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North America Primary Care Research Group News

Experience Banff in November

NAPCRG is pleased to host its 2011 Annual Meeting at The Fairmont Banff Springs resort in Banff, Alberta, Canada. A replica of a Scottish Baronial Castle, The Fairmont Banff Springs Hotel is a National Historical Site and is located in the heart of Banff National Park. It is perched on the side of a mountain, which will provide us with great vistas from our hotel windows, and it is only a half-mile walk into the busy town of Banff. It is rumored that this might be a possible selection of William and Kate for their honeymoon!
When we are not in meetings, Banff will provide us with a wide choice of activities and sightseeing. Weather should be anywhere from 18ºF (1ºC) to 32ºF (-8ºC) and an average snowfall of 33.6 cm. It appears that skiing will have already begun in the Rockies by the time of our meeting. Nearby ski resorts—Ski Banff at Mount Norquay, Sunshine Village, and Lake Louise—provide skiing and snowboarding. These resorts are accessible by shuttle service from the hotel. For those of us looking for extreme adventures, there is helicopter skiing near Banff and Lake Louise, and for those seeking less of an adrenaline rush but wanting to be outside, there is snow-tubing at Mount Norquay, sleigh rides in and around Banff, and snow shoeing.

The little town of Banff has a few museums, a lot of shopping, and some great restaurants serving a wide range of international food as well as vegetarian and Canadian/Western-themed food. There is also a busy nightlife in Banff with several pubs and nightclubs—some with live bands. So if we're tired of sitting at the meeting, we can network with our colleagues in the cute little town of Banff.

To get to the conference site, it is recommended that you fly into Calgary and take a shuttle to Banff. There are several shuttle companies that operate from the airport to Banff; shuttles run about $50 each way and take about 1.5 hours. The drive from Calgary to Banff is spectacular! Rental cars are also available at the Calgary airport to drive to Banff. If driving, you'll want to check on road closures in the area during the winter months.

At-a-Glance

US Citizens: Don't Forget Your Passport

For US citizens planning to attend the 2011 Annual Meeting in Banff, 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 LINKSHow 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.html**Guidelines for applications and forms:**
www.travel.state.gov/passport/forms/forms_847.html

Call for 2011 Wood Award Nominations

The Maurice Wood Award for Lifetime Contribution to Primary Care Research is given annually to honor a researcher who has made outstanding contributions to primary care research over the course of a lifetime. Scientists from all nations, working in all professional fields and scientific disciplines, are eligible to receive the Wood Award, which is presented at the Annual Meeting of the North American Primary Care Research Group. The award is named in honor of **Maurice Wood**, a pioneer in primary care research and a founder of NAPCRG.

NAPCRG solicits nominees for the annual Wood Award from members and other professionals. To nominate an individual for the 2011 Wood Award, submit a letter describing the nominee's contributions to primary care research and state why the person should be a candidate. Include a CV with the nomination letter. Send nominations by May 18, 2011, to NAPCRG at pnoland@ napcrg.org. Please note that nominations are held in the selection pool for 3 years. After that point, individuals will have to be renominated to be considered. Please contact the NAPCRG office with questions (888-371-6397).

Previous recipients are: **Curtis Hames, MD** (1995) **Martin Bass, MD, MSc** (1996) **Frans JA Huygen, MD** (1997) **Jack Medalie, MD, MPH** (1998) **Kerr White, MD** (1999) **Barbara Starfield, MD** (2000) **Ian McWhinney, MD** (2001) **Walter Rosser, MD** (2002) **Michael Klein, MD** (2003) **Larry Green, MD** (2004) **Henk Lamberts, MD, PhD** (2005) **Ann-Louise Kinmonth, MD, FMedSci** (2006) **Carol Herbert, MD** (2007) **Chris van Weel, MD, PhD** (2008) **Ann Macaulay CM, MD** (2009) **Larry Culpepper, MD, MPH** (2010)

Electronic Health Records in Primary Care: The Urgent Need for More and Better Research

Health information technology (elec-tronic health records [EHRs] or electronic medical records [EMRs]) has been promoted as a way to improve health care safety and outcomes, improve efficiency, and make the process of care easier. Whether and how that can happen is still a subject of vigorous debate and mixed scientific evidence.[1] Regardless, EHRs are here to stay, and we need to determine how to best move forward.

