

Clinical Investigation

Involving Family Physicians in Community Geriatrics Research: Priorities, Opportunities and Challenges

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Background: To help the Division of Community Geriatrics at UBC respond to the CME and research needs related to care of the elderly, a needs assessment was undertaken.

Methods: A self-administered questionnaire survey was sent to all physicians identified by the B.C. College of Physicians and Surgeons database as either having a Certificate in the College of Family Physicians of Canada and/or being without specialist qualification (n=4192). Two mail-outs and a reminder were sent between May and September 1999. The main outcome measure was the proportion of respondents selecting a topic as a "very important" priority for research.

Results: There were 961 respondents, of which 899 were eligible for inclusion, for a response-rate of 21.4%. Dementia was identified as the most important priority for research related to primary care geriatrics, followed by managing chronic illness, depression, cognitive impairment and medications. Age and gender were more predictive of priorities than were Family Medicine training, membership in the College of Family Physicians of Canada, practice location or practice composition. The main barriers to participation in community-based geriatrics research were available time and funding; however, 142 physicians indicated that they would be interested in participating in research collaboration with the Division.

Conclusions: Overall, and in all major subgroups, dementia was clearly identified by Primary Care Physicians as the top priority for geriatrics research. Managing chronic illness, depression, hormone replacement therapy, and medications were also highlighted by all groups. Priorities differed by demographic variables such as age and gender.

Key words: Family practice, geriatrics, questionnaire survey, research

INTRODUCTION

In 1997, the Royal Canadian Legion provided funding to support a provincial research program in the Division of Community Geriatrics, UBC Department of Family Practice. This partnership between the Legion and the University sought to enhance the health and well-being of seniors, by supporting research relevant to primary care geriatrics. It was felt that the research ideally would not only be relevant to primary care practice but would also involve family physicians at all stages, from design through implementation to dissemination of results.

A review of the family practice, general medical and specialty geriatric/gerontology journals indicated limited involvement of family physicians in studies pertaining to the elderly.¹ This was particularly true of the specialty journals that demonstrated family medicine involvement in only 10% of published studies.

To encourage family medicine involvement in geriatrics research, the Division wanted to identify topics for which research relevant to community-based physicians was needed. The current survey

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sought the opinions of practicing primary care physicians to assist in the development of a research agenda for the Division and to determine interest in, and potential barriers, to future involvement in research.

Although other methods of involving primary care practitioners in research priority setting have been reported,²⁻⁴ no cross-sectional survey of all primary care practitioners in a jurisdiction was found in the literature.

METHODS

Questionnaire

The research team developed a self-administered questionnaire survey that was organized into four sections. Part A consisted of practice patterns related to care of the elderly and an overall assessment of the health-care system as it pertains to care of the elderly. Response formats included multiple options, graded responses and yes/no answers, with space provided for other responses if desired. Where time allotment was asked, percentages were requested to add up to 100%.

The second part of the questionnaire presented 69 priority areas for research and CME, divided into 9 broad categories (General; Clinical Practice Issues; Psychogeriatrics; Major Systems; Women's Health; Other Clinical Problems; Ethical/Legal Issues; Continuity of Care; and Special Topics). The topics and categories were based on a previous review of geriatric content in general medical and geriatric/gerontology literature.¹ Research need was defined on a three-point scale: 1) Not important; 2) Yes, somewhat important; and 3) Yes, very important. CME interest was indicated by yes/no response. Part C asked about interest in the Community Geriatrics Research Partnership and Part D requested non-identifiable demographic information. Rurality was defined by postal codes containing a zero.

The questionnaire was piloted for clarity with 6 family physicians working at the Geriatric Short-Term Assessment and Treatment Centre at Vancouver Hospital. A full copy of the questionnaire can be obtained from the corresponding author. Ethics approval was granted by the University of British Columbia Behavioural Ethics Review Board.

Participant Selection and Implementation

Family physicians were identified by the College of Physicians and Surgeons of BC database, 1999, as either having a CCFP and/or having no other specialty certification. Completion of the questionnaire implied consent. Although questionnaires were anonymous, those interested in becoming involved with research and/or requesting results of the survey were asked to complete a separate return card.

