

This meets the ACGME program requirement and provides valuable information to each program for continuous quality improvement of residency education. The ABFM will provide each program with its own confidential survey results, with individual responses de-identified. Individual program data will not be available to the ACGME for individual program accreditation. Broader graduate survey data will be available in aggregate form only, to assure the anonymity of information that may be sensitive for individual programs. A data set for research purposes will be available in de-identified form through the ABFM upon request. The ABFM and AFMRD are committed to the protection of individual data, while providing only aggregate data for national analysis.

The steering committee recommended using a 3-year post-graduation timeframe. Graduate scope of practice and success information is likely most useful to programs at that time, being neither too soon nor too long from the time of graduation. While the initial survey will include only residents 3 years after graduation, the ABFM intends to expand the survey so that each ABFM Diplomate completes a survey every 5 years, providing more robust information to programs.

Starting in 2016, the AFMRD plans to create an advisory group to work with the ABFM to annually monitor the performance of the survey, the usefulness of the data for residencies, and to determine if any changes are needed in the questions. The AFMRD urges all program directors to inform their residents and graduates of the importance of the national graduate survey and to encourage their participation; additionally the AFMRD encourages program directors to incorporate the results into their annual program evaluation.

Karen B. Mitchell, MD; Lisa Maxwell MD; Tom Miller, MD



**From the North
American Primary Care
Research Group**

Ann Fam Med 2015;13:596-597. doi: 10.1370/afm.1875.

NAPCRG ANNUAL MEETING DISTINGUISHED PAPERS

NAPCRG's Annual Meeting is a forum for primary care researchers from across the globe to gather and present their research, collaborate for new research, and foster growth for up-and-coming researchers. The 2015 Annual Meeting was held in Cancun, Mexico on October 24-28, 2015.

Five papers were selected and given the special designation of "distinguished paper" for excellence in

research based on the following factors: overall excellence, quality of research methods, quality of the writing, relevance to primary care clinical research, and overall impact of the research on primary care and/or clinical practice.

Below is a brief summary of this year's distinguished papers; complete abstracts are available on the NAP-CRG website.

Physical exercise for late life depression: tailored treatments between psychiatry and primary care.

Klea Bertakis, MD, MPH; Mario Amore; Fabrizio Ascoli; Luigi Bagnoli; Marco Menchetti; Martino Murri; Micro Neri; Francesca Neviani; Matteo Siena; Giulio Toni; Ferdinando Tripi; Stamatula Zanetidou; Donato Zocchi

Late Life Major Depression (LLMD) is usually treated within Primary Care (PC), but is still associated with unsatisfactory outcomes. While antidepressant drugs have limited efficacy against LLMD, Physical Exercise (PE) has proven to be an effective adjunct intervention. However, there is limited knowledge on which factors might influence the translation of PE-based interventions in clinical practice. The objective of this study was to examine 121 patients aged 65 years plus, with non-psychotic LLMD for characteristics that might moderate remission from depression treated with PE. A secondary aim was surveyed PCPs regarding their opinions on the efficacy of PE in the treatment of LLMD.

Impact of the first year of affordable care act insurance expansions on community health center encounters.

Megan Hoopes, MPH; Heather Angier, MPH; Rachel Gold, PhD, MPH; Nathalie Huguet, PhD; Christine Nelson, PhD, RN; Miguel Marino, PhD; Brigit Hatch, MD, MPH; Aleksandra Sumic; Jennifer DeVoe, MD, DPhil

The Patient Protection and Affordable Care Act (ACA) incentivized states to expand Medicaid coverage to adults with incomes $\leq 138\%$ of the federal poverty level (FPL); to date, 27 states implemented this expansion. Concurrently, private insurance availability increased through exchange marketplaces. This quasi-experimental study using electronic health record (EHR) data from community health centers (CHCs) sharing a single EHR, 1-year pre-expansion (2013) through 1-year post-expansion (2014), compares the ACA's impact on CHCs in Medicaid expansion and non-expansion states.

Missed opportunities for stroke and transient ischemic attack (TIA) in primary care

Grace Moran; Melanie Calvert; Max Feltham; Tom Marshall; Ronan Ryan

Stroke is one of the leading causes of death and disability globally; approximately 16.9 million first-strokes occur each year. Primary prevention through targeting modifiable risk factors is important to reduce the burden of stroke. However, evidence suggests that primary stroke prevention is sub-optimal in

primary care. This study investigates the proportion of strokes/TIAs with prior missed opportunities for prevention in primary care of 29,043 first-ever stroke/TIA patients between 2009 and 2013, aged over 18 years, through a retrospective analysis of anonymized electronic primary care medical records from The Health Improvement Network (THIN), a primary care database.

Prescription opioid dose and duration and risk for depression in 3 large healthcare center patient populations

Jeffrey Scherrer, PhD; Joanne Salas, MPH; Laurel Copeland; Brian Ahmedani; Eileen Stock; Thomas Burroughs, PhD, MA, MS; F. David Schneider, MD, MSPH; Kathleen Bucholz; Mark Sullivan; Patrick Lustman

Emerging evidence indicates opioid analgesic use (OAU) leads to depression. Existing data has yet to determine if the risk of depression is due to OAU duration, dose or both. Opioids are commonly prescribed in primary care and a complete understanding of their depressogenic effects is needed to improve pain management. This study examines new opioid users from 3 separate cohorts, Veterans Affairs (VA), Baylor Scott & White Health (BSWH), and Henry Ford Health System (HFHS), to determine if OAU dose, duration or

both lead to incident depression, independent of pain, in 3 separate patient populations

Does iron deficiency without anemia in infancy affect long term developmental outcomes? Prospective 6-year cohort study

Dee Mangin; Claire Dowson; David Fergusson; Elisabeth Wells

Clinical concern around iron deficiency anemia is centered on the association with poorer neurodevelopmental outcomes. It is unclear whether this effect exists for iron deficiency without anemia, a much more common condition in daily practice (14%-50%). Iron deficiency is defined using cut-offs. It is uncertain at what threshold a lower level of body iron might be pathological in children, so the presence and prevalence of iron deficiency depends on the criteria and values used for cut-offs. This study uses an alternate and novel way of assessing the relationship of iron and neurodevelopmental outcomes to address this: incorporating both as continuous variables, enabling assessment of the nature of any association seen. The study examines whether iron status in early childhood affects long term developmental outcomes.

Jill Haught, NAPCRG

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