

# Family Medicine Updates



From the Association  
of Family Medicine Residency Directors

*Ann Fam Med* 2005;3:88. DOI: 10.1370/afm.275.

## FAMILY MEDICINE IN THE CURRENT DECADE

The Association of Family Medicine Residency Directors is midway through a year of strategic response to the Future of Family Medicine report. Our member directors are providing "Leadership for the Future of Family Medicine" consistent with our 2004-2005 theme in many ways. At more than 400 residencies throughout the United States, residency curricula will be retooling for the strategic implications of family medicine's current position and its future potential.

What can we anticipate in the current decade for family medicine residencies? The Future of Family Medicine report itemizes a target of electronic health records in all family medicine residencies by 2006. Today, about one third of our residencies use them, one third are "shopping," and one third are catching up while learning from the experience of others. Information technology can provide the ingredients toward greater knowledge about the effectiveness of our patient care and about aggregate outcomes.

In this decade, health care expenditures in the United States will exceed \$2 trillion annually. Will the United States experience \$2 trillion of value-added benefit from these expenditures annually? What are the system-based competencies for residents in training that address the stewardship of these expenditures? What are the most value-delivering reforms for funding graduate medical education? How will we prepare our graduates to practice treatment and prevention in a health care *un*-system simultaneously described as awesome and awful?

The Institute of Medicine (IOM) provides some guidance for a future toward which we can prepare our graduates. From the *To Err is Human* report,<sup>1</sup> we understand that tens of thousands die of health care problems. From *Crossing the Quality Chasm*<sup>2</sup> we hear that health care is so broken, we must redesign it and then replace it. From the *Academic Health Centers* report<sup>3</sup> we recall that "health professions training is a major factor in creating the culture and attitudes that will guide a lifetime of practice."

By referring to these publications as guideposts, family medicine and its residencies can address each

of these issues in the coming years. We can strengthen our training in quality and safety to benefit our patients and their families while demonstrating our outcomes for all of health care. We can lead reform of health care stewardship and delivery. We can influence professional training through the vast reach of our training sites and the interdisciplinary nature of our professional culture.

The Association of Family Medicine Residency Directors is dedicated to promoting excellence in family medicine graduate education to meet the health care needs of the American public. We are active in pursuit of this mission and eager for the American public to experience its benefits.

Peter Nalin, MD, FAAFP  
President, AFMRD

## References

1. Kohn LT, Corrigan J, Donaldson MS, eds. *To Err is Human. Building a Safer Health System*. Washington, DC: National Academies Press; 2000.
2. Institute of Medicine. Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press; 2001.
3. Kohn LT, ed. *Academic Health Centers: Leading Change in the 21st Century*. Washington, DC: National Academies Press; 2004.



NORTH  
AMERICAN  
PRIMARY CARE  
RESEARCH  
GROUP

From the North American  
Primary Care Research Group

*Ann Fam Med* 2005;3:88-89. DOI: 10.1370/afm.276.

## A METRIC OF PROGRESS FOR FAMILY MEDICINE RESEARCH

How productive is the discipline of family medicine in research? NAPCRG's Committee on Building Research Capacity and the Academic Family Medicine Organization (AFMO) Research Subcommittee has undertaken an initiative to document the progress family medicine has made in research and its successes in reaching the discipline's strategic plan goals for research expansion.<sup>1</sup> Key measurable indicators are changes in the volume and focus of published family medicine research articles and changes in the number and types of individuals and organizations that produce these articles. In 2001, researchers at the University of North Carolina at Chapel Hill were charged with designing and undertaking a process for periodically identifying and quantifying family medicine's published research. The process undertaken and findings from the first round of this project were posted

recently on NAPCRG's Web site (<http://www.napcrg.org/org.html>) and are described briefly here.

### Project Goals, Definitions, and Methods

The initial effort identified research articles appearing during the 24 months of 1999 and 2000 in US and international journals. It identified articles from individuals working in US family medicine organizations, whether family physicians or researchers trained in other fields. Only research articles were included, specifically, articles that presented and analyzed new data or undertook new analyses of existing data (eg, meta-analyses). Scholarly work other than research, such as editorials and clinical review articles, were not included, nor was research disseminated through means other than journals, such as in newsletters and unpublished reports. Research published by eligible authors was included regardless of its topic, methods, or relevance to practicing family physicians. This effort identified, therefore, the published research output of a group of individuals—those working in US family medicine organizations.

Eligible authors and articles were located by a variety of search strategies in a sequential, iterative, and "snowball" approach, which included (1) hand searches of every 1999 and 2000 issue of 80 relevant journals, (2) electronic searches of the National Library of Medicine (NLM) health-related periodicals databases using the term "family" in the organizational affiliation field, and (3) author name searches of NLM databases. When authors' eligibility was uncertain, Web sites of their organizations and national physician compendia (eg, the ABFP Web site) were reviewed.

### Eligible Articles and Authors Found

Analyses of the identified eligible articles and authors showed that family medicine researchers published far more than previously estimated. A total of 484 eligible research articles were published in 1999 and 496 in 2000, and eligible family medicine researchers were the lead authors of 690 of the 980 articles (70.4%). A total of 869 eligible family medicine authors published during these 2 years; 433 served as lead authors of at least 1 paper. The mean number of published papers per eligible author for the 2 years was 2.24, with median and mode of 1 article and range from 1 to 28 articles. Fifty eligible authors published from 6 to 10 research articles, and 16 authors published 11 or more articles.

The volume of family medicine published research has been underestimated in part because of the number and variety of journals in which this work appears—236 different journals in 2 years! The 4 family medicine journals that were publishing research in 1999 and 2000—*The Journal of Family Practice*, *Family Medicine*, *Archives of Family Medicine*, and *The Journal of the American Board of*

*Family Practice*—together published 340 eligible research articles, or 34.7% of all eligible articles. Thirty research articles appeared in top-tier journals, including 20 in *JAMA* and 4 in the *NEJM*. Researchers in academic family medicine departments constituted the great majority of eligible authors—83%—whereas researchers in residencies based in nonuniversity hospitals made up only 10% and community practitioners only 3% of authors.

### The Future of This Initiative

The second round of article and author searches for studies published in 2003 is now underway; the results will be available in the summer of 2005. Changes in the volume and content of published research from 1999 and 2000 to 2003 will be used as one metric to assess the success of the recent efforts of the discipline to build its research enterprise and empiric foundation.

Donald E. Pathman, MD, MPH

Member, NAPCRG's Committee on Building Research Capacity

George Gamble, PhD

Samruddhi Thaker, MBBS, MHA

Warren P. Newton, MD, MPH

University of North Carolina at Chapel Hill

### Reference

1. NAPCRG Committee on Building Research Capacity and the Academic Family Medicine Organizations Research Subcommittee. What does it mean to build research capacity? *Fam Med*. 2002;34:678-684.



From the American Academy  
of Family Physicians

*Ann Fam Med* 2005;3:89-90. DOI: 10.1370/afm.277.

## HIGHER DEMAND FOR FAMILY PHYSICIANS BODES GROWTH DESPITE SLUGGISH PAY INCREASES

Demand for family physicians is up, say surveys, but compensation is down. Some analysts say national doctor-to-patient ratios are good, while others decry the persistence of medically underserved areas. Individual family physicians report seeing more patients, but nationwide, the proportion of patients visiting family physicians is down.

What's going on in family medicine?

Generally, good trends. So say many health care observers. Economic and workforce data, bewildering as they seem, do portend growth for the specialty, at least in the long term, observers say, pointing to physician workforce analyses and to income and recruiting surveys to support their forecasts.