

Payment Options

We will continue to offer similar payment options under the new plan. The new payment plan, to be implemented in January 2007, will result in a lower annualized cost over the 10-year MC-FP cycle for those Diplomates choosing either the full prepayment option or the annual payment option. Both of these payment options guarantee the total cost of MC-FP, including the examination.

For more details on existing and future payment options, as well as information for those Diplomates who certified or recertified in 2003, 2004 or 2005, please visit our Web site.

Program Participation

All Diplomates are eligible to choose the 10-year cycle, including those who are currently eligible for MC-FP but who have not started the process yet. For those Diplomates who were certified or recertified in 2003 or 2004, a limited amount of time exists to complete the requirement for Stage One. These Diplomates are encouraged to enroll in MC-FP and begin completion of their requirements immediately. The *MC-FP Handbook*, which can be accessed on our Web site, provides information on how to begin the process, payment options, and requirements for each of the 4 parts of MC-FP. Diplomates can track their progress in MC-FP through a unique online portfolio, which contains personal and professional history and assists Diplomates in monitoring their completion of the program requirements.

For more information visit our Web site at <http://www.theabfm.org> or contact us directly for one-on-one assistance by calling our Help Desk at 1-877-223-7437.

Robert Cattoi
American Board of Family Medicine



From the Society of Teachers
of Family Medicine

Ann Fam Med 2006;4:182-184. DOI: 10.1370/afm.533.

ALIGNING THE INTERESTS OF OSTEOPATHIC AND ALLOPATHIC TEACHERS OF FAMILY MEDICINE

"Integrating osteopathic training into family practice residencies has the potential of adding depth to any family practice residency program."¹ To survive as a unique medical entity, the osteopathic profession must curtail the ongoing exodus of young graduates from

the philosophical roots of the profession, and both academic components and clinical components must be re-infused with the efficacious values inherent in the osteopathic approach to patient care."²

The themes represented in the above quotes are indicative of a wide breadth of views held by osteopathic and allopathic family medicine educators. But where is the common ground, and what do allopathic family medicine and particularly the Society of Teachers in Family Medicine (STFM) have to offer in helping to create a common ground?

From its inception, the osteopathic profession has been smaller in numbers than its allopathic counterpart and has worked hard to secure its place in American medicine. Over the past 100 years or so these efforts have produced a profession that is highly competent and growing, with 23 colleges of osteopathic medicine at present and more in development. This growth phase has coincided with other sweeping changes in the financing of American medicine that have led to mergers and acquisitions of hospitals that have all but eliminated many hospitals that were previously osteopathic. This has reduced the options for graduates of osteopathic medical schools to acquire internships and residencies in osteopathic hospitals.

Allopathic graduate medical education has also been challenged in recent years. After 9/11 it also became increasingly difficult to recruit qualified international graduates in the allopathic GME match process. This collision of coincidences has created a situation where graduates of osteopathic medical schools must find graduate medical education in allopathic programs at the same time that allopathic programs, especially in family medicine, are searching for qualified applicants. The resulting influx of osteopathic students into allopathic GME programs has been closely followed by the recruitment of new osteopathic faculty into allopathic residency programs. As a result of the expansion of both osteopathic and allopathic medical schools, there is also an increasing requirement for more qualified faculty. This would seem to imply a greater need for cooperation and collaboration between the 2 professions, especially in family medicine. So why does this not occur? Are the barriers to an improved working relationship that create such inertia cultural or political, related to economics or tradition, or simply a lack of knowledge about each profession and what it has to offer? Are there issues keeping the osteopathic profession from utilizing the expertise of organizations such as STFM?

