

**The Robert Graham Center**  
*Policy Studies in Family Practice and Primary Care*

**Second Annual Report**  
July 2001



## ***INTRODUCTION***

This is the second annual report of The Robert Graham Center: Policy Studies in Family Practice and Primary Care, renamed in September of 2000 to honor Dr. Robert Graham, the past Executive Vice President of the American Academy of Family Physicians whose vision and support were crucial to the Center's genesis. The purpose of this report is to create a written record of the work of the Center, review the Center's activities and evolution during its second year of operation and to outline the Center's direction for the coming year.

This report is organized into five sections, similar but not identical to the Center's first annual report: Introduction, Operations, Status Report on 2000-2001 Workplan, and Commentary and Plans for Year Three.

Subsequent to the preparation of the first annual report, at the suggestion of the Center's Advisory Board, the workplan was organized according to the three themes guiding the work of the Center: Investing in primary care and family practice infrastructures; Determining and sustaining the functional domain of family practice and primary care; and Securing universal health care coverage for all. This revised workplan is replicated herein and serves as the basis for the status report concerning the 2000-2001 workplan.

The Center opened on June 8, 1999, and is sponsored by the American Academy of Family Physicians that operates on a June 1 fiscal year. Thus, June is a useful anniversary month, and this report includes information known as of June 29, 2001. It is important to recognize that the 2000-2001 Workplan was designed to cover calendar year 2001.

This report has been prepared and reviewed by all the members of the Center, but its creation depended most heavily on the efforts of Lisa Smith, on whom the Center relies for all aspects of its operations.

# **OPERATIONS**

## **Personnel**

At the conclusion of our second year, all five of the AAFP-employed staff positions were filled. Dr. Bob Phillips was appointed the Assistant Director of the Center and took the position on July 17.

Dr. Robert Graham was appointed as our first Scholar-In-Residence in August of 2000.

**Table 1: Center staff and contractors**

<b>Name</b>	<b>Policy Center role</b>	<b>Employee status</b>	<b>Qualifications</b>	<b>Concurrent faculty positions</b>
Larry Green	Director	Core	MD	Professor, University of Colorado Clinical Professor, Georgetown University
Bob Phillips	Assistant Director	Core	MD	Assistant Professor, Georgetown University
Ed Fryer	Analyst	Core	PhD	Associate Professor, University of Colorado Associate Clinical Professor, Georgetown University
Susan Dovey	Analyst	Core	MPH	Assistant Clinical Professor at Georgetown University
Lisa Smith	Administrator	Core	BA	
Thomas Myoshi	Data manager	Long term contract	MSW	Senior Instructor, University of Colorado

## **Projections for the next year**

Dr. Graham will be departing the Scholar-In Residence position in the middle of July. We expect to appoint a new Scholar-In-Residence by December 2001.

## Office Management

Lisa Smith manages the Graham Center; which continues to be an ongoing process of maintaining the bibliography database, the purchasing office, the distribution office, the library and the budget. At the end of year two, the Graham Center came in under budget.

Computer maintenance is maintained by Mr. Rodney Young, Senior Support Technician in the AAFP Government Relations office.

The Graham Center continues to access library resources from Georgetown University, the Library of Congress, and the libraries at the Universities of Colorado and Otago and the AAFP's research libraries.

**Table 2: Journal subscriptions**

<b>Journal name</b>	<b>Starting volume</b>	<b>Publication frequency</b>
Academic Medicine	Vol. 76, No. 5, 2001	Monthly
American Family Physician	Vol 61, No 1, 2000	Bi-weekly
European Journal of General Practice	Vol 5, No 1, 1999	Quarterly
Family Medicine	Vol 31, No 6, 1999	Monthly
Family Practice Management	Vol 7, No 1, 2000	Monthly
Health Affairs	Vol 18, No 3, 1999	Bi-monthly
Health Policy	Vol. 55, No. 1, 2001	Monthly
Health Services Research	Vol 34, No 1, 1999	Bi-monthly
Journal of Family Practice	Vol 48, No 6, 1999	Monthly
Journal of the Am. Board of Family Practice	Vol 12, No 3, 1999	Bi-monthly
Journal of the American Medical Association	Vol 282, No 1, 1999	Weekly
Journal of Rural Health	Vol. 15, No. 1, 1999	Quarterly
New England Journal of Medicine	Vol 341, No 1, 1999	Weekly
Pediatrics	Vol 107 No. 5, 2001	Monthly

The British Medical Journal and Evidence Based Practice are received weekly in electronic form.

### **Projections for the next year**

Periodicals will be added to the library as necessary.

## One-Pagers

Four One-Pagers were published by the Graham Center in the second year and distributed in electronic and hard copy to the offices of members of Congress, and other interested health policy people. The One Pagers are also available on the Center's web page (the website address is [www.aafppolicy.org](http://www.aafppolicy.org)).

Plans to publish the One-Pager's in the American Family Physician were finalized and the first published in the August 1, 2000 issue. (See attached table with journal references.) The One-Pager's do continue to prompt reaction locally (in Washington DC) and nationally.

**Table 3: List of One-Pagers**

<b>Number</b>	<b>Title</b>	<b>Publication date</b>
9	Trumping Professionals Roles: Collaboration of Nurse Practitioners and Physicians for a Better U.S. Health Care System	March 1, 2001
8	Uncoordinated Growth of the Primary Care Workforce	March 1, 2001
7	The Patient Safety Grid: Toxic Cascades in Health Care Settings	September 26, 2000
6	Toxic Cascades: A Comprehensive Way to Think About Medical Errors	September 26, 2000
5	The United States Relies on Family Physicians, Unlike any other Specialty	April 14, 2000
4	The importance of Primary Care Physicians as the Usual Source of Healthcare in the Achievement of Prevention Goals	February 21, 2000
3	The Importance of having a Usual Source of Health Care	January 12, 2000
2	The effect of Accredited Rural Training Tracks on Physician Placement	November 9, 1999
1	Center for Policy Studies in Family Practice and Primary Care: Informational Sheet	September, 1999

**Table 4: American Family Physician One-Pager References**

<b>One-Pager Number</b>	<b>Reference Information</b>
9	In the publication process
8	In the publication process
7	Dovey S, Fryer G, Green L, Phillips R. The Patient safety grid. Toxic cascades in health care settings. Am Fam Physician 2001;63:1047.
6	Dovey, S, Fryer G, Green L, Phillips R. Toxic cascades. A comprehensive way to think about medical errors. Am Fam Physician 2001;63:847.
5	Fryer G, Dovey S, Green L. The United States relies on family physicians, unlike any other specialty. Am Fam Physician 2001;63:1669.
4	Fryer G, Dovey S, Green L. The importance of primary care physicians as the usual source of healthcare in the achievement of prevention goals. Am Fam Physician 2000;62:1968.
3	Fryer G, Dovey S, Green L. The importance of having a usual source of health care. Am Fam Physician 2000;62:477.
2	Fryer G, Dovey S, Green L. The Effect of Accredited Rural Training Tracks. Am Fam Physician 2000;62:22.
1	The first two One-Pager's were combined in: Introducing AAFP Policy Center One-Pagers. AFP 2000;62:19.

## The Washington Primary Care Forum

The Graham Center hosts the Washington Primary Care Forum. This Forum provides a venue for Washington DC policy-makers, lobbyists, and interest groups to discuss policy issues related to primary health care.

**Table 5: List of Washington Primary Care Forum Presenters and Topics**

<b>Presenter</b>	<b>Topic</b>	<b>Date</b>
Richard Boxer and Keith Hennessey	Primary Care and The 2000 Presidential Campaign	September 7, 2000
Dr. Ken Shine	The IOM's Quality Initiatives and Implications for Primary Care	October 19, 2000
Stephen Crane Rosemarie Sweeney Roxanne Fulcher, Jackie Noyes Bob Doherty	Panel Discussion: Primary Care Priorities in 2001	December 13, 2000
Dr. David Blumenthal	The Coming Crisis in Health Care Costs: The Role of Primary Care	January 17, 2001
Dr. Jordan Cohen and Anne Esposito	Health Services Research, Appropriations and The Agency for Healthcare Research and Quality: Isn't it Time to Billionize AHRQ?	March 14, 2001
Congressmen Jim McCrery and Jim McDermott	Universal Coverage – Ever in America?	April 4, 2001
Dr. Mary Jane England	A Business Perspective on Health and Productivity	June 27, 2001

### **Projections for the next year**

We expect to host between 6 and 8 forums in 2001-2002. Continued efforts will be made to be inclusive of representatives from various policy centers and primary care groups.

## Data Acquisition

The Graham Center's outputs are mainly based on analyses of the following data files held in house. The Center still holds all data sources and files from our last annual report. The table indicates all recently acquired data.

**Table 6: Public Data Sources and Data Files Acquired Since June 2000**

Source Agency	Data file description	Years of Data
AHRQ	Medical Expenditure Panel Study (MEPS)	1996 PUF
AMA	Masterfile	2001
AMA	Sociodemographic Monitoring Survey	1998
HCFA	Hospital Cost Report Public User File	1998
HRSA	Area Resource File (ARF)	2000
HRSA	Even History File	1978-1997
NCHS	National Health Interview Survey (NHIS)	1997
NCHS	National Ambulatory Medical Care Survey (NAMCS)	1999
U.S. Census Bureau	County Population Census	2000
NHSC	National Health Service Corps Site and Personnel Files	1971-2000



## Teaching

Teaching is enmeshed in the routine work of the Graham Center. All staff members of the Graham Center contribute to teaching. This includes all the staff presenting occasional lectures to medical students, grand rounds, and workshops at various universities and residency programs (Table 7), and Dr. Phillips and Center staff overseeing the training and supervision of the Center's interns throughout the year. (Table 8). Dr. Green precepted at Georgetown FP residency. All Center staff support teaching and academic capacity building at Georgetown University via their Department of Family Medicine.

Dr. Phillips is responsible for the Graham Center's role with Georgetown.

