

viewed as a basic skill, but as an extra skill that can be acquired and developed for residents with a particular interest."

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AFPRD Representative

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From the American Academy
of Family Physicians

HEEDING INFORMATION TECHNOLOGY'S CALL

The AAFP boldly established itself as a leader in the arena of health care information technology (IT) during the past few months.

The first step came in September, when the Academy's Board of Directors voted to establish the AAFP Center for Health Information Technology. The center, based in the Academy's Leewood, Kan, office, has been charged with a heady mission: to promote and facilitate the adoption and optimal use of health IT by AAFP members and other office-based clinicians. AAFP leaders expect the center to become a national resource for information and communications technology.

"The establishment of the center signals the need to move from paper-based to computerized information systems in the family physician's office," said AAFP Executive Vice President Douglas Henley, MD. "The activities of the center will improve the quality and

safety of medical care and, in turn, increase the efficiency of health care delivery."

The Academy's second move turned heads in both health care and technology corners. In November, AAFP held a news conference at the National Press Club in Washington to announce partnerships with 9 leading IT companies. The initiative sends a clear signal that the Academy's top leadership is serious about moving the specialty of family medicine into the world of electronic health records (EHR) as quickly as possible.

In fact, the Academy has a lofty goal: to have 50% of active members using EHRs by the end of 2005.

The recently secured agreements should help bring that goal to fruition. To date, the partners are A4 Health Systems, GE Medical Systems Information Technologies, Hewlett-Packard, MedPlexus, Inc, Med-Plus, Inc, NextGen Healthcare Information Systems, Inc, Physician Micro Systems, Inc, Siemens Medical Solutions Health Services Corp and Welch Allyn, Inc.

The Academy's Web site at <http://www.aafp.org/x24906.xml> serves as a starting point for gathering product information. Academy members can pick and choose from a variety of hardware and software options at prices discounted from 15% to 50%. All information is easily accessible. Members just log in with their AAFP identification numbers and quickly link to partners' Web sites for product and pricing information.

As one business partner pointed out, the EHR initiative is not about a group of companies creating one new product. It's about building a new network to allow existing products to communicate with one another.

Guiding Principles

Each company involved in the principled group-purchasing agreements has pledged to uphold the Academy's 4 guiding principles for the initiative.

Affordability offers the key to unlocking technology's door and ushering in thousands of small to medium-sized family medicine offices. The physicians in these practices represent the backbone of family medicine, and while most recognize the benefits of EHRs, many say they cannot afford the start-up costs.

Compatibility represents another vital component of the initiative; the prospect of incompatibility alarms potential users. Most family physicians have neither the time nor the money to replace an existing system because it won't support necessary upgrades and additional components.

Interoperability means that data can be shared among the clinician, laboratory, hospital pharmacy and patient—regardless of the application or application vendor.

Data stewardship promises that clinicians will retain control of data produced as a product of their EHR systems.

Digital Imperative

Why the AAFP's push now?

Why not now is the better question. It's common knowledge that the health care community lags behind just about every other industry—even fast food restaurants and video rental stores—when it comes to implementing digital technology.

Concerns about patient safety, quality of care, office efficiency, and the rising cost of health care demonstrate the need for a better system of doing business.

The EHR products the AAFP and its partners are offering will help ensure that patients receive the most timely, appropriate, and efficient medical care possible, said AAFP President Michael Fleming, MD, of Shreveport, La, at the news conference.

An EHR can be the central nervous system of the family medicine office. EHR systems enable physicians to gather and integrate patient information, medical resources, and patient-education resources. Physicians can oversee patients' information and the necessary releases to other health care entities. An EHR can help physicians reduce medical errors and duplication of services.

Given these benefits, the AAFP decided it was time to quit talking and start moving.

The Academy will continue its search for companies to join the effort, thereby offering even broader product options to members. With luck, other medical specialties will follow the Academy's lead, and the entire health care industry will benefit.

"These actions place us clearly in the forefront of technological development among all other medical associations," said Fleming.

Sheri Porter
AAFP News Department



From the American Board
of Family Practice

JOURNAL OF THE AMERICAN BOARD OF FAMILY PRACTICE MOVES EDITORIAL OFFICE

The *JABFP* editorial office has moved. All correspondence and manuscripts should be sent to the following new address:

JABFP Editorial Office
c/o Dr. Victoria Neale
Deputy Editor
Department of Family Medicine
Wayne State University
101 E Alexandrine, Room 249
Detroit, MI 48201

Manuscripts and other correspondence can also be submitted electronically to jabfp@med.wayne.edu.

JABFP Develops New Ethics Feature

The *JABFP* is developing a new "ethics" feature that will be edited by Tom Tomlinson, PhD, and colleagues in the Center for Ethics and Humanities in the Life Sciences at Michigan State University. Our goal is to provide a regular forum in which to discuss any of the myriad ethical issues, in both clinical and research settings, that are of special interest to family physicians and researchers. We invite *Journal* readers to submit case studies raising ethical questions for inclusion in this series. We would also like to develop a pool of readers with special interest or background in ethics who might be called upon to write commentaries. If you would like to offer a case, or put your name forward as a possible commentator on future cases, please contact Dr. Tomlinson via e-mail at tomlins4@msu.edu, or by telephone at (517) 355-1634.

THE ABFP'S NEW WEB PORTAL PROMISES UNPARALLELED ACCESS FOR FAMILY PHYSICIANS

January 2004 begins an exciting new era of communication delivery by the ABFP to all of its Diplomates via the Internet. Gone are the days when Diplomates have to wait for answers to questions regarding any aspect of certification/recertification status, examination dates, sites and scores, CME progress, etc. A secure, user-friendly Web site has been designed to help Diplomates manage all facets of their relationship with ABFP more efficiently.

The new ABFP Web portal, <http://www.abfp.org>, will give all Diplomates immediate and unparalleled access to their personal portfolio, which will contain vital information regarding their certification/recertification status. This information can be easily downloaded to provide necessary documentation for credentialing purposes. This new Web portal will also be the entry point used by Diplomates to participate in the Maintenance of Certification Program for Family Physicians (MC-FP) and for navigating and managing their progress in this process. Each Diplomate will have secure access to his or her unique personal portfolio by entering an ID and a password. IDs and passwords were mailed to all Diplomates in July 2003. A Diplomate who has misplaced his or her ID and/or password, should call the ABFP's Help Desk at (877) 223-7437.

The Web site will be divided into 2 sections. The first will contain general information that will be available to both Diplomates and the general public. This information will include an overview of the ABFP certification, recertification, and MC-FP requirements and processes, mechanisms for physician verification by insurance providers, third party payers, hospitals, etc,