



From the North American  
Primary Care Research Group

*Ann Fam Med* 2009;7:378. doi:10.1370/afm.1027.

## NAPCRG CONGRATULATES AAFP NATIONAL RESEARCH NETWORK ON ITS 10TH ANNIVERSARY

The North American Primary Care Research Group congratulates the American Academy of Family Physicians National Research Network (AAFP NRN) in celebrating its 10-year anniversary in November 2009. The AAFP NRN has received generous support from the AAFP since its inception and provides varied research and quality improvement opportunities for family physicians and other primary care clinicians contributing to the generation of new knowledge and lifelong learning. The AAFP NRN mission is to support, conduct and disseminate practice-based primary care research that improves healthcare and benefits the health of patients, their families and communities. Among its substantive areas of interest are patient safety, practice change, patient-centered care, patient behavioral and lifestyle changes, and primary/secondary prevention. Having completed 20 studies and published 32 peer-reviewed articles, its research methods include surveys, observational studies, randomized clinical trials at the patient and practice levels, and comparative effectiveness studies.

Wilson Pace MD, FFAFP, has served as the NRN Director since 2004. Dr Pace is a practicing family physician and researcher. A faculty member at the University of Colorado and a leader of practice-based research networks since 1998, he brings an academic voice and resources to NRN.

The AAFP NRN has launched a new Residency Branch supporting residency programs in their efforts to engage residents in practice-based research. The Residency Branch's goal is to develop a curriculum for residents and faculty and to ultimately provide residents with an education about practice-based research before they graduate and begin practice. NRN will also provide a system to support the development of study concepts and logistical support to design and complete the studies.

With a membership of over 2,500 clinicians, the AAFP NRN has formal linkages with 11 local and regional practice-based research networks (PBRNs) and actively engages regional networks in all major projects. It has actively expanded its research collaborations to other professional societies as well as the

Robert Graham Center, the Institute for Healthcare Improvement and multiple academic centers. Much of its funding has come from the US Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ).

The AAFP NRN is proud to be the primary network home for a newly established network of electronic health record practices called DARTNet that will eventually expand to include numerous regional networks and academic centers. Touted as one of AHRQ's most significant undertakings, DARTNet will facilitate the standardization of patient care data for practice improvement and enhancing research activities.

A study it is currently involved in is a randomized clinical trial of behavioral change called Americans in Motion—Healthy Intervention (AIM-HI) involving 24 practices in 3 PBRNs across the United States. AIM-HI studies the effects of counseling and physical fitness on patients' physical and emotional health through the collection of blood samples and other quantitative data.

The AAFP NRN has recently begun the development of a network focusing on evaluating and improving collaborative care between co-located primary care and mental health providers. These efforts would not be possible without the ongoing support of the AAFP, family physician researchers, and study coordinators across the country and practicing family physicians, general internists, general pediatricians, nurse practitioners, physician assistants and hundreds of office staff members.

NAPCRG appreciates the AAFP's continued support of primary care research through its National Research Network and the leadership it provides to the primary care research community.

Thanks to James M. Galliher, PhD, for contributing historical information.

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*Ann Fam Med* 2009;7:378-379. doi:10.1370/afm.1029.

## ACADEMY LAUNCHES COMPREHENSIVE PATIENT-CENTERED MEDICAL HOME RESOURCES

In early June, the Academy launched a new area on its Web site. The patient-centered medical home, or PCMH, section of the Web site, was created by the

Academy to make family physicians' transition to the medical home as smooth as possible.

The PCMH section offers a varied assortment of tools to help physicians reach their PCMH goals, and it provides a pictorial representation of the medical home (Figure 1), which is constructed of 4 building blocks atop a foundational base.

The foundation of the medical home is represented by a single block that symbolizes the specialty's core values. That's significant because family medicine is the only medical discipline dedicated to treating the whole person across the full age spectrum with a continuous and comprehensive approach to care.

Each block of the color-coded house represents a critical piece of the PCMH. Physicians are invited to roam the virtual house and explore all of the resources within each area. The 4 main components of the structure are

- practice organization for physician practices striving for disciplined financial management, strong staff relationships and a reliance on clinical systems that deliver high quality care
- health information technology for physicians using technology to run a practice that is efficient in its business, clinical and communication processes
- quality measures for physicians who need to discover ways to enhance the quality of health care delivered to patients; and
- patient experience for physicians interested in creating a practice that patients embrace and choose to call their medical home

Bruce Bagley, MD, AAFP's medical director of quality improvement, said the Web pages were designed to be physician-friendly and easy to navigate. Physicians can even download a PCMH checklist to map their progress.

"The site provides a direct link to TransforMED (a wholly owned subsidiary of the AAFP that helps physicians redesign their practices) so that users can enjoy 1-stop shopping for all the PCMH tools they need," he said.

Bagley noted that the creators of the site intend for users to drop in often. "They expect physicians and their office teams—all of whom have unfettered free access to the site 24 hours a day—to dig deep and work at a pace that suits each individual practice," he added.

Academy leaders recognize and applaud the work that AAFP members have already undertaken, said Bagley. "Family physicians are on the right path as they renovate and remodel their practices."

The Academy also realizes that health care reform must include an overhaul of the current payment system. "AAFP leaders want to ensure that family physicians are poised to take advantage of any payment

**Figure 1. Patient-centered medical home.**



reform that centers on the patient-centered medical home," said Bagley.

He encouraged FPs to jump online and enter the site with a fresh look and a renewed focus. "Members should get engaged in the medical home building process and keep moving forward with their good work," he said.

The PCMH section of the Academy's Web site is supported by a grant from Merck & Co, Inc.

For information on policy research carried out by the AAFP's Robert Graham Center, see the Graham Center's Web site at <http://www.graham-center.org/online/graham/home.html>.

*Sheri Porter, AAFP News Now*