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NAPCRG Newsletter May 09:

An Example of Collaboration in Research from Canada

It will come as no surprise to NAPCRG members to
hear that there is a newprogram generating excite-ment in Canada, the CLASP Initiative. CLASP stands for Coalitions Linking Action and Science for Prevention and is a program of the Canadian Partnership Against Cancer. The goal of CLASP is to support sustainable collaborations across two or more provinces/territories of existing cancer prevention with other chronic disease prevention strategies. This
multi-million dollar, 3-year
project will develop cross-province/territorial part-nerships that improve in-dividual and population health. The leader is JonKerner, PhD, who is Chair of the Primary Prevention Action Group and Senior Scientific Advisor for Cancer Control and Know-ledge Translation at the Canadian Partnership Against Cancer. Jon is well
known to many of us in
NAPCRG for his contribu-
tions to dissemination and implementation research in Canada and the United States.

As NAPCRG members know, chronic diseases like diabetes, lung disease, heart disease, and manycancers share a number of risk factors. To avoid chronic diseases, individ-uals need access to the healthiest possible work places and environments as well as a prevention-focused health care system. Public policy built on scien-
tific evidence, and consis-tent, coherent, and up-to-date information to make healthier lifestyle choices are also important.

CLASP funding arrange-ments will support pan-
Canadian coalitions
including primary care that
broaden the reach and deepen the impact of exist-ing collaborative chronic disease prevention efforts at municipal, regional, provincial/territorial, and national levels.

As someone who has been engaged in practice and in prevention research foralmost 30 years, I think that CLASP offers a tremen-dous opportunity to build research, practice, and policy partnerships. The plan is to fund be-tween 5 and 10 CLASP organizations from October 2009, with continued sup-port, through March 2012.To me, CLASP has the look of a potential “career maker” for junior research-ers in Canada and, for those whose careers are already established, an opportunity to enhance the relevance and impact of their research program, add to the “real world” evidence base, and enhance the health of the public.

A series of consultation workshops was held in February and March of 2009. As president of NAPCRG, I was invited tospeak at one of these meetings and was inspired by the level of enthusiasm and commitment of CLASP staff and participants from research, public health, policy, and community practice communities. Youmay know someone whoattended these consulta-tion workshops. If you donot, I urge you to be in touch with the CLASP Partnership, www.partnershipagainstcancer.ca, for information.

In April and May of 2009 a series of one-day planning meetings will take place to inform the development of requests for proposals for CLASP funding. Thus, even if you did not attend a consultation workshop, it is NOT too late to get engaged. Proposals will be due in the middle of July 2009, and the implementation and assessment phases of this work will continue into 2012. In my view, many CLASP proposals could have a strong primary care component, and who better to provide that than NAPCRG members.

—Allen J. Dietrich, MDNAPCRG President

Join us in Montreal, Quebec for NAPCRG's 37th Annual Meeting

This year's meeting should provide an exciting opportunity for NAPCRG members to learn, network, and have some fun in a beautiful location. The enhanced quality of submissions will provide for an exciting conference once again this year. In addition to theoriginal research, workshops, forums, and networking, there are three interesting plenary speakers who will provide us with a variety of insights and perspectives.

The opening plenary on Sunday, November 15 will feature Richard C. Wender, MD, who is chair of the Department of Family and Community Medicine at Thomas Jefferson University. A graduate of Princeton University and the University of Pennsylvania School of Medicine, Dr Wender directed the family medicine residency program at ThomasJefferson for 10 years, became vice chair of the Department in 1995 and chair in 2002. During his tenure as Department Chair, the Department of Family and Community Medicine has touted top rated predoctoral and residency programs, three fellowships, an extensive research portfolio, and numerous community partnerships. Dr Wender also serves as president of JeffCare, Jefferson's Physician-Hospital Organization.

In addition to being a practicing family doctor, Dr Wender is also a recognized expert in cancer prevention and screening. He was the editor of the American Cancer Society Primary Care Physicians Newsletter for 10 years and President of the Philadelphia Division of the American Cancer Society. In 1997, Dr Wender became the first family physician to be elected to the national American Cancer Society Board of Directors, where he became the first primary care clinician to serve as its president. Dr Wender has also had a career-long commitment to education in diabetes.