**Table 7: Invited lectures, grand rounds and workshops**

<b>Topic</b>	<b>Location</b>	<b>Date</b>
Residencies in Distress: Discussion Forum	Annual Workshop for Directors of Family Practice Residencies. Kansas City, Missouri	June 2000
Legislative Update.	Annual Workshop for Directors of Family Practice Residencies. Kansas City, Missouri	June 2000
Three Things we Just Learned at the Policy Center That May Impact Your Practice.	Wisconsin Primary Care Research Forum. Waukesha, Wisconsin	June 2000
Recent Results from the Center for Policy Studies.	Family Health Foundation Annual Meeting Philadelphia, Pennsylvania.	June 2000
Current Issues That Matter to Family Physicians. Keynote Address	Colorado Academy of Family Physicians Annual Meeting. Steamboat, Colorado	July 2000
Are You Ready for a Challenge? A Look at the Future of Family Practice.	The National Conference of Family Practice Residents and Medical Students. Kansas city, Missouri	August 2000
Family Physicians and Research	AAFP Annual Scientific Assembly Plenary. Dallas, Texas	September 2000

It's 2020: Why Family Practice Failed.	Keystone III Conference. Colorado Springs, Colorado	October 2000
A Report from The Robert Graham Center: Current Data and Health Policy Considerations.	Family Practice Grand Rounds. University of Oregon. Portland, Oregon	October 2000
Finding the Exciting Research Questions.	Faculty Development Workshop. University of Oregon. Portland, Oregon	October 2000
Current Health Policy Issues and Your Future Practice.	Family Medicine Student Interest Group. University of Oregon. Portland, Oregon	October 2000
Update from The Robert Graham Center.	Annual Faculty Meeting. Ohio State University. Columbus, Ohio	October 2000
Nurse Practitioners: Evidence about Collaboration, Aftermath of Turf Battles, and Who's in the Trenches	AAFP State Legislative Conference. New Orleans, Louisiana.	October 2000
A View From Keystone III	AAFP Annual Leadership Conference. Kansas City, Missouri.	November 2000
Setting Healthcare Priorities (with Finite Resources)	First Year Medical Student Lecture. Georgetown University. Washington, DC	November 2000
Policy, Family Practice, and Primary Care	American Association of Medical Colleges. Professional Development Program. Washington, DC	November 2000
Research Topics Pertinent to Academic Health Centers	AAMC Professional Development Seminar. Washington, DC	December 2000
The Tension Between Research and Advocacy	Workshop with L. Gelberg and M. Weitzman. Robert Wood Johnson Annual Meeting of Generalists Scholars. San Diego, California	December 2000
A Primary Care Perspective on Clinical	Meeting of the National	December 2000

Research	Clinical Research Roundtable. Institute of Medicine. Washington, DC	
Is There Still a Need to Describe Primary Care Practice? How Important is a Network Denominator to Current or Future Practice Based Research Network Studies?	Agency for Healthcare Research and Quality. Washington, DC	December 2000
The Importance of Research in Family Practice?	Grand Rounds at Bronx Lebanon Hospital and Montefiore Medical Center. Albert Einstein College of Medicine. New York, New York	January 2001
Family Practice: Quarks to Quasars and other Perspectives – Presentation on the State of, the nature, and value of family practice.	UMNDNJ Consortium of New Jersey Family Practice Residency Program. New Jersey	January 2001
Three presentations on Research in Family Medicine	Indiana Academy of Family Physicians. Indianapolis, Indiana.	March 2001
Family Practice, The US Healthcare System, and Universal Healthcare.	Grand Rounds at Lancaster General Hospital. Lancaster, Pennsylvania.	March 2001
Why Family Physicians Must Continue Practice-based Research.	1 <sup>st</sup> Annual Meeting of The AAFP National Practice-Based Research Network. Colorado Springs, Colorado	March 2001
Results of the Patient Safety Study	1 <sup>st</sup> Annual Meeting of The AAFP National Practice-Based Research Network. Colorado Springs, Colorado	March 2001
A Report from Keystone III.	Annual Meeting of the AAFP Residency Assistant Program. Kansas City, Missouri.	April 2001
Policy-relevant Primary Care Research	Johns Hopkins Robert Wood Johnson Fellowship. Baltimore, Maryland.	May 2001

Length and Content of Family Practice Residency	Workshop of Directors of Family Practice Residencies. Kansas City, Missouri.	June 2001
Family Practice & US Healthcare	Combined New Jersey and Pennsylvania AFP Annual Meeting. Philadelphia, Pennsylvania	June 2001
The Ecology of Medical Care Revisited, Recollections (of Dr. Rosser), and Three Stories	Building Family Medicine University of Toronto. Toronto, Canada	June 2001
Goals and Examples of Recent Work of The Robert Graham Center	Update of Family Practice. Philadelphia, Pennsylvania.	June 2001
Medical/ "Sentinel" Event Reporting	Workshop AAAHC Institute for Quality Improvement. New Orleans, Louisiana.	June 2001
Why Primary Care Clinicians Must Do Practice Based Research.	First Annual Meeting of RIOS Net Members. Albuquerque, New Mexico.	June 2001
Recent Results from the Graham Center: Maps, Ecology and Errors.	First Annual Meeting of RIOS Net Members. Albuquerque, New Mexico	June 2001
American Medicine and Public Health: Key Issues	Iowa Governors Conference on Public Health	June 2001

(For abstracts/papers presented at Scientific Meetings, please see Table 10.)

**Table 8: Graham Center Interns Year 2**

<b>Name</b>	<b>Date as Intern</b>	<b>Projects</b>
Katrina Donahue	July 2000	Usual Source of Care and Value for Chronic Disease
David Krol	August 2000	Title VII
Brent Jaster	September 2000	National Health Service Corps – History and Challenges
Sandy Lai	October 2000	Family Practice Residency Training Program
Jen DeVoe	November and December 2000	Usual Source of Care – Value for Preventive Healthcare. FP/GP Satisfaction
Virigilo Licona	January 2001	National Health Service Corps and IMG Workforce
Cori McClaughry	February 2001	NRMP Violations – Qualitative Study
Sarah Morgan	April 2001	BBP Impact on Family Practice
Brent Jaster	May 2001	See Above
Jen DeVoe	May 2001	FP/GP Satisfaction
Robin Gauld	June 2001	Patient Bill of Rights – An International perspective

**Projections for the next year**

A new intern is expected to arrive in the Center every 4 – 8 weeks. Dr. Phillips will continue with primary responsibility for their training and supervision.

## Publications and Presentations

As well as One Pagers and meetings, the Graham Center's research is disseminated through publication in refereed journals and through conference presentations. Center staff contributed to the papers listed in Table 9 that either have been published this past year or are now in the process of publication. The abstracts listed in Table 10 were peer reviewed and chosen for presentation.

### Table 9: Publications by Center Staff

1. **Dovey S, Green L, Fryer GE.** Educating doctors to provide counseling and preventive care: turning twentieth century professional values head over heels. *Education for Health* 2000;**13** (3) 307-316.
2. **Fryer GE, Green LA, Dovey S.** Graduate Medical Education payments to teaching hospitals: unexplained variation and public policy contradictions. *Academic Med* 2001; **76**: 439-45.
3. **Green LA, Graham R,** Frey JJ, Stephens GG. Keystone III. *The Role of Family Medicine in a Changing Health Care Environment: A Dialogue.* The Robert Graham Center 2001.
4. **Green LA, Graham R,** Stephens GG, Frey JJ. A Preface Concerning Keystone III. *Family Medicine* 2001; **33** (4) 230-231.
5. **Green, LA.** The View From 2020: How Family Practice Failed. *Family Medicine* 2001; **33** (4) 320-24.
6. **Green LA, Phillips RL, Fryer GE.** The Nature of Primary Care. Book Chapter for First *Oxford Textbook of Primary Care.*
7. **Dovey S,** Morton L, **Meyers D, Phillips R.** *Changes in Out-of-Pocket Payments in Utilization of Healthcare Services (Protocol).* In The Cochrane Library, 2, 2001. Oxford: Update Software.
8. Walton RT, Harvey E, **Dovey S,** Freemantle N. *Computerised Advice on Drug Dosage to Improve prescribing Practice (Cochrane Review).* The Cochrane Library, 1, 2001. Oxford: Update Software.
9. **Dovey S,** Tilyard M. New Zealand Model of Consent offers Solution (Letter). *BMJ* 2001;**322**:549.

10. **Dovey S, Webb O.** General Practitioners' Perceptions of Their Role in Care for People with Intellectual Disabilities. *Journal of Intellectual Disability Research* 2000; **44**(5): 553-61.
11. Cunningham W, **Dovey S.** The Effect on Medical Practice of Disciplinary Complaints: Potentially Negative for Patient Care. *NZ Med J* 2000; **113**: 464-7.
12. Delzell J, **Phillips R,** Schnitzer P, Ewigman B. Sleeping Positions Used by Newborn Nurseries in Missouri: 1992-1999. *JFP* 2001;**50** (5):488
13. **Phillips R,** Kinman E, Schnitzer P, Lindbloom E, Ewigman B. Using Geographic Information Systems to Understand Health Care Access. *Archives of Family Medicine* 2000;**9**(10)
14. Dickerson WP, Stange KC, Ebell MH, Ewigman BG, **Green LA.** Involving all Family Physicians and Family Medicine Members in the Use and Generation of New Knowledge. *Fam Med* 2000;**32**:480-90.
15. **Merenstein D, Green LA, Fryer G E, Dovey S.** Shortchanging Adolescents: Room for Improvement in Preventive Care by Physicians. *Fam Med* 2001;**33**:120-3.
16. **Green LA.** Putting Practice into Research: A 20 Year Perspective. Editorial. *Fam Med* 2000;**32**:396-7.
17. **Green LA, Dovey SM.** Practice-based Primary Care Research Networks. They Work and are Ready for Full Development and Support. *BMJ* 2001;**332**:567-8.
18. **Green LA, Fryer GE,** Yawn BP, Lanier D, **Dovey SM.** The Ecology of Medical Care Revisited. *N Eng J Med* 2001;**344**:2021-5.
19. **Chen FM,** Rodes LA, **Green LA.** Compelled to Rescue: Family Physicians' Experience of Their Fathers' Health Care. *The Journal of Family Practice.* (Accepted)
20. **Koehn NM, Fryer GE, Phillips RL,** Miller JB, **Green LA.** The Increase in International Medical Graduates in Family Practice Programs. *Family Medicine* (Submitted).
21. **DeVoe JE, Fryer GE,** Hargraves L, **Phillips RL, Green LA.** The Association of Career Dissatisfaction with Inability to Deliver High Quality Patient Care: The Case of Family Practice/General Practice. *The Journal of Family Practice.* (Submitted)
22. **Dovey SM, Phillips RL, Green LA, Meyers D, Fryer GE.** Toxic Cascades In and Among Different Health Care Settings: A Framework for Organizing Strategies to Deal with Medical Errors. *Journal of Family Practice* (Submitted)

