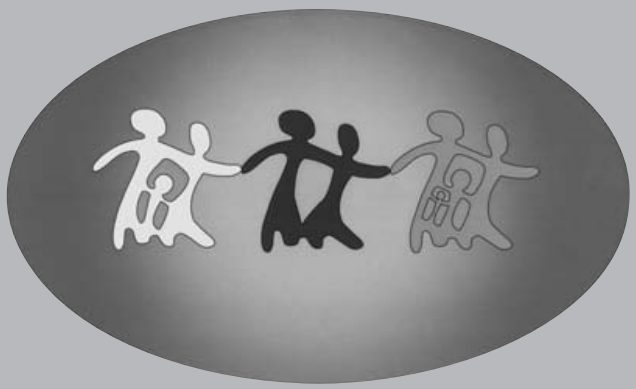
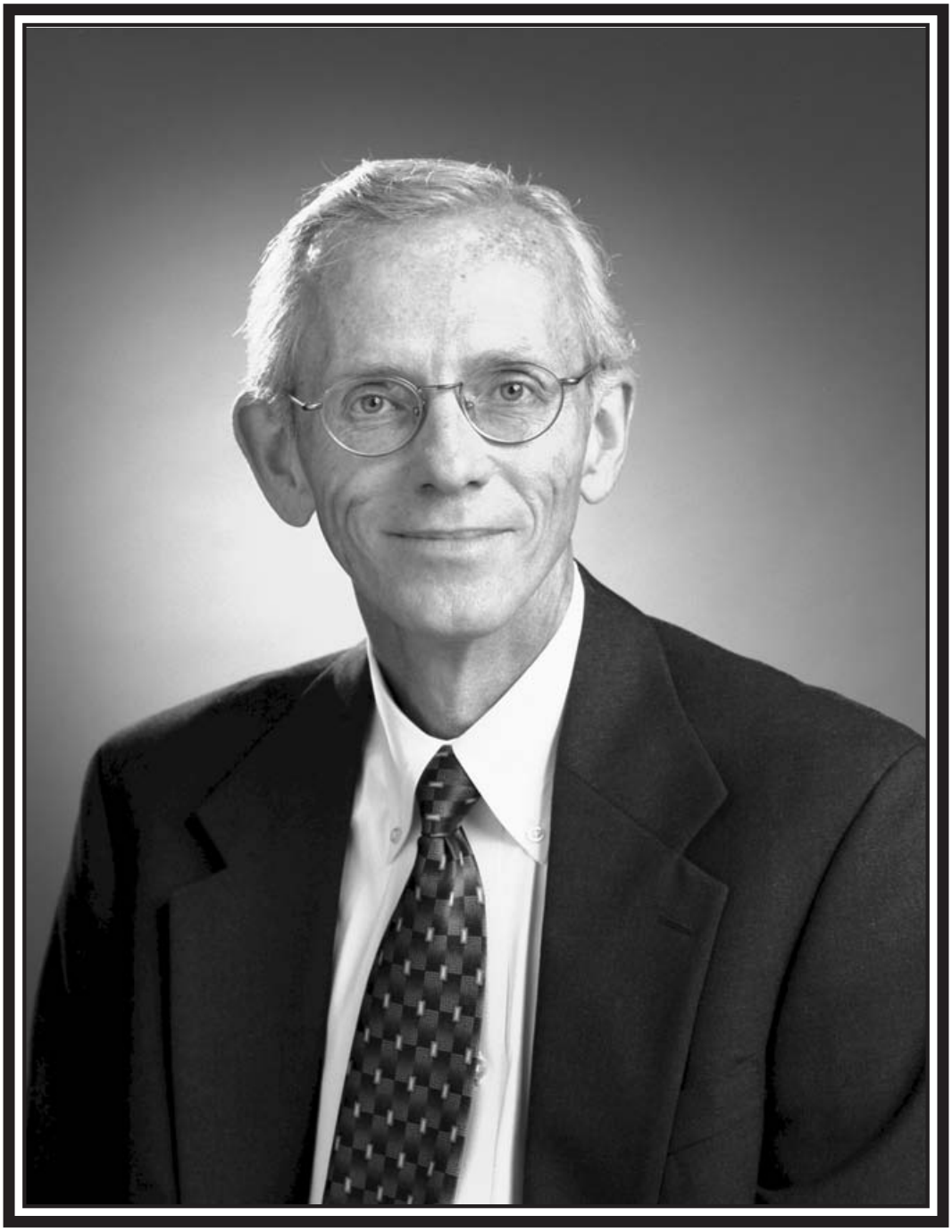
FREDDY CHEN BOB PHILLIPS JAMES TOOMBS
MARGUERITE DUANE ERIKA BLISS DAN
MERENSTEIN JENNY DEVOE NERISSA KOEHN
KENNY FINK KATRINA DONAHUE DAVID
KROL BRENT JASTER SANDY LAI VIRIGILO
LICONA CORI MCCLAUGHRY SARAH
MORGAN ROBIN GAULD KATRINA MILLER
ANDREW BAZEMORE CHIEN-WEN TSENG
JENNIFER BUESCHER ALLEGRA MELILLO
ENGLISH GONZALES BRETT CAUTHEN HOLLY
BIOLA RODNEY SAMAAN GRACE KUO ASHA
SUBRAMANIAN LAURA STERLING
ELIZABETH WILSON JOHN SMUCNY DONNA
COHEN AMANDA MORRIS VALERIE REESE
ELIZABETH DOWLING MARY STOCK-KEISTER
STACEY BANKS GINGER RUDDY HILLARY
JOHNSON LORRAINE WALLACE MARGARET
EBERL DENISE YOUNG KRISTINE MCCOY
GIRIDHAR MALLYA JOE KIESLER LARS
PETERSON SETH FLAGG JAY CROSSEN
TAMARA MILLER RON CHACKO GE LIN

The Larry A. Green Visiting Scholar Compendium



1999 - 2006



Larry Green, MD
Founding Director
1999-2004

Forward

Among the founding purposes of the Robert Graham Center was a desire to "seed the discipline" of family medicine and primary care with young people infected with a passion for doing research and using evidence to influence policy. This vision has been realized in great part through an internship program, which we proudly rename the Larry A. Green Visiting Scholar program. This program remains a tailored, mentored experience that permits 4-6 weeks of on-site research, writing, and experiential learning bounded by the guiding themes of the Center and steeped in the Washington, DC policy arena. In its 7 years, the program has hosted 51 interns, including students, residents, graduate students, and faculty from a variety of disciplines, primary care specialties, and 3 countries. Two past interns now serve on the Graham Center staff, two have successfully competed for K08 awards, four have been or become Robert Wood Johnson Clinical Scholars, one was recently named chair of an academic department of Pediatrics, and nearly all have led or contributed to over 40 Graham Center publications.