Dr Wender has lectured and written extensively about the role of primary care clinicians in preventive care. Understanding andovercoming barriers toprimary care-based pre-ventive health servicesand chronic disease man-agement is the focus of his teaching and investigation while improving access to high quality care remains his principal passion. He will speak about the third revolution. Although re-forms in the health care payment and health caredelivery systems have gar-nered most of the public attention, Dr Wender will describe the more subtle but vital reforms being made in the conduct of research. He notes that we have recognized that our investment in research has not adequately contributed to a reduction in disparities or improvements in health. Research funding mechan-isms and the organization of research are rapidly being redesigned based on the requirement that we address the root causes of ill health and health inequality. The research revolution demands newpartnerships and the build-ing of new bridges between public health and clinical health delivery.Family medicine, com-munity and public healthwill need to play a criticalrole in realizing the poten-tial of this research revolu-tion. With these emerging opportunities will come emerging expectations and responsibilities. Just asprimary care will form thecenterpiece of a redesign-ed health care delivery system, research must be akey driver of an entirely new approach to asking and answering the quest-ions with the highest likeli-hood of impacting thehealth of our nation andour global partners.

The second plenary on Monday, November 16 will be presented by Simon de Lusignan, BSc, MBBS, MSc, MRCGP, chair of the Primary Care Informa-tics Group, Department of Community Health Sciences at the St. George's Hospital Medical School in London, England. Dr deLusignan is a general prac-titioner and academic GP with a research interest in informatics. His research focuses on how routinely collected data can be used for quality improvement and how IT is best used atthe point of care. His qual-ity improvement work has been in cardiovascular disease, chronic kidney disease, diabetes, mentalhealth, and osteoporosis. He has led the develop-ment of online information sources for primary care but lately focused more onthe evaluation of how these and electronic

patient record (EPR) systems might best be incorporated into clinical practice.
Dr de Lusignan is trained as an educator and has devel-oped new courses includ-ing the UK's first full-timeundergraduate informaticsdegree; he also has con-siderable experience super-vising undergraduate and post graduate students. He is head of General Practice and Primary Care, a role that involves supervision of an academic team and a network of nearly 300 practices.
Dr de Lusignan has been a partner in his practice for more than 20 years and has been active in the local health community, including serving as PEC (Professional Executive Committee) chair.
He will be addressing the NAPCRG conference attendees on measuring the impact of the computer on the primary care consultation using the Activity Log File Aggregation (ALFA) open source toolkit.
Users and developers of Electronic Medical Record systems lack tools that enable them to objectively choose between different brands of primary care computer systems or to judge whether a system feature offers advantages over another in the clinical setting.
To facilitate the observation of the clinical computer system on the consultation, Dr de Lusignan and his colleagues have developed the ALFA toolkit. The tool- kit can be readily set up in any consulting room and captures the interaction between clinician patient and computer. It enables multi-channel video and multiple other files that produce a "log file" that can be synchronized and aggregated.
In the final plenary on Wednesday, November 18,William Hogg, MD, on NAPCRG's Board and featured on page 7, will speak on primary care: what works, where, and why not here? In his ad-dress, he will try to identifywhat it is that makes our best performing primary care systems the best fol-lowed by a discussion on how research can help countries that are perform-ing less well transition their systems so they perform better.
So plan to attend this year's conference and share yourideas, network with your colleagues, and meet newcollaborators. The annual meeting will have more than 500 sessions in a variety of presentation formats to help you gainnew ideas and vital infor-mation to use in your research. Three poster sessions will be offered, plus a Resident/Fellow works-in-progress poster session. The conference schedule provides time to make connections and contacts with your peers through special interest breakfasts, dining opportunities and evening events. You will also want to take advantage of all that Montreal has to offer.
An international destina-tion of choice, Montreal is easily accessed by land, water, and air. Downtown is only a 20-minute drive from the airport, which handles some 200 flights daily. Visitors will find this compact island city great for walking. Montreal's compact size and convenience can't bebeat. With proximate in-door and outdoor attrac-tions connected by an ex-tensive metro and bus system, you can easily hopworry-free around town. In addition, cycling enthu-siasts enjoy 350 kilo-meters of bicycle paths, many of which lead to major tourist areas.Montreal is also multicul-tural, boasting more than 80 ethnic communities, and enjoys an outstanding reputation worldwide for gourmet dining. Anything you want, any day of the year, is pretty much how the cultural scene works in Montreal. Now we're not talking "fast food" here, but the five-star energy and creativity inherent in Montreal's cosmopolitan character extends from home venues out onto the world stage. Recognized the world overas a hotbed of artistic in-genuity, Montreal excels at producing explosive and diverse cultural experiences. From full-scale performance halls to black-box studios to hole-in-the-wall clubs to outdoor venues, Montreal's cultural innovation is out there and accessible to all.
As the first urban centre and the seventh global destination to sign the National Geographic Geotourism Charter, you might say that they take the outdoors seriously. And herein lies yet

