

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



Eighth Year Annual Report
June 2007

The Robert Graham Center: Policy Studies in Family Medicine and Primary Care is a research center created and operated to bring a family medicine and primary care perspective to policy deliberations at a federal and state level. The Robert Graham Center exists to improve individual and population health by enhancing the delivery of primary care. The Center aims to achieve this mission through the generation or synthesis of evidence that brings a family medicine and primary care perspective to health policy deliberations from the local to international levels. For more information, please visit www.graham-center.org.

At 8 years of age, the Graham Center is thriving and has never been so neatly outfitted to accomplish its mission. It continues to operate with a unique relationship to a (parent) professional medical organization that is unparalleled in Washington, DC. This relationship with the American Academy of Family Physicians (AAFP) continues to be a source of strength, with many examples of how the relationship promotes the translation of objective evidence into advocacy and policy. Even as the relationship continues to mature, sometimes in challenging ways, the unusual commitment the AAFP has made to our conducting credible research is reinforced. The Center continues to be an important source of evidence about the value of and opportunities for family medicine, primary care, and public health. The way in which we promote this evidence still leans heavily on publications and presentations, but is increasingly turning to “democratized” means of sharing data in customizable tools that don’t directly rely on our staff.

Data and evidence resources

We have finished a core set of slides that present frequently requested data. These will have a regular update plan and be available on our website. We also maintain a set of “core” articles that offer evidence that is frequently requested of us. It is now more than 100 articles long and is a searchable database. We will continue to maintain and add to this set, which will also be accessible via the web with hyperlinks to article location or citation.

Scholars Program and Fellowship

We have overwhelming interest in the Larry A. Green Visiting Scholar Program, with applicants consistently filling our available slots a year in advance. We consider our visiting scholar programs to be a critical part of our mission and function, and among the most productive of our programs. We are working with the Pisacano Leadership Foundation to ensure the financial stability of this successful program into the future. They have agreed to support the program, while the Graham Center will continue to administer the program. The scholars program is a source of 25-50% of our products, a teaching/mentoring outlet for our staff, and a tremendous source of pride. The young researchers who come through the Center regale us with news of their research and career successes. Many of our more senior

scholars are frequent sources of ideas and collaboration. Of note, the Australian Primary Health Care Research Institute (APHCRI) created a competitive primary care visiting scholars program in 2006, with APHCRI securing \$15,000 in Australian federal funding that will allow an Australian primary care researcher to spend September and October 2007 in residence at the Graham Center. The Center also hosted a visiting scholar from New Zealand (for more information on the Larry A. Green Visiting Scholars, see page 18).

HealthLandscape

Initially rolled out in April 2007, HealthLandscape Version 1.0 has already undergone upgrading to Version 1.1. We will likely begin planning for Version 2.0 in late fall or early spring. It now has more than 600 registered users, and has received kudos from several state chapters and community health centers who use it regularly. We plan to build out collaborations with the National Association of Community Health Centers, Rural Health Center Association, American Medical Association, and family medicine organizations to develop content and utility to a broader audience. There is nothing quite like it available on the web. We anticipate that it will become an even more important resource to family and community medicine advocates, planners, and policy makers.

2007-2008

Over the next year, the Graham Center will be seen as: a prodigious source of credible, timely, relevant and targeted evidence for health policy-makers; a producer of research and advocacy tools/methods; a creative team of researchers that can develop questions, do analyses, and digest complex evidence for a variety of audiences; a place for new researchers to develop skills and projects; a place for mature researchers to develop ideas; a place for high risk collaborations and concepts to be discussed.

KEY GOALS FOR YEAR NINE:

- Continued development of specific tools within HealthLandscape, and pursuit of funding partnerships for them
- Focusing our studies of the healthcare workforce and access, identifying policy options for alleviating distributional disparities

- Probing the ability to use geographically linked healthcare data to reveal neighborhood-level relationships that matter to people and their health
- Studying the patterns of care of people with poor mental health and what it may mean for clinical arrangements and healthcare funding
- Advancing understanding of the economics of primary care, and the policy options that they suggest for transforming practice
- Secure funding for our Visiting Scholar program
- Exploring opportunities to collaborate on new studies of patient safety in the outpatient setting

In the year ahead, the Graham Center will continue to be a leader in national research and policy development efforts, research methods development, and educational programs. The Graham Center will also take advantage of its location to convene discussions on important, timely topics. We welcome conversations with fellow researchers, policy makers, learners, and clinicians.

A handwritten signature in black ink, appearing to read "Bob Phillips". The signature is fluid and cursive, with a large initial "B" and "P".

Bob Phillips, MD MSPH
Director

The Robert Graham Center is sponsored by the American Academy of Family Physicians (AAFP), and its \$1.4 million budget is part of the regular operating budget of the Academy. This stable funding mechanism has permitted a concentration on production, instead of fundraising, and agile responsiveness to needs and opportunities. The Center generates revenues through grants and contracts for research or products that otherwise fit its mission.

In addition to its research endeavors, the Center operates the Washington Primary Care Forum and the Larry A. Green Visiting Scholar Program, and collaborates with Georgetown University in fellowship training.

