

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

Third Annual Report
June 2002

BACKGROUND

The Robert Graham Center is a research center that brings a primary care perspective to policy deliberations in Washington and at a state level. The Graham Center is 36 months old, operating in newly acquired quarters on Dupont Circle, close to the American Academy of Family Physician's (AAFP) Government Relations Office, in Washington, D.C. Its work has emphasized the infrastructures necessary for optimal family practice and primary care (e.g. workforce), the domain and scope of family practice and other specialties (e.g. role of usual source of care), and universal inclusion of people in the health care system (e.g. ecology of medical care). It functions as a division of the AAFP, reporting to Rosi Sweeney. Set up from the beginning to have editorial independence, this Center is guided by a small volunteer advisory board and provides the AAFP with another "footprint" in Washington.

The fundamental product of the Graham Center is the written word. Its work blends investigator-initiated research relevant to health policy and research responsive to requests for data needed to support AAFP advocacy efforts at national and state levels. The Center's 26 published papers, first book and 10 One-Pagers (also published and referenced in *American Family Physician*) are listed in Table 1. A number of additional manuscripts related to the Center's three themes are in various stages of consideration and development. The Center's web page (aafppolicy.org) contains a periodically updated library of work by the Center including posters, papers, presentations, maps, and data.

In addition to conducting and publishing research, the Center operates three programs:

- (1) The Washington Primary Care Forum where various groups interested in family practice and primary care gather for breakfast, presentations, and discussion on a regular basis. Forum number 22 was held this month concerning workforce policies from the perspective of the Council on Graduate Medical Education. The topics and presenters at the Washington Primary Care Forum are listed in Table 2.
- (2) The Scholar in Residence Program, in which a senior leader joins the Center for a few week or months in a sabbatical-like relationship to extend the Center's reach. Robert Graham, Walter Rosser, and Barbara Yawn have been scholars.
- (3) The Internship Program, emphasizing 4-6 week intense work opportunities in the Center for students, residents, fellows and others. There have been 22 Interns, listed in Table 3. Many of them continue to work with the Center on projects, and several have co-authored important papers (e.g. about the length and content of FP training, FP career satisfaction, International Medical Graduate's and family practice).

The Center collaborates with a host of individuals, AAFP divisions and programs, agencies, and organizations including several universities. A locally productive relationship exists with Georgetown University, meeting the University's need to build research capacity, while providing the Center with an additional colleague. The first fellow was David Meyers, and Rachael Consoli is completing her year of fellowship this month. The five regular staff (Administrator, Analysts, Assistant Director, and Director) of the Center participates in beltway, national, and international networks of investigators, teach and present in various settings, and the director and assistant director practice medicine on a part-time basis at the University of Colorado and Georgetown University, respectively.

STATUS

The Graham Center is now recognized as an authoritative source. Peer-reviewed manuscripts have been published in all US family practice journals, other US journals including the New England Journal of Medicine and Journal of the American Medical Association, and international journals, including the British Medical Journal. Our phones ring regularly now with requests from across the country for data, information and support, often directly linked to advocacy issues that matter to primary care clinicians and their patients. In 2002 the staff have been asked to write overview editorial commentary for the Journal of General Internal Medicine, the American College of Physicians/American Society of Internal Medicine's Effective Clinical Practice, and Academic Medicine. The Center's ecology work was recognized as the outstanding paper at the 2001 WONCA (World Organization of Family Doctors) meeting in Durban, South Africa, and three of the Center's papers were awarded prizes at the 2002 meeting of the Society of Teachers of Family Medicine in San Francisco. In addition to family practice meetings, Center staff have been invited to present at important national and regional meetings held by other organizations, e.g. the Institute of Medicine, Physician Insurers Association of America, National Committee for Quality Assurance, American Association of Medical Colleges, and various universities and agencies.

The Center's efforts were guided this year by an admittedly ambitious research work plan for 2001-2002 (appended to last year's annual report). As expected, as work progressed, some of the specific elements of the plan were adjusted, and some additional opportunities proved irresistible, e.g. pursuit of next steps in patient safety in the primary care setting. While most of the plan has been done, the Center did not achieve everything proposed. What we have called the "primary care atlas" is not on-line as an interactive tool, but maps that have proven useful in advocacy are posted on our web site and further developments of this concept are progressing nicely. The evaluation of the National Health Service Corps was delayed, but is now underway and includes a strategy for estimating economic impact. Analyses concerning the role of family physicians and other primary care clinicians in mental health have been delayed. Preferred target dates for publication of results have often been delayed, mostly because of the length of time required for the review process and revisions, but in a few instances delay was the result of inability to handle all the work underway. After a serious attempt convinced us that the potential benefit did not justify the effort, the Center abandoned resource-based budgeting. Overall, however, the Center's 2001-2002 research

work plan provided the Center with a useful management device and has been largely achieved.