another Montreal contrast: it's an island city that is both abustling urban centre anda fantastic outdoor desti-nation. Mount Royal really is at the "heart" of it all! Designed by Frederick Olmsted (the mastermind behind New York's Central Park), the mountain is afavorite four-season play-ground—given its central location and potential for a great cardio workout.
The conference hotel islocated in the heart of Montreal. Le CentreSheraton Montreal Hotel iscentrally located tomuseums, the Under-ground Pedestrian Net-work, Old Montreal, excep-tional shopping, great restaurants, the entertain-ment district, and several universities. After a longday attending the confer-ence, you may want to relax at the rooftop lounge with its spectacular city views.
Plan to come a day or twoearly or stay a few days after the meeting to enjoy the many attractions thatMontreal and the surround-ing area have to offer. Rumor has it that NAPCRG is known for its great parties! Watch for more detailsabout conference sessions and special events in the next newsletter and on the NAPCRG Web site.
We are looking forward to seeing you there!!

Reminder: US Citizens Will Need a Passport to Attend NAPCRG 2009 Annual Meeting

For US citizens planning to attend the 2009 Annual Meeting in Montreal, you will need a passport to re-enter the United States. Since January 23, 2007, all persons traveling by air between the United States and Canada, Mexico, Central and South America, the Caribbean, and Bermuda are required to present a valid passport, or other document approved by the Department of Homeland Security (www.travel.state.gov/travel/cbpmc/cbpmc_2223.html). It currently takes about 4 to 6 weeks for issuance of a new passport and about 2 to 3 weeks for expedited service.

HELPFUL LINKS

How to get a passport quickly: www.travel.state.gov/passport/get/first/first_831.html
Where to apply in the US: www.travel.state.gov/passport/get/first/first_832.html
How to apply in person: www.travel.state.gov/passport/get/first/first_830.html
How to renew a passport: www.travel.state.gov/passport/get/renew/renew_833.htmlGuidelines for applications and forms: www.travel.state.gov/passport/forms/forms_847.html

Update on NAPCRG Consultants Directory

NAPCRG members should be aware of the Consultants Directory, a resource where primary care researchers can both access and contri-bute expertise. Although the directory has been upand running since early 2007, responses to last year's membership surveyshow that few members have used it, most com-monly because they wereunaware it existed or unsure of its purpose. What follows is a brief introduction for the unaware and unsure.
The Consultants Directory, available at www.napcrg.org/consultant/index.cfm, assists those seeking consultants or collaborators to find help within NAPCRG. Many different types of consultation orcollaboration are possible, ranging from brief advice, to structured teaching, toreview of grants or manu-scripts, to formal assistance as a co-investigator or con-sultant. More than 80 ex-perienced NAPCRG invest-igators appear in the direc-tory, searchable by area of