EHRs afford primary care physicians certain oppor-tunities that paper cannot —we can view notes and results from our colleagues, trend data, identify populations, prescribe, and communicate electronically. They have potential benefits for us in efficiency and for improvements in patient care.

At the same time, many of us have experienced the benefits of EHRs, while also being overwhelmed by data and unable to locate information efficiently. For example, we have scrolled and/or tabbed dozens of times to build a holistic picture, in addition to wading through labor-ious ordering procedures. So, we are obligated to investigate the problems if we are to identify and implement solutions.[2]

By way of analogy, we could say that EHRs today are where the airlines were in 1950. We know that they can work, that they are here to stay, and that they offer potential benefits. However, they are not as safe, efficient, capable or comfortable as they need to be. EHR design, implementation, and user issues may pose hazards for patients and create additional workload for clinicians.

Given the importance of optimizing EHR design, implementation and usage, we propose a number of areas for EHR research that we feel are important to primary care. Our list com-bines the perspectives of family medicine and industrial and systems engineering.

In terms of a research agenda, there are four (and perhaps more) broad topic areas that need extensive research. As shown in the accompanying box, these are (with some overlap):

• purpose • technical design and user interface • implementation by clinics and health care organizations • factors related to users (physicians, nurses, other staff, and patients)

To look at things in a slightly different way, we need to explore the hazards of EHR use with an eye toward reducing these hazards. In the engineering world, a hazard is something that may, or may not, lead to a bad result. For example, smoking is a hazard. Roughly speaking, hazards exist in at least three areas. Each of these three hazard area issues may relate to the concepts, design and interface, the

organizational
implementation strategy,
or user factors.

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Three areas of potential hazards include: • access to care • the process of care • the impact on clinicians

To explore each of these hazard areas is a major undertaking, and below we give only a few examples of unanswered questions. The list is not exhaustive, but is meant to give some sense of a few of the questions that need to be answered if we are to move from the airlines of the 1950s to those of 2011. We fully acknowledge that there have been studies in each of these areas, and we are not attempting to do a formal literature review here, but we do contend that these questions have not been fully answered and should be addressed.

Questions related to access to care: How do we assure that the EHR does not become even a low-level barrier to access to care and communication with patients? We know that most people are willing to fly on the airlines, but there are some phobic people out there. Are there some patients who do not come at all because EHRs are in use? We simply don't know. And if not access, is the disclosure of information by patients— even a small subset of patients—reduced by fear of the computer? ("I wasn't going to tell her how much I drink when I know the computer will flag this.")

Questions related to the process of care: How do we reduce the risk of error when EHRs are used? There is no evidence to date that they reduce serious risk.[3] How do we reduce the risks associated with the break-in-task issues that make information processing more difficult?[4] Unfortun-ately, there is no evidence for overall improvement in the quality of care with EHR use.[5] Are errors more easily propagated? Does the use of templates hinder the development of the sort of mental narrative that helps us in the diagnosis and management of problems? What are the hazards of using the power of EHRs for asynchronous communication if it replaces synchronous communication? There is evidence synchronous communication adds value.[6]

Questions related to the impact on clinicians: How are we going to reduce the workload that the EHR imposes on clinicians? Anecdotally, but with great consistency, clinicians report a 10% to 20% or more decrease in efficiency with EHR use. No study has demonstrated, in primary care, any increased efficiency, and there is evidence for the reverse.[7] One computer-expert colleague has evidence for an increase in the time for writing admission orders from 73 seconds to 17 minutes per patient (Christine Sinsky, MD, personal communication). If the anecdotal impres-sions are correct, this exacerbates an already overstressed primary care workforce, which could be magnified if physicians burn out sooner or leave practice sooner.

