

NAPCRG newsletter

August 2001

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WONCA 2001 Delegates Gather for a Successful Congress in Durban

Every 3 years, family doctors from around the world come together to share experiences and discuss the commonalities that exist in their uniquely different health care environments. The 16th World Organization of Family Doctors (WONCA) World Conference again offered this opportunity May 14-17, 2001, in the beautiful setting of Durban, South Africa. The event was successfully hosted by the South African Academy of Family Practice/Primary Care.

The 2001 WONCA World Congress attracted 2,400 delegates from around the world. Those of you who have attended previous meetings know of the amazing feeling of a shared bond that exists in the global family of family physicians. Despite the diversity of our backgrounds, challenges of diseases and health care systems, we all strive to practice good medicine and act as patient advocates.

David Satcher, MD, US Surgeon General, delivered the opening plenary. He began with his story of how he, the son of poor southern black farmer, reached medical school and reminded us that today 80% of health care resources go to 10% of

the world population. He challenged us to develop a balanced primary health care research agenda, which included research in health promotion and disease prevention. The other US plenary presentation was Richard Roberts, MD, American Academy of Family Physicians president, with an insightful review of the development of a recent WONCA release, *Family Doctors' Journey to Quality*, a guide to family doctors and their organizations to increase practical quality management. Other powerful plenaries were given by Dr Wendy Orr who as a young, white family physician in South Africa bravely exposed the evidence of police torture and abuse of political detainees under Apartheid, and a local pediatrician presenting the devastating picture of AIDS in Africa.

Traditionally, the majority of WONCA presentations and posters have focussed on health care delivery and teaching, with research playing a lesser role. Recently, the research component has strengthened: a reflection of the increasing role of research in primary health, even in countries with limited funding and training. WONCA 2004 will be hosted by

the AAFP, and NAPCRG will provide expertise for the research component. The challenge will be to fairly evaluate submissions of varying quality, which represent different developmental stages in research and resources around the world. Watch for more information in future newsletters.

—Ann Macaulay, MD, CCFP
McGill University

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Watch for the 2001 Maurice Wood Award Fund-raising Campaign

At its April 2001 meeting, the NAPCRG Board voted to conduct a fund-raising campaign to help build reserves in the Wood Award fund to a level where the award can be funded off the interest income. Since the NAPCRG membership has grown nearly 30% since our last (and only) fund-raising campaign was conducted in 1998, the Board felt it was important to educate the new members about Maurice Wood, MD, and the history of this award.

The Maurice Wood Award was created by NAPCRG to honor Dr Wood through the recognition of an investigator whose career has included extraordinary lifetime contributions to the development of primary care through the application of the methods of science.

Dr Wood immigrated to the United States after a successful career as a general practitioner in the United Kingdom. From his position as a faculty member at the Medical College of Virginia in Richmond, he was the founding director and president of NAPCRG, the first organization in North America devoted to the development of a scientific foundation for primary care. Under his benevolent, nurturing leadership NAPCRG evolved as a supportive, distinctly binational organization with strong collaborations between investigators in Canada and the United States, and its membership includes family physicians and other investigators from around the world. In addition to providing an international forum for the presentation of original primary care research, NAPCRG has

served as an incubator in which ideas, such as primary care classification systems and practice-based research networks, have been proposed and developed. All of this occurred in a time when primary care research was not viewed as important by most of the scientific community, and the successful evolution of NAPCRG is widely acknowledged to be the direct result of the tireless stewardship of Dr Wood.

The Wood Award is presented each year in plenary session at the annual meeting of NAPCRG to a recipient selected from nominations of primary care investigators from around the world. The recipient addresses the annual meeting and receives a sculptured plaque, registration and travel expenses to the meeting, and a cash award. The award is funded by donations from the membership of NAPCRG and the Medical College of Georgia.

The Wood Award was first given in 1995 to Curtis Hames, MD, Claxton, Ga. In 1996, it was presented posthumously to Martin Bass, MD, MSc, London, Ontario; in 1997 to Frans JA Huygen, MD, of the Netherlands; in 1998 to Jack Medalie, MD, MPH, Case Western Reserve University; in 1999 to Kerr White, MD, Charlottesville, Va; and in 2000 to Barbara Starfield, MD, MPH, Johns Hopkins University.

NAPCRG members will receive information regarding contributing to the Wood Award fund-raising campaign in their membership dues renewal notices this year. Contact Jenny Wood with questions, depasst@stfm.org.