The survey was mailed to all BC family physicians in May 1999 with a postage-paid return-envelope. The initial mail out was followed by a reminder notice in week 3. Non-respondents were sent a second survey mailing in week 6. The BC Association of Geriatric Care Physicians (BCAGCP) sent an additional mailing to their membership. Completed surveys were accepted until September 30, 1999 (end week 19).

There was no follow-up of non-respondents to determine eligibility.

Statistical Analysis

Data was entered onto MS Excel and prepared for analysis on SPSS Version 8.0. Outliers were identified and rechecked. In addition, a random sample of approximately 5% of surveys (42) was rechecked, with 7 non-systematic data entry errors found from a possible total of 8,022 (.087%). This did not have a significant effect on results. Final analysis was performed using SPSS Version 10.0. Respondents were excluded from analysis if they were not currently engaged in primary care practice. Locums and those on temporary leave were included in the analysis.

RESULTS

Response-Rate

The survey was sent to 4,192 physicians with 916 respondents, of whom 899 were eligible for inclusion (21.4%). Sixteen respondents were excluded, because they were retired or engaged in administration or specialty care. One survey was completed by a nurse-practitioner. Of the questionnaires, 512 were complete (57.0%) with a further 206 (total 79.9%) more than 95% complete. Denominators have been adjusted where noted to reflect actual number of responses to each question

or section.

Respondents

Respondents ranged in age from 26 to 80 (mean 46.0± 10.0), with between 2 and 58 years since graduation (mean 19.3±10.5). A summary of respondent characteristics is presented in Table 1. Members of the College of Family Physicians of Canada and of the BC Association of Geriatrics Care Physicians were more likely than non-members to respond. Women were also slightly over-represented when compared with the total population of BC primary care physicians.

Table 1. Characteristics of Respondents

	Respondents		All BC Primary Care Physicians
	n	%	%
Total	899	21.4%	
Age			
<35 Years (%)	117	13.0%	16.3%*
35-54 Years (%)	583	64.8%	60.1%
55+ Years (%)	175	19.5%	23.4%
Unknown	24	2.7%	0.2%
Gender			
Female	298	33.1%	30.8%†
Male	582	64.7%	69.2%
Unknown	19	2.1%	
Member of CFPC			
Yes	413	37.7%	31.5%*
No	465	51.7%	68.5%
Unknown	21	2.3%	
Member of BCAGCP			
Yes	61	6.8%	2.1%‡
No	819	91.1%	97.9%
Unknown	19	2.1%	
Practice Location			
Urban	622	69.2%	89.8%
Rural	104	11.6%	10.1
Unknown	90	19.2%	10.1

*Rollcall 99. (5) Based on full, temporary and special register, non-postgraduate physicians.

†Rollcall 99. (5) Based on full, temporary and special register GPs & FPs.

‡Personal Communication, Office of BC Association of Geriatric Care Physicians.

Research Priorities

Of the 899 respondents, 869 completed the section on the need for research relevant to community-based practitioners. Every one of the 69 topics was seen as an important area for research (somewhat or very important) by at least half of all respondents. Sixteen topics were rated as important by 90% or more.

Of the respondents, 841 felt that there was a “very important” need for research in at least topic area, and 11 felt all 69 topics were “very important” (mean number chosen 23.6±16.6). Women tended to see more topics as “very important” (27.0±16.3) as did physicians under 35 (29.9±18.8) and members of the College of Family Physicians of Canada (25.9±16.7).

To set priorities amongst the identified needs, multiple response tables were used (n=841). These results are presented in Figure 1. In addition, tables were prepared for various subgroups based on gender, age group, CFPC membership, BCAGCP membership, practice location and estimated proportion of patients in one’s practice >65 years old. Dementia was the top priority overall and for each subgroup, except those respondents ≤35 years of age. This group chose Hormone Replacement Therapy as the area of greatest need for research.

Although this survey is descriptive, and therefore exploratory in nature, the differences between subgroups were analyzed and generally found to be not statistically significant. The trends which did appear significant were differences in gender and age-group of the respondent. Women saw Anxiety, Pain and Driving Assessments as more important topics for research than did their male colleagues. Physicians <35 were more interested than older physicians in seeing research on Clinical Practice Guidelines and Hormone Replacement Therapy.

