Organizational Update from NAPCRG
August 2018

NAPCRG Rebranding Initiative

On May 17, 2018 the NAPCRG Board of Directors unanimously approved a proposal to hire AtomicDust, a St. Louis-based marketing vendor. AtomicDust will lead a thorough evaluation of NAPCRG's image by conducting a member survey, stakeholder interviews and an analysis of other similar organizations. They will develop a clear foundation for all of NAPCRG's messaging built on our mission, values and goals. AtomicDust will develop a NAPCRG brand narrative, elevator speech, design a new logo, write branding standards and additional creative elements. This will be completed by early this fall.

EMR Position Statement: Access to Data in Primary Care Electronic Medical Records (EMR)

On May 17, 2018 the NAPCRG Board of Directors unanimously approved a statement of principles concerning use or EMR data for primary care research. Shared EMRs facilitate knowledge transfer and shared management, yet, EMR vendors may bar or limit access of trusted third parties to extract EMR data. Examples include prohibitive fees for access to data, restrictions on third party extraction and analyses, and other limitations on the type or frequency of data extractions.

NAPCRG Principles on Access to EMR data

NAPCRG advocates for access to EMR data to support learning healthcare systems based on the following principles:

● While data stored in EMRs are under the stewardship of the primary care organization, ultimately, the data are owned by patients. This is recognized by US and Canadian governmental privacy agencies and is supported by College of Family Physicians Canada.

● EMR vendors should not limit or hinder third party data extraction that would be used for quality improvement, disease surveillance, care coordination, or research.

● There should be reasonable rules governing qualification to extract data (e.g. following ethical guidelines, adherence to data privacy and security and patient confidentiality, etc). Primary care organizations must be able to choose who will extract their data without that choice being blocked or dictated by the EMR vendor.

● Approval to use the EMR data is granted by patients and practices.

● Practices use EMRs to manage patients' information, paying start-up and maintenance fees for use of EMRs. The extraction of patient information from EMRs to improve the quality of care, participate in research and/or perform disease surveillance should not be an additional cost.

● The creation of standardized interoperable systems should be the responsibility of vendors.

- EMR vendors, primary care clinicians, workflow engineers and others must collaborate to optimize EMR systems for multiple purposes such as quality improvement, care coordination, research.

NAPCRG's chief accountability is to our members and their need (present or eventual) to use EMR data for quality improvement and research.

"Big Data" in Primary Care Task Force

On May 17, 2018 the NAPCRG Board of Directors unanimously approved the formation of "Big Data" in Primary Care Research Task Force. The Task Force is currently being formed and will meet in 2018 and 2019 and make recommendations for ways NAPCRG can support and nurture this type of research for its members.

Technology has had a major influence on primary care research. From Electronic Medical Records to working with "big data"—the demands on researchers are in a constant state of flux. It is now technically possible and financially feasible, to aggregate data across many databases, effectively linking data on patients, providers and organizations. Legal frameworks are in place and privacy requirements have been addressed. More data will be available in the future, for example from quality improvement efforts in professional development and accreditation. While some NAPCRG researchers are able to provide valuable insight about family practice and family medicine education from these data sources, more capacity is and will be needed.

Task Force Composition

The NAPCRG Board of Directors and NAPCRG Executive Committee will accept recommendations for NAPCRG members to serve on the "Big Data" in Primary Care Research Task Force.

Focus of the "Big Data" in Primary Care Research Task Force

The primary purpose of the "Big Data" in Primary Care Research Task Force is to investigate ways NAPCRG can support and nurture use of "Big Data" research for its members. The Task Force will specifically address the following items:

- Define the Scope and Advantages of "Big Data" in Primary Care Research
- Create a Typology of "Big Data" in Primary Care Research
- Create a Series of Recommendations on how NAPCRG can Support and Nurture use of "Big Data" in Primary Care Research:
  - "Big Data" in Primary Care Research focus at the Annual Meeting
  - "Big Data" in Primary Care Research Electronica Delivery focus (webinars, NAPCRG Connect, web site, etc.)
  - "Big Data" in Primary Care Research Mentorships and on-Sight Trainings
  - How can NAPCRG Members Access "Big Data" in Primary Care Research?

2018 NAPCRG Election

On May 17, 2018 the NAPCRG Board of Directors elected Jack Westfall, MD, MPH as the next Vice President for the organization beginning in November 2018. He will serve a year as Vice President then a year as President and finally Immediate Past President. Diane Harper, MD, MPH, MS was elected as Secretary/Treasurer beginning in November 2018. Also, in November, Judy Belle Brown, PhD will assume the role of NAPCRG President and Norman Oliver, MD, MA will become the Immediate Past President.