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Twenty-nine years ago, Maurice Wood founded NAPCRG to promote research in primary care in North America. During these years, NAPCRG has nurtured beginners and stimulated senior researchers, developed depth in quantitative and qualitative research skills, watched political changes in medical care, and the growth of research within the discipline. Much of this recent growth is due to Bernard Ewigman, MD, for his dynamic leadership of the Committee for Building Research Capacity. Thank you Bernard!

As primary care researchers, we share a desire to increase capacity, build research infrastructure, and access increased funding. These needs stem from our desire to answer the questions from our patients and practices, influence the national research agenda, acquire protected time for research, and advance the science of research to include multi-disciplinary and multi-method

approaches, which represent some of our strengths.

Over the years, NAPCRG has continued to grow, with increased presentations, posters, and conference attendance. This spring, for the first time, *Journal of Family Practice* published abstracts of the six best presentations from the

president's message

2000 NAPCRG Annual Meeting and made available all the abstracts on-line on the journal's Web site (www.jfponline.com). NAPCRG has an international reputation; at the recent WONCA meeting in Durban, South Africa, many delegates knew of NAPCRG even though they had not attended a meeting. The American Academy of Family Physicians has asked NAPCRG to provide expertise for the research component of the 2004 WONCA meeting in Orlando, Fla.

This year's meeting, "NAPCRG 2001: A Research Odyssey," will focus on the future of primary care research. We will also welcome Kurt Stange, MD, PhD, as our new president. He brings both vision and experience, and NAPCRG will benefit from his leadership. After 2 years as president, I would like to thank the binational board for their remarkable strength and wholehearted support, the experience of the new Administrative Director Stacy Brungardt and her knowledgeable assistant Jenny Wood. Working together, the Board, staff, and membership will foster the research odyssey at the beginning of 21st century. Odyssey, in the *Concise Oxford Dictionary*, is "a series of wanderings, a long adventurous journey." We encourage you to join us!

—Ann C. Macaulay, MD, CCFP
McGill University

mission&goals

Formed in 1972, the North American Primary Care Research Group is a multidisciplinary organization with a mission to develop and disseminate new knowledge regarding primary medical care.

NAPCRG's goals are to:

- Increase the discipline's capacity for conducting quality forums
- Provide appropriate forums for presentation of original primary care research work
- Enhance communication among primary care researchers using a variety of technologies
- Guide and support the synergy among primary care research, education, and patient care

Statement Against Violence Aimed at Researchers

Editor's note: At the NAPCRG Board of Directors meeting April 28 in Denver, the Board approved the following as a statement from the NAPCRG Board against violence aimed at researchers.

Independent inquiry is the basis for all research. The ability to ask and answer questions without fear is a vital component of a health research environment.

The North American Primary Care Research Group is committed to primary care research. We support the rights of health care researchers to ask and answer their questions of interest without fear of reprisal or harm. We expect that research will be in accord with the rules and regulations promulgated by institutional review boards for research on human subjects and that the research will be conducted, analyzed, and disseminated honestly, thoughtfully, and ethically. With those controls in place, researchers should not be subjected to outside pressures to limit their areas of inquiry or report.

Recently, one of the members of NAPCRG was physically threatened because of her clinical and research topic. This researcher spent days guarded by a federal marshal, and nights wondering if her home was safe. This type of menacing intimidation and threatening behavior is not acceptable. We abhor all forms of violence. Specifically, we renounce any form of violence, threatened or actual, aimed at silencing health care researchers. With this statement, we fully support the right of each NAPCRG researcher, and all researchers, to ask and answer important health care questions.



Ruth Jenkins, MS, presents her poster on "Reengineering the Practice Partner Research Database as a Web-based Information System" to last year's NAPCRG Annual Meeting participants during the special research-in-progress poster session.

Call for Research Director Names

NAPCRG needs your help with compiling a directory of individuals who are responsible for coordinating research activities in their departments or residencies or individuals who would be natural contacts for NAPCRG at each of these institutions in the United States, Canada, and other countries. Please enter the information requested below and fax it back by September 9 to Jenny Wood at 913-906-6096.