We are grateful to those who contributed testimonials for this compendium. For the unfamiliar, we hope these will paint a picture of the professional and personal importance of this 4-6 week experience for its most participants. While we are blessed to have hosted a stream of interns that were undoubtedly already on leadership trajectories, their comments suggest that their Graham Center exposure may have contributed to their vector and velocity. Their testimonials are also clear about the value of personal interaction with Dr. Larry Green. Larry insisted on having the program as a condition of becoming the Graham Center's founding director. Larry's influence on the careers of young researchers is renown, but this program has been a special, catalytic platform for his influence due to its location and flow of people. Naming the program in his honor is a recommitment to the Graham Center's mission in "seeding the discipline" with young leaders who can produce and use evidence to improve the policies that govern health and healthcare.

In presenting to you this compendium, we celebrate the program, honor its creator, and hope to attract a continuing stream of talented visiting scholars and supporters for years to come.

Bob Phillips
Director

Andrew Bazemore
Assistant Director

SCHOLAR PUBLICATIONS

Merenstein D, Green LA, Fryer GE, Dovey SM. Shortchanging Adolescents: Room for Improvement in Preventive Care by Physicians. Fam Med 2001;33:120-3.

Behaviors developed in adolescence influence health later in life. During a 3 year period from 1995-1997, adolescents accounted for fewer than 5% of visits to physicians. Of these visits, 43.5% were attended by family physicians and pediatricians. Counseling about any of seven important health-related behaviors occurred in only 15.8% of visits to family physicians and only 21.6% of visits to pediatricians. Both family physicians and pediatricians have room for improvement.

Chen FM, Rhodes LA, Green LA. Family Physicians' Experiences of Their Fathers' Health Care. J Fam Pract 2001;50:762-766.

This study obtained expert observations and reports from senior family physicians to characterize the health care received by their fathers with life-threatening or fatal diseases. It revealed deficiencies and problems with care that compelled intervention by sons and daughters who happened to be very experienced physicians. Even with their interventions, many times appropriate care remained elusive. This study made obvious an unmet need for integration of care, a sophisticated function that should be an important element in the scope of practice of many family physicians. This article further revealed the importance of a national, long-term commitment to improving the quality of care and reducing errors. It was the basis of a half-page story in the New York Times.

Chen FM, Feudtner C, Rhodes LA, Green LA. Role Conflicts of Physicians and Their Family Members: Rules but No Rulebook. West J Med 2001;175:236-239.

This analysis revealed competing expectations facing physicians when family members are ill and exposed conflicting rules of appropriate conduct. Family members and the health care system have cultures and expectations that do not necessarily align. Inadequacies in

"...the Graham center was, and still is, the touchstone and launching pad for all the best young minds in family medicine."
—Frederick Chen, MD, MPH

current, fragmented approaches to health care compound these conflicting expectations. Physicians can prepare for possible identity conflicts by considering their personal expectations, but further attention is needed by medical educators and health care systems to directly address how physicians should respond when they find themselves in conflicting roles as a physician and a family member.

Gauld R. Patients' Rights in the United States: From "Down-under" the Situation Seems Upside-Down. NZ Med J 2002;115:55-6.

Based on experience in Washington at the Graham Center, this New Zealander characterized considerations of a "patient's bill of rights" as intended to give health plans their "comeuppance," with relatively little to do with what others might view as core rights of patients. It seemed "upside-down" to him to witness an approach that re-enforced an "us versus them" mindset, rather than a united commitment to deliver appropriate health care.

DeVoe J, Fryer GE, Hargraves JL, Phillips RL, Green LA. Does Career Dissatisfaction Affect the Ability of Family Physicians to Deliver High-Quality Patient Care? J Fam Pract 2002;51:223-228.

The proportion of family physicians dissatisfied with their overall medical careers (17.3%) was similar to that of physicians in other specialties (18%), less than general internists (20.6%) and more than pediatricians (12.6%). While only 1 in 10 family physicians younger than 35 years of age was dissatisfied, 1 in 4 of those 55-64 years of age were dissatisfied. The strongest factors associated with dissatisfaction of family physicians were not personal or practice characteristics or income, but perceptions they had about their inability to take good care of their patients, e.g. having the freedom to make clinical decisions that met their patients' needs and the ability to maintain continuing relationships with their patients. Dissatisfaction with career was significantly associated with important policy objectives. Specifically, family physicians dissatisfied with their careers were less willing to accept and care for Medicare and Medicaid patients.

Duane M, Green LA, Dovey SM, **Lai S**, Graham R, Fryer GE. Length and Content of Family Practice Residency Training. JABFP 2002;15:201-208.

Based on opinions of family practice residency directors, matriculating first year residents, and family physicians due for their first re-certification, this study found

that most supported a continuation of the current 3-year model of training. However, 27% of residency directors, 32% of first year residents, and 28% of the practicing family physicians favored extending family practice residency to 4 years. There was considerable interest in changing the settings and content of family practice residencies, e.g. more training in office procedures and sports medicine. The amount of time suggested for deletions was much less than the amount of time suggested for additions. Almost no one wanted to reduce training to 2 years or extend it to 5 years or more. Many doubted the ability to extend training because of resource constraints. However, there was no clear consensus, suggesting that a period of elective experimentation might be needed to assure family physicians are prepared to meet the needs and expectations of their patients.

Koehn NN, Fryer GE, Phillips RL, Miller JB, Green LA. The Increase in International Medical Graduates in Family Practice Residency Programs. Fam Med 2002;34:429-35.

The percentage of international medical graduates (IMGs) matching into family practice remained stable between 1992-1996 (10.0%-11.8%) but since 1997 has increased to 21.4% in 2001. This increase accompanied a drop in the total percentage of family practice residency positions filled in the match from 90.5% in 1996 to 76.3% in 2001. In 1999, a majority of family practice residencies (279/55.6%) had at least one IMG. Of these, 48 had at least 50% of residents who were IMGs and 8 were composed entirely of IMGs. In Connecticut, Illinois, Michigan, New Jersey, and New York, more than 25% of family practice residents were IMGs. Family practice is becoming increasingly reliant on IMGs to fill residency positions.

Fryer GE, Meyers DS, **Krol DM**, Phillips RL, Green LA, Dovey SM, Miyoshi TJ. The Association of Title VII Funding to Departments of Family Medicine with Choice of Physician Specialty and Practice Location. Fam Med 2002;34:436-40.

Title VII predoctoral and departmental grants to academic departments of family medicine from the Health Resources and Services Administration are intended by Congressional charge since 1978 to increase the number of family and primary care physicians in the US and increase the number of physicians practicing in rural and underserved communities. In 1998 Congress placed increased emphasis on

"The opportunity … was very stimulating and motivating."
—David M. Krol, MD, MPH, FAAP

accountability for these grants with respect to outcomes. This analysis evaluated the program from its beginning and found that Title VII departmental and predoctoral grants were significantly associated with choice of family practice and primary care and with practice in whole-county primary care shortage areas and in rural counties. This effect was also found in a sub-analysis of 30 medical schools with initial periods of no Title VII support followed by later periods when they had Title VII support, arguing against selection bias as an alternative explanation. If physicians who attended medical schools that received any Title VII support had chosen family practice at the rate of physicians whose schools had no support during their enrollment (10.2% rather than 15.8%), 6968 fewer active patient care family physicians would have been practicing in 2000, 27% less than the 25, 816 total for the 13-year period evaluated. The average annual grant amount per institution was $127,500. Title VII is a federal grant program that appears to have worked, with a great return on investment.

Phillips RL, Harper DC, Wakefield M, Green LA, Fryer GE. Can Nurse Practitioners and Physicians Beat Parochialism into Plowshares? A collaborative integrated health care workforce could improve patient care. Health Affairs 2002;21:133-142.

The nurse practitioner role was created in 1965 through joint efforts of Loretta Ford and Henry Silver, envisioned as a collaborative and collegial relationship with physicians. Nurse practitioners have evolved into a large and flexible workforce. Far too often, nurse practitioner and physician professional organizations do not work together but rather expend considerable effort jousting in policy arenas. Turf battles interfere with joint advocacy for needed health system change and delay development of interdisciplinary teams that could help patients. A combined, consistent effort is urgently needed for studying, training, and deploying a collaborative, integrated workforce aimed at improving the health care system of tomorrow.

Chen FM, Phillips RL, Schneeweiss R, Andrilla HA, Hart LG, Fryer GE, Casey S, Rosenblatt RA. Accounting for Graduate Medical Education Funding in Family Practice Training. Fam Med 2002;34:663-558.

Medicare provides the majority of explicit funding to support graduate medical education (GME), and the flow of these funds from hospitals to training programs is an important step in accounting for GME funding. Fifty one percent of family practice programs did not know how much federal GME funding they received.

Programs that were the only residency in the hospital (61% versus 36%) and those that were community hospital-based programs (53% versus 22%) were more likely to know their GME allocation. The allocation of direct Medicare GME funding to residency programs varied among programs with programs operating in hospitals with more than one residency receiving less of their designated direct medical education payment (-45% versus +19%). Improved accountability is needed in the use of Medicare payment designated for medical education.

Schneeweiss R, Rosenblatt RA, Dovey S, Hart LG, **Chen FM**, Casey S, Fryer GE. The Effect of the 1997 Balanced Budget Act on Family Practice Residency Training Programs. Fam Med 2003;35:93-99.

Based on responses from 435 (96%) of family practice programs, the overall impact of the Balanced Budget Act of 1997 (BBA) was relatively small. In 1998 and 1999, there were 11 program closures, a net decrease of 82 residents, and a net increase of 52 faculty across program settings. The rate of residency program closures increased from an average of 3.0 per year between 1988-1997, to 4.8 per year in the 4 years following the BBA. These findings contrasted with widely held perceptions and indicate a need to monitor program closures to determine later effects.

DeVoe JE, Fryer GE, Phillips RL, Green LA. Receipt of Preventive Care Among Adults: Insurance status and usual source of care. Am J Public Health 2003;93:786-791.

Receipt of preventive services, such as blood pressure checks, cholesterol checks, cervical cancer screening, and mammograms, was strongly associated with having health insurance and having a usual source of care. Significant differences were found between insured US adults with a usual source of care, who were most likely to have received preventive services, compared with uninsured adults without regular care, who were least likely to have received preventive services. Those with either a usual source of care or insurance had intermediate levels of preventive services. After controlling for demographic variables such as race, educational status, and living in rural areas, both insurance and a usual source of care had independent, additive effects on receipt of preventive services. Having insurance and a usual source of care are both important to achieving national prevention goals.

"…my affiliation with the Graham Center has been the most critical catalyst in launching my career…"
—Jennifer (Jen) DeVoe, MD, DPhil

Fink KS, Phillips RL, Fryer GE, **Koehn N**. International Medical Graduates and the Primary Care Workforce for Rural Underserved Areas. Health Affairs 2003;22:255-262.

The Council on Graduate Medical Education, the Institute of Medicine, the American Medical Association, and other national organizations have concluded that there is an oversupply of physicians but that they are poorly distributed geographically and by specialty. This surplus resulted from efforts to expand physician supply, and indeed from 1970 to 1994 while the US population increased 21%, the number of medical students increased 66% and the number of residents and fellows increased 259%. The percentage of residents who are international medical graduates (IMG's) increased to 26.4% in 2000 and dropped to 25.5% in 2001. The extent to which IMG's become primary care physicians and locate in rural underserved areas has important policy implications, with some studies suggesting that IMG's are moral likely than US graduates to locate in such areas. In the year 2000, 2.1% of US medical graduates and IMGs were primary care physicians in rural underserved areas. The US medical graduates in these rural areas were more likely to be family physicians and less likely to be internists or pediatricians. IMG's appear to have been no more likely than US medical graduates to practice primary care in rural underserved areas.

Gonzales EH, Phillips RL, Pugno PA. A study of closure of family practice residency programs. Fam Med 2003;35:706-10.

Twenty seven residencies closed between 2000 and 2004 (5%), a substantial increase over previous years. Through surveys and interviews, the characteristics of the program that closed were determined; and financial, political, and institutional leadership changes were identified by program directors as the most frequent explanations for closures. Strategies were identified for strengthening programs, averting closure, and minimizing damage when closure is inevitable.

Phillips RL, Phillips KA, **Chen FM, Melillo A**. Exploring residency match violations. Fam Med 2003;35:717-20.

The National Resident Matching Program ("the match") is a long-established mechanism with contractual obligations designed to enable medical students and residency programs to find what they are looking for in a fair, organized manner. Using a key informant approach this study reported substantial confusion among students about what constitutes a violation of the rules of the match as they apply and interview for positions as residents after medical school. Violations occur, and the authors analyzed students' experiences to

suggest strategies to improve the process for schools, the Matching Program, and Residencies.

Phillips RL, **Bazemore A**, Miyoshi TJ. Mapping tools for monitoring the safety net. In Monitoring the Health Care Safety Net: Book III: Tools for Monitoring the Health Care Safety Net. Weinick RM, Billings J (Eds). Agency for Healthcare Research and Quality. Rockville, MD 2003. AHRQ Publication No 03-0027.

This chapter reported actual experience from Baltimore to show how geography plays a critical role in health care and how analytic mapping tools can clarify relationships between clinics and patients that can and should inform decisions made by safety net providers. It described the basic elements needed from safety net providers to create comprehensive service maps. It then illustrated how to use mapping techniques to evaluate if the mission of the provider is being achieved, and also to define options, mobilize community action and galvanize political will.

Phillips RL, Fryer GE, **Chen FM, Morgan SE**, Green LA, Valente E, Miyoshi TJ. The balanced budget act of 1997 and the financial health of teaching hospitals. Ann Fam Med 2004;2:71-78.

The Balanced Budget Act of 1997 (BBA) included the largest cuts in the history of Medicare and was projected to reduce Medicare payments for graduate medical education (GME), the largest single source of financing of GME, by $2.3 billion. This manuscript reported the results of this legislation and found deep cuts in the profitability of teaching hospitals between 1996 and 1999, not entirely attributable to the BBA. More than one third operated in the red in 1999; and contrary to the study's hypotheses, family medicine single-residency hospitals had better Medicare margins and total margins than multiple-residency hospitals. Very importantly, this manuscript made transparent the Medicare cost reports and variables necessary to evaluate Medicare GME financing, revealing the plausibility of ongoing evaluation of Medicare's GME policy decisions. The projected GME payments associated with Medicare + Choice were 90% less than projected, a circumstance that still merits audit and attention.

"I was only there for a month, … I became part of a family that you deliberately created…"

— Elisabeth Wilson, MD

Duane M , Dovey SM, Klein LS, Green LA. Follow-up on family practice residents' perspectives on length and content of training. J Am Board of Fam Pract 2004;17:377-384.

This study is a follow-up to a study published in 2002 on the length and content of family practice residencies. The study resurveyed 442 third-year family practice residents who had participated in the 2000 study to determine whether their opinions about the length and content of residency had changed and whether they would still choose be a physician and a family physician. Although most surveyed residents favored a 3-year residency program, a minority still supported extending training to 4 years, and the majority would still choose to enter family medicine programs if they were extended.

Bliss EB, Meyers DS, Phillips RL, Fryer GE, Dovey SM, Green LA. Variation in participation in health care settings associated with race and ethnicity. J Gen Intern Med 2004;19:931-936.

This study sought to use the ecology model of health care to contrast participation of black, non-Hispanics (blacks); white, non-Hispanics (whites); and Hispanics of any race (Hispanics) in 5 health care settings and determine whether disparities between those individuals exist among places where they receive care. The 1996 MEPS panel survey data were used to estimate the number of black, white, and Hispanic people per 1,000 receiving health care in each setting. Fewer blacks and Hispanics than whites received health care in physicians' offices, outpatient clinics, and emergency departments in contract to hospitals and home care. Research and programs aimed at reducing disparities in receipt of care specifically in the outpatient setting may have an important role in the quest to reduce racial and ethnic disparities in health.

Chen FM, Fryer GE, Phillips RL, **Wilson E**, Pathman DE. Patients' beliefs about racism, preferences for physician race, and satisfaction with care. Ann Fam Med 2005;3:138-143.

Few studies have attempted to link patients' beliefs about racism in the health care system with how they use and experience health care. Using telephone survey data from a national sample of 1,479 whites, 1,189 African Americans, and 983 Latinos, we explored patients' beliefs about racism, their preferences for the race and ethnicity of their physician, and their satisfaction with that physician. Among African Americans, stronger beliefs about racial discrimination in

health care were associated with preferring an African American physician. Those who preferred a African American physician and had an African American physician were more likely to rate their physician as excellent than did African Americans who preferred a African American physician but had a non–African American physician. Latinos with stronger beliefs about discrimination in health care were more likely to prefer a Latino physician. Many African Americans and Latinos perceive racism in the health care system, and those who do are more likely to prefer a physician of their own race or ethnicity. African Americans who have preferences are more often satisfied with their care when their own physicians match their preferences.

Duane M, Phillips RL. Four-year residency training for the next generation of family physicians. Virtual Mentor 2005; 7(5). Available at http://www.ama-assn.org/ama/pub/category/15104.html.

The current 3-year model has effectively and efficiently prepared nearly 70,000 family physicians whose care is associated with beneficial outcomes. With the new challenges we face and the specialty's commitment to a new model of care, it is time to consider transforming the manner and length of time in which we train family physicians. It is highly doubtful that a reduction in training time is an option if family medicine is to grow as a specialty and respond to the desire of many Americans for a new relationship with the health care system. Reducing the training time of family physicians would be a retreat from current trends and opportunities. What is needed is a period of purposeful innovation, with desired training outcomes geared to a new model of delivering care.

Mallya G, Bazemore A. Medicare Part D: Practical and policy implications for family physicians. Am Fam Physician 2006; 73:395-396.

This editorial was an introduction to the Graham Center's three one-pager's on Medicare Part D. The piece addresses the need for family physicians to be aware of the implications of Medicare Part D prescription drug benefit and how it will affect their patients. With family physicians being the primary care givers to the older population in the US, they

"Opportunities for meaningful health policy research are rare, and in this regard the RGC is a pearl."
—Kenneth S. Fink, MD, MGA, MPH, FAAFP

should be aware the Part D will help many but there could be a risk of patients going without medications.

Morris AL, Phillips RL, Fryer GE, Green LA, Mullan F. International medical graduates in family medicine in the United States of America: An exploration of professional characterisitcs and attitudes. Human Resources for Health 2006; 4:17. http://www.human-resources-health.com/content/4/1/17.

The number of international medical graduates (IMGs) entering family medicine in the United States of America has steadily increased since 1997. Previous research has examined practice locations of these IMGs and their role in providing care to underserved populations. To our knowledge, research does not exist comparing professional profiles, credentials and attitudes among IMG and United States medical graduate (USMG) family physicians in the United States. The objective of this study is to determine, at the time when a large influx of IMGs into family medicine began, whether differences existed between USMG and IMG family physicians in regard to personal and professional characteristics and attitudes that may have implications for the health care system resulting from the increasing numbers of IMGs in family medicine in the United States. This is a secondary data analysis of the 1996-1997 Community Tracking Study (CTS) Physician Survey comparing 2360 United States medical graduates and 366 international medical graduates who were nonfederal allopathic or osteopathic family physicians providing direct patient care for at least 20 hours per week. Compared to USMGs, IMGs were older and practised in smaller and younger practices. Significantly more IMGs practised in metropolitan areas versus rural areas. More IMGs were dissatisfied with their overall careers. IMGs and USMGs did not differ in terms of self-rated ability to deliver high-quality care to their patients. There are significant differences between IMG and USMG family physicians' professional profiles and attitudes. These differences from 1997 merit further exploration and possible follow-up, given the increased proportion of family physicians who are IMGs in the United States.

SCHOLAR ONE-PAGERS

Meyers D, Fryer GE, **Krol D**, Phillips RL, Green LA, Dovey SM. Title VII funding is associated with more family physicians and more physicians serving the underserved. Am Fam Physician 2002;66:554.

Title VII funding of departments of family medicine at U.S. medical schools is significantly associated with expansion of the primary care physician workforce and increased accessibility to physicians for the residents of rural and underserved areas. Title VII has been successful in achieving its stated goals and has had an important role in addressing U.S. physician workforce policy issues.

Chien-Wen T, Phillips RL, Green LA, Fryer GE, Dovey SM. What physicians need to know about seniors and limited prescription benefits and why. Am Fam Physician 2002; 66:212.

More and more often, seniors are faced with outpatient prescription benefits that have annual spending limits and may be forced to cut back on use of medications when they run out of benefits before the end of the year. Family physicians can play a valuable role by helping seniors choose the best value medications for their budgets and by checking whether or not seniors can afford their prescriptions.

Subramanian A, Green LA, Fryer GE, Dovey SM, Phillips RL. Family physicians are an important source of mental health care. Am Fam Physician 2003;67:1422.

While comprising about 15 percent of the physician workforce, family physicians provided approximately 20 percent of physician office-based mental health visits in the United States between 1980 and 1999. This proportion has remained stable over the past two decades despite a decline in many other types of office visits to family physicians. Family physicians remain an important source of mental health care for Americans.

Cohen D, Guirguis-Blake J, Jack B, Chetty VK, Phillips RL, Green LA, Fryer GE. Family Physicians Make a Substantial Contribution to Maternity Care: The Case of the State of Maine. Am Fam Physician 2003;67:1422.

Family physicians provided nearly 20% of labor and delivery care in Maine in the

"Interning at the [Robert Graham Center] provided a "kick start" to my own dissertation work."

— Lars Peterson

year 2000. A substantial proportion of this care was provided to women insured by Medicaid, and those delivering in smaller, rural hospitals, and residency affiliated hospitals. As family medicine explores its future scope, research identifying regional variations in the maternity care workforce may clarify the need for maternity care training in residency and labor and delivery services in practice.

Cohen D, Guirguis-Blake J, Jack B, Chetty VK, Phillips RL, Green LA, Fryer GE. Family Physicians Are an Important Source of Newborn Care: The Case of the State of Maine-Part II. Am Fam Physician 2003;68:593.

Family physicians provided 30 percent of inpatient newborn care in Maine in the year 2000. Family physicians cared for a large proportion of newborns, especially those insured by Medicaid and in smaller, rural hospitals where they also delivered babies. Family medicine's commitment to serve vulnerable populations of newborns requires continued federal, state, and institutional support for training and development of future family physicians.

Biola H, Green LA, Phillips RL, Guirguis-Blake J, Fryer GE. The U.S. Primary Care Physician Workforce: Minimal Growth 1980-1999. Am Fam Physician 2003:68:1483.

Growth in the primary care physician workforce (physicians per capita) in the United States has trailed the growth of the specialist physician population in recent years. This has occurred despite calls during the same period for increased production of primary care physicians and educational reforms focusing on primary care.

Biola H, Green LA, Phillips RL, Guirguis-Blake J, Fryer GE. The U.S. Primary Care Physician Workforce: Persistently Declining Interest in Primary Care Medical Specialties. Am Fam Physician 2003;68:1484.

A persistent, six-year trend in the choice of specialty training by U.S. medical students threatens the adequacy of the physician workforce of the United Sates. This pattern should be reversed and requires the attention of policy makers and medical educators.

Biola H, Green LA, Phillips RL, Guirguis-Blake J, Fryer GE. The U.S. Primary Care Physician Workforce: Undervalued Service. Am Fam Physician 2003;68:1486.

Primary care physicians work hard, but

their fiscal compensation is not correlated to their work effort when compared to physicians in other specialties. This disparity contributes to student disinterest in primary care specialties.
Stock Keister MC, Green LA, Kahn NB, Phillips RL, McCann J, Fryer GE What People Want from Their Family Physician. Am Fam Physician 2004;69:2310.

The public wants and is satisfied by care provided within a patient-physician relationship based on understanding, honesty, and trust. If the U.S. health care system is ever to become patient-centered, it must be designed to support these values and sustain, rather than fracture relationships people have with their primary physician.

Stock Keister MC, Green LA, Kahn NB, Phillips RL, McCann J, Fryer GE. Few People in the United States Can Identify Primary Care Physicians. Am Fam Physician 2004;69:2312.

Almost one decade after the Institute of Medicine defined primary care, only one-third of the American public is able to identify any of the medical specialties that provide it, and only 17 percent were able to accurately distinguish primary care physicians from medical or surgical specialists and non-physicians. This lack of discrimination compromises the goal of achieving primary care for all and merits immediate attention.

Ruddy GR, Fryer GE, Phillips RL, Green LA, Dodoo MS, McCann JL, et al.. The family physician workforce: The special case of rural populations. Am Fam Physician 2005; 72:147.

People living outside metropolitan areas, especially those living in rural counties, depend on family physicians. Resolving the disparities in physician distribution nationwide will require solutions to make rural practice a viable option for more health care workers.

Phillips RL, Fryer GE, **Ruddy GR**, McCann JL, Dodoo MS, Klein LS, et al. Physician workforce: The special case of health centers and the national health service corps. Am Fam Physician 2005; 72:235.)

Federally funded Health Centers and the National Health Service Corps (NHSC) depend on family physicians (FPs) and general practitioners (GPs) to met the

"The RGC internship program opened my eyes to how family physicians could be most effective in affecting the legislative process."
—Holly Biola, MD, MPH

needs of millions of medically underserved people. Policy makers and workforce planners should consider how changes in the production of FPs would affect these programs.

Klein LS, **Ruddy GR**, Phillips RL, McCann JL, Dodoo MS, Green LA. Who filled first-year family medicine residency positions 1997-2004? Am Fam Physician 2005; 72:392.

Graduates of U.S. allopathic schools have filledl ess than one half of the family medicine positions offered in the Naitonal Resident Matching Program (NRMP) Match since 2001. Overall fill rates in July have been relatively stable at approximately 94 percent. Family medicine has become reliant on international medical graduates, who in 2004 made up 38 percent of first-year residents.

Ruddy GR, Phillips RL, Klein LS, McCann JL, Dodoo MS, Green LA, et al. Osteopathic physicians and the family medicine workforce. Am Fam Physician 2005; 72:583.

Historically, osteopathic physicians have made an important contriburtion to the primary care workforce. More than one half of osteopathic physicians are primary care physicains, and most of these are family physicians. However, the proportion of osteopathic students choosing family medicine, like hat of their allopathic peers, is declining, and currently is only one if five.

Dodoo MS, Fryer GE, Green LA, Phillips RL, **Ruddy GR**, McCann JL, et al. Patterns of visits to physicians' offices in the United States, 1980 to 2003. Am Fam Physician 2005; 72:762.