Any one of these issues could be a topic for a full review and, again, we are just trying to give a sense of the research work that needs to be done if we are to have good EHR system design, implementation, and use that will support us in our work. Let's get about it for the sake of the health care system, our patients, and ourselves.

—John W. Beasley, MD Ben-Tzion Karsh, PhD University of Wisconsin School of Medicine and Public Health and UW Department of Industrial and Systems Engineering

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Areas for Further Research

For example, a question that might be addressed, regarding the underlying purpose would be: How do we achieve the right balance of documentation for billing and legal purposes versus the succinct communication of important clinical information?

Questions regarding the technical design and user interface could include: How do we make important information available in an easily accessible way? How do we design the system to input information in the most

efficient way? How do we design displays so that a holistic picture is available without too many tabs and different screens?

Regarding implementation: How can we avoid moving tasks (e.g. transcription and order entry) from clerks to clinicians? What are the best ways to integrate the EHR with clinical workflow – or can we modify workflow and team care to make better use of this tool? How do we make the EHR responsive to the needs of the Patient Centered Medical Home?

And, regarding user factors: How can we best educate (and help) users to effectively and efficiently use this tool?

Success Story for the Grant Generating Project: An Interview With Jennifer Carroll, MD, MPH

Jennifer Carroll, MD, MPH, is assistant professor of family medicine at the University of Rochester Medical Center. She completed her medical training at the University of Connecticut (1996), family medicine residency at University of Rochester (1999), and Master of Public Health at the University of Rochester (2002). Her research interests are physical activity promotion in primary care and clinician-patient communication with underserved populations. She is also active in clinical and community advocacy for refugee health issues.

Explain to me exactly what the Grant Generating Project (GGP) is. I participated in GGP from September 2005 to July 2006. The program is led by **Dan Longo, ScD,** and was administered by the University of Missouri-Columbia when I participated. It is now headquartered at Virginia Commonwealth University in Richmond, VA. We met about five times a year in different locations for 1- to 2-day meetings, including meeting at professional meetings such as the Society of Teachers of Family Medicine (STFM) and NAPCRG. As part of our course of study, we had guest speakers who taught us about various elements of putting together a grant proposal. We worked individually on the development of our own NIH or foundation grant applications from beginning to end. In between our meetings, we had assignments to draft parts of our grant and provide peer review for our colleagues in GGP.

Since the GGP is supported by NAPCRG, the American Academy of Family Physicians Foundation and STFM, there were no out-of-pocket expenses for me. My department in Rochester provided supplemental financial support and dedicated time to attend the GGP meetings.

What was your experience with grants before GGP? I had a funded NIH project (an R03 from the Agency for Healthcare Research and Quality) that I had completed prior to GGP. I had also worked on several career development proposals before, which at that point were unfunded.

Why did you decide to apply? I knew I wanted to successfully compete for NIH grants, especially a career development award, as my next step. I had strong mentoring in my department and institution, but still felt I needed intensive grant-writing training in order to reach my goals. I especially liked the fact that GGP is geared to develop family medicine researchers; maintaining that identity in the research process was (and still is!) very important to me.

What did you learn at GGP? The most important thing I learned at GGP is what an iterative process grant writing is. For me, the process of developing an outstanding proposal demands, above all, persistence, creativity, humility, and open-mindedness. I had never appreciated that before and have come to realize that research grant writing involves constant critique, review, and reflection. GGP also stressed that you have to be conceptually clear and have your work vetted by colleagues at all stages. Grant writing is a significant investment of time and effort. I also learned the importance of sharing work-in-progress with mentors and peers to learn more about grant development and receive constructive criticism.

Has it paid off? What have been your successes since GGP? Since GGP, I have received three career development awards—from the American Cancer Society, an institutional (KL2) award through our NIH-funded Clinical and Translational Science Institute (CTSI), and the National Cancer Institute (K07). When I received the NCI K07 award, I had to decline the other grants since the aims were too similar. I have since received supplemental funding for the NCI K07 (an ARRA Administrative supplement) to accelerate two exploratory aims of the K07 proposal: innovative electronic health records tools to promote physical activity and community partnerships to promote free- or low-cost resources for exercise. Additionally,

Jennifer Carroll, MD, MPH

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Executive Director, Angela Broderick, CAE; Member Services Manager, Joan Hedgecock, MSPH; Meeting and Membership Specialist, Priscilla Noland

my collaborators and I have received funding through the UR CTSI and a local foundation for two additional projects that are informed by the K07 aims.