23. **Dovey SM, Meyers DS, Phillips RL, Green LA, Fryer GE**, Galliher J, Kappus J, Grob P. Epidemiology of Medical Errors in Family Practice: A Randomized crossover trial of paper and computer reporting methods. *British Medical Journal* (Submitted)
24. **Fryer GE, Meyers DS, Krol D, Phillips RL, Green LA, Dovey SM**, Miyoshi TJ. The Effect of Title VII Funding to Departments of Family Medicine on Choice of Physician Specialty, Practice Location, and Careers in Academic Medicine. *Academic Medicine*. (Submitted)
25. **Krol DM, Fryer GE, Phillips RL, Green LA, Meyers DS**. Association of Title VII Predoctoral Family Medicine Grants with Practice Specialty and Location Outcomes. *Journal of American Medicine Association*. (Submitted)
26. Jaen CR, McIvain H, Pol L, **Phillips R**, Flocke S, Crabtree B. Tailoring Tobacco Counseling To The Competing Demands In The Clinical Encounter. *Journal of Family Practice* (Submitted)
27. **Phillips R**, Harper D, **Green L**, Wakefield M, **Fryer GE**. Can Nurses and Doctors Turn Parochialism into Plowshares? *Health Affairs* (Submitted)
28. **Fryer GE, Green LA**, Vojir CP, Krugman RD, Miyoshi TJ, Stine C, Miller ME. Hispanic vs White, Non-Hispanic Physician Medical Practices in Colorado. *Journal of Health Care for the Poor and Underserved* (In Press)
29. Stone TT, Longo DR, **Phillips RL**, Hewett JE, Riley SL. Health Care System and Insurer Support for Smoking Cessation Guideline Implementation. *Journal of Health Care Finance*. (In Press)
30. **Chen FM**, Feudtner C Rhodes LA, **Green LA**. Rules but No Rulebook: Role Conflicts Confronted by Physician-Family Members. *Western Journal of Medicine*. (In Press)
31. **Chen FM, Phillips RL**, Schneeweiss R, **Fryer GE**, Rosenblatt R, et al. Accounting for Graduate Medical Education in Family Practice Training. (In Press)
32. Okkes IM, Polderman GO, **Fryer GE**, Yamada T, Bujak M, Oskam SK, **Green LA**, Lamberts H. The Role of Family Practice in Different Health Care Systems. A Comparison of Morbidity Data from Primary Care Populations in the Netherlands, Japan, Poland and the US. *The Journal of Family Practice* (In Press)



## Table 10: Abstracts Presented

1. **Koehn NM, Fryer GE, Green LA, Phillips RL, Schmittling G.** *The Rise In International Medical Graduates in Family Practice Graduate Medical Education.* NAPCRG Annual Meeting. November 2000.
2. **Merenstein D, Dovey S, Green L, Fryer E.** *Shortchanging Adolescents.* NAPCRG Annual Meeting. November 2000.
3. **Chen FM, Rhodes L, Green LA.** *Compelled to Rescue: Family Physicians' Experiences of Their Fathers' Health Care.* NAPCRG Annual Meeting. November 2000.
4. **Dovey S, Green L, Fryer G.** *Averting a Toxic Cascades of Medical Errors by Early Intervention in Primary Care: Report of a Randomized Controlled Trial of Computer and Paper Reports of Errors in Family Practice.* NAPCRG Annual Meeting. November 2000.
5. **Fryer G, Dovey S, Green L.** *Children's Experience of Medical Care in the US.* NAPCRG Annual Meeting. November 2000.
6. **Phillips RL.** *Latest Policy Research from the AAFP Policy Center.* NAPCRG Annual Meeting. November 2000.
7. **Chen FM, Green LA.** *Walking a Tightrope: A Family Physician and the Care of Their Fathers.* STFM Annual Meeting. May 2001.
8. **Krol D, Green L, Fryer G, Phillips R.** *Fifteen Years of Predoctoral Title VII Funding: The Impact Today.* STFM Annual Meeting. May 2001.
9. **Fink K, Phillips R, Fryer G.** *International Medical Graduates and Rural Primary Care.* STFM Annual Meeting. May 2001.
10. **Phillips R, Fryer G, Fink K.** *International Medical Graduates and Primary Care Workforce.* AHSR Annual Meeting. June 2001.
11. **Dovey S, Fryer G, Phillips R, Meyers D.** *Averting a Toxic Cascade of Medical Errors by Early Intervention in Primary Care: Report of a Randomized Controlled Trial of Computer and Paper Reports of Errors in Family Practice.* WONCA World Meeting in Durban, South Africa. May 2001.
12. **Green L, Fryer E, Yawn B, Lanier D, Dovey S.** *The Ecology of Medical Care Revisited.* WONCA World Meeting in Durban, South Africa. May 2001.
13. **Donahue K, Fryer GE, Phillips RL, Green LA.** *The Importance of Usual Source of Care in Patients with Cardiovascular-Related Conditions.* AHSR Annual Meeting. June 2001.

# **2000-2001 Workplan Status Report**

**The Robert Graham Center:**

**Policy Studies in Family Practice and Primary Care**

**As of June 29, 2001**

*Following review by the Center's Advisory Board in the middle of 2000, we revised our workplan to organize the work around the themes guiding the Center and to reconsider the realistic achievability of the proposed work. Lacking foreknowledge about which projects would mature, we established timelines that made sense to us for each project, but did not match or constrain the overall workplan to resources. Instead, we preferred to be ambitious, assume some of our aspirations would not be possible because of externalities beyond our control, and to give ourselves the entire calendar year 2001 to conclude this workplan. Thus, this assessment is provided at two-thirds of the way through the 2000-2001 Center Workplan. Following each project is a brief, italicized description of progress intended to provide an accurate if not total description of its status.*

## **I. Theme: *Investing in primary care and family practice infrastructures***

### **A. Ecology of Medical Care Update and Extension:**

- 1. Question:** What portion of the entire population of the United States receives care in various settings each month?
- 2. Pi:** Larry Green
- 3. Collaborators:** Ed Fryer, Barbara Yawn at Olmstead Clinic, David Lanier at AHRQ, Susan Dovey.
- 4. Method:** Secondary data analysis of national data sets, literature review, primary data collection by Gallup.
- 5. Who cares?** Health services researchers; health policy experts; subset of primary care community interested in research, training, and organization of health care.
- 6. Dissemination:** Manuscript in NEJM; abstracts at NAPCRG 2000, WONCA-Durban. One pager post publication.
- 7. Timing:** Submission for review by Sept 8, 2000.
- 8. Notes:** Broad relevance as a framework for positioning other concerns and arguments is its value. Connects to other themes.

*The Ecology of Medical Care Revisited was published in the New England Journal of Medicine June 28, 2001, 10 months after submission. Ed Fryer presented the results at the Triennial Meeting of the World Organization of Family Doctors in Durban, South Africa in May, 2001, where it received the best paper award. NAPCRG has accepted an abstract and is organizing a special session for ecology papers to be presented at the annual NAPCRG meeting in Halifax, Nova Scotia,*

*October, 2001. A One-Pager focused on policy implications of the basic ecology findings is in process. The Agency for Healthcare Research and Quality (AHRQ) provided partial funding for this study. The Gallup Organization provided survey data under contract to the Center.*

B. Children and the New Ecology of Medical Care

1. **Question:** What is the new ecology of medical care for children?
2. **PI:** Susan Dovey
3. **Collaborators** Michael Weitzman at the Center for Child Health Research (AAP), Barbara Yawn at Olmstead Clinic, Ed Fryer, Larry Green
4. **Method:** Same as IA.
5. **Who cares?** Same as IA; American Academy of Pediatrics; Child-health advocacy groups; White House.
6. **Dissemination:** Manuscript in Pediatrics; abstracts at Ambulatory Pediatric Association; One pager post publication.
7. **Timing** Submission for publication by February 1, 2001.
8. **Notes:** Same as IA.

*The collaboration with the Center for Child Health Research of the American Academy of Pediatrics has gone well. This report includes dentistry and numbers of events as well as number of children. It is in final revision prior to submission to Pediatrics, expected in August, 2001. An abstract has been accepted for presentation at NAPCRG 2001. A One-Pager focused on children will follow publication. Susan Dovey is first author.*

C. Race, Ethnicity and the New Ecology of Medical Care

1. **Question:** How does the new ecology differ for people of different races and ethnicity?
2. **Pi:** Ed Fryer
3. **Collaborators:** Erica Bliss in Seattle, Vanessa Gamble at AAMC, Larry Green, Sue Dovey, Bob Phillips and David Meyers.
4. **Method:** Same as IA.
5. **Who cares?** Same as IA; Minority caucus; AAMC; AAFP; HRSA; Surgeon General's Office
6. **Dissemination:** Manuscript in JAMA; abstracts at AAMC-2001, WONCA-2001; AHSR-2001. One pager post publication.
7. **Timing:** Submission for publication by February 1, 2001.
8. **Notes:** Same as IA.

*Race and ethnicity are such crucial variables from a health policy perspective that we have pulled them out for emphasis in this ecology analysis that is now completed. One of the Center's interns, Erica Bliss, is first author on this report. She is returning to finalize this manuscript in August 2001. NAPCRG has accepted an abstract as part of the ecology series for presentation at the 2001 meeting in October. We decided not to make other abstract submissions as initially proposed to avoid redundancy and expenditures of time and cash. A One pager will follow publication.*

D. Gender and the New Ecology of Medical Care

1. **Question:** How does the new ecology differ for boys and girls, and for women and men?
2. **PI:** Susan Dovey
3. **Collaborators:** Kenny Fink in North Carolina, Barbara Yawn, Ed Fryer, Larry Green
4. **Method:** Same as IA.
5. **Who cares?** Same as IA; Congressional women; women's advocacy groups e.g.; Commonwealth Foundation; AAFP; HRSA;
6. **Dissemination:** Manuscript in NEJM; abstracts at AAFP-2001. Primary care forum in DC; One-pager post pub.
7. **Timing:** Submission for publication by May 1, 2001
8. **Notes:** Same as IA.

