

field in which doctors must weigh data coming from many sources: written history, test results, patients and family members.

And although paper charts are fraught with hazards, electronic medical records are not an automatic solution if they are not customized to a specific practice, Karsh said.

From what enterprise could health care professionals learn?

"UPS," he said. The shipping company has engineered a business design in which the shipping of packages can be tracked with pinpoint accuracy throughout the world.

And although no one is arguing that patients are like packages, the concept presents an example of using tried-and-true technology.

Want to Learn More?

The proceedings of the National Ambulatory Primary Care Research and Education Conference on Patient Safety will be published online this winter on the AAFP DCERPS-PC Web site (<http://www.aafp.org/ptsafety.xml>).

Toni Lapp
AAFP News Department

Reference

1. Kohn LT, Corrigan JM, Donaldson MS, Eds. *To Err Is Human: Building a Safer Health System*. Committee on Quality of Health Care in America, Institute of Medicine. Washington, DC: National Academy Press; 1999.



From the American Board
of Family Practice

NEWS FROM THE JOURNAL OF THE AMERICAN BOARD OF FAMILY PRACTICE

The *Journal of the American Board of Family Practice (JABFP)* Web site (<http://www.jabfp.org>) is now linked from the [Familypractice.com](http://www.familypractice.com) Web site.

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MAINTENANCE OF CERTIFICATION PROGRAM FOR FAMILY PHYSICIANS (MC-FP)

Questions from the American Board of Family Practice (ABFP) Diplomates

By the time this issue of the *Annals of Family Medicine* has been published, the ABFP will have distributed to its Diplomates an overview of the MC-FP and a Frequently Asked Questions supplement. Those Diplomates who have certified/recertified in 2003 will be the first to enter the MC-FP cycle on January 1, 2004. For more information regarding the MC-FP, please visit our Web site at <http://www.abfp.org>.

Since the introduction of the MC-FP, the Board has received a number of questions from family physicians in the field. Below are some of these questions with answers from James C. Puffer, MD, ABFP executive director.

From a Process B Diplomate

Q I am curious how Process B Diplomates like me will be able to meet the new MC-FP requirements. I originally certified with the ABFP in 1985 and have subsequently gone the Process B route in 1991, in 1997, and again in 2003 because I practice in an occupational medicine setting. Consequently, chart review requirements have made Process B unviable, as I am not actively managing cases, such as breast cancer or hyperthyroidism.

A We are developing unique Part IV components (eg, patient safety, systems-based practice) that will give all of our Diplomates who previously certified

under Process B the opportunity to continue to do so. You will be hearing more about these when they come online in January 2005.

From Family Physician in Kenya

Q Today I received documents from the ABFP about the new MC-FP program for family physicians. I applaud the Board's attempt to assure competence and quality in our specialty. However, I have some personal concerns. I am a board-certified (and recertified) family physician who maintains an active medical license in Kentucky, even as I work as a full-time missionary doctor in rural Kenya. What mechanisms will the ABFP have to help me stay current when I am out of the United States most of the time? I have been able to secure the required number of CME hours through various distance courses. I have been eligible to keep my certification each time I have recertified by following Process B. What will this new process of Maintenance of Certification mean to me? Are there mechanisms to accommodate my situation? Thank you for your attention to this question. I am certain that I am not the only American family physician who is in this situation.

A Thank you very much for your letter. You will be able to keep abreast by participating in MC-FP via the Web from Kenya. The Self-Assessment Modules (SAMs) can be taken online, and you will receive credit toward your 300-hour CME requirement for the time spent completing these modules. We will have unique components for Part IV (eg, patient safety) for those who do not have continuity patients. You will be able to continue to recertify just as you have done in the past using Process B. There is an increasing amount of CME available on the Web and much of it is free. Visit FamilyPractice.com at <http://www.familypractice.com> to see some of their offerings.

From a Hospital Family Practice Department

Q Basically, our questions are of necessity and expense. Frankly speaking, many of us are struggling to find ways of cutting expenses. Personally, I think the idea has merit, but I really do not know whether I can afford any more expenses. My department members concur that the MC-FP program may be valuable, but question whether this is the time to add new burdens to those already facing them.

A We are fully cognizant of the pressures confronting family physicians. We have designed the MC-FP so that it would take no more time than our current recertification process. The only difference is that we will be asking you to participate in selected components on a regular basis (namely, the Self-Assessment Modules in Part II). The amount of time that you spend completing these modules, and the Performance

in Practice Modules in Part IV, will be credited toward your 300-hour CME requirement, and you will be able to do these from a computer in your home or office. This will offset some of the cost and time that you would have spent to obtain CME under the current recertification process.

We anticipate that the cost associated with delivering MC-FP over the Web will be more than offset by the savings realized by CME offsets for completing Parts II and IV, and avoiding travel, hotel costs, and lost opportunity income from practice associated with taking the recertification examination at a limited number of written test centers on a single day. By 2005, we will be offering the examination by computer at more than 200 sites and on multiples dates. When you figure these savings, you will find that your cost of participating in MC-FP is less than the cost of recertifying using the current process.

This year the recertification fee was \$850, which is \$100 less than what any other specialty board charges and is almost half of the average charged by all other boards. That works out to about \$121 per year over the 7-year recertification cycle, or about \$0.33 per day. When viewed in this manner, I hope you would agree that we have been not only cognizant of the issue of cost but also responsible in providing a certificate which provides considerable added value. In an effort to underscore that the fee covers the entire recertification process, when we begin MC-FP in January, we will offer the opportunity to "pay as you go." We do believe that MC-FP will be a value-added activity for you and your colleagues. Clear evidence exists that, in the future, physician reimbursement is going to be tied to quality. The Center for Medicare Services is readying a pilot program to base reimbursement on performance measured against quality indicators. The private insurers will not be far behind. We expect that participation in MC-FP will satisfy these requirements, as well as those that are being discussed by several state licensure boards regarding relicensing examinations by specialty.



From the Society of
Teachers of Family Medicine

THE SOCIETY OF TEACHERS OF FAMILY MEDICINE PRESENTS ITS 2003 STFM BEST RESEARCH PAPER AWARD TO DAVID MEHR, MD, MS

At its annual conference in September 2003, the Society of Teachers of Family Medicine presented its 2003 Best Research Paper award to David R. Mehr, MD,