

based research networks (PBRNs). Up to 14 PBRNs will be funded later this year to study issues such as optimal methods of computerized data collection/aggregation within networks and methods for including larger numbers of minority and underserved patients in network studies. It is expected that greater resources will be made available in the next fiscal year and beyond to assist PBRNs in carrying out their individually developed plans. More details about this solicitation are available at www.ahrq.gov; click on "Funding Opportunities."

Primary care researchers should also take note of other

primary care-related topics that AHRQ is likely to support within the next year or two. As the lead federal agency on health care quality, AHRQ is aware that much research remains to be done on optimal methods of measuring and improving quality in primary care settings. While two solicitations for applications on "translating research into practice" (effective methods of assuring that new research findings become incorporated into daily patient care) have already been released, this topic is still viewed as critical to the agency's overall mission.

Finally, the topic of medical errors and patient safety has

received considerable media attention over the past few months. Although Congress has yet to appropriate major resources to address this issue, AHRQ is identified in a recent report from the Institute on Medicine³ as the appropriate agency to direct medical errors-related research. While much of the initial research focus has been on medical errors occurring in inpatient settings, investigators should anticipate increased interest in studies related to the protection of patient safety in ambulatory and primary care sites.

—David Lanier, MD
Senior Health Policy Analyst, AHRQ,
Washington, DC



William Miller, MD, MA (left), Lehigh Valley FP Residency, Allentown, Pa, visits with Katherine Guthrie, MD, United Family Health Center, St Paul, Minn, following the closing plenary session at NAPCRG '99 in San Diego. Kurt Stange, MD, PhD (center), Case Western University, also was a member of the plenary panel.

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New Funding Opportunities Expected for Canadian Primary Care Researchers

In 1997, the Medical Research Council (MRC) of the Canadian Federal Government announced the goal to re-create federal funding programs for health research in Canada. During 1999 most disciplines, special interest groups, and other parties lobbied to have their areas of interest included in the new Canadian Institutes of Health Research (CIHR) as institutes. More than 150 proposals for institutes were submitted for consideration to the Interim Governing Council, including a proposal for an Institute of Primary Care that was submitted by the Section of Researchers of the College of Family Physicians of Canada (CFPC). In late 1999, the Interim Governing Council asked researchers in Canada to put aside their special interests and biases and to recommend a slate of 10-15 institutes. The CFPC Section of Researchers recommended 15 institutes, including

institutes of individual and family health, health of populations and special groups, clinical health care, and health knowledge information and management.