*This manuscript has been replaced with an analysis of variation in the ecology of medical care based on several demographic and healthcare*

*variables, organized into a single report. The analysis is completed and shows the relative contributions of age, gender, race, ethnicity, urban-vs-rural, insured or not, having a usual source of care or not. NAPCRG has accepted an abstract as part of the ecology series for the 2001 meeting in Halifax. Ed Fryer is first author on this manuscript.*

E. Rural people and the New Ecology of Medical Care

1. **Question:** How does the new ecology differ for rural and urban people?
2. **Pi** Bob Phillips
3. **Collaborators:** Ed Fryer, Larry Green, Barbara Yawn at Olmstead Clinic, Gary Hart, and Brent Jaster
4. **Method:** Same as IA.
5. **Who cares?** Same as IA; National Rural Health Association
6. **Dissemination:** Manuscript in Journal of Rural Health or Health Affairs; abstracts at 2001 national rural health meeting, NAPCRG. One-pager post publication.
7. **Timing:** Submission for publication by May 1, 2001
8. **Notes:** Same as IA.

*This manuscript has been replaced similarly to age and gender as described above.*

F. Insurance status and having a usual source of care and the New Ecology of Medical Care.

1. **Question:** How does having insurance and a usual source of care effect the new ecology of medical care?
2. **Pi:** Ed Fryer
3. **Collaborators:** Jenny deVoe, David Lanier, Larry Green, Katrina Donahue, Bob Phillips, and Robin Weinick, Helen Burstin, Pete Gurgin
4. **Method:** Same as IA.
5. **Who cares?** Same as IA; white house; AHRQ; Congressional committees
6. **Dissemination:** Manuscript in Health Affairs; abstracts at 2001 meetings of AHSR, AAFP, NAPCRG; One-pager post publication; primary care forum in DC.
7. **Timing:** Submitted for publication by March 1, 2001
8. **Notes:** Same as IA.

*This manuscript has been organized to show the separate and combined effects on the ecology of medical care in the United States of having insurance and/or a usual source of care in a 2x2 grid arrangement. The collaboration with AHRQ is proceeding beautifully. NAPCRG has accepted an abstract for the ecology session at the 2001 meeting in*

*Halifax. A One pager will follow publication. Dr. David Lanier is first author on this manuscript with submission expected by September 1.*

G. Aging and the New Ecology of Medical Care

1. **Question:** How is the new ecology different for people more than 65 years of age and for those more than 75 years of age?
2. **PI:** Susan Dovey
3. **Collaborators:** Ed Fryer, Larry Green, Karen Novelli, from Jefferson, Sandy Lai
4. **Method:** Same as IA
5. **Who cares?** Same as IA; AARP; HCFA-medicare; Congressional committees
6. **Dissemination:** Manuscript in Geriatrics; abstracts at 2001 meetings of AHSR. One-pager post publication.
7. **Timing:** Submitted for publication by July 1, 2001.
8. **Notes:** Same as IA

*This has been replaced by the comprehensive analysis of factors influencing the ecology of medical care as described above.*

## H. Title VII

1. **Question:** What was the effect of Title VII funding for family practice and primary care through residency training grants, predoctoral grants, and department development grants on the US physician workforce as deployed at the end of the 20<sup>th</sup> century?
2. **Pi:** Ed Fryer
3. **Collaborators** David Krol, Bob Phillips, Jim Coltice, Perry Pugno, TBN Ped's Collaborator.
4. **Method:** Linkage of funding record from HRSA with educational and work record of physicians, described and translated into maps showing latest situation and "what if physicians with x background were removed?"
5. **Who cares?** Congressional committees; Academic fp/primary care; Rural Health Association; Community Health Centers; HRSA.
6. **Dissemination:** Manuscript in Family Medicine; abstracts at STFM, SGIM, and APA; presentation at annual meeting of FP residency program directors; One pager; primary care forum in DC
7. **Timing:** Submitted for publication by February 1, 2001  
Possible three manuscripts: Predoc, Residency and Specialty
8. **Notes:** Could be followed with an evaluation of interactions with AHEC's.

*This became a comprehensive analysis of Title VII funding from 1978 when Congress directed it toward primary care through 1993, the most recent year for which assessment of specialty choice and practice location could be made. HRSA provided a complete data set of all grants made to all medical schools in the interval. This analysis was substantially expanded and accelerated because of the Administration's decision to end funding for the relevant section of Title VII. An abstract was presented of the predoctoral effects at the annual meeting of the Society of Teachers of Family Medicine in April, 2000. Two manuscripts are in review now. Center intern David Krol served as first author on a manuscript that has been at JAMA for about four months, focused exclusively on the impact of predoctoral Title VII funding. Ed Fryer is first author on a manuscript at Academic Medicine reporting the effects of department, faculty development and predoctoral grants. The results have been organized for use by various advocates and testimony has been given to Congress. A Policy Center One Pager has been prepared.*

I. The Balanced Budget Act and its Revision

1. **Question:** What was the impact on family practice residencies as reported by FP Residency Programs?
2. **Pi:** Bob Phillips
3. **Collaborators:** Ed Fryer, Freddie Chen, Ron Schneeweis, Gary Hart, Gordon Schmittling, Larry Green, Sue Dovey
4. **Method:** Survey of all family practice residencies.
5. **Who cares?** Academic family practice; AAMC; AAFP; Congressional committee
6. **Dissemination:** Manuscript co-authored with U of Washington in (find out from WA);
7. **Timing:** Manuscript submitted by Feb 1, 2001.
8. **Notes:** This requires careful coordination with GR and AFMO.

*This project required primary data collection. To avoid overlapping and duplicative surveying, we combined data collection efforts with the U of Washington, creating a subset of questions related to the impact of the BBA while establishing a benchmark analysis of family practice training related to rural medicine. The U of Washington is leading manuscript preparation. We learned that the program directors lacked knowledge about their situation with Medicare funding, and Center intern Freddy Chen is first author on the first manuscript submitted from this analysis, characterizing the situation.*



J. The Balanced Budget Act and its Revision

1. **Question:** What was the impact on hospitals?
  - a. unopposed
  - b. FP Residencies
  - c. COTH
  - d. All Teaching
  - e. Critical Access
2. **Pi:** Bob Phillips
3. **Collaborators:** Ed Fryer, Freddie Chen, Lynn Davis, Ernie Valente at NCQA
4. **Method:** Survey data linked to registry of qualifying hospitals.
5. **Who cares?** Academic FP; AAFP; MedPac; AAMC; AHA
6. **Dissemination:** Manuscript in Academic Medicine; One-pager; Abstract at 2001 AAMC.
7. **Timing:** Manuscript submitted by April 1, 2001.
8. **Notes:**

*We have acquired HCFA Hospital cost report public user files (PUF) for 1996-1998 and will be able to do actual impact assessments comparing pre & post BBA on both hospital finances and residency training. We will also separately evaluate the impact on hospitals with unopposed family practice residency programs and assess the total cost of residency positions not funded by Medicare due to the 1997 cap placed by BBA. Our timeline was delayed because of the 1998 PUB was missing key data on residency training and at Ed Fryer's prompting HCFA realized the value of these data and reconfigured its files. With this hurdle cleared, we have nearly completed the analyses.*

K. Medicare GME Payments

1. **Questions:** What was the reported cost and actual payment for GME by Medicare in 1998 for all hospitals, stratified by primary care and all other residents? What is the relationship of payment to geographic areas and need for physicians?
2. **Pi:** Ed Fryer
3. **Collaborators:** Tom Miyoshi; Bob Phillips
4. **Method:** Database management organized into table; mapping of money vs need for physicians.
5. **Who cares?** Medicare; AAMC; Academic FP; AAFP; Rural Health Association
6. **Dissemination:** Webpage
7. **Timing:** Webpage table by December 1, 2000.
8. **Notes:** The website table does not require further publication.

*This analysis has been a source of great satisfaction for many across the country, positioning program directors, department chairs, and deans for discussions and negotiations with their hospital partners. It has been linked to state-based advocacy and dissemination involving the AAFP government relations office. A second year's data are also available now to anyone who wants them on the Center website. Deficiencies in the 1998 data set concerning primary care were identified by Dr. Fryer and after discussion repaired by HCFA, permitting a further update. A state by state analysis revealed huge intrastate variations in GME payments. In addition to dissemination via the web, Ed Fryer was first author on a manuscript published in Academic Medicine in May of 2001 quantifying the variation within and among states and showing the impossibility of using current GME financing arrangements as a predictable instrument of policy. In fact, there is often an inverse relationships between expenditures and need.*

L. International Medical Graduates

1. **Question:** What are the trends in family practice and primary care training programs concerning IMG's, stratified by US-born and foreign-born, and what has been and is projected to be the results of these trends in terms of dependency of US counties for physician services?
2. **Pi:** Bob Phillips
3. **Collaborators:** Ed Fryer; Nerissa Koehn, Kenny Fink, Gordon Schmittling, Perry Pugno
4. **Method:** Linkage of data from AMA masterfile, AMA educational record of physicians, and AAFP residency database.
5. **Who cares?** Academic FP; AAFP (special constituencies); AAMC; Congressional committees; HRSA; NHSC
6. **Dissemination:** Two Manuscripts in Health Affairs and Family Medicine; Two one pager; abstract at STFM; presentation at annual AAFP meeting of special constituencies; presentation at annual AFPRD meeting; AAMC
7. **Timing:** Manuscripts submitted by May 1, 2001.
8. **Notes:** Sensitivities abound.

