



From the North  
American Primary Care  
Research Group

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## 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 work, collaborate for new research, and foster growth for up-and-coming researchers. The 2018 Annual Meeting was held in Chicago, Illinois, November 9-13, 2018, and was attended by more than 1,000 researchers, clinicians, patients, and other stakeholder members from around the world.

Three papers from the 2018 NAPCRG Annual Meeting 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 the overall impact of the research on primary care and/or clinical practice.

Below are brief summaries of this year's distinguished papers; complete abstracts are available on the NAPCRG website.

### United States Pharmacopeia Patient-Centered Prescription Bottle Label Standards and Medication Adherence

*Paul Smith, MD, Kenneth Schellhase, MD, MPH, Henry Young, David Mott, Farah Pathan, Steve Sparks, MS*

Patients frequently misunderstand prescription medication label instructions. The United States Pharmacopeia (USP) recommended evidence-based, patient-centered prescription medication label standards to improve understandability in 2013. The objective of the study was to pilot test the implementation process of revising prescription medication labels at 61 sites in 3 pharmacy organizations and assess medication adherence for patients served by 1 pharmacy organization. The results concluded that there is an association between a change to more patient-centered prescription medication labels and increased medication adherence based on medication possession ratio (MPR). Adherence improved most in patients with low and medium MPR values before the label change.

Full abstract: <http://www.napcrg.org/Conferences/AnnualMeeting/SearchResearchPresentations?m=6&s=22773>

### The Australian Contraceptive ChOice pRoject (ACCORD): Results of a Cluster Randomised Controlled Trial Aimed at Increasing Long Acting Reversible Contraceptive (LARC) Uptake

*Danielle Mazza, MBBS, MD, Cathy Watson, Kirsten Black, Angela Taft, Jayne Lucke, Kevin McGeechan, Marion Haas, Kathleen Macnamee, Jeffrey Peipert*

Long Acting Reversible Contraceptives (LARC) reduce unintended pregnancy and abortion rates but Australian uptake is low. Therefore, the Australian Contraceptive ChOice pRoject (ACCORD), adapted from successful US Contraceptive CHOICE study, evaluated whether a complex intervention in primary care resulted in increased LARC uptake. The results concluded that ACCORD intervention resulted in significantly more LARC uptake at 4 weeks and 6 months and has the potential to reduce rates of unintended pregnancies in Australia.

Full abstract: <http://www.napcrg.org/Conferences/AnnualMeeting/SearchResearchPresentations?m=6&s=22780>

### Exploring Practice Variation in Antibiotic Prescribing for Respiratory Tract Infection: Cohort Study Data Analysis Accounting for Illness Severity

*Michael Moore, FRCGP, Beth Stuart, Sue Broomfield, Hanna Brotherwood, Paul Little, MD, MBBS, MCRP, MRCP, David Mant, Sue Smith, Ann Van den Bruel, MD, PhD, Alastair Brown, Catherine van't Hoff*

Addressing antibiotic overuse is an international priority and prescribing for a sore throat and lower respiratory tract infection (LRTI) remains high. The objective of this study aims to describe antibiotic prescribing for a sore throat and LRTI in UK general practice in relation to illness severity and to explore the extent of potentially inappropriate prescribing and whether this varies by GP practice. The method included describing variations in prescribing rates accounting for individual patient baseline presentation, sociodemographic characteristics, and practice-level deprivation. Upon conclusion, it was found that higher prescribing practices do see more unwell patients. However, this does not fully explain the differences that we observed in prescribing rates. The odds were substantially higher of an identical patient receiving an immediate prescription in some practices than in others.

Full abstract: <http://www.napcrg.org/Conferences/AnnualMeeting/SearchResearchPresentations?m=6&s=22895>

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