





Editorial

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Reporting study results in primary health care: the CRISP guidelines

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The World Health Organization (WHO) identifies primary health care (PHC) as the foundation of an effective whole-society healthcare system and declares it must include patient-centred clinical care, community-based healthcare systems, and a purpose-prepared clinician workforce (WHO, 2024). Working under the WHO umbrella, the global health community met at Alma-Ata in 1978, to define PHC (WHO, 1978) and again at Astana in 2018, to renew the commitment to PHC concepts and principles (WHO 2018). The Astana declaration identified PHC as the most ‘inclusive, effective and efficient approach to enhance people’s physical and mental health, as well as social well-being’ (WHO, 2024). It identified three integral components of PHC: (1) primary care (PC) and essential public health functions as the core of integrated health services; (2) multisectoral policy and action; and (3) empowered people and communities (WHO, 2018).

The first component of PHC focuses on the delivery of quality integrated health services that respond to the needs and preferences of people at the population and individual levels. PC is the core of PHC-oriented health services. It delivers a full spectrum of services from health promotion and disease prevention to treatment, rehabilitation, and palliative care, close to where people live and work, through a person-centred approach and a population-level focus (WHO, 2024). The Declaration of Alma-Ata defined PC as, ‘the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work, and constitutes the first element of a continuing health care process.’ (WHO, 1978:VI).

Starfield identified the core functions of PC as, ‘first contact, continuous, comprehensive, and coordinated care provided to populations undifferentiated by gender, disease, or organ system’ (Starfield, 1994:1129). Kringos, *et al.* (2010) later defined PC as, ‘the first level of professional care . . . where people present their health problems, and where the majority of the population’s curative and preventive health needs can be satisfied’ (Kringos *et al.*, 2010:2).

PHC-oriented health systems must be built on a foundation of effective, equitable, sustainable clinical PC services. That structure requires commitment to nurture the professional workforce, innovate responsive systems, and advance research to inform improvements in clinical care and population health.

The development of the PHC knowledge base requires partnerships among investigators, clinicians, patients, and communities. *Primary Health Care Research & Development* fosters these partnerships to bridge gaps between academic disciplines and professions in PHC and to transfer evidence-based knowledge into PC clinical practice. It recognizes that PHC values and needs are universal and require research and development work across boundaries of nations, professions, disciplines, and research methods.

As in all fields of research, the reporting of evidence from research findings is an essential step in bringing new knowledge to improving clinical care, health systems, and public policy. The CRISP (Consensus Reporting Items for Studies in Primary Care) guidelines are a new tool developed by and for PC (Phillips *et al.*, 2023). They are the result of a rigorous, evidence-based program of research and development that itself was interprofessional, interdisciplinary, and international, designed to engage the broad community of PC worldwide. Early CRISP research documented that research reports often failed to meet the needs of PC clinicians and researchers (Phillips *et al.*, 2021). The EQUATOR Network (Equator Network, 2024) has catalogued over 500 research reporting guidelines developed over the past 20 years to improve the completeness and validity of study reports and to reduce research waste. Not one of those guidelines addresses the essential needs of PC as a central focus of PHC. CRISP can help authors better meet those needs.

The CRISP team took a fresh approach – a distinctly PC approach – to develop this research reporting guideline (Phillips *et al.*, 2023). Most guidelines are developed by a small, select group of expert methodologists. CRISP recognized as experts all producers and users of PC research so that the guideline would better meet the needs of PC practices, clinicians, teams, patients, communities, educators, policymakers, and systems. CRISP engaged worldwide voices of PC using online surveys (Phillips *et al.*, 2020; 2021) and synthesized the checklist through a formal Delphi study (Sturgiss *et al.*, 2022). The CRISP program of research and development included

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over 560 individuals from 30 nations across a wide spectrum of professions, specialties, scientific disciplines, methodologic expertise, and research roles. It systematically engaged patients and community representatives, including underrepresented groups and marginalized communities. CRISP aimed to make research reports more useful to more users for application in the variety of PC settings.

Typical guidelines focus on a single research method, for example, CONSORT for randomized clinical trials (Schulz *et al.*, 2010), PRISMA for systematic reviews (Page *et al.*, 2020), and COREQ for qualitative studies (Tong *et al.*, 2007). These are still important guidelines for reporting PC studies that use these specific methods. CRISP took on the challenge of embracing the rich diversity of research methods, study designs, and scientific traditions important in PHC research and scholarship. As a result, CRISP provides flexibility to apply the list to any study design or data source (Phillips *et al.*, 2023). Not all the 24 CRISP items apply to all studies. The Checklist emphasizes that the final content and format of research reports are the province of the authors and editors.

The CRISP Checklist (Phillips *et al.*, 2023:552, Figure 1) includes items that emphasize the key concepts and values in PC including:

- ‘Describe whether and how primary care patients, practicing clinicians, community members, or other stakeholders were involved in the research process.’ (item 3b), highlighting the PC commitment to authentic engagement of patients and communities in research.
- ‘Specify if the study focus is an isolated clinical encounter or a longitudinal course of care. If it is an isolated clinical encounter, specify if it is the first visit or a follow-up visit for the condition under study.’ (item 6a) which emphasizes the centrality of continuity of relationship-based care.
- ‘For each clinician category, report profession, specialty, and qualifications.’ (7b) reporting the importance of team-based care with a complementary mix of professionals.
- ‘Report findings to be clinically interpretable by primary care clinicians and patients.’ (item 9c) which emphasizes the clinical application of study findings and communication to clinicians and patients for decision-making.
- ‘Discuss the implications of study recommendations on demands and priorities in primary care practice.’ (item 10b) recognizing the need for implementation in the variety of PC settings.

Attention to these items when planning studies will help researchers include this information in final study reports. Even though some items are beyond the scope of many studies, their inclusion in the CRISP Checklist can influence how we plan our research, collect data, and report results to the wider world. CRISP may also be useful in teaching the fundamentals of PHC research to early career investigators and those from other fields new to the PHC research perspective.

The Editors-in-Chief of *Primary Health Care Research & Development* strongly encourage investigators and authors to consider using the new CRISP Checklist in crafting reports to meet the needs of our readers. We believe this tool can help demonstrate the quality and value of research findings to both PC policy and practice and contribute to the development of PHC services at the population level. See the journal’s revised ‘Information for Authors’. The full CRISP Statement (Phillips *et al.*, 2023) and CRISP website (<https://crisp-pc.org>) give further explanation and examples of the use of the Checklist.

The CRISP Checklist can also be a valuable aid for manuscript reviewers, journal clubs, and authors of systematic reviews.

PHC and the research that supports it are growing enterprises and the CRISP guideline is likewise a living document. The CRISP team and *Primary Health Care Research & Development* invite use, experimentation, evaluation, and recommendations for improvement of the CRISP Checklist and exploration of further uses.

Further, we encourage PC and PHC teams to consider other ways to improve the planning, conduct, and reporting of the research we do to improve the care and health of the patients and communities we serve.

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Ethical standards. No human subjects were involved in this work.

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