expertise, consulting role, city, and name. About 90areas of expertise are represented, from n-of-1 studies to large datasets, grounded theory to hierarchical linear model-ing.
Why use the Consultants Directory? Although many investigators will identify consultants through theirown institutional affiliations and networking, the direc-tory is a way to extend those networks a bit further. It's also a list of folks who have alreadyindicated their commit-ment to help other NAPCRG members.
Many of the best things inlife are free; not so for goodconsultations. Although suggested fees for thedifferent levels of consul-tation are listed on the Web site, the involved parties should directly negotiate an appropriate fee. NAPCRG does not act as an intermediary.
Responses to the NAPCRG survey indicate that members who have usedthe directory have beensatisfied with the respon-siveness, helpfulness, and cost of the consultants.
From the consultant side, offering expertise is a way for senior researchers to mentor new investigators, advance the discipline, and find new potential collaborators. Consultants responding to the member-ship survey have rated their experiences highly.
In the coming months, wewill be contacting mem-bers who said on the 2008membership survey that they would like to be in-cluded in the Directory, to confirm their willingness to serve as a consultant andidentify their areas of ex-pertise. Other members who are interested in being included in the Directory or anyone with comments or suggestions should contact me at FerrerR@uthscsa.edu. Ideas for improving the usefulness of the interface are also welcome.
—Robert L. Ferrer, MD, MPHMembership Committee

How to Access the 'Members Only' Portal of the NAPCRG Web Site

The 'Members Only' section of the NAPCRG Web site is one of the benefits of your NAPCRG membership. It currently houses the Consultant Directory as well as the directory of NAPCRG members. To access the 'Members Only' portal, go to www.napcrg.org/app/members/index.cfm. Enter your NAPCRG username (usually your e-mail address) and password. These are usually the same as your FMDRL username and password. If you don't yet have an FMDRL account or have forgotten your FMDRL password, you can create a new one by going to www.fmdrl.org/index.cfm?event=c.showSignUpForm. There, you will be given an option on whether or not you are an STFM member. (Your selection here will not affect your NAPCRG log in.) Once you follow the directions to create an FMDRL log in, you should remember this log in as it is the log in you will use for the NAPCRG 'Members Only' section of the NAPCRG Web site.
A little bit about the FMDRL Web site
The Society of Teachers of Family Medicine received a 3-year grant totaling approximately $400,000 by the National Library of Medicine to develop the Family Medicine Digital Resource Library (FMDRL). The mission of FMDRL is to support the sharing development of educational resources among family medicine educators through a digital library. This library includes resources for all levels of family medicine education.
There is no charge to post or view materials in FMDRL and you do not need to be an STFM member to use FMDRL. It is open to anyone but is primarily used by medical educators. FMDRL includes conference presentations/handouts, powerpoint lectures, learning modules for all Levels of learners, digital images, audio and video files, standardized patient cases, recommended Web sites and PDA programs, and other curricular materials. You can submit materials easily by following the directions on the Web site to upload your files. All materials will be screened to insure that the wrong file was not sent, and that content seems generally

appropriate for medical education. Materials for sale will not be posted on the site. Those wishing for their submission to be peer reviewed should submit their work as a Peer Reviewed Resource. This will not delay the posting of your work while it goes through a review process. It will be posted with a peer review pending label. Some submissions may be accepted pending revision. With regard to permission/copyright issues, you should only claim authorship of the materials if you are certain that you are the creator. You don't have to have a written copyright. For additional questions about permissions and copyright issues, go to www.copyright.com. DISCLOSURE: FMDRL is solely funded by STFM and was created with support from the National Library of Medicine. Industry funding is not accepted.

Call for Papers on Payment Reform

AHRQ is calling for original papers on payment reform for a special theme issue of the journal Health Services Research (HSR). Experts agree that changing the way providers are paid must be part of the solution to the problems of rising costs, falling access, and uncertain quality in health care, but little comparable evidence has been published to date about the intended and unintended consequences of different approaches. AHRQ, which is partnering with HSR, is especially interested in papers on comparative evidence, but also wants research, evaluations, or policy analyses papers, as well as models, simulations, and theoretical work. The deadline to submit manuscripts is June 23 at 5 pm. PST. The anticipated publication date in print for the HSR Theme Issue on payment reform is August 2010. The following Web site contains information on manuscript submission: www.hsr.org/hsr/information/authors/instrcauthors.jsp.