*The further deterioration in the primary care match and plans to expand community health centers have provided further impetus for this analysis. Partial results were presented at the 2000 meeting of NAPCRG by Center intern, Nerissa Koehn and Bob Phillips. Results were synthesized into a single manuscript submitted in June, showing the steady increase in IMG's in family practice residencies, with some programs becoming*

*dependent on them, just as the number of IMG's applying to US programs is declining. A One-pager will follow publication.*

M. The Family Practice and Primary Care Atlas

1. **Question:** Can an on-line virtual atlas with query function be developed that allows mapping of multiple relationships (see list below) for multiple geopolitical units, specifically including US Congressional districts and states?
  - a. PC MD/pop ratios
  - b. PC MD/pop ratios and selected health outcomes
  - c. Distance to care
  - d. Distance to care and selected health outcomes
  - e. Medicaid populations
  - f. Medicaid populations and selected health outcomes
2. **Co-Pi's:** Bob Phillips and Ed Fryer
3. **Collaborators:** Michael Parchman at UT at San Antonio; NAPCRG special interest group; Alan Dietrich; Tom Miyoshi; National Primary Care Research Center
4. **Method:** Web-based, GIS applications displaying relationships of variables important in family practice and primary care, starting with workforce, engaging a nation-wide interest from many quarters. Seize the opportunity to look at all Center Projects for GIS application.
5. **Who cares?** A broad spectrum of advocacy groups and lobbyists; academic FP; AAFP
6. **Dissemination:** Publications in TBD journals of specific applications; Web; News letters/reports re the capacity.
7. **Timing:** One manuscript about a topic by June 1, 2001; Functioning via policy center website by July 2002.
8. **Notes:** This is an infrastructure; it includes protocol development for query and for output.
9. **Priority:** Enduring

*The Primary Care Atlas is exploding. An international interest group focused on using mapping software to depict important variables and relationships has been established within NAPCRG with Bob Phillips and Mike Parchman as co-chairs. AHRQ is funding a meeting of the group in October 2001. The collaboration with Tom Miyoshi in Colorado has been exceptionally productive. Dr. Phillips co-authored a manuscript using mapping techniques, focused on Missouri. Drs. Phillips and Parchman are working with the National Association of Community Health Centers and Safety net provider organization in DC and Texas to develop GIS as a tool for assessing primary care service areas. Our*

*plans were accelerated by the need to demonstrate to Congress the need for a continued pipeline of production of primary care physicians. Simulations were developed for the entire US showing primary care health professional shortage areas and what would happen without general pediatricians, general internists, or family physicians, mapped to Congressional Districts. These were presented at a press conference at the Capitol and have been distributed via the AAFP Government Relations Office and the Center to multiple states at their request for use with state legislatures. We are well ahead of our anticipated schedule and expect this to mature in the years ahead into a web-based system permitting individuals to design and depict maps of relevance to their particular questions and needs.*

N. Practice-based Research Networks

1. **Question:** How can the Graham Center aid and benefit from PBRNS?
2. **Co-PI's:** Susan Dovey AND Larry Green
3. **Collaborators:** Georgetown University Department of Family Medicine; John Hickner; CareNet; WHNTBD.
4. **Method:** Consultation and Advocacy in Washington with particular focus on use of electronic data collection methods associated with practice.
5. **Who cares?** Academic medicine, esp pediatrics, internal medicine, and family practice; AHRQ; AAFP; AMIA (John Zapp, Moon Mullins, Nancy Lorenzi, Dennis Reynolds); Various regional/national/international PBRN's.
6. **Dissemination:** PBRN specific manuscript at JFP; One pager.
7. **Timing:** Ongoing, with specific linkages having explicit deadlines for a defined result, such as a presentation on site.
8. **Notes:** This is an infrastructure.

*The Graham Center's first error study was critical to bringing up the AAFP's new national network. The Center staff are consultants to Georgetown Medical School to develop a new PBRN in the Washington DC area. Other regional networks have requested assistance, e.g. New Mexico, Colorado, that Center staff have provided. We published in March 2001 an editorial in the British Medical Journal describing the status of PBRN's. We focused our advocacy on working with AHRQ to enlarge and extend the Agency's commitment to PBRN's, 19 now funded by AHRQ. AHRQ has now built into its ongoing budget a line for*

*PBRN's. PBRN's have been used as examples of critical infrastructures in other manuscripts, such as the Ecology of Medical Care Revisited. AMIA, after facilitation by the Center, has now begun to provide staff support and some leadership for a primary care informatics group including internal medicine, pediatrics, and family practice, with liaison with AHRQ; this group is writing a "call to action" for nationwide primary care informatics infrastructure. Susan Dovey was on the AHRQ PBRN study section.*

#### *National Health Service Corps*

1. **Question:** What was the retention/impact of the National Health Service Corps from beginning of data through 2000 on accessibility to primary care for the residents of rural underserved areas?
2. **PI:** Ed Fryer
3. **Collaborators:** Larry Green, Jeff Human, Thomas Miyoshi, Don Weaver, Brent Jaster, Jim Coultice
4. **Method:** Linkage of NHSC participant records with those the 2000 AMA Masterfile, contrasting current and past accessibility to care for U.S. counties earlier designated PCHPSAs that were allocated vs. not allocated NHSC resources.
5. **Who cares?** Congressional committees; Rural Health Association, HRSA.
6. **Dissemination:** Two Manuscripts to Journal of Rural Health/Public Health Reports; abstract at APHA, NAPCRG 2001; One-Pager; Rural Health Roundtable
7. **Timing:** Submitted for publication by March 1, 2001
8. **Notes:** Could be accompanied with/followed by evaluation of retention of NHSC Corps resources in underserved communities.

*Last month the Center finally received the data file describing the National Health Service Corps. This acquisition proved formidable, displacing our hoped for agenda. Center interns Brent Jaster and Virgilio Licona have written background materials and been instrumental in getting the Center positioned to proceed with a comprehensive analysis of what the Corps has accomplished. Don Weaver, Director of the Corps, intervened to help us get the necessary data. This is anticipated to be a major focus of analysis throughout the summer of 2001 with manuscript preparation reporting the principle findings in the autumn. Further dissemination strategy will depend on the results.*

II. Theme: *Determining and sustaining the functional domain of family practice and primary care.*

A. *Patient Safety in Family Practice and Primary Care*

1. **Question:** What are the characteristics of errors observed in family practice?
2. **Pi:** Sue Dovey
3. **Collaborators:** Larry, Ed, Bob, David Meyers, Jim Galliher et al (AAFP National Network), Linda Niebauer, Jennifer from AAFP
4. **Methods:** RCT
5. **Who Cares:** AAFP, AHRQ, IOM, NQF.
6. **Dissemination:** Three One-Pagers; abstracts at; WONCA 2001, NAPCRG 2000, Manuscripts: Results to JAMA; Concept to BMJ
7. **Timing:** Results Manuscript: December 31, 2000; Concept Manuscript: October 1, 2000
8. **Notes:** This will be a report of the frequency of errors observed in FP according to common definitions.

*“Patient safety” functions as a code term for a host of quality improvement efforts that impact the domain and scope of family practice and primary care. The Center served as the organizing focus for a pilot study of errors in family practice, conducted in the AAFP National Network, assisted by Kansas City AAFP research staff and led by Susan Dovey. The preliminary results were reported via a podium presentation at the 2000 NAPCRG meeting, and the principle findings manuscript spent almost 6 months in review at JAMA before a decision not to publish was made. This decision ignored laudatory reviews and was apparently based on reviewers’ assertions that many of the errors reported weren’t really errors, merely inconveniences. This manuscript reports a draft taxonomy of errors in family practice as well as the results of our randomized trial of paper vs computer reporting systems. It has been sent out for review by the British Medical Journal. An abstract of the findings was accepted and presented at the 2001 WONCA meeting in Durban, South Africa. Two One-pagers were distributed in Washington and subsequently published in American Family Physician, focused on the “patient safety grid” and “toxic cascades.” A concept paper about errors in primary care is being revised for publication later this year.*

## B Patient Safety

- 1. Question:** Does the use of computers affect the type of errors reported by FPs?
- 2. Pi:** Sue
- 3. Collaborators:** Larry, Ed, Bob, David Meyers, Jim Galliher et al (AAFP National Network), Linda Niebauer.
- 4. Methods:** RCT.
- 5. Who Cares?:** AAFP, IOM, AHRQ, NQF, WBGH
- 6. Dissemination:** One-Pager; Abstracts at NAPCRG 2000; Testimony; Manuscript in JFP.
- 7. Timing:** December 31, 2000
- 8. Notes:** This will be a standard RCT report.

*The randomized trial showed no difference in types of errors according to whether or not reported by physicians using paper or computer methods. These results were incorporated into the manuscript noted above and reported similarly. Sue Dovey, Bob Phillips, and Center fellow David Meyer have all presented results of this research with commentary in various meetings about medical errors in and outside of Washington.*

## C Patient Safety

- 1. Question:** What are the characteristics, severity and rates of errors on the patient safety grid in different settings?
- 2. PI:** Bob Phillips
- 3. Collaborators:** Sue, Larry, Ed, David Meyers, COPIC, PIAA, VA, ISMP, Tom Miyoshi, WBGH, NPSF
- 4. Methods:** database analysis.
- 5. Who Cares:** AAFP, AHRQ, insurers, other academic organizations and governmental agencies
- 6. Dissemination:** TBD
- 7. Timing:** Enduring over 5 years
- 8. Notes:** This analysis based on the grid framework and depends on source of data identified and cultivated. .

