

in the opioid epidemic. They are desperate to get their patients off these substances and are driven to set boundaries with the patients they inherit, but they need the training. More family medicine residency programs are offering training in pain management and care of those addicted to opioids. More family physicians trained in buprenorphine prescribing, better access to behavioral health specialists, and an education of our population about reasonable pain management are needed. There are encouraging efforts by family physicians to promote legislation supporting these goals. In the meantime, we need to listen to our shared experiences and learn from them.

*James W. Jarvis, MD, FAAFP, Katie Hartl, MD,
Jessica Bloom-Foster, MD, FAAFP*



Ann Fam Med 2018;16:470-471. <https://doi.org/10.1370/afm.2305>.

2018 PBRN CONFERENCE HIGHLIGHTS: ADDRESSING HEALTH DISPARITIES IN PBRN RESEARCH

The 2018 NAPCRG Practice-Based Research Network (PBRN) Conference brought together the energy of 160 participants from the United States, Canada, Haiti, and Australia in Bethesda, Maryland on June 25-26, 2018. The theme for this year's conference was "Addressing Health Disparities in PBRN Research." Conference co-chairs, Donald Nease, Jr and Denise Campbell-Scherer provided the welcome and orientation for this Agency for Healthcare Research & Quality (AHRQ)-sponsored conference.

Robert McNellis, MPH, PA, Senior Advisor for Primary Care at the AHRQ, highlighted AHRQ's Primary Care areas of interest and achievements of which several were produced by PBRNs.

Dayna Bowen Matthew, F. Palmer Weber Research Professor of Civil Liberties and Human Rights at the University of Virginia School of Law and author of *Just Medicine: A Cure for Racial Inequality in American Health Care*, delivered the first plenary on "Who and What We Study Affects Who and How We Heal," highlighting how filling the gaps in research participation and design could contribute to narrowing health disparities. Ms Matthew noted that research questions that impact the populations most burdened by disease and injury are not being asked. Although social determinants have been shown to have great impact on health

outcome, researchers have not equipped primary care clinicians with the knowledge to confidently screen, much less prescribe treatment for the inequitable housing, educational attainment, food security, exposure to violence, and other social determinants that must be addressed to close health disparity gaps that persistently plague our nation.

The second plenary was delivered by Donna Manca, MD, MCISc, FCFP, Program Lead of The BETTER Program, entitled "A BETTER Way of Addressing Disparities in Primary Care Research." Dr Manca's presentation discussed how the BETTER program has developed an effective approach that bridges the "second valley of death" and positively impacts patient-level outcomes. Additionally, participants learned about the effective BETTER intervention to chronic disease prevention and screening, including how the intervention has been adapted to address chronic disease prevention and screening in various settings, including for those living in rural and in low-income neighborhoods.

The third plenary was given by Dedra Buchwald, MD, Director of the Initiative for Research and Education to Advance Community Health (IREACH), as well as the Founding Director of the Partnership for Native Health and the Washington State Twin Registry. Dr Buchwald offered an overview of 3 unique programs at Washington State University: (1) the new community-based medical school at Washington State University in Spokane; (2) the institutionally supported Initiative for Research and Education to Advance Community Health (IREACH), and (3) the Native Investigator Development Program. Dr Buchwald discussed how the medical school uses a geographically dispersed model of training and focuses on training physicians that will practice in rural and underserved areas of Washington State.

The 11-member PBRN Planning Committee reviewed 106 abstracts leading to 51 poster presentations, 9 workshops, and 40 oral presentations. Each submitter was asked to include a statement of why their research is relevant to clinical practice and patients. The 10 oral presentation tracks included PBRN Infrastructure, Network Operations, Practice Facilitation, Quality Improvement, Health Disparities, Chronic Care Management, Dissemination and Implementation, Behavioral Health, Community Engaged Research, and other clinical topics.

The planning committee allowed for substantial time to accommodate 9 workshops. The workshop topics covered a variety of topics, including: innovation, building a national primary care research infrastructure, measuring quality in primary care, and using community infrastructure to reduce health disparities, just to name a few.

The 3 poster sessions were well attended with ample opportunity for extended conversations and networking. Themed poster walks, in which attendees were led by a facilitator while presenters shared their research questions, methods, results, and key implications, were held this year. Poster walks offered the opportunity for attendees to learn more about a particular subject matter and research methodologies.

The career of L.J. Fagnan, founding Director of the Oregon Rural Practice-based Research Network and the Meta Learning And Research Consortium (Meta-LARC), was celebrated with a lifetime achievement award.

Conference participants were asked to vote for their choice of the best posters for the 2018 David Lanier Poster Awards. Winning posters can be found on the NAPCRG website (<http://www.napcrg.org/Conferences/PastMeetingArchives/2018PBRNConferenceMeetingMaterials>).

The enthusiasm and engagement at the 2018 PBRN Conference was high from start to finish. Videos of the 2018 plenary presentations and conference resource materials are available on the NAPCRG website (<http://www.napcrg.org/Conferences/PastMeetingArchives/2018PBRNConferenceMeetingMaterials>).

The 2019 PBRN Conference will take place June 24-25, 2019 in Bethesda with the theme of, "How do we keep prevention on the table in face of disease management incentives?"

Hope to see you there next year!

Donald E. Nease, Jr, MD,

Denise Campbell-Scherer, MD, PhD, Jill Haught
Funding for this conference was made possible [in part] by 1R13HSO24893-02 from the Agency for Healthcare Research and Quality (AHRQ). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the US Government.



Ann Fam Med 2018;16:471-472. <https://doi.org/10.1370/afm.2304>.

AAFP OFFERS RESOURCES AS 'JUULING' INCREASES AMONG YOUTH

One particular brand of e-cigarette, known as JUUL, has been drawing a lot of heat. Extremely popular among adolescents and young adults, the product is the focus of an FDA crackdown and multiple lawsuits.

To ensure that AAFP members stay up-to-date on the concerns swirling around this relative newcomer to the electronic nicotine delivery system (ENDS) market, the Academy has created resources to help educate family physicians (<https://www.aafp.org/patient-care/public-health/tobacco-nicotine/e-cigs.html>) and their patients (https://www.aafp.org/dam/AAFP/documents/patient_care/tobacco/juuling-fact-sheet-patient.pdf) about the product.

What Is JUUL?

According to former assistant surgeon general and family physician Douglas Kamerow, MD, MPH, of Washington, DC, JUUL's popularity among younger users has driven the product's massive sales, with the device now accounting for almost 70% of convenience store e-cigarette business.

"It's shaped like a small, sleek USB drive—easy to use and easy to conceal," Kamerow told *AAFP News*. "High-school and even middle-school students love its shape and ease of use and enjoy flavors such as mango, fruit medley, and cool cucumber."

Each JUUL starter pack contains 4 pods of flavored e-juice that are formulated with nicotine salts from natural tobacco leaves instead of the free-base nicotine commonly used by other e-juice manufacturers, says the Public Health Law Center at Mitchell Hamline School of Law.

"Kids like the flavors and trade them back and forth, as the e-juice pods are removable," said Kamerow. "JUUL has higher nicotine concentrate than other e-cigarettes, so it may be more addictive than other e-cigarette products. There are many anecdotes about kids starting JUUL to be cool but ending up needing to use it every day."

The concentration of nicotine in each JUUL pod is about twice that of many other e-juice nicotine concentrations, listed at 5% nicotine by weight vs the more common 2.4% or less in other e-juices.

To combat the perception that JUUL's higher nico-