Think Ahead to Fellowship

I've always wanted to be a fellow. Since my days in kindergarten, I dreamed of being a family medicine fellow. As a 5 year old, I used to think, "Fellowship will be the time when I learn new research methods, gather my ideas, and develop mentors." While this may have been some premature thinking, it is never too early to think about fellowships in primary care research. Research fellowships in primary care have some basic similarities. Most are 1-2 years in length, with salaries similar to fellows in other clinical disciplines. The time in fellowship allows for one to learn research methods needed for a career in research, often leading to a master's-level degree. (My desire for this degree increased during high school, when my principal used to call me "Master Lesser." I thought that sounded nice.)

Perhaps the greatest benefit of a fellowship is the opportunity to refine research ideas, plant seeds for future grants, and develop mentors. Thus, it is critical to find a fellowship with the focus you are interested in. Some fellowships focus on clinical research, while others focus on health services research. Certain fellowships have a particular focus on health policy, while others use participatory research to health changes within communities. If education is your interest, then a variety of educational research fellowships await.

There are many reasons to start thinking early about fellowships. The timelines for applications vary greatly. For instance, the Robert Wood Johnson Foundation Clinical Scholars Program is open to all specialties, which puts its application schedule in line with internal medicine fellowships. The deadline for applications for the July 2011 fellowships will be March of 2010. Other fellowships, such as NRSA-funded fellowships, make their applications available a few months before the start date. In Canada, the deadline for clinical fellowships is in the fall, but research fellowships tend to be decided in the early to late spring for a July start.

The other important reason to start thinking early is to talk to many different mentors about their research interests and about their programs. A great way to do this is at the annual NAPCRG meeting, where most fellowship directors and many faculty members are present. This November 14-19, the NAPCRG meeting will take place in Montreal.

There are some tools tohelp identify the right fellowship for you. Shannon Bolon, during her internship at the Graham Center, compiled a updated list of fellowships available for family medicine and primary care. NAPCRG has posted a link to the most current version on its Web site under resources. You can also contact your resident and fellowship representatives in NAPCRG, who can put you in touch with people who can assist you.

And remember to talk to your 5-year-old kids about the benefits of a primary care research fellowship. You wouldn't want them to miss the first-grade elective in survey methods or logistic regression!

—Lenny Lesser, MDResident Representative,NAPCRG Board of Directors

New NAPCRG Member Services Manager

Joan Hedgecock, MSPH has recently joined NAPCRG as the new member services manager. Prior to NAPCRG, she was the Associate Director of the American Medical Student Association Foundation where she designed programming on behalf of physicians-in-training. She developed and administered federal and private philanthropic grants and contracts addressing community and public health, health policy, humanism in medicine, international health, health services management, end of life care, and student well-being. Joan served as the principal investigator of an NIH grant on complementary and alternative medicine. She was also involved in various research projects and the publication of project-related articles for peer-reviewed journals. Living in Warrenton, Virginia with her husband, several horses, cat and new puppy, Joan volunteers at a local free clinic and also serves as the treasurer of a new organization, the National Physicians Alliance Foundation. She holds a master's degree in Public Health Administration from the University of North Carolina School of Public Health.

Meet the Board

Each time a new member joins the NAPCRG Board of Directors, we publish a short biographical sketch to introduce them to the membership. In this issue, we highlight William E. Hogg, MD, and Sandra Burge, PhD.

William E. Hogg, MD, is the representative from the College of Family Physicians of Canada (CFPC) Section of Researchers to NAPCRG. He is a professor in the Department of Family Medicine, University of Ottawa, a principal scientist with the Institute for Population Health, an affiliatescientist at the Ottawa Health Research Institute and the director of Research for the Department of Family Medicine, University of Ottawa. All the while, he continues to practice family medicine.

Dr Hogg has been named Family Medicine Researcher ofthe Year for 2006 by CFPC. In 2004 alone, he received seven grants for which he was the principal investigator and to date has more than 90 publications.

He has been director of the C.T. Lamont Primary Health Care Research Centre, Ottawa, since 2003, overseeing aproject comparing models of primary care delivery inOntario. In 2001, Dr Hogg won the Arthur Bond Scholar-ship for Innovative Health Systems Research, funded by the Physicians' Services Incorporated Foundation; the scholarship was renewed the following year.