*This item exploded into prominence since this workplan was developed. Congress appropriated \$50 million to AHRQ explicitly to develop national error reporting mechanisms and guide the nation's patient safety effort. AHRQ developed an RFA focused on medical error reporting. Susan Dovey and Bob Phillips led the AAFP to a decision to apply to use the full resources of the AAFP to develop and be an error reporting system capable of analysis, innovation and education in the*

*family practice and primary care setting. This culminated in a 3 year multi-million dollar proposal with Bob Phillips as principal investigator that is under review now. The preparation required for this grant proposal has consolidated the AAFP's capacity to focus on patient safety and to provide leadership in this arena, regardless of the outcome of the grant process. A web-based, secure, anonymous reporting system is now functioning via the AAFP web site. This is established as a continuing focus for the Center for the foreseeable future.*

*The Patient Safety Grid and the related concept of a Toxic Cascade of Medical Errors have been presented as one-pagers disseminated in the Washington and American Family Physician. Sue Dovey is first author on a descriptive/theoretical manuscript describing both concepts which is in review at JFP.*

*We have an active collaborative relationship with PIAA analyzing 17 years of settled suit claim data from primary care settings which have been reviewed by a physician panel and determined to be medical errors rather than adverse events. We will be categorizing these by severity and health care setting. This will provide us with another perspective on the Patient Safety Grid and perhaps help prioritize patient care settings in need of attention.*

*On April 6, 2001, The Graham Center convened a group to review findings from the National Network study and the PIAA analysis. This included PIAA, ISMP, AHRQ, MGMA, WBGH and Health Partners Research Foundation.*

*The Graham Center has also agreed to serve as collaborators or consultants to three other patient safety research proposals:*

- 1. Dr. Leif Solberg and Health Partners Research Foundation proposal to AHRQ. Development grant for a Center for Evaluation and Research in Patient Safety.*
- 2. Dr. Stephen Small, University Chicago. Improving Patient Safety: Health Systems Reporting, Analysis and Safety Improvement Research Demonstrations.*
- 3. Dr. John Kralewski, University of Minnesota/MGMA. The Effect of Working Conditions on the Quality of Rural Health Care in the US.*



D            *Patient Safety*

1. **Question:**            What are the characteristics of errors observed in family practice in other countries?
2. **PI:**                     Sue Dovey
3. **Collaborators:**     Larry Green, Ed Fryer, Bob Phillips UK, NZ, Canada, Netherlands, Australia
4. **Methods:**            RCT.
5. **Who Cares:**         AAFP, AHRQ, IOM,
6. **Dissemination:**    One-Pagers; Conference presentations; Peer-reviewed publications.
7. **Timing:**             One-Pagers; Abstracts in 2002, Manuscripts by 01/01/02.
8. **Notes:**              This may be 2 studies – a quantitative one using WHN resources and a qualitative one, possibly funded by the Commonwealth Fund.

*The successful pilot study of errors in family practice in the United States has been built on to launch a six-nation follow up study (UK, Canada, the Netherlands, Australia, New Zealand, and US) with Susan Dovey as principal investigator. The purpose of this study is to determine the feasibility of international web-based reporting and to test and refine the taxonomy, specifically looking for errors unique to or excluded in one country vs others. Data collection commenced this month after overcoming IRB challenges in each country. The Commonwealth Fund is providing partial funding for this study and if the ambitious timeline can be kept, the results may be included in a special edition of Health Affairs this coming winter. AHRQ is funding an international workshop on errors in primary care at the 2001 NAPCRG meeting where the international collaborators in this study will join Susan Dovey for a forum on primary care errors as well as analysis of data and report generation. Given performance to date, it is likely that this international collaboration about patient safety will continue in some manner after this study. For example, this project has cemented a working relationship between the Center and Virginia-based collaborators representing the US with whom the Center shares common interests and proximity.*

### E. *Revising Family Practice Residency Training*

1. **Question:** What are the current opinions about the content and length of family practice residency training?
2. **Pi:** Larry Green and Margeurite Duane
3. **Collaborators:** Ed Fryer, Mike Rabbit, Gordon Schmittling,
4. **Method:** Concurrent surveys of current family practice residency program directors, family practice residents matriculating in 2000, and 1993 graduates of family practice residencies.
5. **Who cares?** AFPRD, AAFP, ABFP, ADFM, STFM, WONCA, AAMC
6. **Dissemination:** Manuscript in Family Medicine or JABFP, One-pager, presentations at annual meeting of AFPRD and STFM.
7. **Timing:** Complete data collection by December 1, 2000; manuscript submitted by March 1, 2001.
8. **Notes:** Margeurite will visit Center in the fall of 2000, while continuing her clinical internship in Lancaster, Pa.

*Family practice residencies are based on a model of training implemented in the late 1960's, and this study was designed by the Center to collect opinions from three sources about the content and length of training. The survey built on a prior survey reported by Kevin Ferentz. Preliminary results were reported by Center intern Margeurite Duane, Susan Dovey, and AAFP Vice-President Norm Kahn at the 2001 annual meeting of family practice residency directors. Dr. Duane has completed her internship while serving as Pi on this project; nonetheless, a manuscript reporting both the quantitative and qualitative findings for all three groups of respondents (current interns, family physicians in practice since 1994, and program directors) is almost completed. We expect to submit it in July.*

### F. Characterizing the Family Practice and Primary Care Physician Workforce

1. **Question:** How have the sociodemographic background, undergraduate and graduate medical educational experiences, and practice profiles of FP/GPs and other primary care physicians changed over time, and what are the implications of these changes for the future health policy?
2. **PI:** Ed Fryer
3. **Collaborators:** Bob Phillips, Larry Green, Sue Dovey, Intern (TBD)
4. **Method:** Analysis of linked data bases consisting of AMA Masterfile, AMA Graduate Medical Education Historical file, and the Area Resource File with mapping to illustrate geographic relationships.
5. **Who cares?** AFPRD, AAFP, ABFP, ADFM, STFM, WONCA

- 6. **Dissemination:** Manuscript in Family Medicine, One-Pager
- 7. **Timing:** Complete analyses February 1, 2001; manuscript submitted by April 1, 2001
- 8. **Notes:** Many of these analyses will lend themselves to GIS products that can be utilized by AAFP Government Relations Office personnel.

*This project was crowded out by others and deferred to the last half of 2001. However, the data sets necessary for this type of characterization have been identified and with one exception still in negotiation, acquired and held by the Center. We anticipate an intersection between this focus and the primary care atlas and remain enthusiastic about describing trends in family practice and primary care.*

### G. Nurse Practitioners

- 1. Question: Where do NP's practice (GIS)
- 2. PI: Bob Phillips
- 3. Collaborators: Dodie Harper, Ed Fryer
- 4. Method: Database mapping and analysis
- 5. Who Cares? COGME, HRSA, Nursing organizations, workforce policy researchers
- 6. Dissemination: Manuscript in Health Affairs; One-Pager
- 7. Timing: Analysis by July 1, 2001
- 8. Notes: Ed to purchase NP masterfile

*We abandoned this project after exploration of the NP masterfile because of confusion about variables and what we judged to be an unduly expensive data set. Instead, Dr. Phillips served as first author on a manuscript characterizing nurse practitioners in collaboration with nursing faculty at George Mason University and the University of Massachusetts. This manuscript has been in review for several months (see below). The Center published 2 One-pagers about nurse practitioners, distributed in Washington and published in the American Family Physician.*

### H. Physician Assistants

- 1. Question: Status, Location (GIS), Scope of practice, Most common collaborators/employers
- 2. PI: Bob Phillips

3. Collaborators: Steve Crane, Sue Dovey, Ed Fryer
4. Method: Database analysis and literature synthesis
5. Who cares? Workforce policy researchers, family physicians
6. Dissemination: Manuscript in JAMA
7. Timing: May 2001
8. Notes: Meeting with Steve Crane 9/00

*The collaboration with the physician assistants through Steve Crane has been very satisfying. A manuscript characterizing physician assistants was co-authored with Bob Phillips and Steve Crane. Discussions are occurring now about this manuscript with Health Affairs, where Dr. Phillips also has a manuscript characterizing nurse practitioners. Whether or not publication will occur in this venue is unknown. Together, these two manuscripts represent a state of the art description of the status of NP's and PA's, two critical components of the primary care workforce in the US impacting the functional domain of family practice and primary care.*

## I. Mental Health

1. **Questions:** (1) What generally is the contribution of primary care physicians to the U.S. mental health care delivery system?, (2) What is the contribution in rural areas?, (3) What are the referral and consulting relationships that characterize management of mental health conditions of patients?
2. **PI:** Ed Fryer
3. **Collaborators:** Frank deGruy, Katherine Rost, Bob Phillips, Ron Manderscheid, Intern (TBD), Harold Pincus, Deborah Seymour
4. **Method:** Extensive secondary data analyses of MEPS, CTS; both parts, NAMCS, NHIS, ARF with derivation of some GIS products.
5. **Who cares?** NMHA, SAMHSA, AAFP
6. **Dissemination:** Manuscripts in at least 1 Family Medicine and 1 Psychiatric specialty journal, presentation at NAPCRG 2001; One-Pager.
7. **Timing:** Complete analyses March 1, 2001, a manuscript submitted by May 1, and another by July 1, 2001.
8. **Notes:** Interspecialty collaboration in the publication of journal articles addressing contentious areas regarding the mental health-primary care interface is a major objective.

*Center staff have met face to face with the proposed collaborators, confirmed willingness to work together, and established a sense of common purpose. This focus has been intentionally delayed to accommodate the unanticipated work additions, specifically Keystone III and the preparation of the error reporting grant. We anticipate specification of questions, active analysis and writing to begin in the autumn of 2001 and extend into 2002, continuing to believe that neither primary care or mental health can achieve their missions absent the other.*

## J. Physician Satisfaction

1. **Questions:** (1) What is the level of satisfaction with their medical careers among family physicians, (2) how does it compare with that of other primary care physicians and specialists, and (3) what, if any, are the effects of dissatisfaction on family physicians' medical practice?
2. **PI:** Ed Fryer
3. **Collaborators:** Jenny DeVoe, Lee Hargraves
4. **Method:** Analysis of the Agency for the Study of Health Systems Change's Community Tracking Survey (Provider Version)
5. **Who cares?** AFPRD, AAFP, Agency for Health Systems Change

6. **Dissemination:** Manuscript in JFP; Abstract at NAPCRG 2001
7. **Timing:** Complete analyses February, 2001, manuscript submitted by April, 2001
8. **Notes:** A Family Medicine specific analysis related to one done for the entire medical profession earlier by the Agency for the Study of Health Systems Change.

