"Comorbidity between mental and medical conditions is the rule rather than the exception. In the 2003 National Comorbidity Survey Replication (NCS-R), more than 68% of adults with a mental disorder had at least 1 medical condition, and 29% of those with a medical disorder had a comorbid mental health condition. Moreover, models that integrate care to treat people with mental health and medical comorbidities have proven effective, but despite their effectiveness, these models are not in widespread use."[2] More research is needed to identify best practices regarding integrated behavioral and mental health care in primary care, as well as identify barriers to adoption of these best practices into primary care practices and communities.

Training Future Investigators

One piece critical to the successful engagement and development of primary care research is the constraint of not having an adequate cadre of well-trained researchers. We believe there is a need to deliberately promote this training.

NAPCRG's hope is that by sharing these priorities, funding agencies will take them into consideration when determining where funding dollars will be allocated over the coming years.

NAPCRG's Research Advocacy Committee

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From the Agency for Healthcare Research and Quality

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AHRQ UPDATES ON PRIMARY CARE RESEARCH: SELF-MANAGEMENT SUPPORT RESOURCE LIBRARY AND COMPANION VIDEOS

As the rates of chronic diseases in the United States rise and the number of people living with multiple chronic conditions increases, self-management support (SMS) is increasingly recognized as a fundamental strategy for improving health outcomes, reducing health care utilization, and improving quality of care. Self-management support is defined by the Institute of Medicine as "the systematic provision of education and supportive interventions by health care staff to increase patients' skills and confidence in managing their health problems, including regular assessments of progress and problems, goal setting, and problem-solving support."[1] As part of its ongoing work to improve primary care practice and care for people living with multiple chronic conditions, the Agency for Healthcare Research and Quality (AHRQ) sponsored the development of 2 SMS resources for primary care clinicians and their teams. The first is a one-stop multimedia library of SMS educational materials and resources, and the second is a series of companion videos that demonstrate SMS skills and concepts and illustrate SMS in action. These robust resources can help health care teams in small and large practices visualize and adopt SMS techniques in practice.

AHRQ's Self-Management Support Resource Library

The SMS Resource Library contains 39 multimedia and action-oriented educational materials from 21 different sources. It consists of resource guides, articles, toolkits, videos, tip sheets, and tools. Materials are organized using the following framework to allow clinicians to easily identify which materials best suit their needs:

- What is self-management support: Includes resources that define and describe SMS
- Why is self-management support important: Includes success stories from patients, evidence on SMS (eg, peer-reviewed manuscripts), and benefits of implementing SMS
- How to implement self-management support into practice: Includes tools that providers and clinical teams can use with their patients to encourage health-related behavior change

Motivational Videos on Self-Management Support

Three brief videos illuminate SMS skills and concepts, show its use in diverse primary care practices, and feature clinicians who have successfully implemented SMS. The video vignettes demonstrate the core competencies of SMS for clinicians, as defined by the New Health Partnerships. These competencies are: Emphasize Patient Role; Build Relationships; Include Family; Share Information; Collaborate on Agenda Setting, Goals, and Action Plans; Problem Solving; and Follow Up.[2]

More information about implementing self-management support in primary care settings is available on AHRQ's Improving Primary Care Practice web pages. The AHRQ SMS Resource Library, including access to the SMS tools and videos is available at: http://www.orau.gov/ahrq/sms_home.html.

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GRAHAM CENTER PROJECTS INCREASE IN PHYSICIANS WORKING IN SHORTAGE AREAS

The AAFP's Robert Graham Center for Policy Studies in Family Medicine and Primary Care recently published a 1-page policy brief that looked at the projected impact of the Primary Care Residency Expansion program (PCRE) on the number and distribution of new primary care physicians.

One key finding: federal dollars invested in family medicine residencies paid off handsomely in terms of the number of physicians practicing primary care in areas of need.

"The findings highlight the potential impact of targeted investment in primary care residency training, with family medicine residency programs representing the highest return on investment for production of physicians working in primary care, health professional shortage areas, and rural areas," wrote the authors.

The PCRE was funded by a 5-year, $168 million grant provided by the Health Resources and Services Administration in 2010 through the American Recovery and Reinvestment Act (ARRA). The grant was specifically intended to help address the nation's primary care shortage by increasing the number of residents trained in family medicine, general pediatrics, and general internal medicine. It has done this through supporting new expanded resident positions in 3-year primary care residency programs.

Grantees are required to be accredited primary care residencies that have committed to increasing the number of their training positions by 1 to 4 new postgraduate year 1 positions each year for 5 consecutive years. PCRE grant funds are used to pay resident salary, including fringe benefits and indirect costs; training expenses; and resident physician travel costs.

According to the report, when the grant period ends in 2015, the program will have provided financial support to train 900 residents in family medicine, general internal medicine, and general pediatrics.

The report, titled "Projected Impact of the Primary Care Residency Expansion Program Using Historical Trends in Graduate Placement," used data from the 2013 AMA Physician Masterfile and other resources to project how many of those residents would indeed practice primary care and how many would likely practice in rural America and health professional shortage areas.

Specifically, the authors projected that

- of 425 family medicine residents, 393 would practice primary care medicine, with 110 of those going to health professional shortage areas and 50 to rural areas
- of 285 internal medicine residents, 112 would stay in primary care, with 69 practicing in shortage areas and 14 in rural America
- of 190 pediatric residents, 97 would practice primary care, with 39 practicing in shortage areas and 3 in rural areas

The authors concluded that future allocation of GME dollars should take into account which residency programs have shown they are able to produce primary care physicians dedicated to practicing in areas where they are most needed.

In an interview with *AAFP News*, Robert Graham Center Research Director Stephen Petterson, PhD, said the center's work first and foremost addressed the strong need for more primary care physicians.

He noted that in addition to the PCRE program, the federal government also was experimenting with creating more teaching health centers, as well as expanding those already in place.

"We don't know if this (the PCRE program) is the best way to increase the number of primary care physicians in the areas of the country where they are most needed, but on the surface, it appears that, if sustained, the PCRE initiative could accomplish both of those goals," said Petterson.

There's a caveat, however: Noting that the PCRE was initiated through money allocated by the 2009 ARRA rather than the Patient Protection and Affordable Care Act, Petterson said that regardless of the promise the program holds, "It is uncertain whether this program will survive, given current budget constraints."

Sheri Porter
AAFP News