These issues are part of a discussion that began at the STFM 2004 Annual Spring Conference in Toronto, where the STFM Membership Committee began to earnestly examine osteopathic membership. The issues relating to STFM membership may also reflect on the

larger issue of why osteopathic medicine and its graduates find value in other allopathic family medicine programs. A focus group of osteopathic STFM members was convened to examine opportunities and challenges of aligning the interests of both osteopathic and allopathic family medicine teachers. Information gathering seemed especially timely because of the growth of dually accredited residency programs and the formation of academic partnerships between allopathic and osteopathic family medicine departments and residencies that this process has engendered. The results of that focus group showed that while STFM offers valuable services and products to osteopathic family physician faculty, cultural and practical barriers may pose challenges to osteopathic family medicine educators in adopting STFM or any allopathic organization as a core professional affiliation.³

In sharing this information, the authors invite others to discuss key questions regarding osteopathic family medicine education and to pose a preliminary set of recommendations for allopathic family medicine as well as STFM and its members. Responses to questions and recommendations in this article are based on the 2004 focus group and the perceptions and experiences of STFM's Membership Committee and Group on Osteopathic Education.

STFM Membership

STFM has long had osteopathic physician leaders and members. STFM's Group on Osteopathic Family Medicine, cochaired by David Yens, PhD, and Charles Henley, DO, MPH, has approximately 60 members, primarily osteopathic physicians and several non-physician educators. This group is committed to promoting excellence in family medicine education through such common interests as faculty development, collaborative research, and mutual recognition.

However, osteopathic family physicians are not represented within STFM in numbers proportionate to MD family physician members. For the year 2005, STFM membership was 4,385, of which 203, or 5%, were DO members and 3,366, or 77%, were MD members. These numbers would be more informative if the total population of osteopathic and allopathic family medicine teachers in DO- and/or MD-affiliated institutions were known. Even though these total populations are unknown, it is clear that the STFM membership level of osteopathic family physicians is relatively small compared to the membership level of allopathic family physicians.

Invitation to Discuss Key questions

Three questions seem especially important to understanding the role of STFM and its ability to attract greater numbers of osteopathic medicine educators. In

this sense, STFM could be seen as a surrogate for the relationship between osteopathic physicians and allopathic family medicine in general.

1. Does STFM offer services and products needed by both osteopathic and allopathic family medicine faculty? The answer to this question is "yes." The mission of STFM emphasizes faculty development and its importance in academic family medicine. Focus groups results confirm that osteopathic physicians strongly perceive the need for faculty development.⁴ The focus group also recognized STFM's record of success in faculty development. STFM membership provides several unique opportunities for mentoring, networking, and the development of skills in leadership, teaching, research, and career advancement.

2. Do osteopathic physician educators perceive that STFM is the right professional organization for them? The answer appears to be mixed. The focus group perceived STFM to be more closely affiliated with allopathic medicine due to its history, organizational connections, and membership, and not as culturally, clinically, or educationally pertinent to many osteopathic physician educators. Practical matters also influence DO teacher interest in STFM, but these issues appear to influence the rate of membership across all DO and MD schools and programs. For example, some programs and schools lack visible leadership support for STFM. The focus group also noted that many schools and programs may simply lack knowledge about STFM and its services.

3. Are there organizational barriers that may limit DO teacher access to STFM? Focus group results were also mixed on this question. There appears to be no history of coordinated communication among the leaders of STFM and the leaders of academic osteopathic organizations, such as the American College of Osteopathic Family Physicians (ACOFP). Some focus group members remarked that STFM conferences may not fill the needs of osteopathic educators, who must meet specific educational requirements for residency boards and Osteopathic Postgraduate Training Institutions (OPTIs). The focus group also noted that STFM conferences are competing with other, non-STFM conferences for the participation of osteopathic educators, and that osteopathic physicians do not always receive appropriate CME credits for attending allopathic conferences. In fact, osteopathic physicians must fulfill the same requirement of 150 hrs. of Category 1 Osteopathic CME over a 3-year period in order to maintain eligibility and certification. While the STFM Program Committee is looking into requirements for osteopathic category 1 credit, it is important to acknowledge the STFM Annual Spring Conference program is approved by the AOA for category 2 credits for DO participants.

