

FMCC conference costs. The call for applications occurs in the fall each year. Applications require a Program Director letter of support, the candidate's statement of interest, and completion of the STFM On-line Advocacy Course. The deadline for applications is in December with announcement of winners in January. Selection of resident scholarship winners from across the country is based upon their commitment to legislative advocacy. The selection committee also makes efforts to select a group of winners that represents geographic diversity. Scholarship winners will be invited to attend a function during the conference to meet other awardees and will be required to submit a report afterwards, including a presentation of their experience to their home program.

AFMRD is committed to providing opportunities to teach leadership and advocacy. We hope you will take advantage of this opportunity by encouraging residents to apply. Finally, based on the large pool of enthusiastic applicants we received in the last 2 years, there is a clear need and desire for more resident participation in this conference. The AFMRD encourages programs to not only promote this opportunity, but to consider using local resources to create more scholarships to support resident attendance.

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From the North American
Primary Care Research Group

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NAPCRG CONFERENCE SUMMARIES AVAILABLE

The NAPCRG website is now a resource for researchers and clinicians looking for summaries of conference sessions and workshops. Many sessions from this year's PBRN Conference and the 2012 Annual Meeting are now available at <http://www.napcr.org>.

Find a special web page devoted to the topic of evaluating practice transformation with content from the 2012 Annual Meeting. There are video clips of interviews with presenters and summaries of sessions.

Also, an open forum to discuss evaluating practice transformation is available with the opportunity to comment and share with colleagues. Post new informa-

tion, provide your experiences, and share resources with fellow researchers.

Click on the conference web page for the summaries and resources.



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AHRQ UPDATES ON PRIMARY CARE RESEARCH: MULTIPLE CHRONIC CONDITIONS RESEARCH NETWORK

Almost one-third of all Americans—and 80% of older Americans—are estimated to have at least 2 or more concurrent chronic conditions that collectively have an adverse effect on health status, function, or quality of life, and that require complex approaches to health care.^{1,2} Treatment for people living with multiple chronic conditions (MCC) accounts for an estimated 71%¹ of the Nation's health care costs, and 93% of Medicare expenditures.³ The number of people with MCC is growing, and is expected to continue to grow as the population ages. However, relatively little is known about how to best treat these patients. Most medical research remains focused on single conditions, and clinical care guidelines rarely address comorbid conditions. Adherence to multiple guidelines that each focus on a single condition is often impractical for patients, and treatment for one condition can have negative effects on other conditions. To make matters worse, clinicians are often compensated based on disease-specific performance measures, which may encourage unnecessary, and even potentially harmful, care for patients with MCC.

The Agency for Healthcare Research and Quality (AHRQ) is working to build the evidence base to support better care for people with MCC in support of the Department of Health and Human Services' national Strategic Framework on Multiple Chronic Conditions.⁴ In particular, AHRQ's Improving Primary Care initiative aims to improve health outcomes and quality of life for people with MCC by improving the quality, safety, efficiency, and effectiveness of evidence-based preventive and chronic care services. As part of this effort, AHRQ funded the Multiple Chronic Conditions Research Network to help advance the field of MCC research, provide needed guidance for clinicians and patients, and advise policymakers about improved methods to measure and promote quality care for patients with complex multiple conditions. In