Research Involvement

Of the respondents, 32% had some involvement in research since completion of their training (280/875). Of these, only 29 were currently involved in research related to the elderly, but a further 89 (total 118) expressed an interest in collaborating in future research with the Division. A total of 142 were interested in becoming involved in the Community Geriatrics Research Partnership, and 85 expressed an interest in other areas of research.

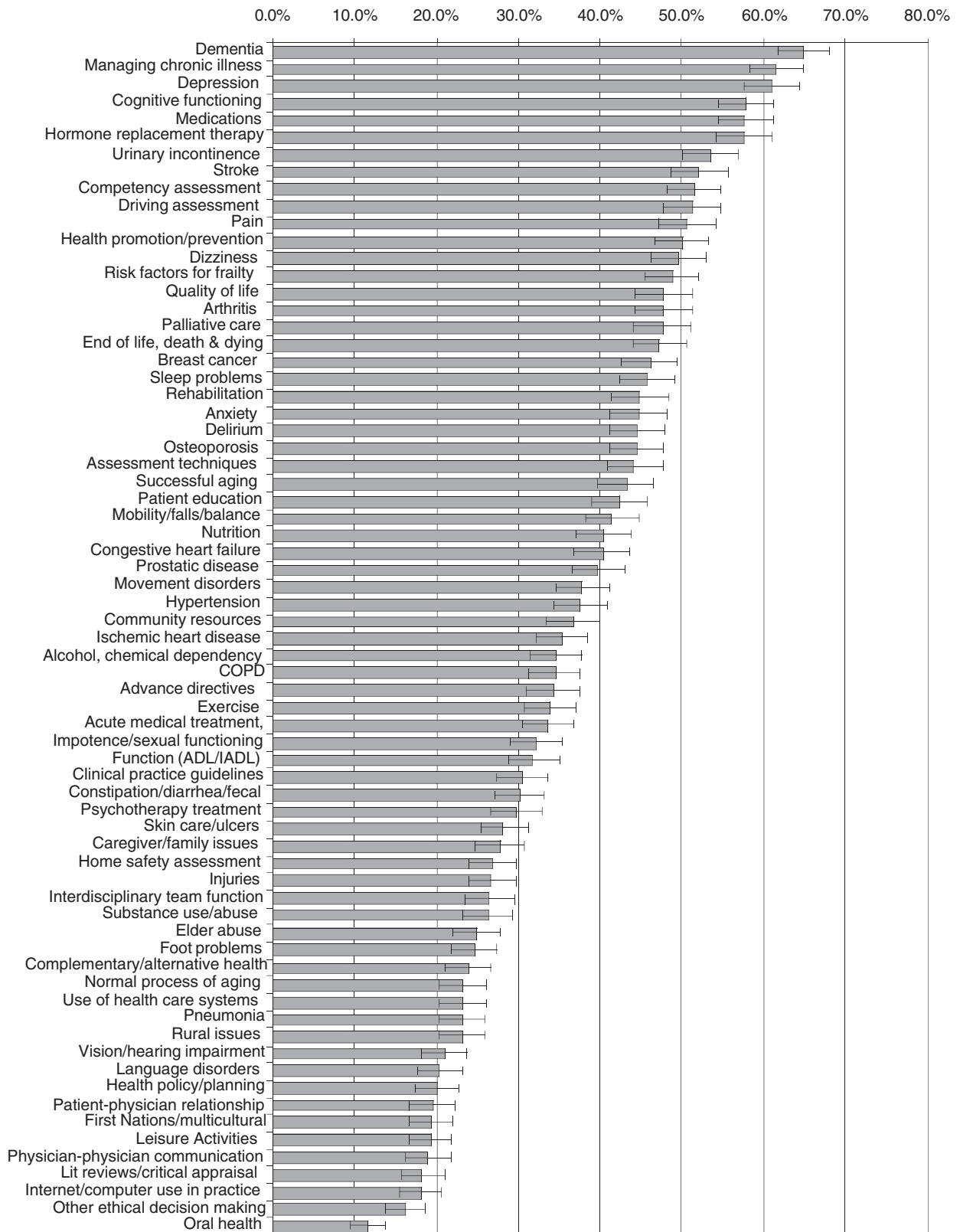


Figure 1. Topics “Very Important” Priority for Research (Percent of all respondents ± SE).