In the past quarter century, the number of office visits to physicians in the United States increased from 581 million per year to 838 million per year, with slightly more than one half of total visits since 1980 being made to primary care physicians. Most visits to priamry care physicians were made to family physicians and general practitioners until mid 1990s, when visit to general internists and general pediatricians exceeded visits to FPs and GPs.

Fryer GE, Dodoo MS, Green LA, Phillips RL, **Ruddy GR**, McCann JL, et al. Number of persons who consulted a physician, 1997 and 2002. Am Fam Physician 2005; 72: 1007.
Most people in the United States consult a general physician each year, and some see other subspecialists. However, the proportion of people consulting a general physician who sees adults and children appears to be declining.

McCann JL, Phillips RL, O'Neil EH, **Ruddy GR**, Dodoo MS, Klein LS, Et al. Physician assistant and nurse practitioner workforce trends. Am Fam Physician 2005; 72:1176.

The physician assistant (PA) and nurse practitioner (NP) workforces have realized explosive growth, but this rate of growth may be declining. Most Pas work outside primary care; however, the contributions of PAs and NPs to pirmary care and interdisciplinary teams should not be neglected.

Dodoo MS, Phillips RL, Green LA, **Ruddy GR**, McCann JL, Klein LS. Physician workforce: Legal immigrants will extend baby boom demands. Am Fam Physician 2005; 72: 1459.

The baby boom geneation will place large demands on the Medicare program and the U.S. health care system. These demands may be extended by a large legal immigrant population that will become Medicare-eligible soon after the baby boom generation does. The U.S. health care system should be prepared for sustained stress from this aging population.

DeVoe JE, Dodoo MS, Phillips RL, Green LA. Who will have health insurance in 2005: Am Fam Physician 2005; 72:1989.

If current trends continue, U.S. health insurance costs will consume the average household's annual income by 2025. As health care becomes unaffordable for most people in the United States, it will be necessary to implement innovative models to move the system in a more equitable and sustainable direction.

Mallya G, Bazemore AW, Phillips RL, Green LA, Klein LS, Dodoo MS. Medicare Part D: Who wins, who loses? Am Fam Physician 2006; 73:401.

The Medicare Part D prescription drug benefit aims to relive the burden of out-of-pocket prescription drug costs for persons older than 65 years, but its effects will vary. Persons with low income and those

"It would not be an exaggeration to say that my four weeks at the RGC was a fourth-year medical student was a life-changing experience."

—Erika Bliss, MD

without prior prescription coverage are projected to save the most, whereas those who lose employer-based coverage are predicted to pay more for their existing regimens.

Mallya G, Bazemore AW, Phillips RL, Green LA, Klein LS, Dodoo MS. Out-of-pocket prescription costs a continuing burden under Medicare Part D. Am Fam Physician 2006; 73:402.

Of 29 million expected Part D beneficiaries, 6.9 million are projected to have annual out-of-pocket medications expenses greater than $750. Accounting for one fourth of all Part D enrollees, these beneficiaries also are most likely to have high aggregate health care costs, putting them at continued financial risk unless additional policy options are considered.

Mallya G, Bazemore AW, Phillips RL, Green LA, Klein LS, Dodoo MS. Mind the Gap: Medicare part D's coverage gaps may affect patient adherence. Am Fam Physician 2006; 73:404.

Medicare Part D will lower medication expenditures for many older patients. However, its complex design incorporates a staggered series of cost-sharing mechanisms that create gaps in coverage and may have a negative impact on medication adherence.

Peterson LE, Bazemore A, Dodoo MS, Phillip RL. The Family physicians help meet the emergency care needs of rural America. Am Fam Physician 2006; 73:1163.

Ensuring access to emergency care in rural areas remains a challenge. High costs and low patient volumes make 100 percent staffing of rural emergency departments by emergency medicine residency-trained physicians unlikely. As rurality increases, so does the dependence on family physicians to provide quality emergent care.

TESTIMONIALS

"The Graham Center staff truly desires the success of all of its interns, and the program affords interns the necessary amenities (expert guidance, computers, desk space and living quarters) to achieve that success … Its internship is a high-quality program which merits continued support from the Academy, and could easily serve as a model for other family medicine internship programs across the country."

—Asha Subramanian, MD, MPH

"I worked at the Robert Graham Center in April of 2003. I was only there for a month, but my relationship with the Center has continued. I became part of a family that you deliberately created, and I thank you for that … I am proud to be part of your family. The research produced by the Center is of the highest quality and provides the kind of results we need to provide primary care to the people who need it and secure the future of family medicine."

— Elisabeth Wilson, MD

"My time at the RGC was very rich, and I cannot put into words all of the ways that my life, personally and professionally, was enriched by the opportunity … Working with the visionary and motivating RGC personalities my thoughts and foci in medicine were expanded greatly, therefore, I will always strive to positively impact medicine and family medicine in innovative ways."

—Brent Jaster, MD

"In the beginning, I wasn't sure what to expect since I was a pediatrician entering the world of family medicine. As it turned out, it didn't matter my specialty, but that I was interested in learning and contributing to the knowledge base of primary care. The opportunity to be surrounded by like-minded, evidence driven, and advocacy-oriented individuals was very stimulating and motivating."

—David M. Krol, MD, MPH, FAAP

"As a new RWJ fellow, fresh out of residency, there was no better introduction to the world of primary care, health policy, and family medicine research … the Graham center was, and still is, the touchstone and launching pad for all the best young minds in family medicine. I

have met more colleagues and friends sitting around a table at the Graham Center than any one place should be allowed to claim."

—Frederick Chen, MD, MPH

"The Graham Center Interns and Fellows Program is the reason I know how to ask questions that matter about health care. It is why I know how to build the teams to design and execute the studies to answer those questions. It is why I know how to take the conclusions reached and make them matter to decision-makers. Most importantly, it is the reason I have the confidence to do any of it. Thank you to everyone who has made the Interns and Fellows Program possible and to the dedicated staff at the Graham Center who choose to make it such a valuable learning experience."

— Ginger Ruddy, MD

"The goals of the Center immediately resonated with me — "to improve individual and population health" by bringing "a primary care perspective to health policy deliberations from the local to international levels." By the time of my internship after four years of clinical medicine, the importance of these aims had come into even sharper focus."

—Giridhar Mallya, MD

"The internship was such a wonderful educational and productive experience for me … Through the AAFP Internship Program, I have been able to network with scholars and mentors who are dedicated in their work to promote better quality, safety, and equality of health care. I plan to continue the collaboration with AAFP Graham Policy Center in search of innovative, effective, and efficient methods to improve medication safety in the primary care setting!"

— Grace M. Kuo, PharmD, MPH

"Teamwork and an amazingly friendly, intellectual environment at the Robert Graham Center makes anything possible!"

