NAPCRG *newsletter*

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Banff Is Big for NAPCRG

I guess everyone is back at home after the big meeting in Banff, October 25-28. And I do mean big. We had a great showing with records set in submissions, number of different presenters, and attendees with 620. This number eclipses our previous record of attendees set at the 2002 meeting in New Orleans by 53. Maybe it was the beautiful location that drew people, but it seems that we just keep growing. The topics were varied, and there was something for everyone. In fact, there were more people wanting mentors than we had people volunteer as mentors. A good problem to have but with your help we hope to expand this program next year.

A lot of great information and findings were disseminated and discussed. **Iona Heath, BChir, MRCP**, Camden, England, gave a thought-provoking plenary on October 26. Her ideas about the delivery of care definitely resonated with a good number of attendees and stimulated the ensuing hallway conversations you would expect from a provocative speaker. On the ride back to Calgary with fellows and junior faculty from my department, several study ideas were suggested that we have now come to describe as "Heathish." The following day, **Allen Dietrich, MD**, Dartmouth Medical School, gave an inspiring plenary showing the progression of his career as an extremely successful researcher. Dr Deitrich is a tremendous role model for primary care researchers, and the one-on-one conversations he held with individuals throughout the meeting made his presence all that more valuable for novice researchers. Finally, **Brian Hennen, MD, MA**, University of Manitoba, in his plenary talk on the final day of the conference, presented a variety of important ideas on developing research on the organizational level. Members of all levels found important take home messages from his presentation.

The Program Committee will take a short breather, but it won't be long before we start finalizing themes, plenaries, and other issues for next year's meeting. So, take a break and work on putting together that good study for submission. I look forward to seeing you next year for an even bigger and better meeting (if that is possible).

—Arch Mainous, PhD, Chair
Program Committee

Gurdev Singh, MD, (far left) speaks with opening plenary speaker Iona Heath, BChir, MRCP, (second from left) while Thomas Wolff, MD, (third from left) questions Brian Hennen, MD, MA, (third from the right) after his closing plenary. NAPCRG President Moira Stewart, PhD, (sitting) visits with NAPCRG cofounder Maurice Wood, MD.

Handouts on the Web

Are you aware that NAPCRG has posted handouts from the 2003 NAPCRG Annual Meeting on its Web site? If you couldn't attend a session while in Banff, these handouts may be the next best way for you to get information on something you missed.

Go to www.napcrg.org and click on the link labeled Presentation Handouts from NAPCRG 2003. Note that the handouts posted are the ones whose presenters have responded to our request. If you would like your handout included on the Web site, go to the link above and follow the instructions for posting.

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NORTH AMERICAN PRIMARY CARE RESEARCH GROUP

The Genesis of the North American Primary Care Research Group

The North American Primary Care Research Group is the only organization dedicated to expanding the body of knowledge that supports effective delivery of primary medical care to diverse patient populations. The organization's mission addresses the needs of multiple medical specialties, patient care environments, national populations, and research methodologies. Its functions include research stimulation, peer networking, and lobbying, among others. NAPCRG's membership has grown to more than 800 members, with representatives from the United States, Canada, The Netherlands, United Kingdom, South Korea, New Zealand, Japan, Mexico, Sweden, Australia, China, Denmark, Germany, Israel, Italy, Malta, and Romania.

NAPCRG celebrated its 30th anniversary in 2002; the 2003 Annual Meeting returned to a location that served as an organizational milestone in the memories of long-time members. It was at that first Banff Springs meeting that many founding members realized that their efforts to engender a multidisciplinary, multi-method, and multinational research organization were truly successful. Newer NAPCRG members know the unique role that the organization fills, yet it is likely that many are unaware of their organization's origins. We asked one of NAPCRG's founding fathers, Maurice Wood, for whom NAPCRG's Wood Award is named, to reflect on the genesis of NAPCRG and to share his first-hand knowledge with new members as well as remind long-term members about NAPCRG's roots.

—John G. Ryan, DrPH, Newsletter Editor

NAPCRG: The Beginning

During the late 1960s and early 1970s, many in the newly established and evolving primary care departments and divisions of medical schools throughout North America recognized the need for a new organization to expand academic primary care research while continuing to nurture the rich tradition of research in private practice. **Gene Farley, MD, MPH**, wrote that this was "a time of high hopes that the people could make changes in society [by reforming] the health care system to serve the needs of traditionally ignored populations." Gene and others felt strongly that "new knowledge was needed" to adequately care for those populations.