Research Coordinators or Best Contacts for NAPCRG

Name _____

Title _____

(eg, research director, vice-chair for academic affairs, etc)

Institution _____

Address _____

E-mail _____

Phone _____ Fax _____

Board Meeting Highlights

At the NAPCRG Board of Directors meeting April 28 in Denver, the following reports were received and actions taken:

- The Board approved the 2001-2002 fiscal year budget, with \$238,120 in projected income and \$222,530 in estimated expenses, for a projected net profit of \$15,390. The proposed budget for the 2001 Annual Meeting was also accepted.
- The Board endorsed a statement against violence aimed at researchers (see page 4).
- The Board endorsed the concept of a Best Poster Award to be awarded at the Annual Meeting. The award will be given to re-

search that is submitted as complete. The Program Committee will determine the process for selecting these new awards.

- The Board developed asset allocation goals for NAPCRG general funds and Wood Award funds. The goals will be 60% stocks, 30% bonds, 10% cash.
- The Board developed a list of individuals and groups that should receive special invitations to the NAPCRG 2001 Annual Meeting.
- The Board agreed to conduct a Wood Award fund-raising campaign in 2001 with the goal of creating an endowment for the Wood Award reserves.

- The Board directed staff to survey members regarding their preference on receiving the NAPCRG newsletter in electronic or print format.

- Dr. Gilchrist briefed the Board on the current status of the NAPCRG Web site and led the discussion on prioritizing future offerings on the site.
- The Board discussed future meeting sites and the possibility of hosting the 2004 meeting in Mexico. Staff will assess member interest in going to Mexico by adding a question about this on the 2001 Annual Meeting evaluations.

Meet The Board

Periodically, we publish biographical sketches of members of the NAPCRG Board of Directors. In this issue, we feature William Miller, the Board's community hospital representative.

William Miller, MD, MA

Dr Miller loves the wonder and mystery of life. He is a family physician-anthropologist and chair of the Department of Family Medicine at Lehigh Valley Hospital in Allentown, Pa, where he grew up. He received his bachelors and master of arts degrees in anthropology at Wake Forest University, followed by his MD from the University of North Carolina at Chapel Hill. Active in residency education, he is also working to make multimethod research more accessible to health care researchers. His research interests center on the role of the patient-physician relationship in health care and on family physician socialization. Currently, he is using case study designs to model family practices as nonlinear complex adaptive systems.

board NAPCRG members

President

Ann C. Macaulay, MD, CCFP, FCFP
McGill University
Kateri Memorial Hospital Center
Kahnawake, Quebec

President-Elect

Kurt Stange MD, PhD
Case Western Reserve University
Shaker Heights, OH

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University of Missouri-Columbia

Chair, Communications Committee

Valerie J. Gilchrist, MD
Northeastern Ohio Universities College
of Medicine

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John M. Westfall, MD
University of Colorado

CFPC Section of Researchers Representative

Eva Grunfeld, MD, DPhil, CCFP
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Community Hospital Representative

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Vancouver, British Columbia

Newsletter Editor (Ex Officio)

John G. Ryan, DrPH
University of Miami

AFMO Representative to Board

Larry A. Green, MD
Robert Graham Center for Policy Studies
Washington, DC

Gen III in the House

Frederick Chen, MD, MPH, Fellow Representative to the NAPCRG Board

When I was an intern, I put together a talk for our incoming residents about the history and principles of family medicine. I talked about the Millis and Willard Reports, the writings of Carmichael, Stephens, and Geyman. I told them about the birth of a new specialty, one that prized continuity of care, understood healing relationships, and knew that patients fit into families, communities, societies, and cultures. After leaving the residency, I learned that the first lecture for last year's incoming residents was how to bill and code appropriately, the difference between a 99213 and a 99214.

There has been a lot of talk lately about the differences between Gen III (a Keystone III Conference appellation for those who entered family practice after 1990) and Gen I (the founding generation). There is an apprehension that Gen III is giving away the store, forsaking the values of family practice for an easier lifestyle, time with family, part-time practice. In fact, I think that many of us in Gen III share a vision for health care and family medicine that is borne from the very soul of Gen I. We recognize that the American health care system is a travesty of equitable care, patient safety, and racial and economic justice. We have chosen family practice because of the philosophy of our specialty and the rich emphasis on social change. These factors alone set us apart from many other members in the house of medicine. There has never been a need for a lecture on the guiding principles of ophthalmology.

What do we need to succeed? We need the help and support of our mentors and advisors in Gen I and II. We need to leave behind the baggage that will impair the progress of the newest generations of family physicians. We need to foster the novel career paths available to Gen III and stop counseling our research fellowship-trained physicians to "go out and practice in a small town for a while." We need to accept our own choices to give up obstetrical or hospital practice and rejoice in our decision to focus on the policy-relevant primary care research agenda. We need to stop discouraging residents from doing research and tell them instead that it is yet another way to provide the best care for a population. We need to teach students and residents about the history and principles of our specialty and give them a myriad of tools to

sustain our tradition. Caring for patients, and caring for our society, is at the core of all family physicians-Gen III will always share this passion with past, and future, generations.



