li><li>• Person-focused character of clinician/patient relationship</li></ul>
Comprehensive	<ul style="list-style-type: none"><li>• Covers the broad range of most services</li><li>• Recognition of situations where other services are needed</li></ul>
Coordination	<ul style="list-style-type: none"><li>• Help patients navigate confusing health system</li><li>• Recognition of problems that require follow-up</li></ul>

# The Evidence: Primary Care Improves Population Health Outcomes

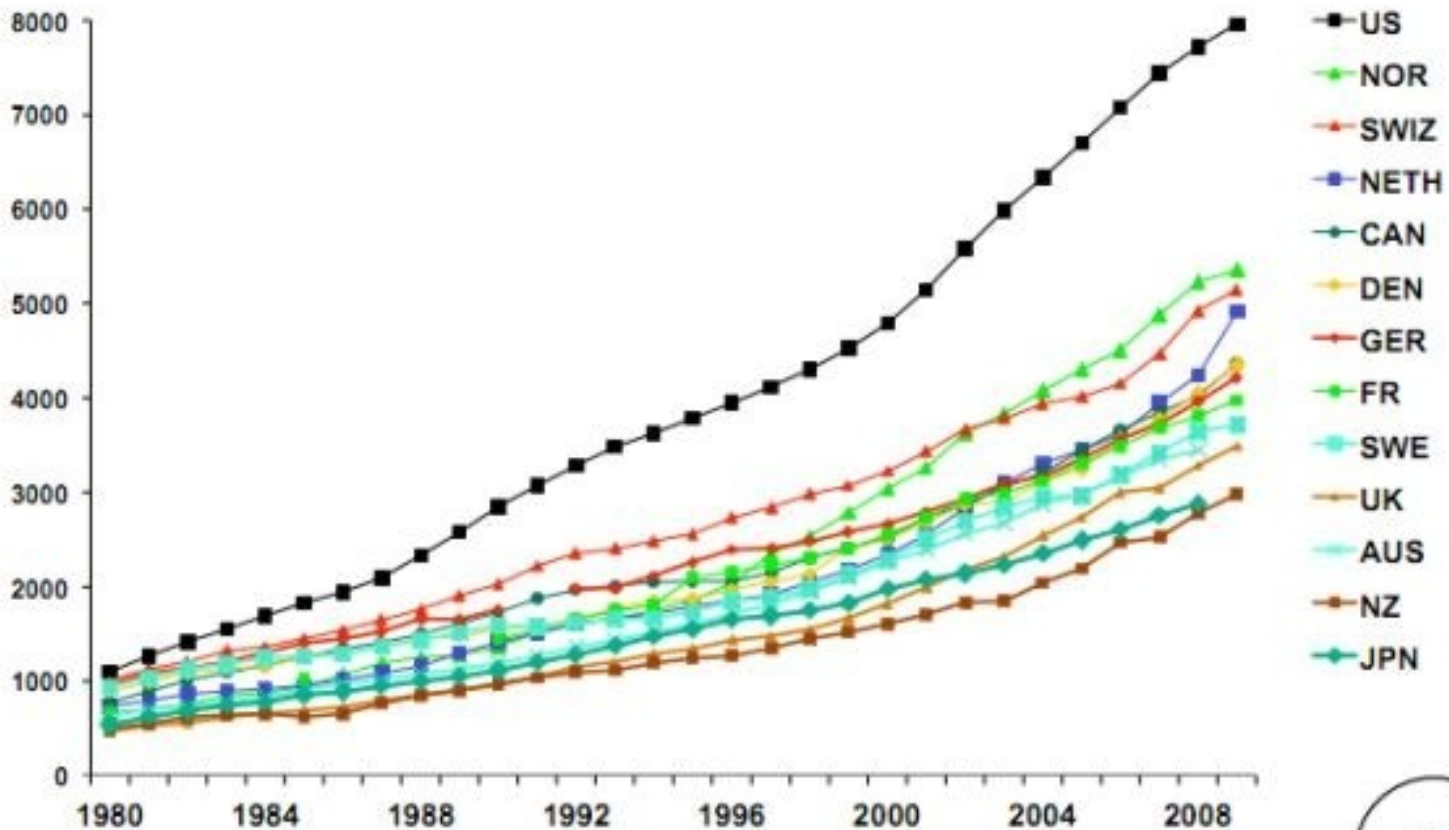
- Primary care improves quality.
- Primary care decreases costs.
- Primary care improves equity.
- Multiple outcomes are better in systems with stronger primary care
- No study shows otherwise –
- However, individual outcomes with a particular condition may be better for that condition with specialty care



