



THE AGA KHAN UNIVERSITY

eCommons@AKU

---

Department of Family Medicine

Medical College, Pakistan

---

January 2007

# Primary care research: opportunities and challenges

Waris Qidwai

Aga Khan University, waris.qidwai@aku.edu

Follow this and additional works at: [https://ecommons.aku.edu/pakistan\\_fhs\\_mc\\_fam\\_med](https://ecommons.aku.edu/pakistan_fhs_mc_fam_med)



Part of the [Family Medicine Commons](#)

---

## Recommended Citation

Qidwai, W. (2007). Primary care research: opportunities and challenges. *Journal of College of Physicians and Surgeons Pakistan*, 16(12), 741-742.

**Available at:** [https://ecommons.aku.edu/pakistan\\_fhs\\_mc\\_fam\\_med/127](https://ecommons.aku.edu/pakistan_fhs_mc_fam_med/127)

## PRIMARY CARE RESEARCH: OPPORTUNITIES AND CHALLENGES

Waris Qidwai

Primary care and primary health care are considered critical to the provision of effective health care around the world.<sup>1,3</sup> Despite the proven importance of primary care, there is a relative paucity of research about common problems and problems that are identified and treated in the primary care sector. Only about 10% of the world's research resources are directed at the 90% of the health problems of the world's population—problems which often are addressed in the primary care sector of medicine. This has been referred to as the "10/90 gap".<sup>4,5</sup>

Primary care clinicians, including family doctors, encounter health problems less frequently seen or managed in other sectors of health care. Clinical decisions are made in an environment of low probability of major disease and with the concurrent management of multiple problems.<sup>6</sup> Holistic approach is practiced in primary care with emphasis on biological, psychological, social and spiritual aspects confronting a patient. For this reason, clinical research carried out by others in other settings and specialties has only limited relevance for those providing primary care.<sup>7</sup>

Interventions developed at the primary care level aim at common health issues with tremendous impact potential for improving health of the masses. The research into secondary and tertiary level issues is no less important, but often focuses on conditions less common than those seen in primary care, with less impact potential in terms of number of patients who may benefit. Research conducted on interventions that improve outcome among patients with acute coronary syndromes is very much needed, but research on preventive strategies that will prevent such syndromes from developing offers a much more cost-effective means to tackle the problem with a much larger impact potential.

Practice guidelines support the practice of evidence-based medicine.<sup>8</sup> Such guidelines are developed from evidence derived from research. Since research is lacking in primary care, evidence from hospital-based data is often incorporated into the practice guidelines, making it difficult to implement them in the primary care settings including the use of facilities not readily available to all primary care practitioners. Guidelines concerning management of dyspeptic patients, developed by specialist gastroenterologists, may require endoscopy, a facility not readily available in primary care settings. Practice guidelines, developed by sub-specialists, are necessary for use in providing secondary and tertiary care, but at times, may prove difficult to implement in primary care settings.

With the increase in cost of living and difficulties in providing entire population access to health care facilities, cost effective practice models in primary care are required at the frontline. The different models of primary care that may work can be developed and tested for their effectiveness. The number of primary care physicians in academic medicine must be increased and research should be conducted in primary care settings. Primary care research networks should be developed that may team up primary care physicians practicing in the community with those working in academic settings to help conduct meaningful and scientifically sound research in primary care.<sup>9</sup>

With this scenario, the opportunities in conducting primary care research are innumerable with a large scope. Different cost-effective health care delivery models, that offer effective, preventive and curative services in primary care, can be explored. Research into health care systems, and how best can primary care services be delivered to larger sections of population requires further enquiry. The issue of integration of primary, secondary and tertiary levels of care requires further research and exploration. Strategies that promote healthy life-style can be further explored. Continuous quality improvement through regular audits in primary care can be further promoted.<sup>10</sup>

The challenges to conduct primary care research are also tremendous. The scarcity of resources is critical and includes lack of infrastructure, human resources and finance.<sup>11</sup> The present primary care infrastructure is not geared towards conducting and promoting research. Trained manpower resources are in short supply and primary care practitioners lack skills necessary to conduct primary care research, based on sound scientific principles. The culture to conduct research in primary care settings is lacking due to absence of support from policymakers. The concept of continuous quality improvement, through regular audits, needs to be taken up.

The main challenge required to promote primary care research is to solicit support of policymakers, particularly in the provision of financial support, at all levels. The funds spent on research by governments and non-governmental organizations should be balanced out between primary, secondary and tertiary care facilities. The policymakers have to promote primary care teaching and research in the academic institutions at undergraduate and postgraduate levels.

Medical graduates are choosing disciplines other than primary care due to better remunerations and status associated with sub-specialties. Unless medical graduates are convinced that a career in primary care offers the same returns for hard work as other specialties, they are unlikely to select primary care as their career option. The issue of

Correspondence: Dr. Waris Qidwai, Associate Professor, Department of Family Medicine, The Aga Khan University, Stadium Road, P.O. Box.3500. Karachi-74500. E-mail: waris.qidwai@aku.edu

Received: November 7, 2006; accepted November 11, 2006.

recruitment of talented and bright medical graduates towards primary care is critical, if shortage of well-trained manpower in the field is to be effectively addressed.

The question of promotion of health of the masses is critical. It cannot be achieved without an effective primary care as part of an overall health care system. Research in primary care is necessary to ensure that a high quality primary care is delivered to the masses. Support for primary care, in general, and for research in primary care, in particular, is the need of the hour. It is hoped that policymakers will act in accordance with the identified need to ensure delivery of effective and cost-effective health care to the masses.

## REFERENCES

1. Macinko J, Starfield B, Shi L. The contribution of primary care systems to health outcomes within Organization for Economic Cooperation and Development (OECD) countries 1970-1998. *Health Services Research* 2003; **38**: 831-65.
2. Starfield B. Primary care and health: a cross-national comparison. *J Am Med Assoc* 1991; **266**: 2269-71.
3. Jong-Wook L. Global health improvement and WHO: shaping the future. *Lancet* 2003; **362**: 2083-8.
4. Global Forum for Health Research. The 10/90 report on health research 2001-2002. Global Forum for Health Res, c/o Geneva, Switzerland. *World Health Organ* 2002.
5. Flanagan A, Winkler MA. Global health targeting problems and achieving solutions: a call for papers. *J Am Med Assoc* 2003; **290**: 1382-4.
6. Beasley JW, Hankey TH, Erickson R, Stange KC, Mundt M, Elliott M, et al. How many problems do family physicians manage at each encounter? A WReN study. *Ann Fam Med* 2004; **2**: 405-10.
7. Tilyard M, Dovey S. Research in general practice or general practice research. *NZ Med J* 2002; **113**: 50-2.
8. Kereiakes DJ, Antman EM. Clinical guidelines and practice: in search of the truth. *J Am Coll Cardiol* 2006; **48**: 1129-35.
9. Zwar NA, Weller DP, McCloughan L, Traynor VJ. Supporting research in primary care: are practice-based research networks the missing link? *Med J Aust* 2006; **185**: 110-3.
10. Asnani M, Brown P, O'Connor D, Lewis T, Win S, Reid M. A clinical audit of the quality of care of hypertension in general practice. *West Indian Med J* 2005; **54**: 176-80.
11. Rosenblatt RA, Andrilla CH, Curtin T, Hart LG. Shortages of medical personnel at community health centers: implications for planned expansion. *JAMA* 2006; **295**: 1042-9.

