Fund AHRQ's Primary Care Research Center

Funding Recommendation:

Request $5 million for FY2026 for the Center for Primary Care Research at the Agency for Healthcare Research and Quality (AHRQ.) We ask that $5 million be provided as a line item to the Center for Primary Care Research within AHRQ to help coordinate and direct primary care research funding at AHRQ. The final FY2023 omnibus package included $2 million in funding for the Center; both the House and Senate LHHS bills included $5 million. The Senate FY2024 bill included $2 million for the center. FY 2025 is currently under a continuing resolution.

Request $500 million in FY26 appropriations for AHRQ.

Background: Basic science and disease-specific research is the historic and current focus of the NIH. Primary care research in contrast has been underfunded within this framework when compared to all other health disciplines. For example, less than 0.5% of NIH funding goes to family medicine researchers, and it is concentrated among a limited number of departments with little funding for new investigators. In comparison, AHRQ supports most primary care research in the US. The Health Care Research and Quality Act of 1999 authorized the Primary Care Research Center within AHRQ to serve as the principal source of funding for primary care practice research in the Department of Health and Human Services. Unfortunately, reduced funding levels of AHRQ in past years have exacerbated the disparities in primary care research.

Funding the Primary Care Research Center at AHRQ: For the past few years, Congress has dedicated $2 million in funding for the Center to its important coordination and dissemination roles. We request that Congress build on this important progress and dedicate funding for the Center for Primary Care Research at AHRQ at $5 million for FY2026. AHRQ is uniquely positioned to support best primary care clinical and practice research and to help disseminate the research nationwide. There is a need for more clinical and health services primary care research, as well as a need for the development of new primary care researchers.

Draft Report Language: Center for Primary Care Research— The Committee supports the new funding line for the Center for Primary Care Research authorized at 42 USC 299b–4(b). This funding should emphasize clinical primary care research as well as strategies to improve primary care delivery and advancing the development of primary care researchers. The Center should help coordinate and direct AHRQ's efforts in research areas such as multiple chronic conditions, symptom syndromes (e.g. long Covid), behavioral and social health integration, telehealth in primary care, shared decision-making, patient experience of care. The areas of focus should include, but not be limited to expanding research on persons with multiple co-morbid conditions, improving primary care in rural and underserved areas, and health equity.

Two Recent National Studies Support this Funding Request: In 2020, the RAND Corporation published a report appropriated by Congress and commissioned by AHRQ that assessed federally funded PCR since 2012 regarding gaps and to recommend improvements. The report emphasized the significant role AHRQ plays in PCR. RAND made several recommendations, including to provide targeted funds to create a proper hub for federal PCR. This is important because PCR is a distinct science that differs from health services research. With $5 million in dedicated funds for PCR, AHRQ could prioritize and coordinate investments in PCR directly improving the health and wellbeing of Americans. In 2021, The NASEM report on High Quality Primary Care concurs with RAND's assessment on the importance of targeted funding for PCR and recommends prioritization of funding for AHRQ's Center for Primary Care Research.

Primary care research:

- Studies the whole person – real people with more than one disease, not just one disease at a time,

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- Provides evidence that is unique to, and critical for, the delivery of primary care,
- Studies common, important conditions often not cared for in hospitals or specialty clinics,
- Is essential for high quality care, and
- Supports efficient and coordinated care delivery

Primary Care Research Includes:

Types of primary care research	**Examples of primary care studies**
Understanding disease prevention, chronic care management, acute illness treatment, and undifferentiated symptoms care.	-- Would medication assisted treatment for opioid use disorder, delivered in primary care settings, reduce opioid-related deaths? -- An offer of delayed antibiotics for respiratory infections is acceptable to patients and associated with little difference in symptom resolution.[1]
Understanding how to better organize health care to meet patient and population needs	-- Does offering behavioral health and primary care in the same clinic increase depression treatment? -- Does a resulting increase in depression treatment reduce work absenteeism?
Translating science into primary care practice	-- Can a primary care practice implement childhood obesity reduction? -- Does delivery of a basket of evidence-based treatments in primary care for older Americans reduce heart attacks?
Evaluating innovations to provide the best health care to patients	--An interactive preventive health record, funded by AHRQ and developed in primary care, increased the uptake of recommended preventive services.[2] -- A novel hospital discharge program, funded by AHRQ and developed in primary care, reduced readmissions by 22 %, saving $34 million.[3]
Engaging patients, communities and practices to improve health	--Do community partnerships improve adherence to evidence based guidelines? --Does patient engagement in weight loss plans affect health outcomes?

Why Primary Care Research Matters:

Primary care touches the lives of all Americans – most people get most of their care in primary care practices. Studies from specialty settings are often the only research available with limited value in the primary care setting. Primary care patients often present with undifferentiated symptoms like “fatigue” and “aching all over”, and they may differ in their social contexts, care-seeking behavior, whether they live in rural areas, co-morbidities, disease progression, and what they have tried before. Therefore, studies of patients from specialty clinics will produce results that generally are not applicable to primary care. For example, one study found that 1 in 6 patients presenting to oncologists with enlarged lymph nodes had cancer, compared with only 1 in 100 in primary care.[4] [5]

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[1] Little P, Rumsby K, Kelly J, Watson L, Moore M, Warner G, Fahey T, Williamson I. Information Leaflet and Antibiotic Prescribing Strategies for Acute Lower Respiratory Tract Infection. JAMA. 2005; 293: 3029-3035.

[2] Krist AH, Woolf SH, Rothemich SF, Johson RE, Peele JE, Cunningham TD, Longo DR, Bello GA, Matzke GR. Interactive Preventive Health Record to Enhance Delivery of Recommended Care: A Randomized Trial. Annals of Family Medicine. 2012; 10(4): 312-319.

[3] Agency for Healthcare Research and Quality. Building Bridges Between Research and Practice. Available at https://www.ahrq.gov/sites/default/files/wysiwyg/cpi/about/impact/ahrq-works.pdf.

[4] Pangalis GA et al. Clinical approach to lymphadenopathy. Semin Oncol. 1993; 20: 570.

[5] Williamson HA. Lymphadenopathy in a family practice: A descriptive study of 240 cases. J Fam Pract. 1985; 20: 449.