



From the North American
Primary Care Research Group

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FROM NAPCRG TO WHOPPER?

At the NAPCRG meeting in 2010 there was some discussion that perhaps the first part of the acronym, North American, was too restrictive. Hallway conversations in foreign languages such as Portuguese and Dutch (I could only understand half of what they said) suggested more than North Americans were in attendance.

What should the new name be? Perhaps the World-wide Health Organization for Premier Primary care Excellence in Research (WHOPPER).

Maybe not.

A more quantitative approach suggests my hallway qualitative data collection at the NAPCRG meeting had merit. International members of NAPCRG numbered 54 in 2000 and represented 8% of the total. As NAPCRG grew in North America in the 2000s, international interest grew slightly faster, comprising 10% of the membership in the late 2000s. Growth in international members' meeting attendance increased faster, from 8% in 2000 to 15% in the late 2000s. The countries with the largest attendance in 2010 were the United Kingdom (38), Australia (17), and Portugal (17). There was also a large Dutch contingent at the 2009 meeting in Montreal.

The meetings in Vancouver (2007) and Puerto Rico (2008) were the largest in NAPCRG's history, and international members were a big part of that success. At Vancouver in particular there were 122 attendees from outside Canada and the United States.

Overall, NAPCRG membership is nearing 1,000 (666 in 2000 to 995 in 2010). The most robust recent growth has been from researchers in training, which grew from 45 in 2000 to 353 in 2010. Some of these new colleagues are from countries as far away as Australia, Singapore, and the Netherlands.

European researchers add richness and depth to NAPCRG meetings with their strong primary care infrastructure and tradition. They are also able to complete studies of large populations of primary care patients with a depth American researchers could only dream of. Their publishing successes have made important contributions to the maturation of primary care worldwide.

Their presence is helping NAPCRG to become the leading international primary care research organiza-

tion and annual meeting in the world. The findings of members' research help family physicians and general practitioners deliver better health care and improve the health of their patients back in their communities.

I suppose we need a new acronym that demonstrates the positive impact of NAPCRG members on the health of all the citizens of the world. How about Global Research Enables Amazing Transformation (GREAT)?

Maybe not. I'll keep trying.

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AAFP From the American Academy
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AAFP PRESIDENT GOES TO CAPITOL HILL TO PROPOSE BLENDED PAYMENT MODEL TO FIX MEDICARE PAYMENT SYSTEM

The AAFP has been working with Congressional representatives and the other primary care physician associations for years in an attempt to fix the Medicare payment system for family physicians. The sustainable growth rate (SGR) system that is used currently to determine payments for Medicare physicians has resulted in drastic cuts to physician pay during the past few years. Those cuts have always been alleviated by Congressional action, but the AAFP continues to call on Congress to revamp the payment system.

On May 5, the AAFP once again took its message to Capitol Hill, but this time the Academy was invited to testify before a House panel about alternatives to the SGR formula.

AAFP President Roland Goertz, MD, MBA, of Waco, Texas, told the health subcommittee of the Energy and Commerce Committee, during a hearing on Capitol Hill that Congress has to enact a Medicare physician payment system that provides greater support for team-based primary care and the patient-centered medical home (PCMH) through a blended payment model,

"Congress, understandably, is most concerned with controlling federal expenditures for health care, especially given the rapidly rising costs for Medicare," said Goertz during his testimony. However, "There is growing and compelling evidence that a health care system based on primary care will help control