Gene led the establishment of the Rochester program and held his perspective as a mission for himself and those whom he hired. From the beginning, Rochester purposefully integrated service, demonstration, and research and included practice and information systems that made available data for contributing to new knowledge and improved quality of care. Gene recruited **David Metcalfe** from the United Kingdom in 1969. David, a member of the Royal College of General Practitioners, was skilled in the College's disease classification system. He also was experienced in using age, sex, and morbidity indices that had been employed in the United Kingdom since 1955.

David saw a void in the new US primary care movement. He recognized the important political, financial, and educational roles undertaken by the Society of Teachers of Family Medicine and the American Academy of Family Physicians but saw a lack of attention to building a knowledge base. David felt strongly that we urgently needed to address this weakness as we sought a more visible and integrated role in academic environments. David advocated for acquiring a "toe-hold" in our universities by generating an innovative research capability and addressing those research questions that would not otherwise be answered.

I had the good fortune of being recruited to the United States by **Kinloh Nelson**, dean of medicine at the Medical College of Virginia, in 1969. Together with **Fitzhugh Mayo**, also recruited by Dean Nelson, we helped to establish the Medical College of Virginia's Department of Family Practice. My membership in the Royal College of General Practitioners gave me a similar knowledge base as David's; in addition, I brought to Virginia my many years of practice-based research experience. As a family physician in Virginia, Fitzhugh also represented the tradition of independent research in private practice. Fitzhugh had undertaken clinical research in his own practice using the same Royal College of General Practitioners disease classification system that David and I were used to using. He employed these instruments to record and retrieve clinical data for his many pioneering epidemiological studies.

By 1972, the department had three training programs, each of which was using problem-oriented medical records and instrumentation with

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which to collect demographic and clinical data from office practice. These data were stored on the university computer and were available for research and educational purposes. I believe Fitzhugh's passion for research and his understanding of validated instrumentation was largely responsible for the strong research base we achieved in Virginia.

Like Gene and David, Fitzhugh felt strongly that a new and unique organization was necessary to build an infrastructure in family medicine to facilitate research and education based on service. Further, Fitzhugh saw a pragmatic need for such an organization, based on the many visitors and requests for assistance that we in Virginia and our colleagues in Rochester were receiving from throughout the United States. The perceived needs and jointly held convictions of these and other highly committed and single-minded individuals led to a seminar-workshop on April 6 and 7, 1972 at Riverside Hospital in Newport News, Va, entitled, Data Recording, Data Retrieval and Research in Primary Care. The meeting was jointly sponsored by the Family Medicine Program at Strong Memorial Hospital of the University of Rochester in New York and the Department of Family Practice of the Medical College of Virginia/Virginia Commonwealth University, Richmond, Va. The conference was attended by roughly 50 people from 28 different family medicine programs in the United States and Canada. Six papers were presented and workshops were held to encourage discussion and debate.

By the end of this meeting, participants agreed that an interactive group should be organized for primary care programs interested in research in community-based settings. During the wrap-up session, participants elected a steering committee consisting of **Lou Filiatrault** from the University of Minnesota, David, and myself. We were charged with defining suitable goals, establishing a structure for the group, and informing members. By May 1972, the following month, we completed and distributed a position paper that defined a set of immediate, intermediate, and long-term goals as well as the following statement:

"The Primary Care Research Group has come into being as a spontaneous expression of interest and concern among those teaching family medicine. Its intention is to foster, encourage, and facilitate all research from all medical disciplines involved in primary care. It is an informal group to exchange information about and provide assistance for current and projected research and the use of appropriate methodologies. It does not aim to control anyone's research but to provide information about current work in the field, its difficulties, and resources."

