

COUNCIL OF ACADEMIC FAMILY MEDICINE

Association of Departments of Family Medicine
Association of Family Medicine Residency Directors
North American Primary Care Research Group
Society of Teachers of Family Medicine



Proposed Committee Language to Fund AHRQ's Center for Primary Care Research

Primary care clinical research is a core function of AHRQ. Primary care research includes: translating science into patient care, better organizing health care to meet patient and population needs, evaluating innovations to provide the best health care to patients, and engaging patients, communities, and practices to improve health. In addition, in rural or other underserved areas primary care is often the main provider of care. AHRQ has proved to be uniquely positioned to support best practice research and to help disseminate the research nationwide. However, reduced levels of AHRQ funding in the past have exacerbated disparities in funding primary care research. Important primary care research initiatives have been unfunded in recent years. These include research to optimize care for patients with Multiple Chronic Conditions (MCC) as well as the statutorily authorized Center for Primary Care Research. In addition, the guideline clearinghouse has been a key instrument used by primary care providers and it has fallen to the consequences of budgetary limitations.

AHRQ is in a unique position to further primary care clinical research as well as the implementation science to identify how to deploy new knowledge into the hands of primary care providers and systems in communities. The Committee supports additional funding directed to the Center for Primary Care Research to continue and expand the following research goals: (1) development of clinical primary care research and researchers (2) real world implementation of evidence, (3) the process of practice and health system transformation, (4) how high functioning primary care systems and practices should look, (5) how primary care practices serving rural and other underserved populations adapt and survive, and (6) how health extension systems serve as connectors for research institutions with practices and communities.