Has your position changed any since GGP? If so, can that change be attributed to your training? Since the receipt of my career development awards, the visibility of my work has increased at my institution and beyond. I have been able to collaborate with others and build my grant and publication portfolio more quickly as a result. The GGP experience was an important initial step in this process. Lessons learned from GGP contributed to subsequent successes, providing me with national and institutional recognition that will most likely enhance my career trajectory. In addition to (and beyond) GGP, it is critical to have outstanding mentors, and sustained department and institutional support—all of which I am very fortunate to have. It is very much a team effort.

Have you been able to mentor others on grant writing? Yes, I have been mentoring medical students, family medicine fellows, and other junior faculty and colleagues. I have also been able to review the grant applications of my colleagues and help them develop their grants. I have also served on three ad-hoc NIH study sections.

Overall, it was a wonderful program and made a big difference to my career. It provided me with belief in myself when I had been insecure and uncertain about my career, or, more specifically, my ability to compete successfully for NIH grants. I can't emphasize enough the huge difference that the support I've received from my mentors (**Ronald Epstein, MD, Kevin Fiscella, MD, MPH**, and **Gary Morrow, PhD MS**) and departmental leadership (**Tom Campbell, MD and Susan McDaniel, PhD**) has made in my career. I feel gratitude to the GGP program and Daniel R. Longo, ScD, professor of family medicine and program director, Grant Generating Project, Virginia Commonwealth University School of Medicine for his dedication and commitment to excellence in leading it.

For additional information and an application, visit www.familymedicine.vcu. edu/research/ggp/apply/ index.html. The next round of applications requires that a letter of intent be submitted by June 1, 2011.

Membership Survey Is Coming!

Every 3 years, NAPCRG surveys its members to request feedback on how we as an organization are doing and where we should be heading. In addition, when the Board of Directors is forced to make hard decisions about the use of our limited resources, we seek to ascertain the membership's input.

In the next few weeks, you will receive an e-mail requesting that you take a few minutes to complete the online survey. In the past, only about one third of the membership has provided its feedback and input. Not only does the survey seek evaluation of the offerings available through NAPCRG, but it also seeks information about the research experiences you have had through the organization and about your current research needs.

This year, the Board is particularly keen to get your input on three issues. First, 3 years ago, the program for the annual meeting was revised to include an extra half-day to encourage networking among the attendees. It is time to reassess that development to determine whether it is meeting the needs of the membership. Second, 2 years ago, the Board identified five strategic priorities for the organization and has devoted time and energy to pursuing them. Before additional resources are committed, the Board needs input from the membership concerning these directions. Finally, the Board is considering offering a reduced meeting registration fee for retired members. We want to minimize the chance of losing active members just because they have retired but want your input into this decision.

Thus, when you receive that e-mail request to complete the online survey, please take a few minutes to log on and give us your feedback and input. This plea is especially addressed to our researchers-in-training (students, residents, fellows) who rarely respond to the membership survey. In recent years, we have expanded our ranks of these future investigators and need to know what they perceive their research needs are and how NAPCRG can help them develop as researchers.

Please take 15 minutes and provide us with guidance for the next 3 years in areas of policy and professional needs. NAPCRG needs your input!

—David A. Katerndahl, MD Family and Community Medicine University of Texas HSC at San Antonio

Meet the Board

NAPCRG welcomes **Frank Verloin deGruy III, MD, MSFM**, as its new president-elect. He joined the board in November 2010 and will serve for 2 years until he becomes president in November 2012. Dr deGruy is the Woodward-Chisholm professor and chair of the Department of Family Medicine at the University of Colorado School of Medicine, a position he has held since 1999. Dr deGruy served as University Distinguished Professor and Chair of the Department of Family Practice and Community Medicine at the University of South Alabama College of Medicine for 3 years prior to his move to Denver.

