

develops over time. However, the underlying knowledge base and formative clinical experience cannot be shortcut. Not knowing what one doesn't know can be dangerous to the public. On the physician side, we would never allow a 2nd- or 3rd-year medical student (who would have the equivalent amount of training as an ARNP), to evaluate and manage patients independently. Though states may pass laws that allow other providers with less training to practice independently, it doesn't change the reality that without competent physician supervision, we are lowering the standard of acceptable primary care and creating a 2-tiered system of access for our community.

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From the North American  
Primary Care Research Group

*Ann Fam Med* 2012;10:271-272. doi:10.1370/afm.1410.

## AN UPDATE FROM THE COMMITTEE FOR THE ADVANCEMENT OF THE SCIENCE OF FAMILY MEDICINE

The Future of Family Medicine Project identified 10 strategic initiatives to be executed by the organizations that make up the "family" of family medicine. NAPCRG was charged with "enhancing the science of family medicine." In response to this charge, NAPCRG formed a new committee in 2008, the Committee for the Advancement of the Science of Family Medicine (CASFM). This committee has produced published articles and white papers, held workshops and created alliances, and sponsored workshops at national and international meetings. The Committee currently has 4 workgroups: Practice-Based Research, Health Informa-

tion Technologies, Economic Research, and Research Methodologies. All workgroups have US and Canadian co-chairs. Membership is open and encouraged.

### Updates From the 4 Workgroups:

#### Practice-Based Research (PBR) Workgroup

NAPCRG has been awarded a grant from AHRQ to hold a conference for practice-based research networks. (This conference had been an AHRQ-sponsored meeting that has been discontinued.) This conference will be held June 20-21, 2012 in Bethesda, Maryland. Registration can be found at <http://www.napcr.org>. The PBR Work Group will be helping to review submissions to this conference.

US members of the group are collaborating with Canadian researchers to increase the use of practice facilitators within practice-based research networks. The Canadian Institute for Health Research is developing a practice facilitation toolkit. AHRQ has a practice facilitation manual with an emphasis on implementing the PCMH.

A member of the group participated in the MOVE/BOUGE January 2012 workshop on developing effective research strategies for effective knowledge transfer (KT) in primary care. Objectives included: (1) effective transdisciplinary knowledge exchange between stakeholders and researchers and, (2) the development of an international collaborative research team grant focused on effective KT related to chronic diseases and vulnerable populations.

Another workgroup member is co-authoring a paper comparing practice-based research networks and experimental farm stations.

#### Health Information Technology Workgroup

The workgroup on Health Information Technology is working on a second white paper entitled, "Beyond meaningful use: EHRs and primary care." The paper, intended for publication, will focus on additional features that should be added to EHRs to make them more helpful in primary care settings in the future for both clinical practice and research.

#### Research Methodology Workgroup

This newly formed workgroup will focus its attention initially on methodologies suitable for studying delivery system design innovations. An interactive website is envisioned.

#### Economic Research Workgroup

This Work Group will assist in the planning of a second NAPCRG workshop on the economic analyses involved in the study of primary care practice transformation.

It may also explore the potential for development of a common practice economics dataset that could be routinely collected by practices participating in research and quality improvement activities.

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*Ann Fam Med* 2012;10:272-274. doi:10.1370/afm.1411.

## FAMILY MEDICINE MATCH RATE INCREASES SLIGHTLY

### Number Still Insufficient to Meet US Demand for Primary Care

First, the good news. For the 3rd straight year, family medicine attracted more graduating medical students, according to preliminary figures released by the National Resident Matching Program (NRMP), also known as the Match. The gains made, however, were smaller than in the past 2 years.

This year, family medicine residency programs filled 2,611 positions out of 2,764 positions offered, for a fill rate of 94.5%. That's only a slight improvement on last year's record-high fill rate of 94.4%.

In addition, 34 more family medicine positions were offered in 2012 compared with 2011, and 35 more positions were filled in 2012 compared with 2011.

A total of 1,335 US seniors matched to family medicine in 2012—an increase of 18 seniors compared with 2011. But for the first time since 2002, fewer US seniors participated in the NRMP than in the preceding year: 16,527 in 2012 vs 16,559 in 2011.

Stan Kozakowski, MD, director of the AAFP Division of Medical Education, told *AAFP News Now* that because of a rule change, 2012 was the last year that any graduate medical education positions could be partially filled outside of the Match. "Next year, programs must have their positions 'all in' or 'all out' of the Match," he said.

Kozakowski also noted that the AAFP does not yet have all the critical statistics in hand. "A more complete picture of the state of family medicine residency programs will be known when an annual census is completed prior to the start of the academic year on July 1," he said.

AAFP Match data include family medicine, family medicine-psychiatry, family medicine-emergency med-

icine, family medicine-preventive medicine, and family medicine-internal medicine programs.

### Keep the Ball Rolling

Despite the fact that the 2012 numbers stayed in the positive column, AAFP President Glen Stream, MD, MBI, of Spokane, Washington, expressed concern.

Family medicine's 2012 Match numbers barely increased from 2011 numbers and certainly did not indicate enough growth in the specialty to keep up with America's increasing demand for family physicians, he told *AAFP News Now*.

"Family medicine is the foundation of improved health care in this country," said Stream. "We must continue to promote programs that generate and sustain student interest in the specialty."

Stream noted that health system reform is under way, and initiatives such as CMS' