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Questions and Answers With AAFP President Lori Heim, MD

AAFP President Lori Heim, MD, who currently serves as a hospitalist at Scotland Memorial Hospital in Laurinburg, North Carolina, recently sat down with *AAFP News Now* to discuss what's coming down the health care pike this year.

Q: You travel around the country meeting with AAFP members. What concerns do they have for their practices and their patients in 2010?

A: Family physicians are worried. They are concerned about the viability of their practices, and that's not surprising when looking at the financial status of the nation. Members wonder if health care reform will be passed and how it will affect patient access to physicians. They remember the old days of managed care, and they wonder about continuity of care and a disruption of the personal relationship family physicians have with their patients. They see their patients go "out of network" when they change jobs or when their employers change insurance carriers.

Q: What is your vision for the future of the US health care system?

A: I would like to see a basic set of health care

benefits available to all Americans and that includes an increased emphasis on prevention.

I had hoped to see a comprehensive health care reform bill passed, knowing full well that it would not have been perfect. However, in the current legislative mode, we are not likely to see the kind of reform called for by the AAFP's Congress of Delegates. I will spend the remainder of my tenure on the Board helping to improve whatever health care legislation Congress passes. The Academy's priorities are clear, and as AAFP president, I will continue to advocate for improved patient access, better payment for primary care and a stronger primary care workforce.

Q: How can the Academy leverage its influence in Washington to help shape health policy to benefit patients and physicians?

A: One way is to make our voice heard in Washington. We've had a tremendous response from members who have joined our Connect for Reform initiative. We will continue to ask them to explain to lawmakers how proposed legislation will affect family physicians and their patients. Legislators need to hear those stories. The Academy's leadership and staff also have a voice in Washington through discussions with White House staff, senior policymakers within the administration, and in testimony before House and Senate committees.

We have been invited to these venues because the Academy is viewed as an honest broker. Our interest in health care reform stems from our concern about the health of this nation and of our patients.

Our voice also is heard through the coalitions we join. We don't always agree with our partners on every issue, but we identify common goals and then advocate for them. It's been a very effective strategy. Just look at the regulatory changes proposed by CMS—including higher payments to family physicians—as well as the administration's proposed budget for 2011.

Q: What are other top priorities for the Academy in 2010?

A: The health care bills currently in Congress do not adequately address rising costs. The country needs to shift the delivery of health care away from a volume-based system to a quality-based system that measures patient outcomes. "Meaningful use" criteria for electronic health records (EHRs) are also on the AAFP's radar screen, and we'll decipher CMS directives with the goal of helping members qualify for EHR bonus money.

The Academy will look for additional strategies to advance primary care with partnerships in private industry and through the promotion of the patient-centered medical home. That's how we demonstrate the value of family medicine. Many of these initiatives, like our push for tort reform, need to be tackled at the state level.

We did not succeed in stopping the ICD-10 initiative, and so the AAFP will help our members make the transition to that new coding mechanism. The Academy will also continue to devote resources toward helping members' practices become patient-centered medical homes. And we will stay on top of public health issues, such as the obesity epidemic and the H1N1 influenza virus that experts say may resurface in the spring.

Q: What can the AAFP do to help members move beyond the implementation of EHRs to using the technology to its full capacity?

A: Family physicians lead the way when it comes to purchasing EHRs, but many members are not using their systems in ways that fully benefit their practices. Members can continue to turn to the Academy's Center for Health IT and TransforMED for answers to EHR implementation and utilization questions, including how to assess office workflow and office processes and how to focus on which health information technology projects to tackle first.

Q: How has your work as a hospitalist changed your view of health care?

A: I treated patients as a member of the US Air Force and as a physician in private practice. Now from my hospitalist perspective, I see how glaringly dysfunctional our health care system has become. I see all the patients who do not have a primary care physician. They come to the hospital emergency room, and many of them are admitted. I see the critical need for better communication during a patient's transition of care from the hospital to a hospice or a skilled nursing center. If a patient has a primary care physician, communication has to flow out to that physician about the patient's hospital stay. Otherwise, the hospitalist only creates further fragmentation within the health care system.

I've also learned the value of interoperable EHRs. It is unacceptable that I can go to an ATM and get my bank balance, but I can't get the vital information I need when a patient comes into the hospital. I have no way to access a secure Web site that lists the patient's current medications, allergies, and major medical issues. I'm forced to find work-arounds for a substandard system.

The saddest things I've seen as a hospitalist are the gaps and the disparity of care within a community. So many people are uninsured or underinsured, and seeing that up close has been very disheartening. But it has strengthened my resolve to address health care reform.

Q: How can we attract more students into family medicine and retain them?

A: The Academy has examined the admissions policies of medical schools, and we know how to attract

the right students. The bigger issue is tweaking the financial incentives to encourage medical schools to embrace primary care. We've been working with other family medicine organizations in this uphill struggle. The Academy is pushing for more family medicine residency slots and for more money for residency training, and we're suggesting legislative changes to make those things happen.

The AAFP wants to raise the prestige of family medicine, and one way to do that is to close the income gap between primary care physicians and other medical specialists. Health care reform legislation could give primary care a 10% pay increase in 2010; that's a good start, but it's clearly not enough.

That's important because medical students tell us income is a big issue. We know that many of them are interested in primary care, but when they look at their medical school loans, they must make a very pragmatic decision about their specialty choice.

The AAFP wants to improve the practice environment for family physicians. Dealing with everyday hassles, like preauthorizations and denials of care, degrade the pleasure of practicing medicine. That's why the Academy dedicates resources to administrative simplification projects. Having said that, I urge members to focus on the joys they experience as family physicians when they come in contact with medical students. As they rotate through your family medicine practices, tell these future physicians about the rewards of your profession. Anything less is a disservice to the specialty.

News Staff, AAFP News Now



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Mayo Clinic Recognized by 3 Certifying Boards for Quality Improvement Activities

Mayo is the First Organization Approved for 3 Specialties

The American Board of Family Medicine (ABFM), the American Board of Internal Medicine (ABIM), and the American Board of Pediatrics (ABP)—the nation's 3 largest physician certifying boards—today announced that Mayo Clinic has been approved as a Portfolio Sponsor of Maintenance of Certification (MOC) activities. Mayo Clinic's rigorous attention to detail