At the end of its eighth year of operation, the Graham Center's staff is comprised of seven full time positions, and a Senior Scholar in Residence (biographies in Appendix 1). Bridget Teevan administers the Center and its research portfolio. There are three analysts: Dr. Martey Dodoo, senior economist and demographer; Dr. Stephen Petterson, senior health policy researcher; and, Dr. Xingyou Zhang, health geographer and biostatistician. There are two physicians at the Center, the assistant director, Dr. Andrew Bazemore, and Dr. Bob Phillips, the director. In addition to this regular staff, the Center contracted with the University of Colorado for 15% of Dr. Larry Green's time as our Senior Scholar in Residence. The Center continues to support visiting scholars and fellows. It also leverages its teaching relationships at George Washington University and Georgetown to employ work-study students on projects that further its mission. The Center enjoys expert information technology support from the AAFP staff in Kansas City and Washington, D.C, including support for the Center's website. The AAFP also provides organizational support including communications and media assistance and human resources. The Center works closely with the AAFP Government Relations division to monitor important national and state legislation, and opportunities to do timely, targeted, relevant research.

The Center is counseled by a national advisory committee (listed on page 25). This diverse group of experts advises the Center and the AAFP on the overall direction of the Center and offers a critique of its work.

2006-2007 Highlights

Nine Larry A. Green Visiting Scholars

Five Washington DC Primary Care Fora

Ten Manuscripts/editorials published

- Journal of Family Practice
- American Journal of Public Health
- Canadian Medical Association Journal
- Medical Care
- Pediatrics
- Journal of Patient Safety
- Academic Medicine
- Human Resources for Health

One Book Chapter published

Four Special Reports

- Access Denied: A Look at America's Medically Disenfranchised
- Physician Supply and Demand: Consultation To the Ohio Board of Regents
- Duke Family Medicine Residency Closure Impact Study
- Access, Health, and Wealth: The Impact of the National Health Service Corps in Rural America 1970-2000

Thirty Conference Presentations

- Academy Health
- AAMC Workforce Meeting
- STFM Health Care Policy Forum
- Population Association of America
- American Public Health Association
- North American Primary Care Research Group
- Pediatric Academic Societies
- USGS Conference on Health Research
- AAFP Int'l. Consultation Workshop

Eight Consultations/Invited Seminars

Four Committees/Service

Two Congressional Briefings

The Value of Primary Care. At Alma Ata in 1978, global leaders asserted that primary care is the central function and main focus of any just society's health care system. Despite this, primary care in the United States is in a state of crisis, in part due to public confusion over its role within the health care system. Through its research efforts, The Robert Graham Center seeks to demonstrate the value of primary care and identify options for enhancing its value.

Congruent satisfaction: Is there geographic correlation between patient and physician satisfaction? Satisfaction among both physicians and patients is optimal for the delivery of high-quality healthcare. Although some links have been drawn between physician and patient satisfaction, little is known about the degree of satisfaction congruence among physicians and patients living and working in geographic proximity to each other. The Graham Center collaborated with Jennifer DeVoe, George E. Fryer, Alton Straub, Jessica McCann, and Gerry Fairbrother to identify patients and physicians from similar geographic sites and to examine how closely patients' satisfaction with their overall healthcare correlates with physicians' overall career satisfaction in each selected site. The study indicated that despite geographic variation, there is a strong correlation between physician and patient satisfaction living in similar geographic locations. Further analysis of this congruence and examination of areas of incongruence between patient and physician satisfaction may aid in improving the healthcare system. Reference: DeVoe J, Fryer GE, Straub A, McCann J, Fairbrother G. Congruent satisfaction: Is there geographic correlation between patient and physician satisfaction? *Med Care* 2007; 1:88-94.

The Canadian contribution to the US physician workforce. A physician shortage has been declared in both Canada and the United States. Bob Phillips and Stephen Petterson collaborated with George Fryer and Walter Rosser to examine the migration pattern of Canadian-trained physicians to the United States. Results showed that minimizing emigration, and perhaps recruiting physicians to return to Canada, could reduce physician shortages, particularly in subspecialties and rural areas. In light of competing physician shortages, it will be important to consider policy options that reduce emigration, improve access to care and reduce reliance on

physicians from developing countries. Reference: Phillips RL, Petterson S, Fryer GE, Rosser W. The Canadian contribution to the US physician workforce. *Canadian Medical Association Journal* 2007; 176:8:1083-7.

Physician Supply and Demand Consultation to the Ohio Board of Regents. The Robert Graham Center, in response to questions posed by the Ohio Board of Regents Commission, prepared a comprehensive report on the current physician workforce in Ohio, its sources, future supply/demand, and workforce needs in specific regions. The report was framed to address questions posed by the Commission and to provide additional information to aid the Commission's purpose and to offer policy options for state physician workforce planning.

Duke Family Medicine Residency Closure Impact Study. This poster presentation at the Society of Teachers of Family Medicine's Annual Spring Conference displayed and described the legacy relationship that the Duke Family Medicine Residency Program had on its state and community. The Graham Center used GIS to assess the impact of Duke Family Medicine's residency program closure, which trained new physicians for nearly 25 years, by identifying counties capturing 70% of Duke graduates, those in Health Professions Shortage Areas (HPSAs), and those that would become one with removal of Duke graduates. The study found that the Duke residency program has had an important impact on the US physician workforce, and its closure may put some communities at risk. After a year hiatus, the program was reopened this year, and the Graham Center is currently working on a full paper with faculty at Duke.