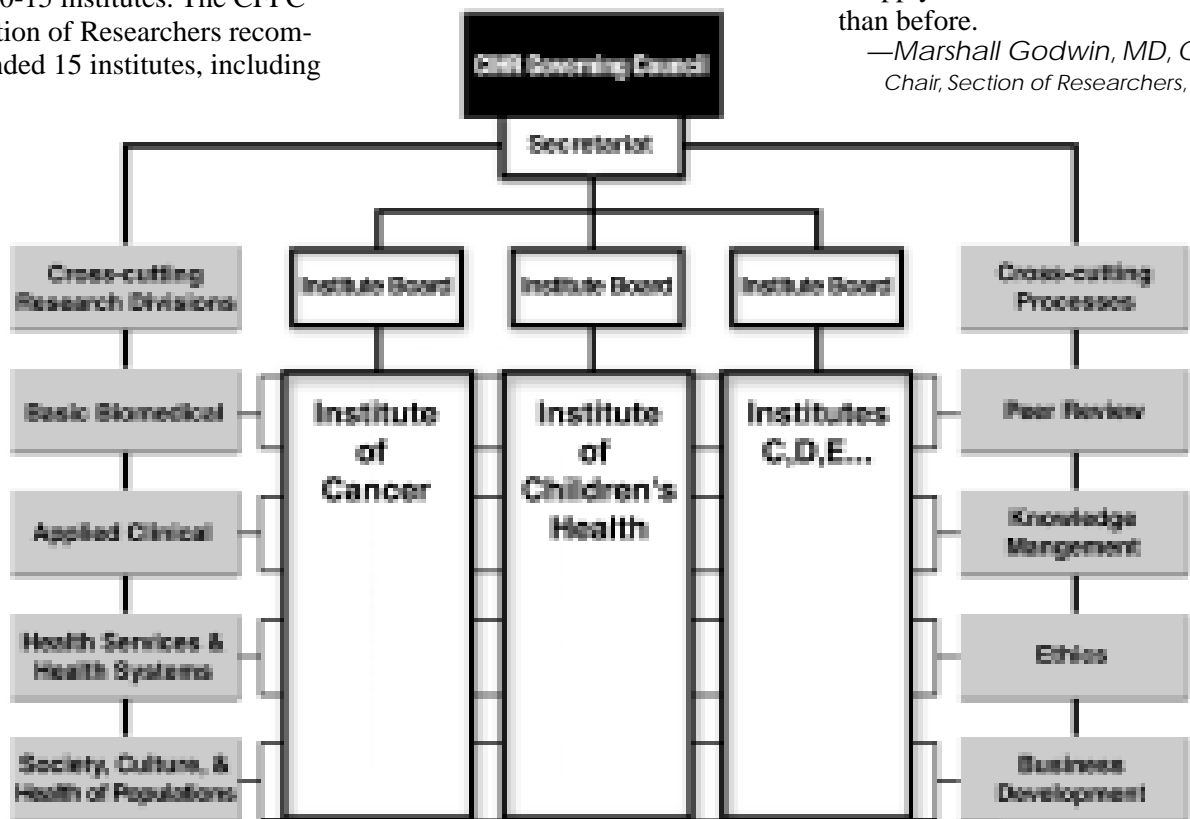
The potential outcome of the MRC's deliberations and the proposed model for the new CIHR is illustrated in the figure below. There will be a Governing Council with 10-15 institutes, each with its own director and Advisory Council. There will be four crosscutting themes that apply to all institutes: 1) Basic Biomedical, 2) Applied Clinical, 3) Health Services and Health Systems, and 4) Society, Culture and Health of Populations.

It appears that the majority of federal funding for health care research will be directed through the CIHR. Currently, other federal agencies that fund health-related research consist of the Natural Science and Engineering Research

Council, the Social Sciences and Humanities Research Council, the Canadian Health Service Research Foundation, and the National Health Research and Development Program. We expect most or all of the health related funding of these agencies to be subsumed, or at least coordinated, by the new CIHR.

The Governing Council, the first Institutes, and the results of a number of Transition Funding Opportunities are expected to be announced soon. It is anticipated that the new CIHR will be better funded than the MRC and that primary care research has much to gain and little to lose in this new federal model for funding research. Even if an Institute of Primary Care is not established, primary care researchers are likely to have a much greater opportunity to apply for and receive funding than before.

—Marshall Godwin, MD, CCFP
Chair, Section of Researchers, CFPC



Board Meeting Highlights

At the NAPCRG Board of Directors meeting May 6-7 in Orlando, the following reports were received and actions taken:

- The Board approved a new Web site design and plan, which will be developed and managed by the Society of Teachers of Family Medicine. It is expected to be on line at www.napcrg.org by early fall.
- The CFPC Section of Researchers reported on its efforts to establish an Institute of Primary Care Research within the newly created Canadian Institutes for Health Research (CIHR).
- NAPCRG Representatives were appointed for Academic Family Medicine Organizations (AFMO) Subcommittees. Allen Dietrich, MD, will represent NAPCRG to the AFMO Subcommittee on Undergraduate Education, and Jonathan Temte, MD, PhD, will be NAPCRG's rep to the Residency Education Subcommittee.

- The 2000-2001 fiscal year budget was approved. Projected income is \$203,475 and budgeted expenses total \$209,200. In the budget, the Board approved \$5,000 support for the Keystone III Conference, and increased support for the Grant Generating Project to \$7,000.
- The Board endorsed the Family Practice Inquiries Network and AFMO Legislative Subcommittee positions.
- William Phillips, MD, MPH, was asked to draft a letter from the Board, calling on family practice organizations to select or create and support financially a premier journal for family practice research.
- Marshall Godwin, MD, CCFP, was thanked for his service on the Board as the CFPC Section of Researchers Representative. Eva Grunfeld, MD, will be the new representative.

