



**Primary Care  
Special Interest Section  
Meeting Minutes  
June 25, 2005**

Present: James W. Banks, III, MD (chair), Philip A. Bain, MD, Roger K. Cady, MD, Morris Maizels, MD, Vincent Martin, MD, Robert Smith, MD, Glen D. Solomon, MD

Staff: Leslie McGeoch

- I. Those present discussed the need for increased educational commitment to primary care audiences and means by which AHS can achieve such.
  - A. Brainstorm
  - B. Precourse or parallel course for meetings
  - C. Develop research initiatives
  - D. Toolkit for the ideal office visit – possible tie in with linguistics study
  - E. Certificate program for Nurse Practitioners, Physician Assistants
  - F. Handbook for headache
    1. For residents and medical students
    2. Resource to create worksheets and resources
    3. Print and electronic (pda)
- II. The ways in which such programs should be developed was discussed.
  - A. AHS has made small steps, but is still predominantly a neurology specialty group, not focused on primary care education. The Primary Care Education Project: Brainstorm is a good program but has been largely under-utilized. The Core Competencies in Resident Education for Headache program led by Dr. Dodick is an outstanding work, but has completely left out primary care training. Neurology Ambassador Program is principally directed towards neurologists, and a “primary care focused NAP” has long been discussed but not forthcoming.
  - B. Educational initiatives should be directed by primary care physicians with assistance from neurologists and others. Build off of Brainstorm, expand its offerings and venues to more prominent CME events.
  - C. Headache is a small topic for most primary care physicians, and education might be better delivered in combination with the topics of chronic pain and mood.
  - D. Create program of service to primary care, such as how to manage patient types, one of which would be migraine. Extending the scope beyond AHS, partnering with other societies and educational organizations such as AAFP, ACP, AAPA and AANP.
  - E. What is the interest of the AHS Board of Directors in growing and funding programs in primary care?



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- III. The possibility of partnering with other organizations as a way to reach the primary care audience was discussed.
  - A. Target the practicing physician in common with other organizations that can help (AHS & AAFP and ACP) as well as physician assistants (AAPA) and nurse practitioners (AANP).
  - B. Collaboration with other organizations would emphasize credibility.
  - C. New emphasis to Brainstorm in other sites (ACP, AAFP).
  - D. Make accessible for education on local and regional level.
- IV. The Primary Care Network (PCN) was identified as an organization successfully targeting the primary care audience. Another organization with proven success in effectively reaching primary care audiences is the Primary Care Education Consortium. Ways that the Primary Care Section would be interested in partnering with PCN were discussed.
  - A. Use the infrastructure of PCN or other similar organization to help implement AHS primary care programs
  - B. Create a steering committee of both groups, to develop, submit and standardize programs
  - C. Develop a PCN type of program with credit given to the AHS
- V. Those present discussed the need for a Primary Care Committee rather than Special Interest Section of AHS, and ways that such a committee could be structured.
  - A. Subcommittee of the Education Committee with representative input from other disciplines, primarily primary care
    - 1. Committee would act as a bridge to other societies with proven history of primary care
    - 2. Develop multi-specialty programs once charged with developing primary care educational initiatives
    - 3. Pain management, not just headache
  - B. Make explicit that Primary Care Section chair would direct subcommittee (nomination by section).



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- C. Would need a commitment from the Board of Directors to developing and funding primary care education.
1. Invite a Board member to sit on the Primary Care Committee.
  2. Invite the Corporate Liaison to sit on the Committee to ensure buy-in when funding is solicited.

VI. The Primary Care Section will meet in Scottsdale.

There being no further business, the meeting was adjourned.

Respectfully submitted by:  
Leslie McGeoch