The Learning Healthcare System: Workshop Summary (IOM Roundtable on Evidence Based Medicine). Bob Phillips participated in the Institute of Medicine's Roundtable on Evidence-Based Medicine. His remarks on practice-based research networks were included in *The Learning Healthcare System: Workshop Summary*, a published factual summary of the workshop proceedings. Reference: Olsen, L., Aisner, D., and McGinnis, J.M., Eds. IOM Roundtable on Evidence-Based Medicine. *The Learning Healthcare System: Workshop Summary*. Washington, DC: National Academies Press, 2007.

Health Access and Equity. Despite leading the world in healthcare

expenditures, resources and technology, the United States lags behind other developed countries in most measures of population health. Overcoming this gap will require some fundamental level of access to all people in the United States. Through its research efforts, The Robert Graham Center seeks to inform policy that removes barriers to accessing healthcare and leads to a more equitable system of healthcare for all.

National Health Service Corps staffing and the growth of the local rural non-NHSC primary care physician workforce. Beyond providing temporary staffing, National Health Service Corps (NHSC) clinicians are believed by some observers to contribute to the long-term growth of the non-NHSC physician workforce of the communities where they serve; others worry that NHSC clinicians compete with and impede the supply of other local physicians. Bob Phillips and Larry Green collaborated with Donald Pathman, George Fryer, John Smucny, and Thomas Miyoshi to assess long-term changes in the non-NHSC primary care physician workforce of rural underserved counties that have received NHSC staffing support relative to workforce changes in underserved counties without NHSC support. Data suggest that the NHSC contributed positively to the non-NHSC primary care physician workforce in the rural underserved counties where its clinicians worked during the 1980s and 1990s. Reference: Pathman DE, Fryer GE, Phillips RL, Smucny J, Miyoshi T, Green LA. National health service corps staffing and the growth of the local rural non-NHSC primary care physician workforce. *J Rural Health* 2006; 22:285-293.

Giving everyone the health of the educated: an examination of whether social change would save more lives than medical advances. Social determinants of health, such as inadequate education, contribute greatly to mortality rates. Bob Phillips collaborated with Steven Woolf, Robert Johnson, and Mike Philipson to examine whether correcting the social conditions that account for excess deaths among individuals with inadequate education might save more lives than medical advances (e.g., new drugs and devices). They found that higher mortality rates

among individuals with inadequate education reflect a complex causal pathway and the influence of confounding variables. Formidable efforts at social change would be necessary to eliminate disparities, but the changes would save more lives than would society's current heavy investment in medical advances. Spending large sums of money on such advances at the expense of social change may be jeopardizing public health. Reference: Woolf SH, Johnson RE, Phillips RL, Philipsen M. Giving everyone the health of the educated: an examination of whether social change would save more lives than medical advances. *Am J Public Health* 2007; 97; 4:679-83.

Access Denied: A Look at America's Medically Disenfranchised. Joint report with the National Association of Community Health Centers. A startling 56 million Americans are “medically disenfranchised” because they live in areas with insufficient numbers of primary care physicians to provide important primary and preventative care. While the benefits of primary care and medical homes are well documented, having *both* a medical home and health insurance will most effectively improve access to care and produce better health outcomes. Health centers improve health outcomes for their at risk patients, mitigate health disparities, and generate cost savings to patients, communities, and payers by reducing the need for expensive inpatient, emergency, and specialty care services. Health centers need assistance with the costs of construction, health information technology (HIT), and building modernization. Growth in the uninsured and underinsured populations and the weakening of public insurance commitments leave health centers stretched thin. More must be done to prepare for growing primary health care demand, through further investment in health centers and other sources of primary health care, and in training the primary health care providers who will care for today's aging Americans and the millions waiting in line behind them.

Access, Health, and Wealth: The Impact of the National Health Service Corps in Rural America 1970-2000. Since its inception in 1970, the National Health Service Corps (NHSC) has relied heavily on family physicians to serve medically underserved populations throughout the U.S. In 2006, over thirty years later, the NHSC is subject to reauthorization. The Robert Graham Center saw an opportunity to contribute to a review and evaluation of the NHSC using existing

public datasets, a low-cost and replicable approach to program evaluation. The Robert Graham Center was interested in doing this work because the NHSC is one of the main primary care access programs in the U.S. The Graham Center was also an appropriate organization to conduct this examination because the NHSC has depended more on family physicians to fulfill its mission than any other health professional group (in fact, demand for family physicians from Corps communities remains high, and there are more than 600 open family medicine positions in Community Health Centers in 2005). The Graham Center wanted to see if, thirty years later, there is evidence that the NHSC is fulfilling its mission.

Delivery and Scope of the Medical Home. The essential features of family medicine include its comprehensive scope, its continuity, and its emphasis on family and community health. The Future of Family Medicine Report calls for a medical home that has these features and can deliver a consistent set of services. Through its research, The Robert Graham Center seeks to clarify the functions of the medical home and how to support them.

International medical graduates in family medicine in the United States of America: An exploration of professional characteristics and attitudes. The number of international medical graduates (IMGs) entering family medicine in the United States of America has steadily increased since 1997. Bob Phillips and Larry Green collaborated with Amanda Morris, Ed Fryer, and Fitzhugh Mullan to determine, at the time when a large influx of IMGs into family medicine began, whether differences existed between United States medical graduate (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 study found 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 that are IMGs in the United States. Reference: 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 characteristics and attitudes. *Human Resources for Health* 2006;4:17.