— Hillary Johnson, MD

"My Graham Center experience was invaluable to my professional development … [It] broadened my horizons as a primary care researcher and continues to influence my work. Everyone at the Center was supportive and accommodating and I thank you all for the opportunity to visit and look forward to future collaborations."

—Jesse Crosson, Ph.D.

"I can honestly say that my affiliation with the Graham Center has been the most critical catalyst in launching my career as a health services researcher. The Graham Center has provided more valuable "hands-on" research experiences than I had available to me as a medical student at Harvard Medical School and a graduate student at Oxford University … For a relatively new research institute, the Graham Center has experienced unprecedented success and has quickly established an international reputation. The many impressive accomplishments of the Graham Center stem from its unique environment which combines devoted researchers, support for innovation, commitment to a shared mission, and an amazing zeal for making a difference. It is truly a special place."

—Jennifer (Jen) DeVoe, MD, DPhil

"The Graham Center is an amazing place. It's hard to believe how much good work the Center does. I've never worked in such an environment: [as] energetic, productive, and inviting all at once. The output is not only substantial, but of true importance for both discipline of Family Medicine … I continue to cherish the time I spent at the Graham Center. I am fortunate to have been an intern there, and I hope that the Center continues to provide these opportunities. Internships not only benefit the interns, but also our discipline and even our country."

— John Smucny, MD

"I want to express my strongest support and appreciation of my summer experience [interning at the RGC] … I do believe it [continues to]shape the way I look at research today."

—Katrina Donahue, MD, MPH

"What I consider applicable research is that which impacts clinical practice or health care policy. Opportunities for meaningful health policy research are rare, and in this regard the RGC is a pearl. Too many researchers lost sight of the "So what?" question, yet answering this question is a premise for the RGC and something all interns there learn to ask."

—Kenneth S. Fink, MD, MGA, MPH, FAAFP

"[My] experience [as a Robert Graham Center intern] exceeded my expectations in every way. It was truly an opportunity to witness how primary care research activity can positively impact national policies that [in turn] affect Family Medicine physicians [on a daily basis] … I will always

reflect on my time at the RGC fondly and believe it was a career and life-enhancing experience. I hope the RGC will go on to offer this internship to other students, residents and physicians in the future so that others can benefit as I did."

— Margaret M. Eberl, MD, MPH

"As a fourth year medical student and incoming family medicine resident, I found my health policy internship at the Robert Graham Center to be an invaluable experience … [It] gave me a new and profound appreciation for the work done by the American Academy of Family Physicians and others dedicated to improving the quality of health care for all."

— Ron J. Chacko

"My experience at the Robert Graham Center was invaluable. My interest in health policy blossomed there, and my interest in the comprehensive world of Family Medicine—not just the clinical side—truly developed. I am indebted to the RGC … Thanks to all for making my experience so unforgettable."

— Stacey Bank, MD

"Interning at the [Robert Graham Center] provided a "kick start" to my own dissertation work. The Center staffers were eager to hear about my dissertation work and even helped with my application for a dissertation grant … [My internship] at the RGC was an invaluable experience and I'm grateful for the help of the Center in achieving my professional goals."

— Lars Peterson

"The RGC internship program opened my eyes to how family physicians could be most effective in affecting the legislative process. The month I spent in Washington, DC working with the RGC faculty and staff was one of the most empowering and exciting months of my life."

—Holly Biola, MD, MPH

"It is impossible to do justice in a letter to how important and transformative my [internship program] experience with the Robert Graham Center and its staff has been … It was a phenomenal opportunity … It would not be an exaggeration to say that my four weeks at the RGC as a fourth-year medical student was a life-changing experience."

—Erika Bliss, MD

Name	Internship Project	Location	Current Position	Current Location
Freddy Chen	Fathers of FPs, rescue from the healthcare system Graduate Medical Education	Fellow: University of Washington	Acting Assistant Professor Deputy Director	Department of Family Medicine University of Washington WWAMI Rural Health Research Center
Bob Phillips	Nurse Practitioners Graduate Medical Education	Fellow: University of Missouri-Columbia	Director	The Robert Graham Center, Washington, D.C.
James Toombs	Atlas Evaluation of rural area PC's	Resident: University of Missouri-Columbia	Family Physician	Veterans Administration Columbia, Missouri
Marguerite Duane	Revising FP training	Student: State University of New York at Stony Brook	Clerkship Director, Family Medicine	Georgetown University School of Medicine, Washington, DC
Erika Bliss	Ecology background on race & ethnicity Hispanic MDs' practice characteristics	Student: University of California, San Diego	Family Physician	Seattle, Washington
Dan Merenstein	Adolescent health and health promotion	Resident: Fairfax Family Practice	Assistant Professor Director of Research Programs	Department of Family Medicine Georgetown University Medical Center, Washington, DC
Jenny DeVoe	Physician Dissatisfaction Usual Source of Care vs insurance and preventive care	Harvard Medical School University of Oxford	Assistant Professor	Department of Family Medicine Oregon Health & Science University, Portland, Oregon
Nerissa Koehn	International medical graduates in FP training programs	Student: Harvard Medical School	Director Women Health enter	Community Health Center Indiana Health Service Zuni, New Mexico
Kenny Fink	Gender Ecology International medical graduates	Fellow: University of North Carolina	Chief Medical Officer – Region 10	Centers for Medicare & Medicaid Services Rockville, Maryland
Katrina Donahue	Usual Source of Care using MEPS priority Conditions within physician specialty and USC and Insurance using the priority conditions	Fellow: University of North Carolina	Assistant Professor	Department of Family Medicine, University of North Carolina at Chapel Hill, Chapel Hill, NC
David Krol	Outcomes of Title VII funding to FP training	Fellow: Yale University School of Medicine	Chair, Department of Pediatrics	University of Toledo College of Medicine Toledo, Ohio
Brent Jaster	National Health Service Corps – History and Challenges	Student: Dartmouth Medical School	Instructor	University of Colorado at Denver Health Sciences Center, Denver, Colorado
Sandy Lai	Revising FP Training	Resident: UCLA Department of Family Medicine		

