Family Medicine Updates

AAFP From the American Academy of Family Physicians

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AAFP PRESIDENT PLEDGES 'HONEST, BEST EFFORT' TOWARD BETTER FUTURE FOR FAMILY PHYSICIANS

The AAFP's newly installed president, John Meigs, MD, of Centreville, Alabama, took to the big stage on September 21, 2016 as part of the opening ceremony of the Academy's 2016 Family Medicine Experience (FMX) in Orlando, Florida.

"It is my honor and privilege to serve as your president for the next year," said Meigs, speaking to an auditorium packed with family physicians eager to hear from their new leader.

He and his listeners all have something in common—namely, the daily experiences of family physicians "as we try to make a difference in the lives of our patients, our communities and, ultimately, in the health of our nation," said Meigs.

"I still see patients every day that I am not traveling as I try to represent you and spread the message of who we are, what we do, and what we stand for," he added.

And then with a nod to Charles Dickens' "It was the best of times, it was the worst of times" assessment of 18th-century Europe in his classic tome, *A Tale of Two Cities,* Meigs detailed some of the ups and downs family medicine has experienced in recent years.

"Did you know that for the past 10 years in a row, family medicine has been the most sought-after, most recruited specialty?" he asked. "Our salaries are rising faster than most other specialties—but we have so much more ground to make up."

He pointed to research that shows primary care as the only path to achieving the Triple Aim of better care, better health, and lower costs.

"We are valuable. We are essential," said Meigs. But family physicians are not always rewarded for the value they bring to the system and to their patients. He lamented the fact that although payers, politicians, and policy makers responsible for creating and maintaining a viable health care system for all Americans talk a good talk, they often lack the necessary follow-through. "It reminds me of the words of the prophet Isaiah, 'They hear, but do not perceive; they see, but do not understand,'" said Meigs. He used his storytelling skills to illustrate the point. Meigs said in a meeting with a major payer in Alabama a few years back, he argued that no diagnosis or treatment—including mental health issues—should be off limits to family medicine. After all, primary care is all about first contact with the patient, followed by comprehensive, continuous, coordinated, and connected care. "One of their VPs turned to me and said, 'You mean to tell me you can treat every diagnosis in the code book?'" Meigs shared his simple response: "I said, 'I can get started.'"

Meigs also told of missing out on Alabama Medicaid's "gold card" precertification program that allowed certain physicians to avoid the hassle of obtaining prior authorizations for advanced imaging procedures. To qualify, a physician had to prove he or she was not an overutilizer of such services. "I never got a gold card," said Meigs. "When I inquired as to why, I was told I had not ordered enough tests for them to have enough data to determine if I was an overutilizer," he quipped to resounding laughter and applause.

Keep in mind it's those very administrative hassles—precertifications, prior authorizations, meaningful use measures, and quality reporting—that beat physicians down and burn physicians out, said Meigs. "Like you, I live this every day and know personally the frustrations we all face."

Meigs promised that he, with the strength of the Academy behind him, would tackle those and other important issues in the coming year. "MACRA (the Medicare Access and CHIP Reauthorization Act) is and will continue to be an area of focus and attention," said Meigs. He pointed out that the AAFP has been actively engaged with CMS in the development and implementation of the regulations, and based on changes CMS is making, the Academy's advocacy efforts are paying off. "We have long asked to be paid differently and paid better," said Meigs. "Well, with the passage of MACRA and repeal of the (Medicare sustainable growth rate), we got the 'different' part. Now, we're working hard for the 'better' part." Physicians need CMS to reduce the complexity and make the rules reasonable, he noted.

Then there are the tough issues surrounding opioids. "The use, abuse, overuse, misuse, and diversion of opioids have reached epidemic proportions in our country," Meigs stated. "Ladies and gentlemen, we are a part of the problem, but we're also an essential

part of the solution." He noted that family physicians do, in fact, prescribe a lot of opioids because 1 out of every 5 visits to a medical office is to a family physician's office. "Who better to recognize and treat pain than the family physician who knows the patient in the context of their entire situation?" asked Meigs. "The opioid crisis is a very complex problem with no simple remedy. No legislative mandate is going to correct this problem," he added. The answer, he said, is not to avoid prescribing these drugs, but to prescribe wisely and carefully. "If you are going to prescribe and treat pain, then educate yourself and do it properly and safely," said Meigs. He reminded family physicians of the myriad of learning opportunities on the topic that were available at FMX.

Meigs spoke most passionately about legislative interference into the business of medicine. "I want legislators, bureaucrats, administrators, bean counters, and insurance company executives out of my exam room," he said, drawing sustained applause from his colleagues. He called the exam room a sacred place of trust, empathy, and compassion between a family physician and his or her patients. "Please note," Meigs added, "I still treat patients. I don't have clients. My patients are people with needs and concerns, not business opportunities. The exam room is no place for outside interference about what we ask about, talk about, discuss, or treat."

Meigs also promised an Academy focus on workforce issues. "We will advocate for GME funding reform based on the nation's physician workforce needs. We need to raise the awareness, understanding, and the confidence of medical students to choose a career in family medicine," said Meigs. He also pledged to address the "systemic, structural, and even cultural obstacles" in the current world of health care so that family physicians can once again "enjoy a sustained and fulfilling career in family medicine."

Lastly, he mentioned diversity, health equity, and the social determinants of health—issues that are of critical importance to all patients in all communities across the country. "I have outlined where I think our energy, effort, and engagement will be needed this coming year. Our work is important, our patients are depending on us, our country needs us," said Meigs. The AAFP must repeat that message again and again until everyone hears it.

"I'm going to give you my honest, best effort to make things better," said Meigs. "I am a family physician."

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A MESSAGE FROM THE ABFM PRESIDENT

Feedback is critically important in helping the American Board of Family Medicine (ABFM) continuously improve the assessment tools that we use in our certification process. We used data from the evaluations provided after Diplomates complete self-assessment activities to determine that the clinical simulations were not as useful as the knowledge assessments in helping family physicians improve their practices. This information led to our decision to no longer make the clinical simulations a mandatory part of the self-assessment and lifelong learning component of continuous certification. Accordingly, we uncoupled the clinical simulations from the knowledge assessments this past July.

This uncoupling required several months of recoding the programs that drive self-assessment activity on our website. Because we were making these major changes, we thought it time to make several other important changes in response to feedback as well. We have consistently heard since we introduced maintenance of certification almost 15 years ago that we have made the certification process too complicated and unwieldy. Prior to the initiation of this new paradigm, the certification process was rather straightforward. A family physician took the initial certification examination, and after passing it, he or she maintained a full, valid, and unrestricted medical license, accumulated 300 continuing medical education credits, and completed the computerized office record review—retrospectively auditing 2 charts each for 1 acute and 1 chronic medical condition—before taking the exam again 6 or 7 years later.

Although the new maintenance of certification process replaced the computerized office record review with online modules to facilitate more efficient completion of quality improvement activities and added new self-assessment modules, our overarching, integrated approach to continuing certification changed little. We complicated it, however, with all sorts of new terminology and acronyms—Parts I, II, III, and IV, SAMS, PPMs, MIMMs, and the like. As if that were not enough, we had multiple payment plans that changed several times over the past 15 years resulting in multiple permutations of payment methodology that are dependent on when a Diplomate transitioned into this new process!