Family physicians in the child health care workforce: Opportunities for collaboration in improving the health of children. Pediatric workforce studies suggest that there may be a sufficient number of pediatricians for the current and projected U.S. child population. The Robert Graham Center collaborated with Scott Shipman to consider the role of family medicine in the care of children. The study found that while the number of clinicians caring for children meets or exceeds most estimates of sufficient; the workforce distribution is skewed, leaving certain populations and settings underserved. Unmet need, addressing health in the context of families and communities, and tackling "millennial morbidities" represent common ground for

both specialties that could lead to specific, collaborative training, research, intervention, and advocacy. Reference: Phillips RL, Bazemore AW, Dadoo MS, Shipman SA, Green LA. Family physicians in the child health care workforce: Opportunities for collaboration in improving the health of children. *Pediatrics* 2006;118:1200-1206.

Training on the clock: Family medicine residency directors' responses to resident duty

hours reform. The Accreditation Council for Graduate Medical Education's 2003 restrictions on resident duty hours (RDH) raised concerns among educators about potential negative impacts on residents' training. Bob Phillips and Andrew Bazemore collaborated with Lars Peterson, Hillary Johnson, and Perry Pugno to survey family medicine residency program directors for their perceptions of the impact of RDH regulations on training in primary care. They found that many program directors cited increased faculty burden and the risk of lower-quality educational experiences for their trainees. Innovations for increasing the effectiveness of teaching may ultimately compensate for lost educational time. If not, alternatives such as extending the length of residency must be considered. Reference: Peterson LE, Johnson H, Pugno PA, Bazemore A, Phillips RL. Training on the clock: Family medicine residency directors' responses to resident duty hours reform. *Acad Med* 2006; 81:1032-1037.

The Effect of Offering International Health Training Opportunities on Family Medicine

Residency Recruiting. While medical students' interest in family medicine declines and residency programs face recruiting challenges, interest in international health is increasing. Andrew Bazemore worked with Maurice Henein, Linda Goldenhar, Magdalena Szaflarski, Christopher Lindsell, and Philip Diller to study the influence of offering an international health track (IHT) on residency recruitment. One program's experience suggests that the presence of international health training opportunities may influence the residency selection choices of family medicine residents. As family medicine moves to reinvent residency education and to recapture student interest, attractive training models that integrate clinical, community, and public health should be evaluated further. Reference: Bazemore AW, Henein M, Goldenhar LM, Szaflarski M, Lindsell CJ, Diller P. The Effect of Offering International Health Training Opportunities on Family Medicine Residency Recruiting. *Family Medicine Journal* 2007; 39:4:255-260.

Healthcare Quality and Safety. The United States must refocus on the delivery of safe, high quality healthcare, a lesson made clear in the Institute of Medicine reports "To Err is Human" and "Crossing the Quality Chasm". Nowhere is this more critical than within the primary care setting, where most Americans receive the majority of their healthcare. Through its research, The Robert Graham Center seeks to reduce threats to patient safety and improve quality of healthcare.

How well do family physicians manage skin lesions? Little is known about the epidemiology of new skin lesions seen in primary care. Stephen Petterson and Bob Phillips collaborated with Dan Merenstein, David Meyers, Alex Krist, Jose Delgado, and Jessica McCann to determine the percentage of the skin lesions that improved after evaluation by family physicians. Secondly, the team sought to determine patient satisfaction with their care, as well as diagnostic concordance between family physicians and dermatologists in diagnosing and treating skin lesions. The study demonstrated that most skin lesions seen by office-based family physicians resolve within three months, patients are generally satisfied with the care they receive, and the diagnostic and treatment decisions made by primary care physicians are not significantly different from those of their dermatologic colleagues. **Reference:** Merenstein D, Meyers D, Krist A, Delgado J, McCann J, Petterson S, Phillips RL. How well do family physicians manage skin lesions? J Fam Prac 2007; 56:40-45.

Learning from different lenses: Reports of medical errors in primary care clinicians, staff, and patients. Bob Phillips, Susan M. Dovey, Deborah Graham, Nancy C. Elder, and John M. Hickner teamed up as part of the American Academy of Family Physicians National Research Network to test whether family doctors, office staff, and patients reported medical errors, and if so, the differences in how and what was reported. This research found that clinicians and staff offer different and independently valuable lenses for understanding errors and their outcomes in primary care, but both predominantly reported process- or system-related errors. There is a clear need to find more effective ways to invite patients to report on errors or adverse events. Furthermore, these findings suggest that patient safety organizations authorized by recent legislation should invite reports from a variety of health care workers and staff. **Reference:**

Phillips RL, Dovey SSM, Graham D, Elder NC, Hickner JM. Learning from different lenses: Reports of medical errors in primary care clinicians, staff, and patients. A project of the American Academy of Family Physicians National Research Network. *J Patient Safety* 2006; 2:140:146.

Graham Center One-Pagers. One-Pagers offer succinct summaries of research pertinent to family practice advocacy. These documents are distributed to congressional staff, AAFP leaders and staff, other family practice leaders and chapter executives. The One-Pagers are also published in *American Family Physician*.

