

it is the result of family medicine's demands for a delivery system and payment reforms.

"This is an opportunity to improve the quality of care that's delivered in this country, and MACRA presents, we believe, an enormous opportunity to drive broad payment reform for primary care," continued Filer.

"It modernizes the traditional fee-for-service payment model and begins to value the training, skill level and the time—as well as the comprehensiveness—that goes into taking care of our patients."

Filer acknowledged a steep MACRA learning curve in coming months. "This was a 962-page document that was released last week, and many of the rules and regulations are still being written," she said.

"The AAFP is actively working with CMS to ensure that the proposed rules will be good for family physicians. That's why we've created the online MACRA Ready resource just for you. Consider it your personal roadmap to MACRA success."

Filer asked family physicians to bookmark the AAFP's MACRA Ready page and to check back often.

"This is still very much a work in progress. We know that members are concerned—they're worried," and they have a lot of questions, as does the AAFP, she said.

She assured family physicians that the AAFP was working closely with CMS and HHS to ensure that the MACRA implementation rules "help and don't hurt family physicians."

Filer concluded her remarks with this: "Please know that we have your back. We are on this and will do our best to keep you informed."

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REDUCING BURDEN, ASSURING COMPETENCE, IMPROVING QUALITY, AND ENHANCING PROFESSIONALISM: HOW CAN ABFM CONTRIBUTE TO ALL?

For many physicians, maintaining certification is but one of a number of non-clinical activities that require additional time and energy. The ABFM is working to balance the importance of providing a mechanism for

family physicians to demonstrate their ongoing competency and improvement with the additional burden and expense the federal efforts to move to value-based payment will add to physician work. For this reason, the ABFM is investing heavily to align continuous certification with value-based payment requirements, in a manner that will both reduce burden and bend value-based payments to primary care's value. A description of these multi-faceted efforts is described below.

1. **PRIME Registry.** For family physicians who have difficulty retrieving data for quality reporting from their EHRs, ABFM is providing tools to turn EHR data into information. PRIME dashboards inform patient and population quality and their measures populate MOC portfolios to tailor QI choices to the most meaningful of activities. These data are reported at the physician's discretion to meet value-based payment reporting and other needs. Through the PRIME registry, we will merge EHR-pulled data with measure submission to produce a more inclusive registry. More information here: <https://www.theabfm.org/primeregistry/>

2. **TRADEMaRQ (Trial of Aggregate Data Exchange for MOC and Raising Quality).** This refers to a federally funded study that seeks to answer 3 questions: (1) Can family physicians who are in systems that measure quality send whole-panel quality measures to the ABFM?; (2) can those data be used to better address quality improvement needs at the practice level?; and (3) will this process result in improved quality? Participation in TRADEMaRQ is one path into the PRIME Registry.

3. **PRIME Support & Alignment Network.** The ABFM partnered with the AAFP to support the large federal effort to help practices succeed with value-based payments. The ABFM saw this as a way to secure important resources for helping family medicine practices, and to assist with reducing the burden and planning required for family physicians to accomplish practice improvement activities. ABFM is giving Part IV credit and making the PRIME Registry free for 6,000 board-certified family physicians who join a Practice Transformation Network.

4. **Measure Development.** The PRIME Registry is a federally certified Qualified Clinical Data Registry, which means it can propose better primary care measures to CMS for payment. ABFM's research collaborations with the Robert Graham Center prepare and allow us to produce better measures for value-based payment. Having the data, capacity to analyze them, and develop/test measures will help us recommend pay-for-performance measures that family physicians believe are important. ABFM wants meaningful quality improvement to count for multiple things, so we hope, over time, to move Practice Improvement Activities

(Part IV) into the PRIME Registry with the goal that when a family physician completes a Performance in Practice module, they also complete a Clinical Practice Improvement Activity (one of the new value-based payment measures).

5. Population Health The ABFM is working to integrate social determinants of health data with clinical data in the PRIME Registry. The goal is to help prepare family medicine practices for understanding the impact of social determinants on individual patients and populations they serve so that interventions to improve care can be planned with these in mind. Through this effort, community-level quality improvement efforts that count for maintaining certification and value-based payments will be developed. This also helps with preparation for payment adjustments based on social determinants, expected in 2017.

6. Evolution of Continuous Certification The ABFM uses research and feedback from its Diplomates to continuously improve certification. More than 80% of Diplomates told us that the Knowledge Self-Assessment (KSA) portion of Part II was valuable for updating their knowledge, but only 60% said the same for the Clinical Skills portion. In response, the ABFM is separating

these 2 components and making them independent options. We are working on another Part II solution that allows Diplomates to receive questions on their smart devices and answer fewer KSA questions but more often. Other boards have found that their Diplomates favor this method, and educational research supports it for improving learning. Our internal research will also lead to improvements in the certification examination which will be announced later this year.

Certifying boards can, and should, play a critical role in reducing burden and burnout by helping physicians demonstrate ongoing competency and respond to requirements for improving care quality. The ABFM is committed to helping its Diplomates through work at the practice and policy levels on your behalf, and we welcome your partnership in this process.

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