As in prior years, the Center completed its third year under budget. The Center has not expended a large portion of effort on writing grant proposals, but has received small grant and contract support from the Agency for Healthcare Research and Quality, The Commonwealth Foundation, The Robert Wood Johnson Foundation, and Georgetown University. Graham Center staff played pivotal roles in the AAFP's national network's successful grant applications. An important reduction to expense is associated with medical practice revenues whereby 20% of the assistant director and 25% of the director's time is financed by Georgetown University and the University of Colorado, respectively.

In last year's annual report (pages 46-50), the Center staff proposed for the year expectations such as acquiring and linking large data sets, retaining all personnel, relocating the center, and enhancing working relationships with other parts of the AAFP. These expectations have been realized to a large extent. A series of assumptions were also proposed, and have been verified during the year through site visits by members of the Center's advisory board, and review by the AAFP Board of Directors.

Of particular satisfaction this past year to the Center was Susan Dovey's completion of her PhD. This remarkable achievement was made more impressive by her achieving it while making her important contributions to the work and life of the Center.

NEXT

The Center is transitioning away from the intense pursuit of establishing itself through a portfolio of published work toward sustainable rates of publication and collaborations focused on active policy issues. Publishing will remain important, and a manuscript tracking grid has been developed to track the Center's progress with publications. The next phase of the Center's evolution should emphasize, however, not more publications, but making a difference in some decisions affecting family practice and primary care and thereby improving health or health care. Some promising opportunities have been identified and are being pursued:

- (1) Patient safety has been added as a fourth Center theme, because the quality agenda must be pushed from a primary care perspective. International collaborations are maturing and proving to be productive.
- (2) The analytic competency necessary to do the type of work the Center does is an infrastructure itself, and one that is in very short supply, locally, nationally and internationally. Consequently, in 2002 the Center will launch a training program for analysts, linking this capacity building effort to the analyses done at the Center.
- (3) Geographic information systems have become a critical tool for the Center, with maps emerging as one of the most powerful ways to convey relationships that impact policy decisions. Thus, the Center will engage with early US and international leaders in the use of this technology and firmly establish the necessary competencies to provide leadership in this area.

- (4) With an established data architecture in place, some reports and products of the Center merit updating as more recent data become available, for example graduate medical education funding tables, maps of shortage areas.
- (5) The Center expects to seize one or more opportunities for outside funding for work that corresponds with the Center's mission. There are likely to be more opportunities if Title VII funding is appropriated and Agency for Healthcare Research and Quality's budget is restored and enhanced. See Table 4.
- (6) A larger portion of effort needs to be focused on Center staff circulating in the Washington environment and on enriching the productive relationships between the Center and the AAFP Government Relations Office and other parts of the AAFP, such as the National Network.
- (7) An opportunity has been seized to provide leadership for a Robert Wood Johnson Foundation initiative focused on improving health behavior counseling in family practices and other primary care settings, in collaboration with the nation's practice based research networks and major professional organizations. This may evolve into directing the national program.
- (8) The Center will contribute to all three of the AAFP's priorities for 2002-2003. They are: 1) The Future of Family Medicine project 2); Health System Reform, and 3) The Health of the Public.
- (9) The Center will continue its research about the structure and design of the U.S. health system, with an emphasis on workforce issues.
- (10) To assist with the AAFP's priority on the health status of the U.S. people and the quality of the healthcare they receive, the Center will continue its research on priority conditions, its involvement in patient safety research and its contribution to other AAFP initiatives such as the DECRPs and the Quality Points initiative.
- (11) The Center's Web site can and should be further enhanced as a critical means of dissemination. This is particularly important to state-based advocacy.

As these directions are pursued, the Center intends to continue the Washington Primary Care Forum, the Scholar in Residence Program, and the Intern Program. Also, the fellowship collaboration with Georgetown and its associated research development opportunities will be continued. A series of approximately 20 one-pagers has been envisioned.