Together, we solicited start-up funding to support a second meeting in the fall of 1972 and annual spring meetings, which we started 30 years ago, in 1973. In retrospect, I believe that our first meeting in 1972 responded to an overwhelming need for an office practice information system. Our original goals were written to meet that need. I believe we have largely achieved our original goals, although a unified data recording and retrieval system never became established in North America. In NAPCRG, work on such systems continues today as the ICPC Special Interest Group and as ICPC 2 E, or earlier editions of this disease classification system are used throughout the world. As thrilled as I am about the widespread use of these systems and of the success of our North American Primary Care Research Group, I remain somewhat disappointed that we haven't yet achieved our informatics goals right here, in our own backyard. Nevertheless, I am still hopeful that the important work pursued by several groups in the United States will ultimately yield an important information system that will continue to push forward the frontiers of primary health care for the sake of research, education, and service.

—Maurice Wood, MD

Maurice Wood, MD, was in Banff to present the 2003 Wood Award for Lifetime Contribution to Primary Care Research to Michael Klein, MD, CCFP. Dr Klein is pictured here with Dr. Wood and NAPCRG Past President Carol Herbert, MD, CCFP.

mission & goals

Formed in 1972, the North American Primary Care Research Group is a multidisciplinary organization for primary care researchers in the United States, Canada, Mexico, the Caribbean, and throughout the world, with a mission to develop, disseminate, and promote new knowledge regarding primary care.

NAPCRG's goals are to:

- **Increase the capacity for conducting quality research,**
- **Provide appropriate forums for presentation of original primary care research,**
- **Enhance communication among primary care researchers,**
- **Integrate primary care research, patient care, and education,**
- **Serve as an incubator for new ideas.**

Meet the Board

Frank deGruy, MD, Chair, Committee on Building Research Capacity

Frank deGruy, MD, is currently professor and chair of the Department of Family Medicine at the University of Colorado. He is interested in the mental health care/primary care interface and has researched depression, abuse, and somatization in the primary care setting. He has reviewed grants for the National Institute of Mental Health as a member of the Services Research study section and is presently chair of the National Advisory Committee for the Robert Wood Johnson Foundation's Depression in Primary Care Initiative. He used to be a primary researcher but spends more of his time these days thinking about building research capacity and working as a mentor, a program developer, and a person who struggles to find research infrastructure support.

Sue Tatemichi, MD, Clinician Representative

Sue Tatemichi, MD, is a family physician who worked as a physician at Kateri Memorial Hospital in the Mohawk community of Kahnawake in Quebec, through the Oka crisis and its aftermath before moving to Fredericton to open a clinic in the Saint Mary's First Nation community in 1991. In 1995, she started working part time as the research director for the Family Medicine Teaching Unit, Dalhousie University. In 2002, she became the site director of the Fredericton program and continues to research, teach, and publish and practice medicine. Her main areas of research interest are in Aboriginal and women's health, and issues surrounding follow-up cancer care. Dr Tatemichi and her research associates are currently developing a proposal for a national study with collaborators from across Canada of issues related to arm morbidity resulting from breast cancer treatments. In addition to her other committee responsibilities, she is currently serving on the board of the Canadian Institutes of Health Research-funded Atlantic Aboriginal Health Research Program, which is one of several Aboriginal Capacity and Developmental Research Environments programs across the country established by the Institute of Aboriginal People's Health.

Sharon Johnston, MD, LLM, Resident/Student Representative

Sharon Johnston, MD, LLM, is a family medicine resident at McGill University in Montreal, Canada. She started her career in law at Cambridge University in England and went on to complete a master's of law and bioethics at McGill University. At that time, her research explored the legal, ethical, and professional obligations of physicians involved in health care resource allocation. Since then and during the course of her medical studies, she has researched, presented, and taught on medical professionalism. Her current focus is on the generation gap in professional values and the historical socialization of new members into the profession.

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Thank you

NAPCRG thanks and recognizes the contributions of **Ellen Wiebe, MD**, Vancouver, British Columbia, whose term as Practitioner Representative to the NAPCRG Board of Directors ended October 2003.

Board Meeting Highlights

The following actions resulted from discussions held during the October 25 and 28 NAPCRG Board of Directors meetings in Banff, Alberta.

