From the Association of Departments of Family Medicine

From the North American Primary Care Research Group

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BUILDING RESEARCH & SCHOLARSHIP CAPACITY IN DEPARTMENTS OF FAMILY MEDICINE: A NEW JOINT ADFM-NAPCRG INITIATIVE

Transformative growth in the capacity of family medicine and primary care research and scholarship in the United States and Canada is crucial.[1] Far greater capacity is needed to: generate the necessary knowledge; design, evaluate, and disseminate the innovations; and inform the implementation of sustainable systems change that will move us closer to better health, better health care, and affordable cost (The Triple Aim).[1]

Family medicine research encompasses clinical, health services, prevention, population health, health policy, community-based participatory research, educational innovation and evaluation, synthesis and dissemination of evidence, and the science of implementation. Each of these domains is necessary for the efficient and effective translation of biological discovery and new technology development into ethically sound practice and policy.

Background and the Need

Research capacity has grown steadily in family medicine since the inception of the specialty in 1969. A PubMed search using the terms "family medicine research" revealed only 32 citations for indexed publications in MEDLINE in 1970. By the end of 2014 the volume of citations was 12,254, suggesting dramatic growth.[2] A more granular primary bibliographic analysis conducted in 2003 identified 790 original research articles from 801 family medicine researcher authors.[3] In that same year, the PubMed search above reported 5,022 citations. Even if all 790 articles were captured in this crude and imprecise PubMed search, these would represent only 6.3% of the citations. A similar analysis of publications in 2000 identified only 105 original research publications classified as clinical research relevant to the practice of family medicine, a year in which the PubMed search returned 4,365 citations.[4]

More concrete evidence that family medicine research capacity is far from reaching its true potential comes from internal surveys conducted by the Association of Departments of Family Medicine (ADFM). A 2006 survey of 134 US departments documented that:

- 15% of DFMs had no or almost no research capacity
- 28% had minimal/emergent research capacity
- 35% had moderate/entrepreneurial research capacity
- 19% had significant/self-sustaining research capacity
- 3% had extensive/replication research capacity

In 2012 department chairs reported an approximate total of $157 million of dedicated internal and external research funding—only 0.13% of all US medical research funding ($117 billion).[5] The National Institutes of Health reported $58 million in funding to family medicine departments in 2014, well below the mean of $265 million for departments of all reported disciplines.[6] A 2014 survey of family medicine department chairs found that 21 of the 74 respondents had at least 1 open research-intensive faculty opening (personal communication, Erik Lindbloom). Most departments of family medicine have neither built the critical mass nor marshaled the level of resources necessary to develop sustainable research programs and struggle to do so.[7,8]

The Task Force

Some departments have successfully developed research programs to a stage of sustainability as noted above. *We believe that all departments can and should learn from each other and attempt to leverage these successes.*

The boards of directors of ADFM and of the North American Primary Care Research Group (NAPCRG) charged a joint task force in June 2015 to develop recommendations for enhancing research capacity in family medicine at the department level. Prior successful initiatives, including the Grant Generating Project Fellowship (GGP), and previous research capacity building workshops for departments of family medicine at the University of Missouri-Columbia served as precedents for this initiative. For example, GGP Fellowship alumni reported having obtained $208 million in external funding between 1995 and 2002.[9] As of 2015 this figure had reached an astonishing $859 million in funding for family medicine research since 1995 (personal communication, Dan Longo).

The authors of this commentary served as members of this task force. We presented a set of recommenda-

tions to the ADFM and NAPCRG boards in fall of 2015, which were approved. Briefly, we sought to build upon and leverage the success of the GGP, but with a focus on leadership development, strategic planning, and organizational change as a complement to the individualized grant-writing aim of the GGP.

Task Force Recommendations: Addressing the Need

Our plan explicitly embraces a transdisciplinary approach that encourages engagement of multiple academic disciplines, medical specialties, and health care researchers, as well as collaborative strategies among multiple DFMs and institutions. Our collective experiences as research leaders with this approach are supported by an analysis of successful NIH funding to departments of family medicine ($60 million) in 2003, suggesting 4 winning strategies for departments of family medicine[10]:

- Individual faculty in core departmental components
- K awards
- Core faculty also working in university-wide organizational components who provide research infrastructure
- Integrating non-core administrative components into the department

We recommended a longitudinal, research–capacity building initiative composed of 3 interrelated programmatic elements relevant to all departments of family medicine in the United States and Canada, regardless of size or structure:

1. An Institutional Fellowship: A 2-year Fellowship for 2 groups (initially) of department and institutional leaders in each cohort seeking to develop, invest in, and implement bold capacity-building strategies within and/or among departments and/or institutions
2. A Curriculum Track: A 1-year longitudinal Curriculum Track made available online and in-person at a series of national meetings regularly attended by department chairs and family medicine research leaders
3. A Consultation Service: An inter-department/inter-institutional Consultation Service whereby experienced research leaders provide brief consultations on research and scholarship capacity building

The initial pilot program will be modest. The Curriculum Track will build on a current series of presentations already led by members of the ADFM Research Development Committee (ADFM-RDC) at multiple national meetings. Similarly, the ADFM-RDC has been facilitating volunteer consultations for several years at these same national meetings. The intention is to build on these current offerings, to create a new Fellowship, and to coordinate carefully and intentionally with the GGP Fellowship as well as with the Family Medicine for America's Health Research Tactics Team, Society of Teachers of Family Medicine, Council of Academic Family Medicine, and the College of Family Physicians of Canada.

We recommended that this new program be managed with shared staff and resources, and be similar in structure to the Grant Generating Project Fellowship, but with a focus on different participants, different experiences, and aiming for different outcomes which specifically target the department/institution.

Next Step: Appointment of a Joint ADFM-NAPCRG Steering Committee

The ADFM and NAPCRG Boards have directed the creation of a steering committee with a dual reporting relationship to the 2 boards. This steering committee will organize implementation of the program as early as November 2016 and will actively pursue strategies to involve both Canadian and US Chairs of departments of family medicine.

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