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Primary Care Research Leaders Call for Increased Funding to Support the Research That Will Help the Most Patients

(SEATTLE) – On the heels of the announcement of CMS’s Center for Medicare and Medicaid Innovation, primary care research leaders call upon government funding centers to bring the research funding model in balance with the increased reliance on primary care. At the close of the North American Primary Care Research Group’s (NAPCRG) Annual Meeting on Wednesday, NAPCRG leaders say that while health reform will provide millions of Americans access to primary care, the science needed to improve the quality and effectiveness of primary care is too anemic.

Research shows that the strength of primary care in a country is directly linked to its population’s health status. This translates to better birth outcomes, potential years of life lost, age-adjusted death rates, and age-specific mortality rates. It also is linked to improved workforce productivity and lower overall healthcare costs. Yet, historically, research funding dollars have gone towards research of one specific disease, organ system, or cellular or chemical process, not for primary care. While this research is of importance, it does not help the greatest number of patients.

“There is a science to primary care. Primary care focuses on the patient as a whole, often with multiple conditions, and family, social, and environmental conditions that impact a patient’s health. Funding for research in primary care is essential to inform practice that will in turn create better outcomes for patients,” said Bob Phillips, MD, MSPH, director of the Robert Graham Center and recently elected member of the Institute of Medicine. The Robert Graham Center is a center for policy studies in family medicine and primary care.

Recent studies by the Robert Graham Center found that of the \$95.3 billion total the National Institutes of Health (NIH) awarded in research grants from 2002 to 2006 (which includes three years after the NIH budget doubled), family medicine researchers received just over \$186 million—only about two pennies for every \$10. Nearly 75 percent of all grants to family medicine came from only six of the NIH’s 24 funding institutes and centers, and one third of the institutes and centers did not award any grants to family medicine.

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“There is not a NIH ‘Center for the Whole Person’ or ‘Primary Care’, so we have difficulty making our case fit into research where there the majority of funding lies, such as research about the heart, lung, infectious disease or cancer. Primary care is like a vast, undiscovered continent and our country’s research enterprise is focused on remapping Rhode Island,” added Phillips.

Primary care research deals with 1) translating science into the practice of medicine and caring for patients, 2) understanding how to better organize health care to meet patient and population needs, 3) evaluating innovations to provide the best health care for patients, 4) engaging patients, communities, and practices to improve health, and 5) the myriad daily problems that people have that are not researched by specialists and basic scientists.

In 2007, Americans made nearly 1 billion visits to office-based physicians, 50% of those visits were to primary care physicians.

About NAPCRG

The North American Primary Care Research Group (NAPCRG) is a multidisciplinary organization for primary care researchers in the United States, Canada, Mexico, the Caribbean, and throughout the world. Founded in 1972 and oriented to family medicine, NAPCRG welcomes members from all primary care generalist disciplines and related fields, including epidemiology, behavioral sciences, and health services research. More information can be found at www.napcrg.org.

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