- Approved the year-end finance reports for the 2002-2003 calendar year.
- Approved the addition of on-line conference registration, new member, and membership renewal processes.
- Approved new appointees to Nomination Committee (Sandy Burge, PhD; June Carroll, MD, Paul Nutting, MD, MSPH, and Harry Strothers, MD), and new appointees to the Committee on Building Research Capacity (Susan Flocke, PhD, and Goutham Rao, MD)
- Renewed endorsement to Family Practice Inquiries Network for another year.
- Approved Grant Generating Project funding for $17,015 and $17,865 for the academic years 2005–2006 and 2006–2007, respectively.
- Made recommendations and comments regarding the Future of Family Medicine report developed by the FFM Project Leadership Committee.
- Endorsed the Banff Declaration regarding primary care data standards
- Revised NAPCRG's mission and goals

Recent Awards Presented to Canadian Members of NAPCRG

In the week preceeding the 2003 NAPCRG meeting, several of our Canadian NAPCRG members received a number of special honors during the annual meeting of the College of Family Physicians of Canada (CFPC), the Family Medicine Forum (FMF).

Our sincere congratulations to all of you—we are proud of your accomplishments!

Ian McWhinney, MBBChir, (London, Ontario) received the Family Medicine Researcher of the Year Award. This newly created annual award honors a family medicine researcher, who has been a pivotal force in the definition, development, and dissemination of concepts central to the discipline of family medicine. Dr McWhinney has made many original contributions to research and knowledge building in family medicine. His presentation at the FMF was titled "Creativity Is Alive and Well in Canadian Family Practice, But Do We Know It When We See It?"

Brian Hennen, MD, (Winnipeg, Manitoba) received the Ian McWhinney Family Medicine Education Award. This award, in honor or Dr Ian McWhinney, the first professor and chair of a Canadian University Department of Family Medicine, (University of Western Ontario), is presented to an outstanding family medicine teacher deemed by his/her peers to have made a significant contribution to family medicine education.

Warren McIsaac, MD, MSc, **Donald Low, Anne Biringer, MD, Nicholas Pimlott, MD, Micheal Evans, MD,** and **Richard Glazier, MD, MPH,** (Toronto, Ontario) received the Outstanding Family Medicine Research Paper of the Year award f**or their article,** "The Impact of Empirical Management of Acute Cystitis on Unnecessary Antibiotic Use," published in *The Archives of Internal Medicine* 162, March 11, 2002 (600-5). This newly established award recognizes the best research article published in a national or international journal during the preceding year, which was based on family medicine research carried out by a CFPC member.

David Moores, MD (Edmonton, Alberta), NAPCRG program committee member, received the W. Victor Johnston Award. This award, named in honor of the first executive director of the CFPC, recognizes a renowned Canadian or international family physician who has made an outstanding leadership contribution to the discipline of family medicine in Canada or abroad.

Institute of Medicine Elects 65 New Members, Five Foreign Associates

Lillian Gelberg, MD, department of family medicine, University of California, Los Angeles, is one of 65 newly elected members of the Institute of Medicine (IOM) of the National Academies. This raises the Institute's total active membership to 1,382. In addition, the Institute honored five individuals by election to foreign associate membership, bringing the total members in that category to 71.

The Institute of Medicine is unique for its structure as both an honorific membership organization and an analytic and advisory organization. Established in 1970 by the National Academy of Sciences, the Institute has become recognized as a national resource for independent, scientifically informed analysis and recommendations on issues related to human health. With their election, members make a commitment to devote a significant amount of volunteer time as members of IOM committees, which engage in a broad range of studies on health policy issues.

Conference Calendar

NAPCRG 2004 Annual Meeting

October 10-13, 2004
Wyndham Orlando Resort
Orlando, Fla
(held just prior to WONCA/AAFP Scientific Assembly, Oct 13-17)

Other Conferences of Note:

2004 Society for Academic Primary Care
Annual Scientific Meeting
July 14-16,
Glasgow, Scotland, UK
www.sapc.ac.uk

College of Family Physicians of Canada
2004 Family Medicine Forum
November 25-27, 2004
Toronto
www.cfpc.ca

Themes From NAPCRG 2003 Paper Sessions

Health Disparities I

I enjoyed moderating the Health Care Disparities I sessions, which included 5 papers.

Lauren Whetstone's, PhD, study "Does Weight Loss Improve Health Status Similarly in African Americans and Whites?" used a self-related health (SRH) 5-point survey with 626 rural eastern North Carolina participants in a longitudinal study (1997 and 2000). Weight change did not vary by race. Weight loss of >10% was associated with positive changes in SRH. There were several thoughtful questions including: Was the SRH validated in different ethnic groups? Why was the 3-year interval chosen, and what is the meaning of their self-perception. Dr Whetstone suggested the need for qualitative work and possibly validation studies of the SRH in the underserved, if not already performed.