# Health Care Spending, Per Capita

Average Health Care Spending per Capita, 1980–2009  
Adjusted for differences in cost of living

Dollars

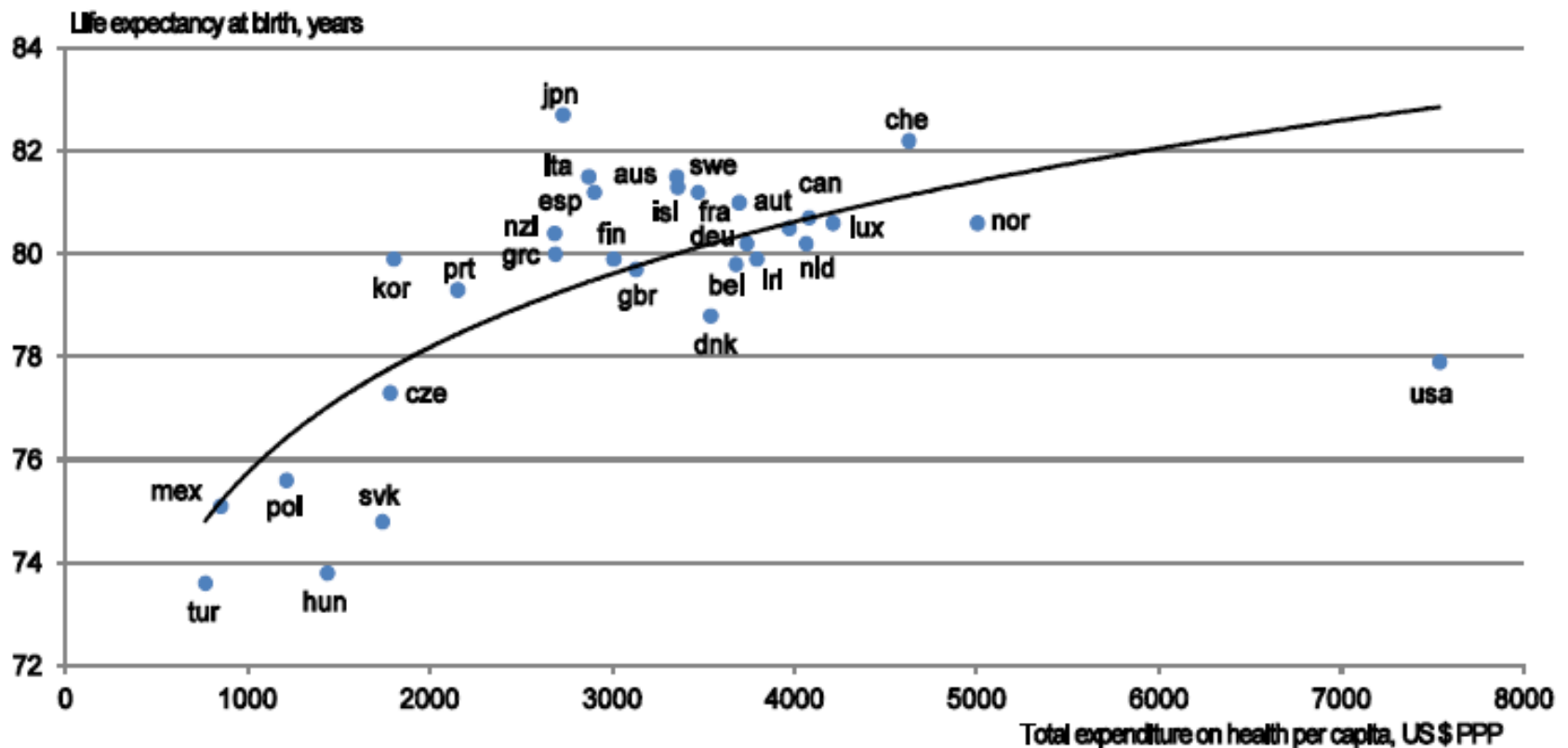


Source: OECD Health Data 2011 (June 2011).



