

ner or group member or voluntarily by a hospitalist arranged by the respondents...³

Since credentialing is linked to training and training to the curriculum, should the training requirements differ if a graduate decides to become a hospitalist, practice the full scope of family medicine or selects outpatient only? What is the patient-centered approach to this decision?

At the recent Program Director's Workshop, some program directors suggested intensifying hospital training by adding a fourth year to the current curriculum. Also, hospitalist fellowships have developed. Any additional training evokes the concern of other directors that additional training will require additional training of all family physicians caring for hospitalized patients.

Some educators believe that whether or not a family medicine graduate cares for hospitalized patients, hospital training is the foundation for developing competency to care for patients in and out of the hospital setting.

Considering that a number of family medicine graduates decide not to care for hospitalized patients, how do social, lifestyle, and individual preferences impact the future of the family doctor choosing hospital care? Are we seeing a movement away from family physicians caring for hospitalized patients due to the duty hour impact? Are there political, environmental, and social constraints that deter young physicians from caring for hospitalized patients?

Socially, there is discussion that the resident physician should be trained to treat the community they serve. What training model provides the best service to the community? Considering that many family physicians relocate after their initial post-graduation job, how should physicians train for a variety of unknown future practices?

AFMRD is developing a survey instrument to capture the family medicine program directors' opinions on these critical questions.

To best answer the question "Is the family doctor in or out of hospital medicine?", we should consider our specialty's core attributes and philosophies by learning from past generations of family physicians, anticipating the training needs of our next generation and being attentive to the political and environmental issues now affecting credentialing and the careers of current family physicians. Given our specialty's unparalleled emphasis on patient-centeredness and patient advocacy, focusing on what is best for the patient is perhaps the best strategy to wisely address these difficult scope of practice questions.

Sandra Carr, MD, Stoney Abercrombie, MD, Gretchen Dickson, MD, MBA, Joseph Gravel, Jr, MD, Karen Hall, MD, Grant Hoekzema, MD, Stanley Kozakowski, MD, Elissa Palmer, MD, Todd Saffer, MD, MBA, Martin Wieschhaus, MD

References

1. Iqbal, Y. Family medicine hospitalists: separate and unequal? *Today's Hospitalist*. May 2007.
2. American Academy of Family Physicians. *Practice Profile I Survey*. July 2008.
3. Carek PJ, Boggan H, Mainous AG III, Geesey ME, Dickerson L, Laird S. Inpatient care in a community hospital: comparing length of stay and costs among teaching, hospitalist, and community services. *Fam Med*. 2008;40(2):119-124.



NORTH
AMERICAN
PRIMARY CARE
RESEARCH
GROUP

From the North American
Primary Care Research Group

Ann Fam Med 2009;7:472-473. doi:10.1370/afm.1048.

MORE BELLS AND WHISTLES: INTRODUCING THE RECENTLY REVAMPED NAPCRG WEB SITE

The North American Primary Care Research Group (NAPCRG) is pleased to offer an enhanced Web site (<http://www.napcrg.org>) that is easy to navigate and packed with worthwhile information. The revamped Web site now includes pertinent information about NAPCRG as an organization, member services, annual meeting information, publications, and other valuable resources. There is also a link exclusively for NAPCRG members where they can search both member and consultant directories. Key features are highlighted below.

About Us

The *About Us* section provides information regarding the goals and accomplishments of NAPCRG. Members of the Board of Directors are listed along with their current e-mail addresses. Chairs and members of all 5 NAPCRG committees are listed in this section of the Web site as well.

Did you know that NAPCRG has more than more 2 dozen Special Interest Groups (eg, Complexity Science, Doctor-Patient Relationship, Geographic Information Systems)? All Special Interest Groups are listed in the *About Us* section and specific contact information is provided if you would like to contact the chair of one of these groups. The Awards, Scholarships, and Grants link provides valuable information for both junior- and senior-level researchers. Lastly, if you want to contact NAPCRG staff, this is where you will find their names, telephone numbers, and e-mail addresses.

Member Services

The *Member Services* section offers detailed information highlighting the benefits of joining NAPCRG. Indi-

viduals are also able to conveniently join NAPCRG or renew their membership via a secure server. Information about getting involved (ie, meetings and listservs) in NAPCRG is also described here.

Annual Meetings

Review the *Annual Meeting* section to find detailed information (hotel, registration, etc) about upcoming NAPCRG conferences. You will also be able to submit abstracts (due mid-April each year) and register for the annual NAPCRG meeting via the Web site. Annual NAPCRG meetings alternate between locations in the United States and Canada and are listed on the Web site several years in advance. You can easily search for abstracts and handouts from previous NAPCRG meetings by visiting this section of the site as well.

Blog/Newsletter

Did you know that NAPCRG has a blog? Visit the *Blog/Newsletter* section for up-to-the-minute information about NAPCRG. Twitter updates are also highlighted in this section. Additionally, quarterly NAPCRG newsletters from 2000 to the present are available for you to review in their entirety.

Resources

The *Resources* section provides valuable Web sources from researchers and universities throughout the world for beginning-, intermediate-, and advanced-level researchers. Links to various NAPCRG Projects and Programs (eg, Fellowship Programs in Research, Identifying Published Family Medicine Research, and Report on Research Productivity) are also listed in this section of the Web site.

Members Area

The *Members Area* is reserved exclusively for current NAPCRG members. NAPCRG members can easily search both member and consultant directories to find individuals with common professional interests.

We would welcome any suggestions, submissions and links to enhance the NAPCRG Web site. Recommendations can be forwarded to Joan Hedgecock, NAPCRG Member Services Manager at jhedgecock@napcrg.org.

Lorraine S. Wallace, PhD, Associate Professor,
University of Tennessee Graduate School of Medicine,
Department of Family Medicine



Ann Fam Med 2009;7:473-474. doi:10.1370/afm.1044.

AAFP SUBSIDIARIES LAUNCH NEW, REVAMPED WEB SITES

In August, 2 AAFP subsidiaries—TransforMED LLC, and Peers for Progress, an AAFP Foundation program—launched new and revamped Web sites respectively. TransforMED launched Delta-Exchange, a new social networking site that primary care physicians can use to speed up their progress toward practice transformation and the patient-centered medical home. Peers for Progress revamped its existing Web site to make it more user friendly for individuals interested in peer support programs.

Delta-Exchange

TransforMED created the Delta-Exchange Web site in the wake of its 2-year national demonstration project (NDP) which tested how to implement various components of the medical home model of care.

"We started ... assisting practices with 'boots-on-the-ground' full facilitation in the NDP in 2006," said Terry McGeeney, MD, MBA, TransforMED's president and CEO. However, the company found that this type of facilitation was labor intensive and expensive; it has been tweaking and perfecting its educational outreach to physicians ever since. The result is Delta-Exchange.

"We listened to physicians across the country, and this is what they said they wanted—a solution that is cheap, doesn't require a long-term commitment, and lets practices 'dip a toe in the water' to get a feel for practice transformation," said McGeeney.

He described Delta-Exchange as a "virtual, online learning community." The \$30-per-month Delta Exchange member fee includes access to a variety of tools including

- online discussions
- interactive webinars
- how-to articles on practice improvement topics
- an expert panel of practice facilitators
- customizable forms that streamline policies and procedures

Members can sign up for online discussions in separate work zones, including zones for physicians, clinical staff members, office staff members, and residency programs. Users also can set up a notification system that will track specific discussions and topics.