



From the Association  
of Family Medicine Residency Directors

*Ann Fam Med* 2004;2:614. DOI: 10.1370/afm.251.

## FRONTLINE: DIABETES AND FRONTLINE: BETTER BONES—IMPLEMENTING THE CORE COMPETENCIES THROUGH EDUCATION AND RESEARCH

As previously announced, the Board of Directors of the Association of Family Medicine Residency Directors (AFMRD) is launching a project that combines resident education and research. Frontline: Diabetes is a project that offers residents a novel, integrated approach to the prevention and treatment of diabetes. Participants will learn about current standards of diabetes care, nutritional counseling, educational needs and relevant referral resources.

Frontline: Diabetes has been modeled after the successful Frontline: Better Bones project, which is focused on teaching residents about the newest information available on the prevention and treatment of osteoporosis.

In addition to attending either of the workshops, residents will also be asked to participate in the research component of the project to determine the effectiveness of this educational format. The participating residents will be asked to complete pre- and post-tests as well as conduct a limited chart review before and after attending the workshop.

Finally, participants will be provided instruction regarding the principles of quality improvement and its integration into their medical practice. As an introduction to quality improvement, participants will be asked to complete an interactive CD/Web site (Quality Improvement and Beyond: Achieving Excellence in Health Care).

Overall, the Frontline: Diabetes and Frontline: Better Bones projects will assist family medicine program directors as they incorporate the core competencies of the Accreditation Council for Graduate Medical Education into their residency programs. Besides the acquisition of medical knowledge regarding diabetes mellitus and osteoporosis, residents will participate in activities that promote practice-based learning and improvement and system-based learning.

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From the North American  
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*Ann Fam Med* 2004;2:614-615. DOI: 10.1370/afm.252.

## NAPCRG ACTION PLAN FOR THE FUTURE OF FAMILY MEDICINE

The North American Primary Care Research Group (NAPCRG) has been an active partner in the Future of Family Medicine (FFM) project and is committed to moving the FFM recommendations forward. To this end, NAPCRG has created a task force to develop strategies and provide oversight for accomplishing its work of the NAPCRG FFM action plan. This brief report summarizes the work of the task force to date and sets out the work plan for the task force and NAPCRG.

The task force has been guided by some basic assumptions: NAPCRG's vision is that the generation of new knowledge needs to be infused into nearly all components of the FFM plan and needs to become part of the fabric of what it means to be a family physician. NAPCRG is therefore eager to partner with other organizations and individuals to help meet the aims of all 10 recommendations. The NAPCRG Board agrees to take the leadership role in accomplishing the FFM recommendation on enhancing the science of family medicine, with the American Academy of Family Physicians and Association of Departments of Family Medicine serving as collaborators. We invite others to be proactive in working with us to advance the research infrastructure and science base of family medicine.

As leader of this recommendation, NAPCRG will take responsibility for the following:

1. Creating an overarching framework (including processes for outcomes measurement) by which to approach the work that needs to be done to accomplish the recommendation
2. Developing specific strategies for accomplishing the recommendation
3. Inviting appropriate partners to participate in the planning and accomplishment of the strategies
4. Providing follow-up to help ensure that the work committed to is accomplished
5. Providing staff to help plan and coordinate activities
6. Providing financial support for accomplishing the NAPCRG FFM action plan, as approved by the NAPCRG Board

### Progress to Date

The task force's first accomplishment has been in creating a framework for achieving the FFM recommendation of enhancing the science of family medicine.

**Table 1. Challenges and Opportunities for Family Medicine in the Research Process**

Research Process Components	Challenges	Opportunities
Identifying knowledge gaps	Understanding what is already known and identifying gaps in important knowledge from a generalist perspective and relevant to the health of people, families, communities, and health care in a family medicine setting	Making known the tremendous complementarities between the NIH roadmap and the family medicine research approach
Hypothesis generation	Posing and focusing the right questions	Engaging clinicians and communities in networks and participatory approaches
Acquiring funding	Lack of funding for primary care, noncategorical, research; study sections unfamiliar with practice-based, community participatory and integrative research	Billionizing AHRQ; advocating for participation in review and leadership roles; promoting PBRNs; supporting Grant Generating Project
Creating and maintaining research laboratories	Supply of family medicine investigators with research skills and committed time; creation of family medicine patient cohorts	Developing PBRN capacity; research centers for primary care health
Executing studies	Competing clinical demands with inadequate infrastructure and funding; research coordination across dispersed sites; IRB challenges; HIPAA	Lobbying for funding; helping AHRQ advocate for central PBRN IRB and HIPAA authorization
Analyzing data	Sophistication of family medicine investigators in data analysis and qualitative research methods	Research centers for primary care health; practice- and community-based research, and dissemination networks
Dissemination	Scarcity of scientific meetings for primary care research; underdeveloped mechanisms for engaging patients, communities, clinicians, and policymakers in knowledge generation and use	Practice- and community-based research and dissemination networks; advancing support of <i>Annals</i> ; support of mentoring projects
Implementation	Doing research in the setting (and from the perspective) in which findings will be applied to reduce the problem of translation into practice	PBRNs; EHRs
Identifying knowledge gaps	The cycle starts again. (There are other iterative loops within the cycle).	Work toward a culture of inquiry throughout family medicine

NIH = National Institutes of Health; AHRQ = Agency for Healthcare Quality and Research; PBRN = practice-based research network; IRB = Institutional Review Board; HIPAA = Health Insurance Portability and Accountability Act; EHR = electronic health record.

The research process, as outlined in Table 1, provides a helpful perspective for planning actions to enhance the science base of family medicine. The steps of the research process, like the FFM plan, are highly interrelated, and require a team process and individual initiative and leadership.

In addition, the task force is pleased to report that the American Academy of Family Physicians is now actively supporting the adoption of the International Classification of Primary Care (ICPC) as a primary care-relevant information terminology standard for electronic health records. The AAFP decision is a welcome development that will help NAPCRG in its long-term commitment to advancing the ICPC. In addition, the task force plans to work with AHRQ to advocate for and develop a national human subjects protection and HIPAA authorization board for practice-based research networks. If you are interested in participating or learning more about the work of the task force, contact Stacy Brungardt, CAE, NAPCRG executive director, at [napcrgrg@stfm.org](mailto:napcrgrg@stfm.org).

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**From the American Academy  
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*Ann Fam Med* 2004;2:615-617. DOI: 10.1370/afm.253.

## **METRIC: NEW AAFP PERFORMANCE MEASUREMENT PROGRAM WILL MEET MULTIPLE GOALS**

Attendees at the American Academy of Family Physicians Scientific Assembly in October got a sneak preview of a new AAFP program: METRIC—Measuring, Evaluating and Translating Research Into Care. The program will launch in 2005.

Designed to fulfill the criteria for Part IV of the American Board of Family Practice Maintenance of Certification Program for Family Physicians, or MC-FP, METRIC also will provide physicians CME credit for completing practice-based performance measurement projects.

But Bruce Bagley, MD, AAFP Medical Director of Quality Improvement, hopes the program will have more lasting effects.

"We see it as a way to get family physicians interested in doing quality improvement work in their prac-