A critical environmental factor affecting the Center in the year ahead is the AAFP's budget reduction. The Center and the rest of the AAFP may experience some difficulties in the short term, but in the longer term, this strategy can be expected to strengthen the AAFP and all of its operations. Also, after a period of stability, it is likely that there will be changes in personnel. The individual and collective strength of the Center's staff should prove sufficient to adapt and continue vigorously.

The Center's Advisory Board has been scheduled to meet in September 2002 to provide further review and guidance concerning direction, priorities, and strategy. Their suggestions are expected to consolidate the Center's efforts for the next 2-3 years.

CONCLUSION

The idea of a policy center, first proposed by AAFP leaders in the 1980's, is now a functional, recognized reality. The staff members of the Center believe that the main reason the Center has succeeded to this extent in a relatively short time frame is the way it is structured, funded, and designed to operate in an agile, independent manner. The Center has been the beneficiary of good advice and enlightened management. The approach taken so far has permitted the recruitment and retention of an able, egalitarian team that loves to work and work together. Moving into a more spacious office this past year was a particularly helpful development. An ambitious research agenda for the past year has been largely achieved. As remaining work is completed, the Center is poised to transition into a second phase that can be consolidated with the help of the Center's advisory board in the next few months. From the Center's perspective, this has been another good year, as should be the next.

TABLE 1

The Robert Graham Center Publications

1. **Green LA, Fryer GE.** The development and goals of the AAFP Center for Policy Studies in Family Practice and Primary Care. *J of Fam Pract* 1999; 48:905-908.
2. **Green LA.** Rhetoric, reality, and revolution in family practice and primary care. *Healthcare Papers.* Inaugural issue, 1999. 1:57-60.
3. **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.
4. **Green LA.** Putting Practice into Research: A 20 Year Perspective. Editorial. *Fam Med* 2000; 32:396-7/
5. **Mold JW, Green LA.** Primary Care Research: Revisiting Its Definition and Rationale. *J Fam Pract* 2000; 29:206-208.
6. **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.
7. **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.
8. **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* 2001 12 (3) 342-351.
9. **Green LA, Graham R, Stephens GG, Frey JJ.** A Preface Concerning Keystone III. *Family Medicine* 2001; **33** (4) 230-231.
10. **Green, LA.** The View From 2020: How Family Practice Failed. *Family Medicine* 2001; **33** (4) 320-24.
11. **Green LA, Graham R, Frey JJ, Stephens GG.** Keystone III. *The Role of Family Medicine in a Changing Health Care Environment: A Dialogue.* Washington, D.C. The Robert Graham Center 2001.
12. **Green LA, Fryer GE.** Foreword. The context of family practice in 2000. Keystone III. *The role of family practice in a changing healthcare environment: A dialogue.* Washington, D.C. The Robert Graham Center, 2001:13-18.
13. **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.
14. **Green LA, Fryer GE, Yawn BP, Lanier D, Dovey SM.** The Ecology of Medical Care Revisited. *N Eng J Med* 2001;**344**:2021-5.
15. **Green LA, Lanier D, Yawn BP.** Response to Letter to Editor. *N Engl J Med* 2001; 345:1212.
16. **Chen FM, Rhodes LA, Green LA.** Family Physicians' Experiences of Their Fathers' Health Care. *J of Fam Pract* 2001;**50** (9) 762-766.
17. **Chen FM, Rhodes LA, Green LA.** Role conflicts of physicians and their family members: rules but no rulebook. *West J Med* 2001;175:236-239.

18. **Green LA, Dovey SM, Fryer GE.** It takes a balanced healthcare system to get it right. *J Fam Pract* 2001; 50:1038-1039.
19. **Green LA.** Taking Necessary Steps to Position US Health Care To Be the Best. *J Cosmos Club of Washington, DC* 2001; 11:17-20.
20. **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.
21. 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 reasons for encounter, diagnoses, and interventions in Primary Care Populations in the Netherlands, Japan, Poland and the United States. *J of Fam Pract* 2002; 51(1):72-73.
22. Gauld R. Patients' rights in the United States: from 'down-under' the situation seems upside-down. *NZ Med J* 2002; 115:55-6.
23. **DeVoe J, Fryer GF, 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.
24. **Dovey, SM, Green LA, Phillips RL, Fryer GE.** The delicate task of workforce determination. *Eff Clin Pract* 2002; 5:95-97.
25. **Duane M, Green LA, Dovey SM, Lai S, Graham R, Fryer GE.** The length and content of family practice residency training:. *J Am Board Fam Pract* 2002;15:201-8.
26. **Green LA.** First morning back. *JAMA* 2002;287:3053-3054.
27. **Phillips RL, Green LA.** Making choices about the scope of family practice. *J Am Board Fam Pract* 2002;15:250-254.
28. **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.
29. **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.