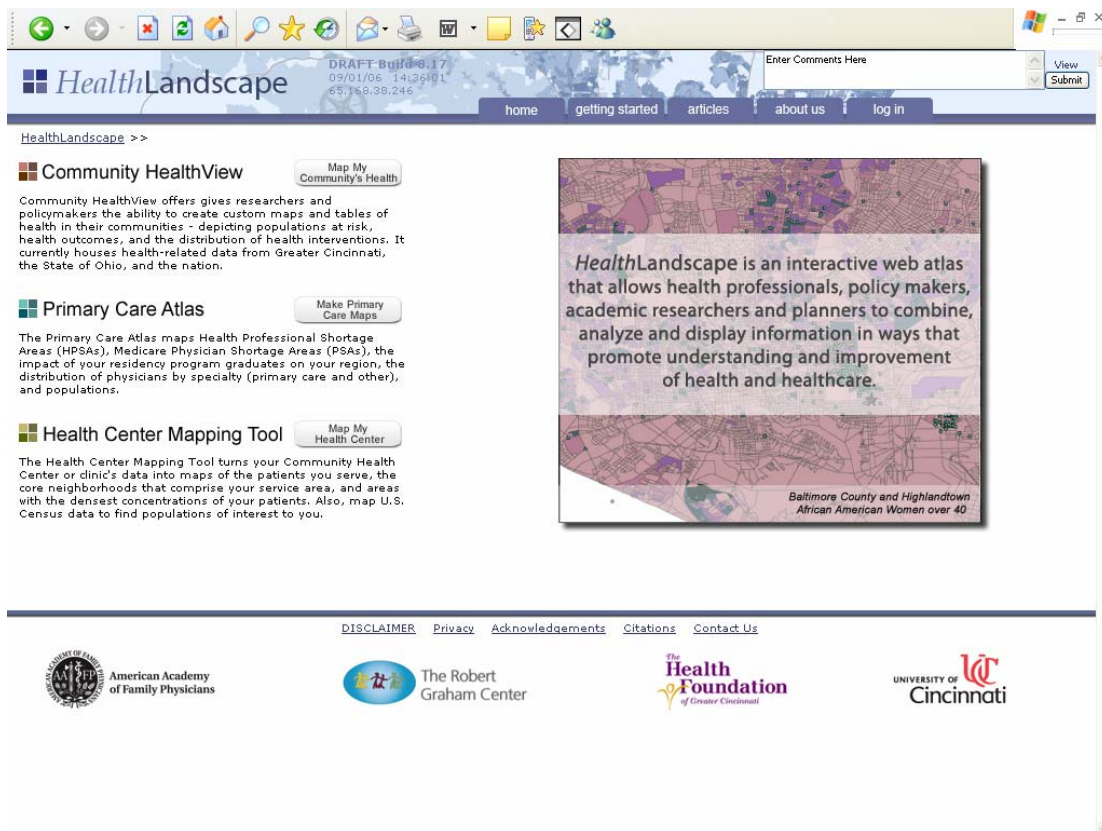
The Diminishing Role of FPs in Caring for Children. Nationwide, family physicians deliver a smaller proportion of the outpatient care of children than they did 10 years ago. The Robert Graham Center collaborated with Jessica McCann and others to evaluate the changing role of family medicine in the care of the nation's children. The team identifies four possible choices for family physicians that face a shrinking percentage of child visits and an increasingly competitive environment for child health care. Reference: Bazemore A, Phillips RL, Dodoo MS, McCann JL, Klein LS, Green LA, et al. The Diminishing Role of FPs in Caring for Children. *Am Fam Physician* 2006; 73:1518.

Imperative integration: Medical care for older patients. Larry Green and colleagues investigated the ecology of medical care changes for older people with respect to increases in usage of residential and institutional care, emergency departments, and home care. Green suggests that as new models of primary care are elaborated, they must incorporate systems that integrate the care of older patients, many of whom will not be seen in the office setting. Reference: Green LA, et al. Imperative integration: Medical care for older patients. *Am Fam Physician* 2006; 74:1105.

Use of patient registries in US primary care practices. Patient registries are necessary for high-quality health care, but even in innovative practices, their presence and utilization is inadequate. Larry Green along with Bijal Balasubramanian and collaborators found that registry uptake in primary care may be enhanced by improving the functionality of electronic health records and implementing payment models that reward registry use. Reference: Balasubramanian BA, Green LA, Cohen DJ, Crabtree BF, Tallia AF, Isaacson N, et al.) Use of patient registries in US primary care practices. *Am Fam Physician* 2007; 76:1629.

HealthLandscape.

The Center also focused many of its resources on unpublished work in 2006. This included the building of a web-based mapping tool, led ably by Andrew Bazemore. This tool is designed to get around the limitations of our fixed staff size and give access to many of our data sets in a mapping environment. The site had a soft launch to internal consumers/users in April of 2007 and is now undergoing a period of staged rollouts to targeted user groups. This platform democratizes the use of data for a wide array of users through an online geographic information system, while attracting data that drives additional Graham Center research. It permits users to produce maps and tables of related data and geography. Individual physicians are able to find out whether their practice is in a Medicare bonus payment area. Residency programs are able to produce ‘footprint’ maps of counties dependent on their graduates for access to care. Foundations and communities are able to upload and map community health data and produce maps of population health with the option of overlaying political boundaries or drawing on Census data. Community Health Centers are able to upload their patient data, visually depict their community of patients, and identify where other needs of their services exists.



