disengaged from the planning process, whether from lack of interest, or lack of invitation. Given the importance of the CTSA project and its level of funding, it is critical that all departments seek to engage, even if uninvited, and even if their institution is not actively seeking one of these highly competitive grants.

There are several successful methods of engagement in the planning process. The simplest is to meet with the proposed principal investigator, who is often a bench researcher with little knowledge of practice-based or community research, and to describe the departments programs and connections, and how the department can help achieve the CTSA requirements. Sometimes, repeated discussions are needed; failed submissions with low scores on the community engagement section (which is required) can facilitate these interactions.

It is important to note that consortia can submit for CTSA grants, and an increasing number of medical centers are doing so. The combination of a research intense medical school with 1 or more community-based schools can be a powerful and successful model.

The NIH will be conducting a series of workshops on community engagement over the next year, which will provide additional opportunity for all departments, networks, and community partners to share and learn about this exciting and evolving field of clinical translational science. Thus, all FM departments will have an opportunity to participate in this national experiment and to help share the evolution of the NIH. The first national workshop is on "Accelerating the Translation of Research into Practice" and is scheduled for May 8-9 in Bethesda, Maryland. The first day's topic is "Feasibility of Expanding and Integrating the Clinical Research Networks" and the second is "Accelerating the Dissemination and Translation of Clinical Research into Practice." In addition, a series of regional meetings on community and practice engagement are being planned, and will offer additional opportunities to showcase best practices and to learn from each other. Information of all of these meetings will be available on the NIH CTSA Web site (http://ctsaweb.org).

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AAFP CONTINUES TO FIGHT FOR PAYMENT REFORM

Payment reform for primary care physicians and, in particular, for family physicians is a top priority for the AAFP. Once again in 2007, the Academy fought long and hard to ensure members of Congress and federal officials recognized the importance of payment reform to ensure the health of the nation.

As 2006 drew to a close, Congress narrowly averted a scheduled 5% payment cut for family physicians, leading the Academy to immediately jump into the payment fray once again. Early in January, an AAFP-inspired group of 10 medical associations called on Congress to implement comprehensive health system reform that abides by 11 principles, including access to health care, medical liability reform, and management of health care costs. The "Principles for Reform of the U.S. Health Care System" calls on Congress "to take action on health system reform this year," said (then) AAFP President Rick Kellerman, MD, of Wichita, Kansas.

Then in March, the Academy, responding to a report on physician payment rates from the Medicare Payment Advisory Commission, urged Congress to replace the current payment structure with a system that compensates physicians for care-coordination services and creates incentives for the establishment of patient-centered medical homes.

Kellerman testified before the House Ways and Means Committee's Subcommittee on Health in May. He urged committee members to adopt a Medicare physician payment system that reimburses physician practices for providing a patient-centered medical home. "More than 20 years of evidence shows that having a health care system based on primary care reduces costs and benefits the patient's health," said Kellerman.

May also saw the formal introduction of the Patient-Centered Primary Care Collaborative. Members of the collaborative—which include the AAFP and other physician groups, health care organizations, and employers—agreed that placing primary care and the patient-centered medical home "center stage" in the health care debate would help put America's ailing health care system back on the road to recovery.

Late in May, some of the nation's largest professional health care organizations, including the AAFP, sent a proposal to Congress asking lawmakers to phase in a repeal of Medicare's sustainable growth rate, or SGR, formula by 2016 if they could not immediately eliminate the program. According to (then) AAFP Board Chair Larry Fields, MD, of Flatwoods, Kentucky, Congress needs to create a "stable payment system" for the next few years while working on a "permanent fix for the broken system we have now."

The Academy's efforts for payment reform continued in July, when Kellerman and other primary care leaders sat down with congressional leaders and asked them to stop the scheduled 10% reduction in Medicare payment rates for 2008 and provide positive payment updates in 2008 and 2009. "Everyone agrees this formula does not work," said Kellerman.

For a while in August, it looked as if fixing the payment cuts called for by the SGR would not have to wait until the end of the year when the House passed a bill that would provide slight increases in Medicare physician payments in 2008 and 2009. The provision, which was passed as part of a bill to reauthorize the State Children's Health Insurance Program, or SCHIP, would have provided a 0.5% increase in physician payments in both 2008 and 2009. Unfortunately, the payment update did not survive the reconciliation process between the House and the Senate.

With the collapse of the House SCHIP bill, the Academy intensified its advocacy efforts to stop Medicare payment cuts. In September, Kellerman met with staff members in the offices of 3 senators on the Senate Finance Committee and urged them to support a 2-year physician payment increase. "There is a growing understanding that primary care physicians and family physicians in particular are being undervalued in the current system, and that is having an adverse effect on access and quality of care and medical student specialty choice," said Kellerman.

In October, the Academy unveiled a new attitude about advocacy with its "Bold Champions" initiative. The 2-year, multimillion-dollar strategic initiative is designed to represent members with assertive actions, forceful language, and a new brand identity to telegraph the change in its approach. "This new campaign expresses the AAFP's commitment to play a central role in reforming the health care system for the benefit of all," said newly installed AAFP President Jim King, MD, of Selmer, Tennessee.

The threat to legislation seeking to alleviate the scheduled payment cut spurred the Academy to mobilize its members in November and December. The AAFP urged members to call their senators to stop the pending cuts, and members responded by bombarding Capitol Hill with phone calls saying that Medicare pay cuts were unacceptable. These efforts were rewarded somewhat in the waning hours of December, when the Senate and House passed legislation that provided for a 0.5% increase for the first 6 months of 2008. However, it was a poor attempt at a fix in the Academy's eyes. Congress is engaged in a delaying action, said King, postponing "what needs to happen, which is a complete reevaluation of the payment system and an elimination of the SGR in order to bring some sanity to our present payment formula."

The new year dawned with the Academy working hard to once again mobilize members to call Congress' attention to the Medicare payment crisis. While the Senate Finance Committee and members of the House quickly turned their attention to finding a way to fix or extend the temporary increase, AAFP members worked on a campaign to ensure the Medicare issue remained front and center.

Although the outcome of members' efforts is still unknown, the Academy has succeeded in bringing the critical issue of payment reform to the attention of key legislators, as well as presidential candidates, with the hope that the patient-centered primary care medical home soon will become the model for health care across the nation.

AAFP News Now *Staff*

From the American Board of Family Medicine

Ann Fam Med 2008;6:183-184. DOI: 10.1370/afm.825.

A NEW FOCUS ON RESEARCH

Self-assessment is an ongoing and increasingly extensive process. As a matter of basic ethics and good conscience, the ABFM cannot require diplomates to scrutinize their knowledge and practices if we are not equally willing to engage in a perpetual and data driven self-evaluation. As such, a vector of the ABFM's research direction will be self-reflective. We will evaluate the effects of changes instituted since ABFM began