Policy Center One-Pagers

No.	Citation
1	The Robert Graham Center (Janis Wright) Introducing AAFP Policy Center One-Pagers. <i>Am Fam Physician</i> 2000; 62:19
2	The Robert Graham Center (Fryer GE, Dovey SM, Green LA). The Effect of Accredited Rural Training Tracks. <i>Am Fam Physician</i> 2000;62:22.
3	The Robert Graham Center (Fryer GE, Dovey SM, Green LA). The importance of having a usual source of health care. <i>Am Fam Physician</i> 2000;62:477.
4	The Robert Graham Center (Fryer GE, Dovey SM, Green LA). The importance of primary care physicians as the usual source of healthcare in the achievement of prevention goals. <i>Am Fam Physician</i> 2000;62:1968.
5	The Robert Graham Center (Fryer GE, Dovey SM, Green LA). The United States relies on family physicians, unlike any other specialty. <i>Am Fam Physician</i> 2001;63:1669.
6	The Robert Graham Center (Dovey, SM, Fryer GE, Green LA, Phillips RL). Toxic cascades. A comprehensive way to think about medical errors. <i>Am Fam Physician</i> 2001;63:847.
7	The Robert Graham Center (Dovey SM, Fryer GE, Green LA, Phillips RL). The Patient safety grid. Toxic cascades in health care settings. <i>Am Fam Physician</i> 2001;63:1047.
8	The Robert Graham Center (Phillips RL, Green LA, Fryer GE, Dovey SM). Uncoordinated Growth of the Primary Care Workforce. <i>Am Fam Physician</i> 2001 64:1498.
9	The Robert Graham Center (Phillips RL, Green LA, Fryer GE, Dovey SM). Trumping Professional Roles: Collaboration of Nurse Practitioners and Physicians for a Better U.S. Health Care System. <i>Am Fam Physician</i> 2001;64:1325
10	The Robert Graham Center (Green LA, Fryer GE, Dovey SM, Phillips RL). The Contemporary Ecology of US Medical Care Confirms the Importance of Primary Care. <i>Am Fam Physician</i> 2001;64:928.
11	The Robert Graham Center (Chien-Wen T, Phillips RL, Green LA, Fryer GE, Dovey SM.) What Physicians Need to Know About Seniors and Limited Prescription Benefits, and Why. <i>Am Fam Physician</i> 2002;66:212.

TABLE 2**Washington Primary Care Forum**

Number	Presenter	Topic
Forum #1	Dr. Robert Graham	Primary Care and Improved Health Care for People
Forum #2	Dr. John Eisenberg	The Importance of Primary Care and AHRQ
Forum #3	Dr. Mary Wakefield	Medicare Funding for GME
Forum #4	Representatives from the Political Campaigns of Bill Bradley and Al Gore	Implications of their candidate's health policies for primary care
Forum #5	Governor Richard Lamm	A New Moral Vision of Health Care
Forum #6	Dr. Don Weaver	Reauthorization of the National Health Service Corps: Building on a Model that Works
Forum #7	Karen Ignagni	Primary Care: The View from the Health Plans
Forum #8	Richard Boxer Keith Hennessey	The 2000 Presidential Campaign
Forum #9	Dr. Ken Shine	The IOM's Quality Initiatives and Implications for Primary Care
Forum #10	Panelists: Steve Crane Rosemarie Sweeney Roxanne Fulcher Jackie Noyes Bob Doherty	Panel Discussion: Primary Care Priorities in 2001
Forum #11	Dr. David Blumenthal	The Coming Crisis in Health Care Costs: The Role of Primary Care
Forum #12	Dr. Jodan Cohen Anne Esposito	Health Services Research, Appropriations and The Agency for Healthcare Research and Quality: Isn't it Time to Billionize AHRQ?
Forum #13	The Honorable Jim McCrery The Honorable Jim McDermott	Universal Coverage – Ever in America?
Forum #14	Dr. Mary Jane England	A Business Perspective on Health and Productivity
Forum #15	Dr. Gregg S. Meyer	Federal Quality & Patient Safety Initiatives
Forum #16	Sally Canfield	Immediate Health Policy Priorities of the Bush Administration: Implications for Primary Care
Forum #17	Dr. Jonathan Temte Dr. Eric Bass	Needles and Haystacks: The Reality of Identifying Bioterrorism Events in Medical Practice
Forum #18	Thomas Higgins Gail Shearer	Why Not Universal Coverage in 2002?
Forum #19	Dr. Greg Pawlson	Will We Ever Know How Well Primary Care is Doing?
Forum #20	Victoria Wachino	The Current Economic Situation: Implications for Medicaid and the State Childrens' Health Insurance Program
Forum #21	Dr. Steve Crane Sharon Kulesz	Trends and Issues in the Physician Assistant Profession: The Team Approach to Primary Care
Forum #22	Dr. Carl Getto	Too Big, Too Small, Just Right – The Fairy Tale of GME