NAPCRG Supports Keystone III Conference

NAPCRG is one of seven organizational sponsors of Keystone III, a conference to be held October 4-8 at Cheyenne Mountain Conference Resort in Colorado Springs. The meeting will focus on the opportunities, threats, and obligations facing family practice in the future. Previous Keystone meetings provided an opportunity to further define the specialty and develop an intellectual and clinical agenda.

Topics for the 3-day conference will include the domain, science base, and future of family practice, family medicine involvement in political and social change, and how changes in technology, the country, and the contexts of family and community are changing family practice.

Announcement of Keystone III generated tremendous interest in family medicine in the United States and beyond. Because attendance had to be limited, a lottery was held June 30 to select participants to fill the 40 available slots for the conference. Organizers are planning ways to involve nonparticipants in the meeting dialogue by posting presenters' papers on the Web and setting up listserves to facilitate input.

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New Developments in the New Millennium

NAPCRG 2000, with the theme “Charting a Course for the new Millennium,” promises to be an exciting conference. This theme will be reflected by the three plenary sessions—two presented by internationally renowned researchers Barbara Starfield, MD, MPH, Johns Hopkins University, and Carol Herbert, MD, CCFP, FCFP, University of Western Ontario, and one by primary care physicians from South Africa, who will present the issues of research under apartheid and the challenges of research in their new independent country.

This new millennium is providing the focus for growth in family medicine in many countries. In the United States, family practice research is moving to a higher priority for many organizations and agencies. The remaining challenges are to continue to develop a critical mass of experienced principal investigators, to promote dissemination through family practice research journals, and to ensure the use of evi-

denced-based medicine which will enable us to incorporate the findings for improved patient care.

president's message

In Canada, the newly formed Canadian Institute of Health Research (CIHR), formed in response to intense lobbying from the Canadian scientific community at large, is replacing the previous systems with an integrated approach to medical research. The new organization, together with significant increased funding, will hopefully boost all levels of medical research. In addition to traditional funding opportunities, this institute is funding innovative themes such as “Community – University Research Alliances,” where universities and communities will work in partnerships, and “Integrated Health Research Teams.” For the latter, each team will link researchers with expertise

in basic research, clinical sciences, health service delivery, and population-based health, to focus on one subject, ie, asthma.

In the new independent South Africa, academic primary health care researchers from all nine medical schools came together last winter for a 2-day workshop, hosted by the Medical Council of South Africa, to begin to chart the future for primary care research to “Build a Healthy Nation Through Research.” I was privileged to attend this meeting to share NAPCRG’s experiences in promoting primary care research. The discussions were wide ranging, but focused on the three identified needs of capacity building, collaboration, and linking traditional community knowledge with academic research.

NAPCRG 2000 will provide a key opportunity for participants to learn more about these new developments and to meet fellow researchers who are working to build primary care research throughout the world.

—Ann Macaulay, MD, CCFP, FCFP



President Ann Macaulay, MD, CCFP, FCFP (center), McGill University, listens as members discuss their current research activities during a break at the 1999 NAPCRG Annual Meeting in San Diego. Dr. Macaulay will continue as President through the 2001 Annual Meeting, October 13-16 in Halifax, Nova Scotia.

NAPCRG Member's Research in Progress

Assessing the Effectiveness of Magnet Therapy for Treatment of Carpal Tunnel Syndrome Pain

To ascertain the extent to which magnets effectively reduce pain caused by carpal tunnel syndrome, we developed a double blind, randomized, placebo-controlled trial. Eligible patients were adults with diagnoses of carpal tunnel syndrome or wrist pain. These specific diagnoses were selected because associated pain is easily located, a magnet may fit over the site of pain, the depth of penetration would not present a problem for the magnet, and they are common problems in primary care.