Larry A. Green Visiting Scholar Program. The Graham Center

continues to offer a visiting scholar program, which provides outstanding junior scholars with an immersion experience in health policy while broadening and enriching Graham Center ideas and projects. One of the goals of the scholars program, confirmed by testimonials from past scholars, is to seed primary care with leaders and researchers who experience and have an understanding of evidence-based policy development. The internship program was officially renamed the Larry A. Green Visiting Scholar Program on September 30, 2006. We have prepared a compendium of past scholars' experiences and reflections. In 2006, most of the expense of the program moved over to our endowment and is an option for giving to the AAFP Foundation. The Center hosted eight scholars this year, representing a broad array of skills and interests:

- **Lisa Minich**, University of Cincinnati - Predictors of Having a Regular Health Care Provider
- **Jen Hyer**, Oregon Health & Science University - Medical School Expansion: An Opportunity to Meet the Nation's Rural Health Care Needs
- **Kristin Anderson**, Dartmouth Family Medicine Residency – Informing Community Health Centers with Mapping
- **Djinge Lindsay**, George Washington University - Minority recruitment/retention into medical school & primary care
- **Ngairé Kearse**, Professor, University of Auckland - Impact of providers on avoidable hospitalization in nursing home patients
- **Yoshi Laing**, University of California-San Francisco - The politics of primary care payment reform
- **Eric Clarkson**, Kansas City University of Medicine and Biosciences – Building a Case for the Medical Home
- **Shannon Bolon**, University of Pittsburgh Medical Center - Research Training in Fellowships Available to Family Physicians

In addition to the Larry A.. Green visiting scholars, the Graham Center hosted two regional student interns:

- **Michael Johnson**, Georgetown University
- **Stephanie Seek**, Georgetown University

Approximately 25 of the Graham Center scholars and fellows met in October at the annual meeting of the North American Primary Care Research Group in Arizona and shared career developments, and new life-changing experiences.

“My experience at the Robert Graham Center surpassed all of my expectations. I met all personal objectives, which included: gaining new research skills, starting at least one research study that I can continue after completion of the one month program, learning how primary care research is used for policy development, clarifying my career objectives, and establishing new professional and personal relationships. I am grateful for this opportunity and I am confident that it will continue to have tremendous impact on my future career.” - Shannon Bolon, May 2007

“My month at the Graham Center was a exceptionally worthwhile. As I transition from family-medicine residency to a research fellowship, the experience working with leaders of cutting-edge health-care investigation has been formative. I have gained practical experience in primary and secondary data collection, management, and analysis, and have worked with both quantitative and qualitative methods. Moreover, I have made connections within the Graham Center staff, in AAFP Government Relations, and at NIH that will serve me well, long after my month is complete. This has been an experience unlike any other and in a word: invaluable.” – Sean Lucan, June 2007

Fellowship Program. Loss of Title VII funding and a search for new financing placed the Georgetown University fellowship on hold for 2006-07, but the Center successfully recruited a fellow for 2007-08. Past fellows serve on faculty at Howard University, the University of Washington, University of Illinois, and one serves as a program officer at the Agency for Healthcare Research and Quality.

Primary Care Fora. The Graham Center held five Washington DC Primary Care Fora at the Cosmos Club. These breakfast forums draw 20-40 individuals from government (HRSA, AHRQ), academia (Georgetown University, George Washington University), professional societies (AMA, ACP, AAP, AAFP, nursing, psychology), and advocacy groups. RWJF Policy fellows often attend, and there are usually a few attendees from out of town. The series has been so successful that it inspired the US Agency for Healthcare Research and Quality to develop a parallel series of forums and we now coordinate schedules, topics and invitation lists.

- **Forum #50: Ichiro Kawachi, MD, PhD** - What Is the Role of Primary Care in Improving Population Health?
- **Forum #51: Ann K. Peton & Ray E. Stowers, DO** - Visualizing Geographic Implications of Policy Development for America's Family Physicians & Serving the Appalachian Region and Beyond
- **Forum #52: Andrew Bazemore, MD, MPH** - New Strategies for Depicting Primary Care and Place
- **Forum #53: Scott Shipman, MD, MPH** - Through a Child's Eyes: Maldistribution of the Child Physician Workforce
- **Forum #54: Helen Darling & Robert Berenson, MD** - Powerful Partnership: Can Big Business and Primary Care Be Solutions for Each Other?

Advocacy. Graham Center projects provide in-depth digestion of evidence for policy-makers, advocates, researchers, and educators.

Workforce Issues Briefs. The Graham Center worked with AAFP Government Relations to develop a series of briefs that inform and enhance advocacy efforts by providing information on subjects important to family medicine. The briefs were developed with the assistance of and data provided by the Graham Center, and are accessible on the State Government Advocacy portion of the AAFP Website.

Medical School Expansion: An Opportunity to Meet Your State's Rural Health Care Needs - a very detailed issue brief on workforce issues and family physician recruitment and retention in rural areas.

Educating Family Physicians -contains general information about family medicine and the services provided by family physicians. This brief also touches on the pipeline.

Education, Training and Recruitment of Family Physicians - contains more detailed information about the pipeline for medical education and provides information on state support programs (such as loan forgiveness) that work.

Sustainable Growth Rate. The Graham Center also produced a paper on the policy-sensitive portions of the Medicare conversion factor (sustainable growth rate) formula and has done subsequent analyses for the Government Relations division to help guide Academy lobbying and policy decisions. Dr. Dadoo's presentation on this topic was well received at the National Association of Business Economists and yielded a conversation with past CMS director Dr. Mark McClellan.

