

viduals are also able to conveniently join NAPCRG or renew their membership via a secure server. Information about getting involved (ie, meetings and listservs) in NAPCRG is also described here.

Annual Meetings

Review the *Annual Meeting* section to find detailed information (hotel, registration, etc) about upcoming NAPCRG conferences. You will also be able to submit abstracts (due mid-April each year) and register for the annual NAPCRG meeting via the Web site. Annual NAPCRG meetings alternate between locations in the United States and Canada and are listed on the Web site several years in advance. You can easily search for abstracts and handouts from previous NAPCRG meetings by visiting this section of the site as well.

Blog/Newsletter

Did you know that NAPCRG has a blog? Visit the *Blog/Newsletter* section for up-to-the-minute information about NAPCRG. Twitter updates are also highlighted in this section. Additionally, quarterly NAPCRG newsletters from 2000 to the present are available for you to review in their entirety.

Resources

The *Resources* section provides valuable Web sources from researchers and universities throughout the world for beginning-, intermediate-, and advanced-level researchers. Links to various NAPCRG Projects and Programs (eg, Fellowship Programs in Research, Identifying Published Family Medicine Research, and Report on Research Productivity) are also listed in this section of the Web site.

Members Area

The *Members Area* is reserved exclusively for current NAPCRG members. NAPCRG members can easily search both member and consultant directories to find individuals with common professional interests.

We would welcome any suggestions, submissions and links to enhance the NAPCRG Web site. Recommendations can be forwarded to Joan Hedgecock, NAPCRG Member Services Manager at jhedgecock@napcrg.org.

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AAFP SUBSIDIARIES LAUNCH NEW, REVAMPED WEB SITES

In August, 2 AAFP subsidiaries—TransforMED LLC, and Peers for Progress, an AAFP Foundation program—launched new and revamped Web sites respectively. TransforMED launched Delta-Exchange, a new social networking site that primary care physicians can use to speed up their progress toward practice transformation and the patient-centered medical home. Peers for Progress revamped its existing Web site to make it more user friendly for individuals interested in peer support programs.

Delta-Exchange

TransforMED created the Delta-Exchange Web site in the wake of its 2-year national demonstration project (NDP) which tested how to implement various components of the medical home model of care.

"We started ... assisting practices with 'boots-on-the-ground' full facilitation in the NDP in 2006," said Terry McGeeney, MD, MBA, TransforMED's president and CEO. However, the company found that this type of facilitation was labor intensive and expensive; it has been tweaking and perfecting its educational outreach to physicians ever since. The result is Delta-Exchange.

"We listened to physicians across the country, and this is what they said they wanted—a solution that is cheap, doesn't require a long-term commitment, and lets practices 'dip a toe in the water' to get a feel for practice transformation," said McGeeney.

He described Delta-Exchange as a "virtual, online learning community." The \$30-per-month Delta Exchange member fee includes access to a variety of tools including

- online discussions
- interactive webinars
- how-to articles on practice improvement topics
- an expert panel of practice facilitators
- customizable forms that streamline policies and procedures

Members can sign up for online discussions in separate work zones, including zones for physicians, clinical staff members, office staff members, and residency programs. Users also can set up a notification system that will track specific discussions and topics.

According to TransforMED, the site is very user-friendly. "We want people to get in and get started without a steep learning curve," said Nathan Bieck, TransforMED's marketing coordinator and chief architect of the site. "We know physicians are very busy, and the last thing we wanted to do was to create something that was hard for them."

The site has been under construction since last winter and has 241 "test" members who have been putting the exchange through its paces. Gregg Stefanek, DO, of Alma, Michigan, is one such user. Stefanek describes his practice—Gratiot Family Practice—as a medical home that is "under construction."

The 4-physician practice soon will have a new building, and the partners wanted an office design that was medical-home friendly. After several Internet searches, Stefanek found the help he needed on Delta-Exchange.

"I went to the Delta-Exchange group, typed in a query and got several responses that were very useful," said Stefanek. "Then I came across a webinar that specifically talked about construction of a facility based on the (patient-centered medical home) model."

Stefanek noted that he is fully engaged in the medical home process and has access to a bevy of resources, which makes him a finicky consumer.

"It's not a lack of information out there that's preventing me from being a full patient-centered medical home; it's the lack of time on my part to find these things," said Stefanek. "(Delta-Exchange) is a resource that helps me focus my time. It's convenient and pertinent."

Stefanek added that he also enjoys the camaraderie of sharing common experiences with his colleagues on Delta-Exchange. "We're all in this together, and I really like that portion of it."

Peers for Progress

The AAFP Foundation's Peers for Progress program was designed to establish or extend the evidence base

for peer support as a core component of diabetes care around the world and to build a network of peer support programs. The program's directors hope that their revamped Web site will help the program reach those goals.

"As the go-to source for information on peer support programs, Peers for Progress aims to encourage networking and sharing of information to improve peer support around the world," said Edwin Fisher, PhD, global director of Peers for Progress and professor at the University of North Carolina's Gillings School of Global Public Health, Chapel Hill. "Our Web site has been updated to make it more user friendly for people who want to get the best information on peer support programs, find out what other people are doing in this area and show their own work."

Kevin Helm, assistant director of the program, said this is the fourth version of the Web site and the third time it has been upgraded in a year.

"Now it's where we want it to be," Helm said. "Hopefully, it will become the place people will go to learn and share information about peer support. This is the centerpiece of the program as far as how peer support will be expanded throughout the world."

Key to the Web site is program resources and curricula for those who want to begin or improve an existing program. The "implement" tab on the program's home page has been expanded to include resources for starting a peer support program, training peer supporters, and managing and evaluating programs.

Another link invites users to join the program's global network for sharing information. Discussion boards also have been enhanced.

Other new features include a guest book and a calendar of events related to peer support and diabetes.

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 and David Mitchell
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