Eligible patients were selected from among established patients at a community-based private practice and the academic program's Model Family Practice Center by querying billing data. Selected patients were mailed invitations to participate in the study; patients who responded were then contacted by telephone and scheduled for an appointment that included eligibility screening and a 45-minute treatment. Potential subjects were excluded if they were not experiencing pain, if calculated body mass index was greater than 35, and if they had used pain medication within 4 hours of the treatment.

Treatment consisted of either a magnet or a placebo—a device that appeared identical to the magnet. Thirty subjects participated in the study, 15 in each group. All devices were shipped from the manufacturer in individual, coded boxes that were

selected at random for each patient. Devices were attached to subjects' arms using wristbands. Pain was assessed using a 0 to 10 visual analog scale and was measured four times during the treatment: prior to device place-

“The results of this study left us with more questions than when we started.”

ment and at 15, 30, and 45 minutes. A 2-week telephone follow-up was completed to determine extent of pain resolution, worst pain experienced, and typical pain during the 2-week follow-up period.

The two study groups did not differ statistically when comparing subject demographics or the degree of pain prior to device placement. There was a statistically significant decrease in degree of pain experienced by subjects in both groups when comparing pre-treatment and 45-minute measures; however, there were no differences in the magnitude of the decrease when comparing the two groups. Mean decrease in pain was 2.86 for the magnet group and 2.48 for the placebo group when comparing pre-treatment and 45-minute measures. At the 2-week follow-up, the average pain decrease from baseline was 1.33 for the magnet group and .67 for the placebo group.

The results of this study left us with more questions than when we started. For example, should we have established a third study

group to include a comparison of the effect of exposing subjects only to the wristband without any device, either the magnet or the non-magnet? What other aspect of the study could account for the decrease in pain experienced by subjects in both of the study groups? Did study staff bias the results through their communications with subjects? Staff heard patients

comment on their beliefs in magnets and it is possible that we invoked a “belief effect” by merely placing the device on the pain site. Future studies might stratify by belief level and then randomly assign to assess the effect of belief on outcomes. Another possibility is the interaction effect of person and device. That is, if the patient had placed the device according to written instructions rather than having it placed by an experimenter, would results have differed?

The effect of magnets on the treatment of pain remains unclear. Of the 30 patients who participated in our study, 26 reported decreases in pain during the 45-minute treatment, three reported increased pain, and one reported no change. After 2 weeks, 13 subjects reported that their pain did not return to baseline levels, two reported that pain did return to baseline, and five revealed that their pain was more intense than at baseline.

—Cheryl Blalock Aspy, PhD
Professor, Department of Family and Preventive Medicine, Oklahoma University Health Science Center

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Nominations for Generalist Physician Faculty Scholars Program

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. Four-year grants of up to \$300,000 are made to sponsoring institutions to help cover the scholars' salary and research costs. In 2001, up to 15 awards will be made.

Nominations are made by the dean of a 4-year, fully accredited US medical school. A school may submit only one nomination per year and have only two physicians in the program at any one time. 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 29, 2000. Faculty scholars will be announced in April 2001.

For an abstract or the full text of the call for nominations, visit the Robert Wood Johnson Foundation Web site: <http://www.rwjf.org/grant/jgrant.htm>.

Call for Meetings

Committees, special interest groups, and related organizations often want to meet during the NAPCRG Annual Meeting beyond the times set aside for breakfast meetings. To do so, space needs to be reserved in advance. If you chair a group that would like to meet at NAPCRG, contact Jenny Riedl by August 1 with your meeting needs (size of group and possible days and times to meet) at 800-274-2237, ext. 5422; e-mail: depasst@stfm.org.

The Many Faces of NAPCRG



Valerie Gilchrist, MD (right), Northeastern Ohio Universities College of Medicine, makes a point at the preconference workshop on practice-based research networks at the 1999 Annual Meeting in San Diego.

1999 conference plenary speaker Moira Stewart, PhD (left), University of Western Ontario, listens to concerns from Karen Richardson-Nassif, PhD (right), University of Vermont.



Break time is often the best time for making new research connections at the annual conference.