Dr deGruy received his undergraduate degree from Princeton University, his medical degree from the College of Medicine at the University of South Alabama, his family medicine residency training at The Medical Center in Columbus, GA, and his family medicine fellowship training as a Robert Wood Johnson Fellow in Family Medicine at Case Western Reserve University.

Dr deGruy received the Most Outstanding Teacher award for 3 consecutive years while on faculty at Duke University and was named Distinguished Faculty at the University of South Alabama College of Medicine in 1990, 1998, and 1999. He has reviewed more than 1,000 grant applications for the NIMH, AHRQ, and the Robert Wood Johnson Foundation. He served for 5 years as the chair of the National Advisory Committee for the Robert Wood Johnson Foundation's Depression in Primary Care program. He currently serves on the editorial boards of *Families, Systems and Health,* the *Annals of Family Medicine,* and the *Primary Care Companion to the Journal of Clinical Psychiatry*. He is past president of the Collaborative Family Healthcare Association (CFHA) and chair of the Board of Directors of the Family Physicians' Inquiries Network (FPIN). He is also a member of the Institute of Medicine. He has authored more than 100 papers, chapters, books, editorials, and reviews and has been the principal investigator on about $5 million of research and training grants.

On the personal front, Dr deGruy grew up in the Deep South but plans to live the rest of his life in Colorado, where he enjoys skiing and hiking. An exercise aficionado, he says he feels best burning 1,000 calories a day. He is married to Geri deGruy and has four children: Mariah (30), Frank IV (28), Kalyn (23), and Kyra (20). His wife is an accomplished artist, and his children are pursuing careers ranging from architecture to management of a family medicine clinic (go figure!). He states, "Empty nest is underrated!" In addition to his passion for exercise, he listens to an hour or two a day of chamber music, outlaw country, Americana, pop, hip hop, Southern fried rock, and anything independent/alternative he can get his hands on. We look forward to the energy and experience he will bring to NAPCRG's leadership.

International Journal of Psychiatry in Medicine Is Expanding

One of many NAPCRG member benefits is the opportunity to subscribe to certain medical journals at a discount. One of these journals, the *International Journal of Psychiatry in Medicine* (IJPM), is announcing some exciting news. Beginning in January 2011, IJPM is now published eight times a year instead of four times a year, which represents a doubling of the publication volume. This expansion will facilitate the publication of more high-quality research papers, more editorial commentary, and a new educational series in each issue. In addition, the new double volume publication schedule will shorten the lag time between acceptance and publication of manuscripts for authors.

IJPM is always seeking new high-quality manuscripts related to the psychobiological, psychosocial, religious, and cultural factors in the development and treatment of illness; the relationship of biomarkers to psychiatric symptoms and syndromes in primary care; managing psychiatric syndromes in the setting of multiple medical co-morbidities; the impact of financial and technological changes in clinical practice on the broad scope of psychiatry health care; the significance and meaning of disease to the emotional and psychological state of individuals; and medical education research that helps prepare future practitioners to address these issues. The editors are NAPCRGers

Dana King and **John Freedy** at the Medical University of South Carolina. Submissions are done by e-mail to ijpm@ musc.edu. Before submit-ting, please consult the IJPM Web site regarding information for authors. www.baywood. com/ijpm.asp.

—Dana E. King, MD, MS Editor, IJPM Department of Family Medicine Medical University of South Carolina

Research Ethics Quiz Have you ever:

A. Collected data intended for publication without getting human subjects review committee approval? 13% YES

B. Collected data in a language for which no approved translation is available? 18% YES

C. Selected a research site based on the ease/ difficulty of its human subjects review committee? 18% YES

D. Included a coauthor on a manuscript who you knew didn't contribute to it? 28% YES

E. Made a change in the research protocol without notifying the human subjects review committee? 18% YES

F. Collected data from a subject who did not technically meet all of the inclusion/exclusion criteria? 13% YES

G. Published the same data and analyses in two different papers? 3% YES

From opinion survey of NAPCRG members (41 respondents) conducted at the 2009 NAPCRG Annual Meeting.