TABLE 3**The Robert Graham Center Interns**

Freddy Chen	Fathers of FPs BBA and GME	Fellow: University of Washington
Bob Phillips	Nurse Practitioners BBA and GME	Fellow: University of Missouri-Columbia
James Toombs	Atlas Evaluation of rural area PC's	Resident: University of Missouri-Columbia
Marguerite Duane	Revising FP training	Student: State University of New York at Stony Brook
Erika Bliss	Ecology background on race & ethnicity Hispanic MDs' practice characteristics	Student: University of California, San Diego
Dan Merenstein	Adolescent health and health promotion	Resident: Fairfax Family Practice
Jenny DeVoe	Physician Dissatisfaction USC vs insurance – prevention	Harvard Medical School University of Oxford
Nerissa Koehn	International medical graduates in FP residencies	Student: Harvard Medical School
Kenny Fink	Gender Ecology IMGs in rural and underserved areas	Fellow: University of North Carolina
Katrina Donahue	Usual Source of Care(USC) using MEPS priority Conditions within physician specialty and USC and Insurance using the priority conditions	Fellow: University of North Carolina
David Krol	Title VII Outcomes	Fellow: Yale University School of Medicine
Brent Jaster	National Health Service Corps – History and Challenges	Student: Dartmouth Medical School
Sandy Lai	Revising FP Training	Resident: UCLA Department of Family Medicine
Virigilo Licona	National Health Service Corps and IMG Workforce	Family Physician
Cori McCloughry	NRMP Violations – Qualitative Study	Student: Chicago Medical School
Sarah Morgan	BBP Impact on Family Practice	Student: Stanford University School of Medicine
Robin Gauld	Patient Bill of Rights – An International perspective	Social Scientist from New Zealand
Katrina Miller	Understanding Medical errors from Malpractice data	Resident: UCLA

Andrew Bazemore	GIS analysis of CHCs	Baltimore Medical System, Inc.
Chien-Wen Tseng	Effects of reductions in Medicare Managed Care coverage for prescriptions	Fellow: University of California, San Diego
English Gonzalez	A phone survey study of FP programs that are being closed, two divisions that were closed, and two departments that had near-death experiences.	Resident: Georgetown University
Allegra Melillo	NRMP violation study and "Who cares for America's Families"	Student: Baylor College of Medicine
Jennifer Beuscher	USC and Insurance compared to Rural and Urban access to health care BBA 97 Regional Effects	Resident: University of Missouri
Rodney Samaan	Maternity Care	Medical Student: University of Kentucky

TABLE 4
Non-AAFP Funding for The Robert Graham Center
As of August 12, 2002

1. 25% of Dr. Green is paid for by the University of Colorado for clinical and teaching.
2. Robert Wood Johnson contract in the amount of \$10,080 for consulting services provided by Dr. Green.
3. 20% of Dr. Phillips is paid by Georgetown University for clinical work.
4. A three-year grant with Georgetown Department of Family Medicine to support the development of policy research and primary care research at the Georgetown's Department of Family Medicine. The grant will end in May of 2003. 2003 amount is \$15,000.
5. 5% of Dr. Dovey is paid by the DECERPS grant.
6. AHRQ grant to facilitate a medical errors and GIS meeting at the NAPCRG Annual Meeting. \$35,000.

Established Future Funding

1. Continue to direct honoraria into the AAFPF Robert Graham Center account. The account's total: \$68,236.
2. Effective October 2 increase non-AAFP support of Dr. Green to 35%.