

concepts in response to evolving health care needs. The creation of the specialty of family medicine itself was one such socially responsive initiative, as Americans in the 1960s expressed the need for continued access to personal doctors.¹³ Engaging community-based practicing physicians in research and the establishment of practice-based research networks were also pioneering innovations.^{14,15} The patient-centered medical home is a more recent bold idea from family medicine and pediatrics that is gradually becoming embedded in our health care system.¹⁶ For reasons that are analogous to these historical shifts, and no less achievable, the 5R model strikes me as a logical next step in the evolution of the care delivery research paradigm.

The Institute for Health Improvement articulates our most pressing needs as the "Triple Aim" of improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care.¹⁷ The 5R model creates a clear vision for research that would likely hit the targets of the Triple Aim more consistently and more quickly than our current, more fragmented approach. If so, the investments needed to adopt this model and actualize it could pay off in the most meaningful way possible; through the direct application of the most valuable knowledge that directly preserves human life and relieves human suffering.

To read or post commentaries in response to this article, see it online at <http://www.annfammed.org/content/12/5/399>.

Submitted August 5, 2014; accepted August 6, 2014.

References

1. Peek CJ, Glasgow RE, Stange KC, Klesges LM, Purcell E, Kessler RS. The 5 R's: an emerging bold standard for conducting relevant research in a changing world. *Ann Fam Med*. 2014;12(5):447-455.
2. James P, Davis A, Borkan J; Association of Departments of Family Medicine. The challenge to build research capacity in family medicine: is our discipline ready? *Ann Fam Med*. 2010;8(4):371-373.
3. Ewigman BG. Fire in the belly: doing what it takes to produce excellent research. *Fam Med*. 1996;28(4):289-290.
4. Garfield E. Citation indexes for science: a new dimension in documentation through association of ideas. *Science*. 1955;122(3159):108-111.
5. Funding First. Mary Woodard Lasker Charitable Trust. *Exceptional Returns: the Economic Value of America's Investment in Medical Research*. 2000. <http://www.laskerfoundation.org/media/pdf/exceptional.pdf>. Accessed Aug 1, 2014.
6. Rowley JD. Letter: A new consistent chromosomal abnormality in chronic myelogenous leukaemia identified by quinacrine fluorescence and Giemsa staining. *Nature*. 1973;243(5405):290-293.
7. Eck MJ, Manley PW. The interplay of structural information and functional studies in kinase drug design: insights from BCR-Abl. *Curr Opin Cell Biol*. 2009;21(2):288-295.
8. Leshner AI, Terry SF, Schultz AM, Liverman CT; Committee to Review the Clinical and Translational Science Awards Program at the National Center for Advancing Translational Sciences. Board on Health Sciences Policy. Institute of Medicine. The CTSA Program at NIH: Opportunities for Advancing Clinical and Translational Research. <http://www.nap.edu/catalog.php>.
9. Family Medicine Working Party. Family medicine for America's health: future of family medicine 2.0. <http://www.aafp.org/about/initiatives/future-family-medicine.html>. Accessed Aug 1, 2014.
10. Rakotz MK, Ewigman BG, Sarav M, et al. A technology-based quality innovation to identify undiagnosed hypertension among active primary care patients. *Ann Fam Med*. 2014 12(4):352-358.
11. Agency for Healthcare Research and Quality (AHRQ). Health Care Innovations Exchange. Information technology-facilitated identification of at-risk primary care patients combined with in-office automated measurement significantly reduces undiagnosed hypertension. <http://www.innovations.ahrq.gov/content.aspx?id=4190>. Accessed Aug 2, 2014.
12. Institute for Translational Medicine. The University of Chicago. <http://itm.uchicago.edu/>. Accessed Aug 1, 2014.
13. American Medical Association, Ad Hoc Committee on Education for Family Practice of the Council on Medical Education. *Meeting the Challenge of Family Practice*. Chicago, IL: American Medical Association; 1966.
14. Green LA, Hickner J. A short history of primary care practice-based research networks: from concept to essential research laboratories. *J Am Board Fam Med*. 2006;19(1):1-10.
15. Lindbloom EJ, Ewigman BG, Hickner JM. Practice-based research networks: the laboratories of primary care research. *Med Care*. 2004;42(4)(Suppl):III45-III49.
16. The medical home: what do we know, what do we need to know? A review of the earliest evidence on the effectiveness of the patient-centered medical home model. Prepared by Mathematica Policy Research, Princeton, NJ for Agency for Healthcare Research & Quality (AHRQ). Contract Nos. HHS2902009000191/HHS29032002T, HHS2902009000191/HHS29032005T. <http://pcmh.ahrq.gov/sites/default/files/attachments/the-medical-home-what-do-we-know.pdf>. Accessed Aug 1, 2014.
17. Institute for Healthcare Improvement. <http://www.ihc.org/engage/initiatives/tripleaim/>. Accessed Aug 1, 2014.

CORRECTION

Ann Fam Med 2014;12:401. doi: 10.1370/afm.1698.

Jenissen CA, Harland K, Wetjen K, Peck J, Hoogerwerf P, Denning G. A school-based study of adolescent all-terrain vehicle exposure, safety behaviors, and crash experience. *Ann Fam Med*. 2014;12(4):310-316.

In the Limitations section of this paper, the following sentence incorrectly included the word "rates" due to an editing error: "In fact, the states with the top 10 pediatric ATV fatality rates include California, Texas, Pennsylvania, Florida, and New York." The sentence should read, "In fact, the top 10 states in number of pediatric ATV fatalities include California, Texas, Pennsylvania, Florida, and New York."

We apologize for the error.