An open-ended question on barriers to participation in research was completed by almost one-third of respondents. Lack of time was identified as a problem for 231 and lack of funding for 75 respondents. Often these two issues were linked. Other commonly expressed concerns included a need for additional resources or non-financial support (30), inexperience (14) and lack of a stable patient base (15) which was primarily identified by locums. Comments from respondents included:

“Need access to experienced researchers to guide a practical design for topic: also need funding for the time-consuming data entry, typing, etc. mechanics of research projects... These are the deterrents (sic) I find.”

“...overwhelmed by thought of statistical analysis...”

“Lack of time in a fee-for-service “treadmill” type of practice setting.”

DISCUSSION

This survey is the first we know of to poll all primary care physicians about the priorities for research as it applies to community-based care, geriatrics or otherwise. The response-rate, while low, was not surprising given the length and complexity of the survey. It is interesting that 27 respondents who did not feel that any one of the topics was a ‘very important’ priority for research, nevertheless took the time to complete that section of the questionnaire.

The views of female practitioners and members of the CFPC are somewhat over-represented in this sample, as are the views of BCAGCP membership. Although this latter number is small compared with the total, they are an important sub-group as they have an identified interest in issues related to care of the elderly. This group may also define ‘elderly’, the definition of which was left to the interpretation of the individual, differently from their colleagues. Differences in definition, or perception, may also partially explain why younger physicians chose Hormone Replacement Therapy as the top priority whereas BCAGCP members ranked it 9th.

Dementia was clearly identified as the highest priority for future research. Research in all psychogeriatric topics appears to be of great importance, which is consistent with trends in published Canadian literature in geriatrics. A report on aging-

related research⁵ highlighted the importance of dementia as a focus for geriatric research in Canada. One of the best-known on-going projects is “The Canadian Study of Health and Aging” (CSHA) with numerous citations in the general medical and specialty geriatric literature, both in Canada and abroad.

Hogan studied the number of published abstracts by the specialist Canadian Society of Geriatric Medicine from 1981 to 1998.⁶ He found the number of published abstracts dealing with neuropsychiatric topics increased from 5.6% (1981-1986) to 18.4% (1992-1998). Dementia was the most common single topic mentioned, accounting for almost half of all neuropsychiatric abstracts. Urinary incontinence, infectious diseases, gastrointestinal conditions and osteoporosis/skeletal fractures were next in order of frequency. A review of the literature conducted before the survey revealed dementia to be the most common topic in research in the elderly reported in the geriatric and gerontology literature, with depression and cognitive function also being among the top five.¹ In the family medicine and general medical literature, studies on medications were the most common.

Several of the identified priorities in the current study are multidisciplinary in nature and are especially pertinent to the practice of primary care geriatrics. Management of chronic disease (rank 2), medications (rank 5), pain (rank 11) and quality of life (rank 15) lend themselves to research in the family practice and primary care setting. Furthermore, as it appears that dementia is high on the research agenda elsewhere, it may be prudent for the Division to concentrate its efforts on other high priority issues that are not currently receiving much attention.

Engaging family physicians in practice-based geriatrics research is an important goal for the Division of Community Geriatrics at the University of British Columbia. It is evident that there is interest but that both financial and non-financial support is required to operationalize this goal. Other studies have shown similar barriers to primary care research.⁷⁻⁹ Alone and under the umbrella of the UBC Department of Family Practice at UBC, the Division can hope to mentor interested community-based practitioners, support the development of primary care research networks and provide non-financial support such as methodological skills and direction. The Department is

currently developing a plan for community-based practice networks.

CONCLUSIONS

Dementia was clearly identified as the most important topic for research relevant to primary care of the elderly. Managing chronic illness, depression, cognitive impairment and medications were also identified. The challenges for the Division of Community Geriatrics will be to influence the geriatric research agenda to take into account the needs identified by primary care physicians and engage family physicians in research that is most appropriately undertaken in that setting.

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