Preliminary Recommendations: Improving Rates of Osteopathic Membership in STFM

The STFM Membership Committee and Group on Osteopathic Education have several preliminary recommendations:

1. Continue to explore the missions and goals held by STFM and allopathic and osteopathic family medicine organizations. Be aware of and acknowledge where these goals converge and differ.
2. Create better lines of communication among STFM, osteopathic and allopathic organizational leaders, and family medicine faculty. National conferences and special events should be posted at a site supported by or linked to STFM.
3. Explore and build opportunities for joint training. Conference planning should continue to include themes of interest to osteopathic family medicine education, such as highlighting special areas of clinical teaching and dual accreditation. Establish that full CME credits will be available for both allopathic and osteopathic physicians and appropriate STFM-sponsored conferences.
4. Although osteopathic organizations such as the AOA and ACOFP already recognize outstanding students and colleges within their own organizations, it would a very positive step to see STFM also recognize the success of osteopathic schools and report publicly on achievements and events that have mutual interest.
5. Promote appreciation for cultural and historical differences between osteopathic and allopathic medicine by clarifying shared visions and goals, especially for family medicine educators, research, and community and patient outcomes.

Conclusion

As members of the STFM Membership Committee and Group on Osteopathic Family Medicine, we admit to a bias in favor of a strong and vibrant STFM membership. But beyond our biases, we believe that all teachers of family medicine will benefit from greater alignment of mutual interests across osteopathic and allopathic schools, programs, and faculty. Given the fact that there are more osteopathic residents in allopathic programs, it is incumbent on all of us to work together. Additionally, the faculty development activities provided by STFM can be beneficial to osteopathic education. By working together in a collaborative fashion, we can have a stronger impact on the health of our patients. In fact, STFM leaders met with ACOFP leadership last year to begin discussions of collaborative efforts for the future.

We invite your input on the topic of increasing osteopathic physician faculty membership in STFM. We also invite you to share the themes of this paper with

your colleagues. If there is to be a common culture for all teachers of family medicine that will grow regionally, nationally, and beyond, it will be because small communities of academic colleagues have examined and advanced the good they find within these ideas.

Jeffrey Morzinski, PhD
Charles Henley DO, MPH
STFM Membership Committee
Caryl Heaton, DO, STFM Board Liaison to the Group on
Osteopathic Family Medicine

References

1. Johnson KH, Raczek JA, Meyer D. Integrating osteopathic training into family practice residencies. *Fam Med.* 1998;30:345-349.
2. Johnson SM, Kurtz ME. Diminished use of osteopathic manipulative treatment and its impact on the uniqueness of the osteopathic profession. *Acad Med.* 2001;76:821-828.
3. Searfus K, Morzinski J. Osteopathic and allopathic teachers of family medicine: working together through STFM. *STFM Messenger.* 2005;25:3.
4. Dalhouse S. Osteopathic postdoctoral training institutions. *J Am Osteopath Assoc.* 2003;103:539-542.



From the Association
of Departments of Family Medicine

Ann Fam Med 2006;4:184-185. DOI: 10.1370/afm.532.

KEEPING OUR EYE ON THE BALL: MANAGING THE EVOLUTION OF ELECTRONIC HEALTH RECORDS

The AAFP's leadership regarding Electronic Health Records (EHRs) has been impressive. As the Future of Family Medicine report underscored, EHRs include not only clinical information systems but also scheduling, billing and other functionalities, and these broader functionalities are critical for the fiscal viability of the New Model of Family Medicine. The AAFP initiative has created a market in small-office EHRs, resulting in development of common technical standards and better understanding of the costs of EHR adoption, greatly speeding the process. The Academy's leadership has also led other professional organizations and the federal government to address the fundamental structure of health records, including the Continuity of Care Record (CCR), pay-for-performance measures, and EHR certification.

ADFM believes, however, that these successes represent only a first step. As important as small-office EHRs are, they represent a by-station on the road