

health as a potential cover to excuse predatory practices and “gaming the system.”

4. A small group see their institution as promoting the AAMC definition of population health. In this model, the care delivery system segregates patients based on their needs, with primary care taking on the less complex and working on risk reduction. Our specialty colleagues in this model are enlisted to care for medically complex patients in “specialty medical homes.”

We feel these results highlight how we in medicine are still struggling to separate/integrate/find parallel play with public health. And it is ours to tackle!¹ The AAFP, in the “Integration of Primary Care and Public Health,”² does a nice job of illustrating this struggle.

Family medicine lives at the interface of knowing (1) that your zip code is more important than your genetic code and (2) that you can treat the patient’s disease, eg hypertension or diabetes, while the illness, ie poverty, abuse, prejudice, etc, may kill the person. In our patient-centered approach, we feel the tension of needing to think about context community by community (geographic community or a community defined by characteristics), not person by person, and we see the challenge and paradox of wanting to fix the zip code–level issues while recognizing that compensation systems still largely reward by the person and by the CPT code. With only 3% of the trillions of dollars spent annually on health care going explicitly towards public health, what should our role be?^{3,4}

Several of our departments have been working to answer this question by engaging deeply with their local communities, partnering with local public health infrastructure and community-based organizations to improve the health of their populations. The University of New Mexico connects the academic health center with the community in numerous ways, including through community health workers in each county serving as a liaison between that community’s needs and the state’s education and legislation initiatives.

At Duke, upon noticing a hot spot in the Medicaid data of high rates of diabetes, obesity, and ER visits in a historically marginalized minority community, the academic health center reached out to existing stakeholders and with this data—as well as the media reporting that there were far more places to buy liquor than fresh vegetables in that neighborhood—the community was able to rezone the area with a tax abatement for a full-service grocery store that hires local community members.

Those interested in learning more about ways that primary care and public health can partner together should check out the Practical Playbook, <https://www.practicalplaybook.org/>, a resource for helping public

health and primary care work together to improve population health.

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Ann Fam Med 2019;17:567-568. <https://doi.org/10.1370/afm.2483>.

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 2019 Annual Meeting was held in Toronto, Ontario, November 16-20, 2019, and was attended by more than 1,000 researchers, clinicians, patients, and other stakeholder members from around the world.

Three papers from the 2019 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 writing, relevance to primary care clinical research, and 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 (<https://www.napcrg.org/>).

Health in a Hostile Environment. Migration as a Structural Determinant of Health for Refugees and Asylum Seekers

Kate O’Donnell, PhD, BSc, MPH BSc (Hons), FHEA, FRCGP (Hon); Anna Isaacs, PhD; Anna Black, BSc, MBCbB

Caring for asylum seekers and refugees (ASRs) is an important activity for primary care. However, the

wider societal environment in which ASRs find themselves in destination countries can impact greatly on an individual's ability to live healthily and to access care, especially preventive health care services for chronic diseases or screening. This study looked to understand the health-related experiences of ASRs living in Glasgow, Scotland. Specifically, to address: (a) perceptions of health, well-being, and illness causation, (b) experiences of accessing primary and preventive health care, and (c) the wider societal factors influencing these perceptions and experiences. Two studies were done, each using mixed methods approaches including: focused ethnography; semi-structured interviews; media analysis. Analysis used theories of candidacy, which focused on access to health care, and structural vulnerability, which focused on upstream determinants and influences on health, to deepen the understanding of ASR health and access. The results concluded that ASRs do not see themselves as "candidates" for preventive health care. While services can be adapted to improve accessibility, wider structural variables such as experience of discrimination or entitlement to health care also need to be addressed. **FULL ABSTRACT:** <https://napcrg.org/conferences/2001/sessions/869>.

An Innovative Pragmatic Trial of Group Transdiagnostic Cognitive-Behaviour Therapy for Anxiety Disorders

Pasquale Roberge, PhD; Martin Provencher, PhD; Peter Norton, Annie Benoit, MSc; Patrick Gosselin, PhD; Martin Antony, PhD; Helen-Maria Vasiliadis, Catherine Hudon, MD, PhD; Catherine Hudon, MD, PhD; Isabelle Gaboury, PhD; Alexandra Chapdelaine, MSc

Anxiety disorders are the most common mental disorders in community settings and are associated with significant distress and functional impairment. Although cognitive behavior therapy (CBT) is the most consistently efficacious psychological treatment for anxiety disorders, limited resources and expertise challenge its accessibility in primary care, and only a minority of anxiety disorder sufferers are therefore treated according to guidelines' recommendations for evidence-based psychotherapy. Transdiagnostic group CBT (tCBT) could be a promising intervention to improve access to CBT in primary care, yet its effectiveness in real world conditions requires investigation. This study investigated the effectiveness of group tCBT in addition to treatment-as-usual (TAU), compared to TAU only. The study was set in community-based primary mental health care in Québec, Canada using a pragmatic randomized controlled trial with post-treatment assessment and follow-up at 4 months. The results concluded that transferability of the intervention from a specialized clinic to community

settings. The results from this rigorous evaluation of tCBT will contribute to the large-scale dissemination and implementation of this intervention in primary care to promote a more equitable access to evidence-based CBT. **FULL ABSTRACT:** <https://napcrg.org/conferences/2001/sessions/554>.

Penicillin V for 5 versus 10 Days in Patients With Pharyngotonsillitis Caused by GAS – A Randomised Controlled Trial

Pär-Daniel Sundvall, MD, PhD; Mia Tyrstrup, MD, PhD; Charlotta Edlund, PhD; Gunilla Skoog Stahlgren, MSc Pharmacy; Karin Rystedt, MD; Katarina Hedin

It is noted that Pharyngotonsillitis is common in primary health care and the current recommendation of the ESCMID Sore Throat Guideline Group is to treat patients with 3-4 Centor criteria and the presence of group A streptococci (GAS) with penicillin V for 10 days. This study investigated whether the total exposure of penicillin V can be substantially reduced while maintaining adequate clinical efficacy. The study was set in 17 primary health care centres in Sweden, as a randomised controlled, open-label, non-inferiority trial. The results concluded that the 5-day regimen was non-inferior to 10 days regarding clinical cure but less effective regarding bacteriological eradication. There was no increased risk of relapses or complications associated with the shorter treatment. The risk of less frequent bacterial eradication should be weighed against the positive effects of shorter time to relief of throat symptoms, numerically fewer adverse events, better compliance, and reduced antibiotic consumption. **FULL ABSTRACT:** <https://napcrg.org/conferences/2001/sessions/34>.

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Ann Fam Med 2019;17:568-569. <https://doi.org/10.1370/afm.2482>

AFMRD DIVERSITY AND HEALTH EQUITY TASK FORCE UPDATE

As of July 1, 2019, the Accreditation Council for Graduate Medical Education (ACGME) Common Program Requirements stipulate that, "The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a