Join us in Banff! NAPCRG Annual Meeting November 12–16, 2011

New Resource Identifies Care Coordination Measures

The Agency for Healthcare Research and Quality has released a new resource for researchers interested in measuring care coordination, an emerging field of quality measurement. The Care Coordination Measures Atlas identifies more than 60 measures for assessing care coordination that include the perspectives of patients and caregivers, health care professionals, and health system managers. Researchers, measure developers, accountable care organizations, and others responsible for measuring care coordination will find the atlas useful in identifying currently available measures to assess care coordination activities, as well as gaps in existing measures that can be addressed in future work. www.ahrq.gov/qual/ careatlas/.

Show Me the Money: Funding Opportunities for Researchers

Department of Defense Funding Supports Research US Army Medical Research and Materiel Command of the Department of Defense is announcing the availability of funds to support the following research areas of interest: Military Infectious Diseases Research Program, Combat Casualty Care Research Program, Military Operational Medicine Research Program, Clinical and Rehabilitative Medicine Research Program, Medical Biological Defense Research Program, Medical Chemical Defense Research Program, Telemedicine and Advanced Technology Program, and Special Programs. In addition, the USAMRMC may provide financial support (if funds are available) for conferences or symposia that benefit the Command's research program. Organizations are strongly encouraged to explore USAMRMC interest by submitting a preliminary research proposal (pre-proposal). The PI should receive a response regarding the preproposal within 60–90 days of submission. Full proposals should be submitted within 90 days after being requested. Submissions must be made through grants.gov. Please visit the funding announcement for further information about the application and due dates. www.usamraa.army.mil/pages/baa_paa/ BAA_11_1/BAA%2011-1.pdf.

Health Impact Project Announces Call for Proposals to Build Healthier Communities Through Informed Decision Making Grants of up to $125,000 will be awarded to government agencies, educational institutions, and nonprofits studying the potential implications of health policy proposals on health at the local, tribal, or state level. The Health Impact Project is a Collaboration of the Robert Wood Johnson Foundation and the Pew Charitable Trusts. A brief proposal should be submitted by June 1, 2011. Visit www. healthimpactproject.org/project/opportunities for the online application and project details.

Agency for Healthcare Research and Quality Support for HIT The AHRQ is announcing a grant opportunity "Understanding Clinical Information Needs and Health Care Decision Making Processes in the Context of Health Information Technology" (R01). Research projects funded under this opportunity should address current knowledge gaps regarding our understanding of health care providers' information needs and health care decision making processes, both individually and collectively, and as a health care team (composed of doctors, nurses, therapists, and administrative staff). Application due dates are February 5, June 5, and October 5. For details on the grant, see grants.nih.gov/grants/guide/pa-files/PA-11-198.html.

Joint HRSA-CDC-NIH-AHRQ Call for Papers on Integrating Primary Care and Public Health

The *American Journal of Preventive Medicine* (AJPM) and *American Journal of Public Health* (AJPH) will publish a joint theme issue that addresses the question "How do we improve population health and promote health equity through the effective integration of primary care and public health?"

This is a joint endeavor by four agencies of the US Department of Health and Human Services: The Health Resources and Services Administration, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Agency for Healthcare Resource and Quality.

Papers are invited in the following areas:

- Science—What factors promote integration? How has integration measurably impacted population health and health equity?
- Education—How can integration be promoted during professional training and practice?
- Practice—What are promising practices for integration? What are incentives and disincentives to integration?
- Policy—What policies are effective in promoting integration? What are opportunities to promote integration in the Affordable Care Act?

The publishers encourage submissions be coauthored by professionals in both fields and for authors to consider the following manuscript categories: Research and Practice, Briefs, Systematic Reviews, Current Issues, Analytic Essays, and Framing Health Matters. All manuscripts will be peer reviewed and should be submitted to AJPH by August 1, 2011, at ajph.edmgr.com.