*The collaboration with the Center for Studying Health Systems Change has been another positive experience for the Center. Center intern Jenny Devoe is first author on the manuscript, under review now, reporting the analysis of data collected by the CSHSC about the level of satisfaction among family physicians. This shows that the most important determinant of a family physician's satisfaction is the ability to make the best decisions for patients, as well as the effects of physicians' age on satisfaction. This analysis is particularly relevant to the scope of primary care practice as physician satisfaction was found to be associated with care of medicaid patients. NAPCRG has accepted an abstract of these findings for presentation at the 2001 annual meeting.*

#### *K. Keystone III*

1. **Question:** How is family practice doing and where does the discipline need to focus its future effort?
2. **Pi:** Larry Green
3. **Collaborators:** Bob Graham, Gayle Stephens, John Frey, Marcia Neu, Lisa Smith.
4. **Methods:** Structured discussion in meeting format at Cheyenne Mountain involving 80 participants.
5. **Who Cares?** AAFP, ABFP, AFPRD, STFM, ADFM, NAPCRG (Secondarily, other academic organizations and some governmental agencies, e.g. HRSA, AHRQ)
6. **Dissemination:** Real time audio broadcast of meeting; Proceedings; Peer-reviewed publication of the commissioned papers.
7. **Timing:** Meeting Oct 4-8, 2000; Peer-reviewed publication by May 1, 2001; Published proceedings by June 1, 2001.
8. **Notes:** This is a joint effort of all the family of family medicine, organized programmatically by the Center, facilitated by the first Scholar in Residence at the Center (Bob Graham), and with meeting management by STFM, including Lisa Smith.

*The Keystone III conference was organized by the Center and staffed by the Center and the Society of Teachers of Family Medicine. It was designed and managed by "the quartet" (Bob Graham, Gayle Stephens,*

*John Frey, and Larry Green), with guidance from each of the seven sponsoring organizations. The national family medicine organizations financed it, with a supplemental grant acquired by the Center from the A. F. Williams Family Foundation for the publication of proceedings. This invitational conference was oversubscribed and broadcast over the web. There were no “no shows,” and everyone (82 participants and 4 staff) stayed for the entire 4- day meeting in Colorado Springs. The project was completed within budget. The commissioned papers were published as a special issue of Family Medicine in April 2001, with preface and one of the commissioned papers prepared by the Center. The proceedings were published by the Center, its first book, under the amazing leadership of Lisa Smith. This book has been distributed to all medical school deans, all family practice residency directors and department chairs, attendees of the Washington Primary Care Forum, heads of major foundations, heads of relevant federal agencies, all those who applied and couldn’t be accommodated at the conference, the leadership of the sponsoring organizations, and those who attended. Remaining copies of the first edition are available for purchase through the AAFP. These proceedings include one page commentaries by all participants, the commissioned papers, materials received over the web during the meeting, and edited commentary that occurred at the conference. This conference and its proceedings were admirably facilitated by the Center’s first scholar in residence, Dr. Bob Graham, and Drs. Gayle Stephens and John Frey voluteered their steady leadership to assure a satisfactory result.*

III. Theme:            *Securing universal health care coverage for all.*

A.        Effects of Having a Usual Source of Care

1. **Questions:**            (1) What is the effect on the profile of health care utilization, cost and outcome of having vs. not having a usual source of care?; (2) How are these relationships mediated by whether or not an individual has health insurance, (3) Does having a usual source of care reduce preventable hospitalizations (those due to ambulatory care sensitive conditions)?, and (4) Do PCPs provide the majority of their patients’ medical care?
2. **PI:**                        Ed Fryer
3. **Collaborators:**        Katrina Donahue, Robin Weinick, Sue Dovey, Helen Burstin, Larry Green, Bob Phillips, Intern (TBD)

4. **Method:** Linking and analysis of the various MEPS files maintained by AHRQ.
5. **Who cares?** AAFP, AHRQ
6. **Dissemination:** Manuscripts in peer journals; One-pagers; abstracts at NAPCRG 2001, AHSR 2001.
7. **Timing:** First analysis completed by December, 2000, first manuscript submitted February, 2001.
8. **Notes:** Continued use of former intern and collaboration with AHRQ personnel

*This focus has proven to be important. The ecology analyses have incorporated at the population level of the United States the effects on where people get care based on their having insurance and/or a usual source of care. Selected priority conditions, e.g. heart disease were examined in detail, and intern Katrina Donahue is first author on a manuscript detailing effects for people with cardiovascular-related conditions, expected to be submitted in July 2001. She also presented a poster of results at the 2001 meeting of the Association of Health Services Researchers in Atlanta. Priority conditions were stratified by having a usual source of care, specifically a family physician, pediatrician, or general internist, and the distribution by specialty of providing physician for these same conditions were determined showing the very large contribution made to the care of people suffering from life endangering diseases. This information was posted on the Center web site and incorporated into multiple presentations.*

*Intern Jenny DeVoe is first author on a manuscript comparing receipt of preventive care services for Americans with insurance, with usual source of care, both, neither.*

## B. Effects of CoPayment on Utilization

1. **Question:** What is the effect on health care utilization of changes in out-of-pocket payments required of patients?
2. **PI:** Susan Dovey
3. **Collaborators:** David Meyers, Ed, Bob, Leann Morton (New Zealand), Elizabeth Perkins (New Zealand), Jeremy Grimshaw (UK).
4. **Methods:** Systematic review and meta-analysis.
5. **Who Cares:** AAFP, AHRQ, other academic organizations and governmental agencies concerned with universal cover.



- 6. **Dissemination:** One-Pager; conference Proceedings; Peer-reviewed publication in Cochrane database and Library and in a journal.
- 7. **Timing:** One-Pagers 06/01; NAPCRG meeting 2001; Peer-reviewed publication by 06/31/01.
- 8. **Notes:** This is a Cochrane systematic review.

*This review, lead by Susan Dovey, became an important focus for David Meyer, the Center's first fellow shared with Georgetown University. The protocol has been published by the Cochrane Collaboration and the results of the review are expected to be completed in September 2001. Virtually all strategies about universal coverage grapple with issues of utilization that are potentially affected by the technique of copayment, making this review relevant and important.*

C. The Plight of Children Who Have Incarcerated Parents

- 1. **Questions:** Can a story be told about the plight of children in Colorado whose parent(s) are imprisoned in terms of their living situation, health problems, health care utilization, impact on and response of caretakers and agencies? If so, does it reveal opportunities for responding effectively to their plight?
- 2. **Pi:** Chris Duclos, PhD. (Larry Green)
- 3. **Collaborators:** Ed Fryer, Tom Myioshi, Brent Jaster, other Denver collaborators
- 4. **Method:** Mixed. Link and quantify social service and medicaid data in Colorado for children with incarcerated parents; 16 focus groups and a few case studies reported in rigorous qualitative fashion.
- 5. **Who cares?** Children's advocacy groups, American Bar Association, National Center for Protection from Child Abuse, HRSA, Departments of Correction.
- 6. **Dissemination:** Manuscripts, One pager, presentations at selected national meetings to be defined with Dr. Duclos.
- 7. **Timing:** Data linkage and analysis completed by December 2001; Qualitative data collection and analysis by end of 2002.
- 8. **Notes:** This project is expected to reveal gaps and difficulties in health care that could be solved and specifically exemplify again the value of universal inclusion when it comes to health care. It has been submitted to the Grant Foundation for consideration of funding with an estimated 50/50 chance that it will be funded. If so, a contract will be necessary between the AAFP and the U of Colorado.

*After a lengthy review, the Grant Foundation declined to fund this multi-method study. While it is possible that the Center will support investigation of these neglected children in collaboration with the University of Colorado, we have declined to pursue this further at this point.*

Possibilities:

1. Effects of funding pharmaceuticals for medicare beneficiaries from a primary care perspective. (?Pi=Susan Dovey)
2. Curriculum and program development for analyst training at the Center.(?Co-Pi's=Ed Fryer and Susan Dovey)
3. Maternity care (?Pi=Larry Green)
4. International Comparisons of the Domain of Family Practice
  1. Scope of services
  2. Medical errors
  3. Cost of service for primary care vs. hospital care

*We did not pursue the effects of funding pharmaceuticals for medicare beneficiaries nor international comparisons of the cost of service for primary care vs hospital care. We have made substantial progress on the other possibilities we identified a year ago.*

*The curriculum for an analyst program at the Center has been drafted, interest has been informally confirmed, and this is likely to emerge later this year as an important priority of the Center in behalf of capacity and infrastructure building. A characterization of maternity care in the United States likely will become part of the Center's next workplan with content expertise provided by Dr. Mark Deutchman and possibly other collaborators. This area is a critical component in the functional domain of primary care. Comparisons of Japan, Poland, the Netherland, and the US were completed in collaboration with Dutch colleagues serving as scholars in residence at the Agency for Healthcare Research and Quality, with the resulting manuscript accepted with revisions for publication. The international comparison of medical errors study is underway in Australia, New Zealand, the Netherlands, the United Kingdom, Canada, and the United States.*

*A number of other manuscripts were written as noted elsewhere in this report. For example, a manuscript reviewing the status of family practice after some 30 years of development was spearheaded by scholar-in-residence Robert Graham and co-authored with AAFP staff in Kansas City in response to a request from the AAFP Board of Directors. Another example was the Center staff's authoring the chapter defining and explaining primary care for a new international textbook of primary care organized by Oxford University.*

## Summary

*This workplan has provided the Center with a useful tool and guide. Both the wisdom of our Advisory Board and the work-ethic and commitment of the Center staff are apparent when progress is reviewed. Most of the items proposed came to fruition, and more opportunities were seized as they arose. However, we did not allow sufficient time for the publication process. Overall, it appears that with six months left in 2001, the Center will largely complete this workplan, with publication follow-up continuing into 2002. We will continue to use this workplan and commence preparations for our next one. In our next plan, we intend to allow more time for publication and create a parallel resource-oriented budget, matched to proposed work to set an ambitious, sustainable pace.*

## ***Commentary on Year 2 and Plans for Year 3***

The Center is thriving, and its staff are united in their continuing enthusiasm for its mission, “to bring a family practice and primary care perspective to policy issues.” The way the Center is structured within the AAFP and positioned as a research center has been satisfying. *No adjustments in the size or organization of the Center are envisioned. No departures of personnel are anticipated for the coming year.*