Dr Hogg has found developing research capacity at the Department of Family Medicine and encouraging new investigators to be most gratifying.His work with others to show that outreach facilitation can improve the delivery of preventive services and save the health care system money has thus far influenced fiveprovinces to begin facilitation projects. Work with DrAyub Akbari and colleagues led to an improved method of detecting renal failure in the primary care setting thatpromises to be the new standard. It has been adopted in British Columbia, Alberta, Ontario, and several US states, and it appears that it may be adopted internationally.
Earlier in his career, Dr Hogg spent 14 years in rural practice in western Québec, where his work on small-hospital obstetrics was instrumental in affecting public policy. He served as president and chair of the Board of Directors of the Québec Chapter of the College of Family Physicians of Canada, as a member of the Board of Directors of the Ambulatory Sentinel Practice Network, an international research network based in Denver, Colorado, and as a member of the Board of Directors of the College of Family Physicians of Canada.
Dr. Hogg's most notable volunteer activity has been with a group of colleagues playing old time rock and roll music. Over the past 23 years, they have raised $2 million for charity.

Sandra K. Burge, PhD, is the chair of the NAPCRG Nominating Committee and professor in the Department of Family and Community Medicine at the University of Texas Health Science Center in San Antonio. For more than 20 years, she has taught behavioral science to family medicine residents, focusing on doctor-patient communication, health behavior change, and community-oriented health promotion. She also serves as director of the Residency Research Network of Texas (RRNeT), a group of nine family medicine residency programs located in eight cities, including two on the Texas-Mexico border. The RRNeT is primarily interested in studying health problems affecting Hispanic populations in Texas, such as diabetes, obesity, and chronic pain.
She is active in the Society of Teachers of Family Medicine, where she served on the Board of Directors from 1995 to 1999 as chair of the Research Committee, and currently serves as the associate editor of the Family Medicine Digital Resources Library.
Dr Burge has a Masters and PhD in Family Studies fromPurdue University and has done a Postdoctoral Fellow-ship in Family Health Research at the University of California-San Francisco. Her key teaching role as a Behavioral Scientist in the Family Medicine Residency Program is to enhance communication skills in residents. She has published on intimate partner violence, elder mistreatment, sexual assault, and child sexual abuse, with a particular focus on the presentation, screening, and intervention in primary care settings.
Dr Burge has a particular interest in providing medical students and residents with community-based exper-iences where they can design community-oriented primary care research projects. She has received num-erous grants—primarily from the US Department of Health and Human Services, Center for Substance Abuse Treatment, Health Resources and Services Administration, and the National Institute of Nursing Research. In addition, she has successfully obtained grants from the National Science Foundation, the Texas Academy of Family Physicians Foundation, and the Texas Higher Education Coordinating Board. Her grants have focused on training residents on managing patients at risk of substance abuse disorders; residency training on the delivery of culturally competent mental health services; research on intimate partner violence; faculty development; studies on chronic back pain; and promoting health careers among disadvantaged teens.

An Update on Recovery Act Funding for Health Services Research

The Recovery Act (ARRA) contains $1.1 billion for comparative effectiveness research to provide information to help clinicians and patients decide on the best treatment. It also enables our nation to improve the health of communities and the performance of the health system.

ARRA provides:
$300 million for the Agency for Healthcare • Research and Quality
$400 million for the National Institutes of Health, • and
$400 million for the Office of the Secretary of • Health and Human Services

These funds are to support research efforts that:
Conduct, support, or synthesize research that compares the clinical outcomes, effectiveness, and appropriateness of items, services, and procedures that are used to prevent, diagnose, or treat diseases, disorders, and other health conditions.
Encourage the development and use of clinical registries, clinical data networks, and other forms of electronic health data that can be used to generate or obtain outcomes data.
Opportunities to apply for Recovery Act grants from NIH are described in RFA-OD-09-004 at grants.nih.gov/grants/guide/rfa-files/RFA-OD-004.html.
ARRA also created the Federal Coordinating Council for Comparative Effectiveness Research to coordinate comparative effectiveness research across the federal government. The Federal Coordinating Council for Comparative Effectiveness Research held a public listening session on April 14, 2009, in Washington, DC. The council heard public comment regarding comparative effectiveness research and the Coordinating Council's activities. Visit nmr.rampard.com/fcc/20090414/default.html to listen to the session.