

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



Structure and Funding for Primary Care Research Agency for Healthcare Research and Quality (AHRQ) and National Institutes of Health (NIH)

Recommendations:

- Funding for AHRQ of at least \$460 million in budget authority for fiscal year 2020.
- Funding directed to AHRQ's Center for Primary Care Research of \$5 million.

Background: For FY 2018 and FY2019, the President's budgets eliminated AHRQ and moved some features of AHRQ into a new National Institute for Research on Safety and Quality. We expect the President's Budget may do the same for FY2020. In the meantime, the FY2018 conference report on Labor/HHS appropriations requested AHRQ to fund a study of both health services and primary care research – to address the funding supported by federal agencies and identify research gaps and areas for consolidation, as well as propose strategies for better coordination of the Federal health services research enterprise.

The need for adequate funding for AHRQ: AHRQ supports primary care research around the country. In contrast, most other research funding in the United States supports research of one specific disease, organ system, cellular, or chemical process – not for primary care even though the overall health of a population is directly linked to its primary health care system. 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. AHRQ has proved to be uniquely positioned to support best practice research and to help disseminate the research nationwide.

It is our hope that all of AHRQ's unique work continues and is enhanced in the future. Basic science and disease-specific research is the historic and current focus of the NIH. Primary care research in contrast has been underfunded within this framework. For example, less than 0.5% of NIH funding goes to family medicine researchers, and it is concentrated among a limited number of departments with little funding for new investigators. In contrast, AHRQ focuses on primary care research. Reduced levels of AHRQ funding have exacerbated the disparities in primary care research that the Agency has not been able to address.

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. For this reason, we are supporting additional overall funding increases for FY 2020, as well as specific funding for the Center for Primary Care Research. We hope additional funding will 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.

There are six areas that AHRQ highlights that distinguish it from other federal biomedical research infrastructure: Practice-based Research Networks (PBRNs), practice transformation, patient quality and safety in non-hospital settings, multi-morbidity research, mental and behavioral health provision in primary care practices, and training future primary care investigators. AHRQ performs several unique roles.

- AHRQ's funds research into multiple chronic conditions – a hallmark of primary care practice. Additionally, funding will be used for data collection to identify how health care teams are organized and if care and outcomes look different in team based practices, compared to traditional practices.
- AHRQ funds patient safety research. Highlighting the success of AHRQ's patient safety initiatives, a 2014ⁱ report showed hospital care to be much safer in 2013 compared to 2010.
- AHRQ supports research that is essential to create a robust primary care system for our nation -- one that delivers higher quality of care and better health while reducing the rising cost of care. Despite this need, little is known about how patients can best decide how and when to seek care, how to introduce and disseminate new discoveries into real life practice, and how to maximize appropriate care.
- AHRQ provides the critical evidence reviews needed to answer questions on the common acute, chronic, and co-morbid conditions that family physicians encounter in their practices on a daily basis.
- AHRQ promotes evidence-based patient safety practices. The health services research supported by AHRQ is vital to a robust health care system that delivers higher quality of care and better health while reducing the rising cost of care.

An example of the unique nature of some of the work of AHRQ that, if funded adequately, would help address the continuum of biomedical research and aid in the translation of biomedical research from the bedside to the community is the initiative regarding research to optimize care for patients with Multiple Chronic Conditions (MCC). Funding cuts to AHRQ have eroded its ability to continue this initiative. It would have provided clinicians with evidence-based tools to develop integrated care plans that comprehensively reflect patients' health conditions, values, preferences, and relevant life circumstances as well as examine how new care models and services, which are transforming the health care delivery system, may better serve the needs of people with MCC.

ⁱ Publication # 15-0011-EF