Impact. Below is an exemplary sample of the other ways in which Graham Center staff have assisted the family medicine and primary care community over the past year:

Advisees:

Grace Kuo, PharmD, AHRQ K08 Baylor University
John Orzano, MD, AHRQ K08 UMDNJ/RWJ Medical School
Jennifer Devoe, MD DPhil, AHRQ K08 Oregon Health Sciences University

Awards:

Lars Peterson - National Rural Health Association, Annual Student Leadership Award
Diane Rittenhouse, M.D., M.P.H. - AcademyHealth 2007 Most Outstanding Abstract, Workforce Category, for “Impact of Title VII Training Programs on Community Health Center Staffing”

Consultations/Invited Seminars:

Institute of Medicine	The Learning Healthcare System: A Workshop of the IOM Roundtable on Evidence- Based Medicine
University of Cincinnati	Primary Care Leadership Group Care of Underserved Populations Course
Georgetown University	Introduction to Health Care course
George Washington University	Resident and Physician Assistant Health Care Policy courses
AAFP Residency Assistance Program	Stern Invited Plenary Lecture
Front Royal Residency Program	Health Policy lecture
STFM Patient Education Conference	Enhancing Research in Patient Education Seminar
University of Maryland	Health Policy Seminar

Committees/Service:

National Health Data Organizations	Conference Planning Committee
e-Health Initiative	Value Creation & Finance Workgroup
NAPCRG	Board, Committee on Advancing the Science of Family Medicine
Northeast Regional STFM	2008 Conference Planning Committee Kickoff Meeting Host
US Council on Graduate Medical Education	Vice Chair

State Chapters:

Georgia AFP	Footprint maps of Emory and Mercer residency programs for advocacy efforts
Ohio AFP	Used HPSA and FP Withdrawal Maps to advocate for State residency training funding
Texas AFP	Used HealthLandscape Maps to provide information on obesity to Susan Combs, Texas Comptroller

Residency Programs

John Peter Smith, Texas	Data support for local advocacy campaign
KUSM-Wichita, Kansas	Graduate footprint analyses
Richard Streiffer, Tulane University School of Medicine	Graduate footprint analyses
Rusty Kallenberg, UCSD	Graduate footprint analyses

Media/Press

Health Economics	Cited on Physician Workforce
Academy News Now	Many articles about publications and forums Letter to the editor praising National Health Service Corps study IMGs Fill Important Role, Says Study (8/23/06) Collaborate, Don't Compete, Say FP's, Pediatricians (9/15/06) Graham Center Names Scholars' Program for Larry Green, MD (10/10/06) NAPCRG Meeting Features Academy-Related Research (11/3/06) Here's Proof of Family Medicine's Value (12/12/06) Primary Care Physician Shortage Creates Medically Disenfranchised Population (3/22/07)

HealthLandscape

The Primary Care Coalition	Graham Center map used in Fractured: The State of Health Care in Texas
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AAFP

Government Relations	Sustainable Growth Rate formula analyses Congressional GPCI Floor removal analysis Multiple state HPSA withdrawal and residency footprint maps
TransforMed	Maps of demonstration site applicants to aid selection

Congress

Congressional Briefing (March 16, 2007) – hosted by NACHC to coincide with release of *Access Denied: A Look at America's Medically Disenfranchised*.

Hurricane Katrina: Lessons Learned for Primary Health Care (February 27, 2007) – Society of Primary Care Policy Fellows/University of Miami Miller School of Medicine Capital Hill Round Table.

Requests for Information

Maryland Health Care Commission
Montana Academy of Family Physicians
Office of Senator Hillary Rodham Clinton
Los Angeles Times
Gannett Company, Inc.
New Hampshire National Public Radio
University of Kentucky College of Medicine, Department of Family Practice

Robert Wood Johnson Foundation

Drs. Green and Dadoo continued their roles in the Prescription for Health research program and translating findings for general use

Practice Based Research Networks and Academic Primary Care Research

We are contractual partners with the Colorado Developing Evidence to Inform Decisions about Effectiveness (DEcIDE) Research Center (AHRQ funded) and are submitted to join the SNOCAPS USA (Colorado PBRN) PBRN resource center if selected. We continue to do cross-sectional analyses of national datasets, practice-mapping, analyses of primary data, and other support functions for practice based research networks across the US. Dr. Bazemore also serves on the Board of the local CAPRICORN network, Dr. Dadoo advises the New Jersey Family Physicians Research Network and Drs. Bazemore, Phillips, Zhang and Petterson continue to explore collaborations with and offer analytic support of the regional ACORN network.

Robert Graham Center Information

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Health Geographer and Biostatistician

Larry Green, MD
Senior Scholar in Residence

Bridget Teevan, MIS
Office and Research Coordinator

Appendix 1

Robert Graham Center Staff

Robert Phillips, Jr., MD, MSPH **Director**

Robert L. Phillips, Jr., MD, MSPH graduated from the University of Florida College of Medicine in Gainesville, Florida with honors for special distinction. He did residency training in family medicine at the University of Missouri-Columbia where he remained for a research fellowship, completing a Masters of Science in Public Health. He has served on the American Medical Association's Council on Medical Education and as the President of the National Residency Matching Program. His research interests include physician-health system interactions and their effects on quality of care, geographic information systems, and collaborative care processes. He currently serves as Vice Chair of the Council on Graduate Medical Education. He is on the faculty of the Department of Family Medicine at Georgetown University, in the School of Public Health at George Washington University, and practices in Fairfax, Virginia.