# Life Expectancy X Spending

Figure 1. There are large differences in life expectancy and health care spending across OECD countries  
2008<sup>1</sup>



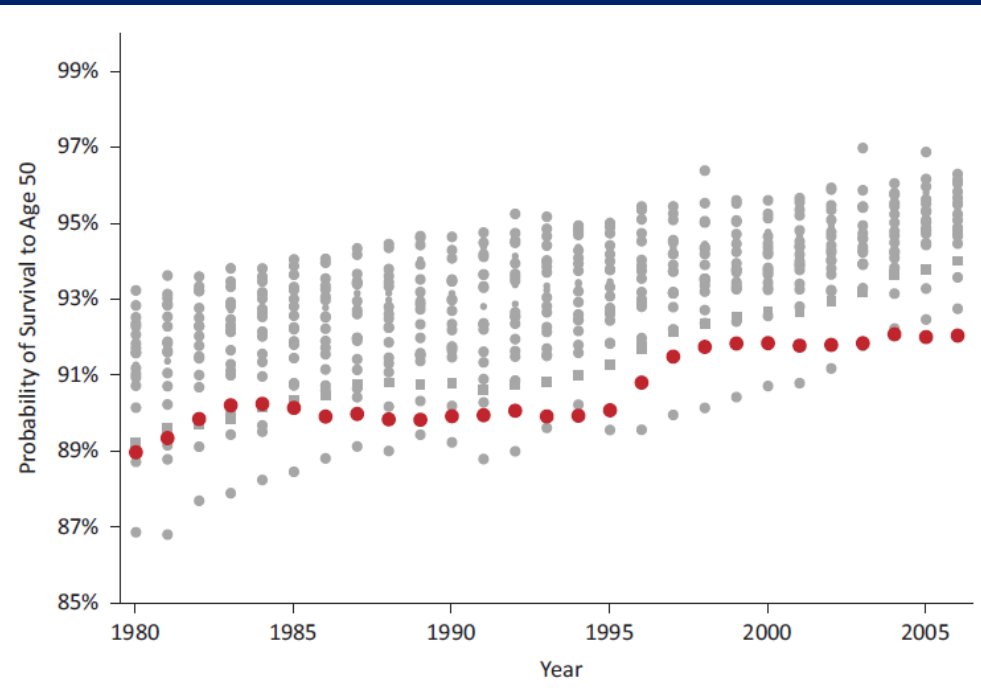
1. Or latest year available.

Source: OECD Health Data 2010.

