

References

1. Katerndahl D. Family medicine clinicians, teachers, and researchers touching patients' lives. *Fam Med.* 2003;35(5):365-366.
2. Tinitigan M, Becho J, Burge SK, Ferrer RL, Wood, R, Katerndahl DA. "Serendipitous intervention" among women experiencing intimate partner violence. *Fam Med.* 2010;42(Supp2).
3. Katerndahl DA, Wood R, Jaén CR. Family medicine outpatient encounters are more complex than those of cardiology and psychiatry. *J Am Board Fam Med.* 2011;24(1):6-15.



Ann Fam Med 2012;10:176. doi:10.1370/afm.1392.

PYHICIAN NETWORKING RESOURCE DELTA-EXCHANGE NOW FREE TO AAFP MEMBERS

As part of their member benefits, all AAFP members may now sign up at <http://www.aafp.org/online/en/home/practicemgt/deltaexchange.html> for free access to the Delta-Exchange interactive physician networking resource.

This network, which was created by the AAFP's nonprofit, wholly-owned subsidiary TransforMED, opened for business in 2009 as a fee-based service. Since then, the success of Delta-Exchange, which now has 3,500 users, and the accolades of those users has convinced the AAFP and TransforMED that the resource should be made available as a benefit for all AAFP members.

TransforMED's mission is to help primary care practices transform the way they do business so they can meet the needs of a changing health care environment, and "Delta-Exchange puts the power of peer-to-peer learning to work for family medicine," said Terry McGeeney, MD, MBA, TransforMED's president and CEO.

"The questions being asked and discussions going on in Delta-Exchange are about real-world needs and problems experienced every day in practices across the country," said McGeeney. "Participation in Delta-Exchange discussions can help family physicians get motivated, get answers, and get up to speed quickly and efficiently."

John Frey, MD, of Madison, Wisconsin, discovered the benefits of Delta-Exchange many months ago and has since recommended it to a number of colleagues. "We all work in our own silos," said Frey in an interview. "The network has been a very active opportunity

for me to learn what other people are thinking and to take what I read and pass it on to other people."

Opening up Delta-Exchange as a free service to all AAFP members "provides a portal for higher levels of conversations," he added.

John Bachman, MD, of Rochester, Minnesota said he had contributed to Delta-Exchange's "Ask the Experts" area on several occasions. The network "has a lot of potential to spread ideas and help clarify issues," he said. For example, in response to another physician's question about scheduling same-day appointments, Bachman recently posted a comment sharing what his practice had learned about the percentage of appointment slots to leave open for these appointments. He noted that the staff tracked the daily number of unfilled slots for several months.

Frey summed up his reaction to news that the resource is now free to AAFP members by predicting a surge in usage. "The idea of offering Delta-Exchange free to (AAFP) members is terrific, and I really want to compliment the Academy and TransforMED for taking this action. I suspect that traffic on the network is going to increase dramatically in coming months," he said.

AAFP members interested in Delta-Exchange who are not already enrolled in the service will need to provide their member identification number to get signed up.

Sheri Porter
AAFP News Now



From the American
Board of Family Medicine

Ann Fam Med 2012;10:176-177. doi:10.1370/afm.1393

BOARD ELIGIBILITY

The term "board eligible" has never been recognized by member boards of the American Board of Medical Specialties (ABMS), including the American Board of Family Medicine (ABFM), but the term continues to be used by credentialing organizations and others to recognize noncertified physicians as having equivalent status. In practice, no limit exists on how long a non-certified physician could remain board eligible. The abuse of the term and the status perpetuated the ability of poorly qualified physicians to practice outside of their initial certification with a risk to patients and resulted in a lack of relationship between the initial certifying examination and training as a concurrent/synergistic measure of physician competency.