

Building Primary Care Research Capacity in a College of Osteopathic Medicine

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The Ohio University Heritage College of Osteopathic Medicine (OU-HCOM) is a rural, osteopathic medical school within a mid-sized university. The comprehensive primary care research strategy at OU-HCOM has advanced the mission of the college, built the primary care research capacity, and explored the specific needs of the faculty, staff, and students. To fill the need for increasing primary care research, a team of the chairs of the departments of family medicine, geriatrics, pediatrics, social medicine, and osteopathic manipulative medicine and the executive director of Primary Care Research Initiatives designed a definition of primary care research derived from *The Journal of Family Practice*¹ and the North American Primary Care Research Group²:

Primary care research is directed toward the better understanding and practice improvement of primary care (Mold, Green et al, 2000). As such primary care research covers the entire spectrum of clinical problems in offices, as well as the organization delivery of primary care (adapted by NAPCRG).

In addition, primary care research provides an opportunity to embrace the voice of the consumer and the community in the design, implementation and interpretation of research.

This definition was designed to transition research efforts into health services outcomes research. Faculty and staff are enabled to develop a culture in which primary care medicine will help drive research, advance medical education, and ultimately improve the overall health of communities.

The US health care system has been under great scrutiny given the potential primary care physician shortage,³ complex health care needs of an aging population, and growing expense surrounding health care.⁴ Primary care research is essential because it provides an evidence base for clinical and preventive care practices and addresses needs in the general population. The main functions of primary care research are to inform clinical practice in primary care and to provide insight into evidence gaps.

Without it, over-investigation, inappropriate treatment, and diagnostic delay through unnecessary referrals will occur.⁵

Primary care research has historically struggled for scientific and academic recognition,⁶⁻⁹ possibly because of the differences in research training between primary care physicians and traditional scientists and lack of published work by primary care physicians. Building research capacity, addressing barriers, determining mechanisms to overcome those barriers, and establishing an identity are imperative to tackling the lack of recognition and empowering the development of primary care researchers.¹⁰

A sample of OU-HCOM primary care researchers' work is included in this issue of *The Journal of the American Osteopathic Association* as part of *The Journal's* ENGAGE Initiative.¹¹ The researchers' work encompasses health care delivery,¹² students' attitudes toward practicing primary care,¹³ a consortium-based research education continuum in osteopathic medicine,¹⁴ and the benefits of being a patient.¹⁵ The contribution to science as well as the enhancement of students' educational experience is paramount in our work.

In an original contribution, Scakacs et al¹² evaluate the outcomes of a hypertension management program serving uninsured and underinsured patients in rural Ohio. Health care professionals used pharmacologic management, home blood pressure monitoring, and 1-on-1 education on behavioral and lifestyle management to treat patients with hypertension. Although this approach warrants further investigation, the average reductions in systolic and diastolic blood pressure (22 mm Hg and 13 mm Hg, respectively) reveal the potential benefits of lifestyle changes in managing hypertension.

In the United States, the demand for primary care physicians is increasing. Beverly et al¹³ assess premedical students' attitudes toward primary care. Although these students generally recognized the importance of primary care, many expressed uncertainty about it as a career choice. Numerous students

harbored misconceptions, including the high frequency of patient referrals to specialists and the narrow scope of practice.

Brannan¹⁴ focuses on how colleges of osteopathic medicine can develop a research culture and infrastructure for future physician researchers through an educational consortium. The author identifies areas for improvement and demonstrates how the consortium provides support to hospital partners and to trainees during undergraduate and graduate medical education.

In an essay, Drozek¹⁵ describes his personal experience with having elevated fasting blood glucose levels, high blood pressure, and high cholesterol. When eliminating animal products and processed foods from his diet brought his levels within normal range, he was inspired to develop lifestyle medicine curricula and research interventions to positively affect future physicians and patients' overall health. His work engages students, communities, and faculty to improve health care delivery in rural Appalachia and the university community. Drozek plans to expand his work to Peru in 2016.

Additional efforts are underway to elevate the primary care research culture within OU-HCOM. Our investigators, faculty, students, and residents focus on improving maternal, infant, and child health; veterans' health; diabetes care; and understanding the overall science of the health care delivery system, including insurance coverage expansion, Medicaid and Medicare reimbursement, and the patient-centered medical home. The projects highlighted in this issue have strengthened the mission of OU-HCOM to provide a collaborative environment where faculty, students, residents, and community members can work together in translating science into the practice of medicine, evaluating innovations to provide the best health care to patients, understanding how to better organize health care to meet patient and population needs, and engaging patients, communities, and practices in improving overall health. (doi:10.7556/jaoa.2016.055)

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