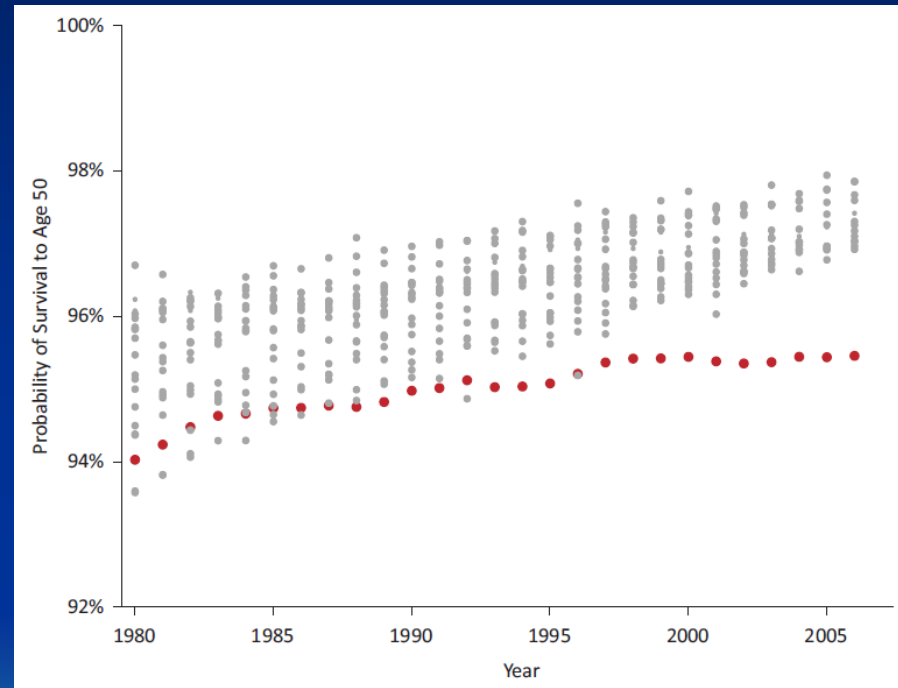


# Probability of Survival to Age 50 in 21 High-Income Countries, 1980-2006

## Males



## Females



# Problems in Clinical Performance

- 27% of patients with diagnosed hypertension are not adequately controlled
- 54% of patients with diabetes have blood sugars higher than acceptable range
- 14% of patients with heart disease have lipid levels in targeted range
- Half of smokers are counseled about smoking cessation by their physician





# Questions Guiding Changes in the Health Care System

- How do we improve the quality of care?
- How can we improve the experience of health care for patients?
- How can practices implement change?
- How can we do a better job with chronic care, prevention, health promotion?
- How can we make sure that everyone gets appropriate health care?



# Enhancements to Primary Care

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- Health information systems
- Analysis of variations in care
  - With variations in models of care
  - with variations in type of payment
  - with focus on patients versus diseases
- Patient-centered medical home (PCMH)
- Team-based care
- Chronic care model
- Population health approaches

**ALL REQUIRE EVALUATION**

# Integration of Care

- Primary care practices need to be able to provide better integrated care:
- Mental health issues
- Health behaviors
- Patients' life contexts
  - Family
  - Race, ethnicity, and culture
  - Social determinants of health
  - Other psychosocial issues

# Other Areas

- Most people have more than one health condition – how do you best deal with patients with multiple chronic diseases?
- How to best handle common clinical problems
- And then – a bit of everything else
  - We are generalists, after all!





**RESEARCH  
METHODS & TOOLS**

COMMUNITY

SYSTEMS

SYSTEM

CONCEPTUAL

QUALITATIVE

SCIENTIFIC











FAMILY MEDICINE

D





# Practice-Based Research Networks

- Basic labs for primary care research
- Multiple practices that band together and agree to do selected research projects, to make sure that the PBRN projects are relevant to practice, and to suggest problems needing research
- Practices inform and guide the content of the research – makes sure the research is relevant
- Range from simple observational “card” studies to full randomized clinical trials interventions
- Multiple sites give more generalizable results



# Engaging Patients and Communities

- Making sure that our research is relevant to our patients and communities
- Community-based participatory research
- Patient-centered outcomes research
- Patient advisory councils



# New Approaches to Rapid Cycle Learning

- Period of change in the health care system – policy decisions, implementation aren't waiting on formal trials
- Many demonstration projects, natural experiments
- Need rapid cycle evaluation & learning
- Requires new methods
- Combines research, evaluation, & QI tools
- Mixed qualitative & quantitative





# Other Methodology Innovations

- Multi-method research - especially combining qualitative with quantitative
- Innovative use of information technology for data gathering
- Complexity science






# Translating Research into Practice

- Dissemination of new information or interventions to practices
  - Many interventions proven effective have not yet made a major impact
  - Research findings very slow to make it into practice
  - Research findings don't always agree – what is the right answer?
- Development and implementation of evidence based guidelines to improve care





**HIKERS and BIKERS**  
Move to the side of  
the road when a  
vehicle approaches

# Quality Improvement Networks

- Many PBRNs are increasingly moving toward shared quality improvement projects
- Goals of improving the quality of practice, learning what works and what and what doesn't in translating research into practice
- Data from multiple practice doing same or very similar QI projects result in generalizable learning
- Benefits the practice and the discipline
- Gives practices much more reason to participate in a PBRN





Questions  
are  
guaranteed in  
life;  
Answers  
aren't.