Leah Steele, MD, PhD, then presented "The relationship between welfare benefit reductions and mental health service use in an inner city setting." This ecologic time-series analysis using 1218 enumeration areas in Toronto from 1992-1998 tracked the impact on mental health utilization rates due to a 22% reduction in welfare benefits in 1996. The large reduction in benefits was not associated with a significant increase in mental health service use. The groups with the highest SES showed an increase in care whereas those in the lowest SES showed little change. Does this lack of plasticity in the lowest SES groups reflect a lack of capacity to respond to their mental health needs due to other primary process priorities? Would there be changes in broad-spectrum health care expenditure or morbidity and mortality if she were able to track them?

Luis Zayas, PhD, presented "Fostering cultural awareness in medical education through refugee patient encounters in the primary care setting." The pilot program consisted of medical students participating in weekly refugee health screenings. The qualitative analysis of 38 clinical encounters by four raters used the editing approach to review the pre/post focus group debriefings. Students were primarily concerned with communication and their ability to understand and be understood by patients. The pilot project found students acquired basic cultural sensitivities. The focus groups themselves may have helped the students reflect on their experience.

Frederick Chen, MD, MPH, presented "The role of patients' beliefs and preferences in racial disparities." Using the 1999 Kaiser Family Foundation questionnaire that identified a 9-item discriminatory belief scale, a national random sample of 3,884 telephone interviews was performed with 1,479 whites, 1,189 African Americans and 983 Latinos. The majority of subjects had no preference of race for their health care provider. For those subjects with a race preference, those who worked with the race of their preference were more likely to be satisfied and those who were unable to work with their preferred race of their provider were much more likely to be unsatisfied and see the health system as biased. Was the mechanism of the association related to locus of control?

Lillian Gelberg, MD, MSPH, presented "Characteristics of homeless women who use faith-based social service providers." This quantitative analysis used cross sectional data from a probability sample of 974 women from 1997 from 78 homeless shelters and meal programs. She found that persons who were African American, Latinas, depressed, or attending 12-step programs were less likely to use faith-based services. Persons were likely to use faith-based services if they had a history of drug use or dependence, greater perceived problems finding food or shelter, and those never married. As resources for the homeless and underserved narrow further and requirements for services increase, perceived access to resources may further decline.

—David Buck, MD, MPH,
Baylor College of Medicine

Extended Papers II

These timely topics, findings about disparities and non-traditional therapy for the following research presentations contributed to lots of questions and discussion among meeting attendees. **Susan Weller, PhD,** University of Texas Medical Branch, Galveston, presented "Validation of Diabetes Mellitus Screening Guidelines" to an audience of 35 people. The incidence of diabetes is expected to increase and is a national health problem in the United States. Using previous screening methods, one third of cases were undiagnosed, and complications at the time of diagnosis indicate that disease may have been present for several years. The new guidelines offer substantial improvement in the rate of detection. A notable finding is the earlier age of onset among minorities that may be associated with other health disparities.

Prevention and management of diabetes is also a concern in Canada. The Canadian Diabetes Association estimates that 2.5 million more Canadians are now identified at increased risk for type 2 diabetes and has launched new clinical practice guidelines in October 2003. The full 150-page guidelines document will be published as a supplement in the December 2003 issue of *Canadian Journal of Diabetes* and made available on-line at www.diabetes.ca at that time.

France Legare, MD, MSc, University of Ottawa, spoke about "Disparities between women's and physicians' decisional conflict about hormone therapy". Recently, Hormone Replacement Therapy (HRT) has received considerable attention in the media, by women's advocacy groups, and professional journals. Dr Legare's paper is an example of the use of multiple research methods. Dr Legare reported that MDs reacted to the use of the word conflict. Raising awareness about shared decision making should be encouraged was a study implication. Clearly, patients are asking for (demanding) and expecting a larger voice in care decisions.