Andrew Bazemore, MD, MPH. **Assistant Director**

Andrew Bazemore, M.D. joined the Graham Center as its Assistant Director in July 2005. Prior to his current position, Dr. Bazemore was an Assistant Professor in the University of Cincinnati's Department of Family Medicine, where he also completed his residency training and faculty development fellowship. As a member of the Research Division as well as Director of the International Health Program, Dr. Bazemore developed interests in access to care for underserved populations both domestically and internationally, and on the application of geographic information systems to the study of the U.S. safety net.

A member of the American Academy of Family Physicians, he will practice and teach residents in Fairfax, VA, and serve on the faculty of the Department of Family Medicine at Georgetown University. Dr. Bazemore received his B.A. degree from Davidson College, his M.D. from the University of North Carolina, and completed his M.P.H. at Harvard University.

Martey Dodoo, Ph.D. **Senior Economist**

Martey S. Dodoo is the economic and demographic analyst at The Robert Graham Center. He has held previous economist and statistician positions with the PSC: Western Integrity Center, New Jersey Department of Health and Senior Services, and MDRC in New York. He has also served on the Economics faculty of Pennsylvania State University and the University of Ghana and has also taught courses in Statistics and Research Methods.

His current research interests are in health access and coverage, workforce, labor and demographic economics, program evaluation, patient safety and health quality, utilization, cost and fiscal impact analysis. He also has interests in the application of micro-economic modeling

and econometrics, multilevel or HLM modeling techniques, and cost-benefit analysis in health care.

He earned his Ph.D. (Demography and Economics) degree from the University of Pennsylvania. He also has graduate degrees in Economics from the University of Western Ontario (Canada), the University of Ghana, and an undergraduate degree in Biochemistry. He is a member of the International Health Economics Association, the Society of Government Economists, and the Society for Clinical Data Management.

Stephen Petterson, Ph.D.
Senior Health Policy Researcher

Stephen Petterson is a Senior Health Policy Researcher at Robert Graham Center. Previously, as a sociologist and social statistician he was on the faculty at the University of Virginia and a researcher at the Southeastern Rural Mental Health Research Center. He has taught courses in statistics, welfare policy, problems of urban life and sociology of work.

His research interests are in national and state health policy, access to care and health insurance, the relationship between primary care and mental health treatment and global health. He has a particular interest in understanding the barriers faced by disadvantaged populations in the health care system.

He earned his Ph.D. (1993, Sociology) from the University of Wisconsin and an undergraduate degree from Haverford College (1984, Sociology and Anthropology).

Xingyou Zhang, Ph.D.
Health Geographer and Biostatistician

Xingyou Zhang is a Health Geographer and Biostatistician at Robert Graham Center. Previously, he was an Assistant Professor in Geography at Georgia Southern University and a Senior Research Scientist/Demographer at Children's Memorial Hospital/Northwestern Medical School in Chicago. He has taught courses in advanced Geographic Information Systems (GIS) and applied GIS.

His research interests are in spatial disparities in health and health care, geospatial technologies (GIS, Remote Sensing and GPS) for health applications, multilevel modeling, and Bayesian statistics. He is particularly interested in combining geospatial analytical tools and multilevel spatial structural equation modeling to better understand the spatial relationships between social and built environments, and health outcomes and primary care access and delivery.

He earned his Ph.D. in geography (2004) and M.S. in Statistics (2003) from the University of Cincinnati. He also has an M.S. in Geography (1996) from Lanzhou University and a B.S. in Geography (1993) from Hunan Normal University in China. He is a member of the Association of American Geographers (AAG) and the American Statistical Association (ASA).

Larry Green, MD
Senior Scholar in Residence

Larry A. Green, M.D. is Senior Scholar in Residence at The Robert Graham Center: Policy Studies in Family Medicine and Primary Care in Washington, D.C. He completed his residency in family medicine at the University of Rochester and Highland Hospital and entered practice in Arkansas in the National Health Services Corps, after which he joined the faculty at the University of Colorado. Dr. Green was the Woodward-Chisholm Chairman of the Department of Family Medicine at the University of Colorado for 14 years, and he continues to serve on the faculty of the University of Colorado, where he is Professor of Family Medicine and Director of the National Program Office for Prescription for Health. Prescription for Health is a five-year practice-based research initiative launched in 2002 that is focused on health behavior change, sponsored by the Robert Wood Johnson Foundation and the Agency for Healthcare Research and Quality. Much of his career has been focused on developing practice-based, primary care research networks. Dr. Green practices as a certified Diplomate of the American Board of Family Practice. He is a member of the American Academy of Family Physicians, the Society of Teachers of Family Medicine, the World Organization of Family Doctors, and the North America Primary Care Research Group. Dr. Green received his B.A. degree from the University of Oklahoma and his M.D. from Baylor College of Medicine, Houston, Texas. He is a member of the Institute of Medicine.

Bridget Teevan, MIS
Office and Research Coordinator

Bridget Teevan joined the Graham Center as Office and Research Coordinator in April 2007 following the completion of her master's degree in international studies. She has particular interests in global health policy and decision theory. In addition to coordinating the center's daily operations, Bridget manages the Robert Graham Center's research portfolio and administers the scholars and fellows programs.

Outside of work, Bridget continues her academic career. She will soon complete a graduate certificate in Field Epidemiology at the University of North Carolina School of Public Health, which she plans to apply to a degree in epidemiology in the future.

Bridget received a B.S. in Chemistry (1997) from Florida State University and a Master of International Studies (MIS) from North Carolina State University (2006). She is a member of Phi Beta Kappa.