Name	Internship Project	Location	Current Position	Current Location
Virigilo Licona	National Health Service Corps and IMG Workforce	Family Physician	Associate Medical Director	SALUD Family Health Centers, Ft. Lupton, Colorado
Cori McClaughry	National Residency Matching Program Violations – Qualitative Study	Student: Chicago Medical School		
Sarah Morgan	Balanced Budget Amendment Impact on Family Practice	Student: Standford Medical School	Family Physician	Portland, Maine
Robin Gauld	Patient Bill of Rights – An International perspective	Family Physician from New Zealand	Family Physician	New Zealand
Katrina Miller	Understanding Medical errors from Malpractice data	Resident: UCLA	Medical Director	USC Physician Assistant Program Los Angeles, California
Andrew Bazemore	Mapping analysis of Community Health Centers	Baltimore Medical Systems, Inc.	Assistant Director	The Robert Graham Center
Chien-Wen Tseng	Effects of reductions in Medicare Managed Care coverage for prescriptions	Fellow: University of California, San Diego	Assistant Professor	University of Hawaii, Dept. Family Medicine and Community Health
Jennifer Buescher	Rurality and Insurance effects on chronic illness	Fellow: University of Missouri Dept of Family Medicine	Education Director	Clarkson Family Medicine Residency, Omaha, Nebraska
Allegra Melillo	National Residency Matching Program Violations	Baylor College of Medicine	Assistant Professor, Department of Family Medicine	University of Colorado at Denver and Health Sciences Center
English Gonzales	Profile of Closing Residency Programs	Georgetown University Dept of Family Medicine	Community Medicine and Curriculum Development Coordinator	Medical Center East Family Practice Reisdency Program
Brett Cauthen	IT and Medical Errors	Fellow: University of San Francisco	State Eipdemiologist	Oklahoma State Department of Health
Holly Biola	FP Workforce Trends	University of Virginia Dept of Family Medicine	Geriatrics Fellow	Duke University Medical center Durham, North Carolina
Rodney Samaan	Obstetrical practice around the world	Student: University of Kentucky	Residency	University Hospitals of Cleveland/Rainbows Babies Hosp.

Name	Internship Project	Location	Current Position	Current Location
Grace Kuo	Medication Errors	University of Texas	Assistant Professor of Family and Community Medicine, Program Director of SPUR-Net (Southern Primary-care Urban Research Network)	Barylor College of Medicine Department of Family and Community Medicine Houston, Texas
Asha Subramanian	FPs and Mental Health	Resident: UPMC St. Margaret in Pittsburgh	Medical Director Assistant Professor	Community of Hope Health Svcs. Georgetown University Medical Center, Washington, D.C.
Laura Sterling	Obstetrical Malpractice	Fellow: University of North Carolina-Chapel Hill	Assistant Professor	The University of Texas Health Science Center at San Anotino San Antonio, Texas
Elizabeth Wilson	Health Care Access Disparities	Fellow: University of San Francisco	Assistant Clinical Professor Interim Director	Family and Community Medicine PRIME-US San Francisco, California
John Smucny	Patient health status and racial disparities	Syracuse University Dept of Family Medicine	Associate Professor, Dept. Family Medicine	SUNY Upstate Medical University Syracuse, New York
Donna Cohen	FPs and Obstetrics	Boston University Dept of Family Medicine		
Amanda Morris	International Medical Graduate FPs	Ball Memorial Family Practice Program	Family Physician	Sigma Family Medicine West Lafayette, Indiana
Valerie Reese	Residency Footprint	Family Physician: San Antonio	Medical Director	Pacificare San Antonio, Texas
Elizabeth Dowling	Obesity	Brown University School of Public Health		
Mary Stock-Keister	The Public and Primary Care (Future of Family Medicine)	Andrews Air Force Base Residency Program	Captain, Primary Care Element Leader, Staff Physician	USAF MC, Family Health Center, Offutt AFB, NE
Stacey Banks	Hospice & End of Life Care	University of Utah Department of Family Medicine	Family Physician	Salt Lake City, Utah
Ginger Ruddy	Physician Workforce	University of Washington	Family Physician	Mount Vernon , Washington
Hillary Johnson	The impact of workhour restrictions on FP residency programs	Student: Washington University	Dermatolody Resident	New York University New York

Name	Internship Project	Location	Current Position	Current Location
Lorraine Wallace	Health Literacy	University of Tennessee-Knoxville	Associate Professor	University of Tennessee Graduate School of Medicine, Knoxville, TN
Margaret Eberl	Breast Cancer in Primary Care	Resident: University of Buffalo	Clinical Instructor HRSA Fellow	SUNY at Buffalot Department of Family Medicine Buffalo, NY
Denise Young	People with high HIV risk but low perceived risk	UMDNJ Robert Wood Johnson Medical School (NRSA Fellow)	Family Physician	Integrated Medical Alliance, Monmouth County, NJ
Kristine McCoy	Mental Health in Primary Care and Cost of a Medical Home	Sutter Health, Santa Rosa	Family Physician	El Centro Family Health Penasco, New Mexico
Giridhar Mallya	Medicare Part D	Thomas Jefferson University	Robert Wood Johnson Clinical Scholars Program	Philadelphia, PA
Joe Kiesler	Health Policy Elective from University of Cincinnait	University of Cincinnati	Underserved Health, Director Associate Residency Director Assistant Professor of Clinical Medicine	University of Cincinnati
Lars Peterson	Family Physicians and Emergency Care Work Hour restrictions on FP residency programs	Case Western University	PhD Candidate in Health Services Research	Case Western Reserve University,Shaker Heights, OH
Seth Flagg	Mental Health Care	Tufts University	Residency	Camp Lejeune Family Medicine Residency Camp Lejeune, North Carolina
Jay Crossen	Health information technology and quality	UMDNJ-Robert Wood Johnson School of Medicine	Assistant Professor	UMDNJ-New Jersey Medical School Newark, New Jersey
Tamara Miller	FPs role in public health infrastructure	Resident: University of Arizona	Resident	University of Arizona Tucson, Arizona
Ron Chacko	Value of Primary Care synopsis; Primary care to specialty care ratios and health outcomes	Student: Northwestern University	Resident	Greater Lawrence Family Health Center, Lawrence, MA
Ge Lin	Age-ajustment of primary care HPSA's; Primary care to population rations relationship to ambulatory care sensitive hospitlizations	Baylor University/University of West Virginia	Assistant Professor	Department of Geography University of West Virginia

Freddy Chen

Bob Phillips

James Toombs

Marguerite Duane

Erika Bliss

Dan Merenstein

Jenny DeVoe

Nerissa Koehn

Kenny Fink

Katrina Donahue

David Krol

Brent Jaster

Sandy Lai

Virigilo Licona

Cori McClaughry

Sarah Morgan

Robin Gauld

Katrina Miller

Andrew Bazemore

Chien-Wen Tseng

Jennifer Buescher

Allegra Melillo

English Gonzales

Brett Cauthen

Holly Biola

Rodney Samaan

Grace Kuo

Asha Subramanian

Laura Sterling

Elizabeth Wilson

John Smucny

Donna Cohen

Amanda Morris

Valerie Reese

Elizabeth Dowling

Mary Stock-Keister

Stacey Banks

Ginger Ruddy

Hillary Johnson

Lorraine Wallace

Margaret Eberl

Denise Young

Kristine McCoy

Giridhar Mallya

Joe Kiesler

Lars Peterson

Seth Flagg

Jay Crossen

Tamara Miller

Ron Chacko

Ge Lin