An alternative therapy topic was presented by **Suzanne Bentler, MD,** University of Iowa, titled "Randomized Controlled Trial of Siberian Ginseng for Chronic Fatigue." Herbal therapy is gaining broad public appeal. Both patients

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2003 NAPCRG Award Winners

Every year NAPCRG presents best paper and best poster awards based on scores provided by session moderators, with winners being announced at the closing plenary. Presentations were judged on the degree to which new and important research questions were addressed, the appropriateness of research methods, the validity of conclusions, and the overall value. The following were the winning 2003 presentations:

Best Paper by a Practicing Physician

Stephane Groulx, MD, Monteregie Public Health Directorate, Longueuil, Quebec
FF5: Physicians' Point of View on a Colorectal Cancer Screening Program

Runner-up
Michael Kolber, MD, University of Alberta
JJ7: Analysis of a Rural Family Physician's Gastrointestinal Consult Service

Best Paper by a Student, Resident, or Fellow

Maria Spurling, University of Missouri (student)
PP3: Alcohol-related Injuries and the Prevention Paradox

Runner-up
Claude Richard, University of Montreal (student)
II6: Development of a "Dialogic Index" to Better Describe Physician and Patient Participation in Discussions of Medications During Primary Care Encounters

Best Poster on Completed Research

Jun Su Kim, Samsung Medical Center, Seoul, Korea (resident)
PS50: Risk Factors Associated With an Addictive Use of Internet in Korea

Runner-up
Chastity Lattanzio, MSc, University of Western Ontario
PS38: Changes in Aerobic Fitness Among Older Adults in a Community-based Exercise Prescription Program: 7 Year Follow-up

Listserve Available for NAPCRG Diabetes SIG

The NAPCRG Primary Care Diabetes Research Special Interest Group has established a listserve to facilitate ongoing discussion on areas of in terest. The interest group's goals are to stimulate discussion on diabetes research for primary care, including measurement of important outcomes, rationale and methods for diabetes detection and screening, effective management strategies, and sensible approaches to the poorly adherent patient. If you are interested in joining the discussion list, e-mail napcrgDiabetes-subscribe@topica.com or contact **Richelle Koopman, MD, MS**, group chair, at koopmanr@musc.edu. There is also a link to the listserve through the NAPCRG Web site, www.napcrg.org.

Proceedings From the Methods Conference Available On-line

Proceedings from the Practice-Based Research Networks Methods Conference are available on the AAFP Web site at www.aafp.org/x21011.xml. The conference was titled "Methods for Practice-Based Research Networks: Challenges and Opportunities." These proceedings evolved from the papers submitted and interactive presentations. Funding for the conference and the proceedings was provided by the AAFP, Agency for Healthcare Research and Quality, and the San Antonio Methods Conference. Bound copies can be obtained through the AAFP Order Department under catalog sales #967 for Member Price: $20, Non-Member Price: $25.

Funding Opportunities Through the AAFP Foundation

Joint AAFP/F-AAFP Grant Awards Program

The JGAP offers grant awards of up to $30,000 with applications accepted for two grant cycles yearly. The submission deadlines for 2004 are December 1, 2003, and June 1, 2004.

PBRN Research Stimulation Grant Awards

Grant applications are accepted from family physicians affiliated /associated with a practice-based research network in family medicine for pilot projects or preliminary efforts involving research conducted through that PBRN. Projects should lead to the completion of a larger research project or be a catalyst for a large-scale project. The next 2004 submission deadlines are February 20 and August 30.

Research Stimulation Grant Awards

Grant proposals for under $5,000 for pilot projects, data gathering, or preliminary efforts involving family medicine research are accepted for review under this program. Proposals are being accepted for 2004 awards as long as the funding is available.

For more information on any of the above funding opportunities, visit www.aafpfoundation. org or contact Susie Morantz at 800-274-2237, ext. 4470, smorantz@aafp.org.

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NAPCRG 2003 Themes. . .

and primary health care providers seek more information about best practices and evidence about the use of herbal remedies. Suzanne's study found that although overall efficacy of Siberian Ginseng was not demonstrated, findings of possible efficacy for patients with moderate fatigue suggest that further research may be of value.

Please join me in thanking these researcher colleagues for contributing to evidence-based practice.

—Judith MacPhail, RN, MHSc, University of Toronto, Dept of Health Policy, Management, and Evaluation

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NAPCRG meeting attendees take time to network between scheduled sessions at the recent meeting in Banff.