During this year, the Center has had many visitors, including approximately half of our Advisory Board and virtually all of the senior leadership of the AAFP. Many individuals have provided feed-back and suggestions. The three themes developed to launch the Center have been repeatedly confirmed and remain relevant and useful to guide the Center’s work. While silence of course does not indicate consent or satisfaction, negative commentary is not reaching us yet, even in response to work that has been unfavorable toward family practice. Dr. White spent a day at the Center in May at our request reviewing progress and succinctly emphasized that the period of establishing “the messenger” had been successfully concluded, and that a focus on “the messages” and their impact has emerged. Overall, *we intend to sustain our current directions in the coming year.*

The Center can now emphasize the development, refinement, and dissemination of important messages. Key mechanisms for dissemination of results are working, including publication in peer-reviewed literature, one-pagers, the Center’s web-page, presentations at selected scientific meetings, and consultations with other entities. The process of publishing peer-reviewed manuscripts is taking longer than we hoped and from time to time creates conflicts in which information is useful now, but needs to be sequestered until validated by this often lengthy process. We anticipate doing what is necessary to balance addressing immediate policy needs while carefully contributing to the referenced, evidence base. *In the coming year we will share among the staff responsibility for presentations in selected venues, enhance our web page as a renewing source of relevant information, capitalize on publishing one-pagers in AFP, and be selective in choosing material for peer-reviewed publication. We may consider publishing another book.*

A web of relationships has evolved among the staff and others in the Washington area concerned with health policy. From time to time, the phone rings or an email arrives, and someone wants to know something we can provide about family practice and primary care. The Washington Primary Care Forum has attracted a steady attendance representing professional organizations, policy groups, academic institutions, federal agencies, political staff, and students/fellows. A web of relationships also has evolved with colleagues across the United States and internationally, particularly Canada, the Netherlands, the UK, Australia, South Africa, and New Zealand. *In the coming year(s) we think keeping the Center in Washington will be important. Maintaining connections across the United States and internationally is also important and is readily accomplished from Washington. We anticipate continuing the Forum at the Cosmos Club.*

The Center's relationships within the AAFP have matured this year. The development of the medical errors grant required a level of cooperation and teamwork across the entire Academy that was challenging and perhaps unprecedented. Increasingly, the staff of the Government Relations office uses the products and expertise of the Center to deal with their day to day work. Similarly, they are assisting the Center's interface with state chapters, Congressional aides, and the media, e.g. with the dissemination of state maps showing primary care shortage areas. The presence of the GR staff next door and the spirit they bring to their work has been a source of inspiration for the Center. *We anticipate, building on this year's experience, further maturation of working relationships with Kansas City and Washington AAFP staff in the coming year.*

The Center's relationship with Georgetown University has blossomed this year. The Department of Family and Community Medicine at Georgetown is situated to develop its research enterprise with a focus on health policy, and the Center is positioned to assist. The relationship embraces publication strategy with the AFP, access to library sources, teaching of residents and students, development of practice-based research, building research capacity in primary care across the primary care disciplines, and medical practice. A particularly rewarding collaboration is the fellowship offered by the Department and the Center focused on health policy, successfully inaugurated this year by Dr. David Meyer. Next year's fellow has been selected. *This relationship is expected to be an enduring part of the Center in the years ahead.*

The Center's intern program and the scholar-in-residence have become essential components of the Center, and we are grateful for them. Having Dr. Bob Graham as our first scholar-in-residence was an unanticipated treat that enriched virtually every aspect of the Center's work this year. Our interns provided us with constantly renewing opportunities to teach and learn, seed the discipline, and get work done. Many of them returned for short periods of work, and several have presented Center work at major meetings and co-authored manuscripts. Two of our interns, Dr. Kenny Fink and Dr. Freddie Chen, are returning this summer to Washington to be in the first class of Kerr White Scholars at the Agency for Healthcare Research and Quality (AHRQ). Of course, one of our interns returned this year to join our staff as Assistant Director, Dr. Bob Phillips. *In the coming year, maintaining an apartment in which interns can live is essential to the ongoing success of our internship program. We have not yet selected our next scholar-in-residence; our intern positions are scheduled into 2002.*

The Center's relationship with AHRQ is multi-faceted and particularly rewarding. This is primarily because of our shared mission, but individuals in the various Centers at AHRQ have extended themselves to collaborate with us, e.g. in analyses of the Medical Expenditure Panel Surveys and in co-authoring manuscripts. *We will continue to cultivate this relationship.*

The Center's staff of 5 includes 2 physicians. Both have seen patients and engaged in clinical teaching this year, Dr. Phillips at a Georgetown practice site in Virginia and Dr. Green at the Georgetown family practice residency in Maryland. Continuing to work in the real world of family practice is important from individual and policy center perspectives. *In*

*the coming year, Dr. Green will spend approximately 25% of his time as a clinician/teacher in Denver in his practice of many years, and Dr. Phillips will continue to spend 20% of his time at the same practice. Medstar and the University of Colorado will finance these portions of their salary.*

The finances of the Center during its second year emerged as planned. The Center's expenses were less than budgeted. Its revenues were also less than budgeted, with the net effect being financially favorable. The AAFP is in a budget-reduction period, and the Center was able to comply without compromising its mission, programs, and projects. The stable funding provided by the AAFP has positioned the Center to be independent of the vagaries of available grants. However, this past year the Center found itself being written into various proposals of great interest, accepting contracts to do relevant work, and accepting its first grant from the Commonwealth Foundation to launch an international medical errors study. We also absorbed into our work plan the preparation of a medical error grant request to AHRQ with Dr. Phillips as PI, because it was so congruent with our mission and had the potential to connect the AAFP with important policy work focused on the quality of primary care. *We intend to continue on the financial course we are on, i.e. writing grant requests and responding to contracts from time to time when they present an opportunity to fund work congruent with our mission. We intend to support a portion of physician salaries with clinical earnings. In this manner, we anticipate that the AAFP will be relieved of a portion of the Center's expense budget, and the Center will continue to have the distinct advantage of secure funding by the AAFP.*

The Center's location at 2023 Massachusetts Avenue, N.W., adjacent to the AAFP Government Relations Office and Dupont Circle, is a splendid location. However, the amount of space available to us is insufficient. When our fellow, intern, and scholar-in-residence are simultaneously present with the five core staff in our "1000 square feet," we use the conference table as a workstation and have three people working in the same rooms. Phone calls, conversations about projects, and visitors disrupt the work of others. Should a future grant or contract require additional staff, there is no place to locate them. The AAFP has been very supportive in resolving the Center's space problem. *In the next year we anticipate relocating to larger space, within 1-2 blocks of our current location. This is probably the most important development needed for the Center. When we move, we will revise our mode of operating to replace what is now unavoidable communication with explicit strategies to sustain the high-level of awareness shared by everyone at the Center.*

The "Center Workplan" was a useful tool for us and others wanting and needing to understand the Center. The successor to this plan is ripe for advice. At this point, we place high priority on developing the primary care atlas as a web-based policy tool; developing a nation-wide capacity to collect, analyze, and remediate medical errors in the primary care setting; enhance analytic capacity through a training program at the Center linked to large, national data sets and specific short-term projects relevant to our themes (e.g. maternity care in primary care); mental health services in primary care; and retaining "empty spots" in our work plan for issues that emerge to which a prompt response will be desired. *During the next six months we intend to complete the current plan as noted and construct another for 2002-2003. We will create both an issues-oriented plan and a resource-oriented plan, intended to*

*match the workload to the capacity of the Center, seeking productivity and sustainability. We will explicitly seek the input of our Advisory Board.*

The North American Primary Care Research Group is providing us a nearly ideal forum for sharing ideas about primary care that cuts across disciplines and countries. We will continue to augment dissemination and the Center's exposure through recurring meetings of AAFP, AHRQ, AHSR, AAMC, AMA, AMIA, HRSA, NCQA, RWJF, WBGH, and IOM. Other entities such as COGME and the National Quality Forum will be important venues from time to time. *We will participate in the activities of these organizations in the coming year. We will be open to opportunities to link to policy-makers via other organizations and mechanisms.*

The administration of the Center has depended on highly congruent expectations among a small staff in close proximity. Several developments are impacting the Center's day to day management, e.g. the new pattern of work for the Director, i.e. seeing patients in Colorado on average one week/month, anticipated relocation into larger space, additional grant-supported projects, the full agenda. *We will formalize further during the coming year our decision-making, monitoring systems, and communications.*

All of the current staff presently intend to continue working at the Center in the coming year. The Director and AAFP have agreed to a second, 2-year contract that took effect in June. Susan Dovey's visa will expire in the autumn of 2002, and at that point she expects to return to New Zealand. Thus, the Center probably will not be recruiting for replacement staff this year, but will be this time next year. What array of skills and talent is best suited for the Center will always be an important question. *In the coming year, the Center will reassess staffing in preparation of the adjustments precipitated by grants or contracts and/or departures of current staff.*

As we proceed into our third year, the staff of the Center have formed some opinions that will impact our further work. These "assumptions," when made explicit, invite review and commentary that can benefit the Center and include:

1. The ability to acquire and link data and then turn it into knowledge about family practice and primary care that others can understand is central to the Center's mission and must be sustained and enhanced. Mapping variables and relationships is a critical competence.
2. The aggressive entry into studying medical errors in the primary care setting was a good move and will provide ongoing opportunities for important work focused on quality and information systems.
3. The program of research organized as the ecology of medical care has paid off and with some revisions in the publication plan will be completed in the coming year. There is a body of work there might be well-suited for publication as a book.



4. Impact evaluations of programs are appropriate work for the Center and can change and/or support policy. For example, Title VII evaluations were important this year and we expect evaluating the NHSC will be important this coming year.

5. Primary data collection will be necessary, recurrently, but we don't yearn for it and prefer to find answers to our questions in existing data. For example, collecting medical errors and survey data about length and content of family practice residency training were necessary this past year. In general, the Center expects to rely on data collected by others.

6. The Center's Webpage will grow in importance, and we intend to be quick to seize the opportunities and cope with the risks of the internet. Systematic development and maintenance of our website will remain and grow in importance.

7. The Center can do what its staff can do. There is virtually complete congruence with the work and development of the Center and the work, as opposed to only the jobs, of the staff. A quickness to support staff in enhancing their skills will be mutually beneficial to the staff, the Center, and the AAFP.

*In the coming year, the Center staff will welcome critique of these assumptions.*