Secretary-Treasurer Moira Steward, PhD and David White, MD, CCFP, North York General Hospital, bring more to NAPCRG than just their research expertise. Here they entertained the 2000 NAPCRG Annual Meeting audience prior to the final plenary session.



NAPCRG salutes Alan Adelman, MD, Hershey Medical Center, who has spent countless hours reviewing literally thousands of abstracts in his role as Review Committee chair. In this photo, he and Diane Harper, MD, MPH, Dartmouth Hitchcock Medical Center, compare schedules at the 2000 NAPCRG Annual Meeting.

NAPCRG Special Interest Groups

Community-oriented Primary Care

Carlos Jaen, MD, PhD
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Complexity Science

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Cost Containment/Cost- effective Care

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Faculty and Community Research Development

Mary Beth Plane, PhD
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Family

Fred Tudiver, MD
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Upcoming Conferences

NAPCRG Annual Meetings:

October 13–16, 2001
Sheraton Halifax Hotel

November 17–20, 2002
Hyatt Regency New Orleans

Other Conferences of Note:

College of Family
Physicians of Canada
October 25–27, 2001
Westin Bayshore, Vancouver,
BC

Fellows

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International Classification of Primary Care

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International Collaborating Group on Diabetes in Primary Care

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Longitudinal Research in Family Medicine

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Native American Health Care

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North American Respiratory Infection Study Group

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There's Still Time to Apply for AAFP Foundation Research Stimulation Grants

Each year, the AAFP Foundation (AAFP-F) designates a fund for relatively small grants to stimulate research in family medicine. Research Stimulation Grant funds typically do not exceed \$5,000. Funds may be requested to support pilot projects or preliminary efforts involving family medicine research. It is hoped that the Research Stimulation Grant will lead to the completion of a larger research project.

Eligibility

Applications are encouraged from:

- Individual family physicians
- Family practice/family medicine organizations or associations
- Family practice residency programs
- Departments of family medicine
- Educational and health care institutions directly involved in family practice/medicine

Submission Deadlines

Applications may be submitted at any time during the year until funds are depleted. Review of Research Stimulation Grant requests is done with the guidance of the chair of the Joint AAFP/F-AAFP Grant Awards Council. Applicants will receive a decision within 2 months of submission of application.

Application Format

The AAFP-F prefers submission of a letter of intent (3-page maximum, minimum 12-point font) that clearly outlines the following:

- Relevant background
- Purpose of the project/research hypothesis
- Anticipated time frame of the

study

- Research design/methods to be employed
- Budget information/justification
- 2–3 sentence biographical sketch for each investigator (terminal degree, relevant experience/training)

Applicants must include a discussion of how they anticipate the proposed project leading to the completion of a larger project and/or substantive results (publication/

presentation/etc.)

The Research Stimulation Grant Application must be completed and attached to your letter of intent.

Application information is available on www.aafpfoundation.org/jgap/jgaprsg.html. Contact Susie Morantz, AAFP Foundation, with questions, smorantz@aafp.org or 800-274-2237, ext. 4470.

Career Development Awards Available for Faculty Generalist Physicians

The Robert Wood Johnson Foundation's Generalist Physician Faculty Scholars Program offers career development awards to outstanding junior faculty in medical school departments/divisions of family practice, general internal medicine, and general pediatrics. In 2002, up to 15 four-year awards of \$300,000 will be made to sponsoring institutions to help cover the scholars' salary and research costs.

Nominations are made by deans of 4-year, fully accredited US medical schools. A school may nominate one physician per year and have three physicians in the program at any one time, as long as the three physicians are from three different disciplines. To be eligible for nomination, a candidate must be a physician who is a US citizen; be a full-time junior faculty member in family practice, general internal medicine, or general pediatrics;

provide evidence of research skills; have at least two papers published in peer-reviewed journals; demonstrate excellence as a teacher; and show a clinical commitment to generalism by caring for a defined panel of patients. Deadline for receipt of completed applications is September 28, 2001.

For the full text of the Call for Nominations, visit the Robert Wood Johnson Foundation Website, www.rwjf.org. Once at the site, click on "Applying for a Grant," then "Calls for Proposals."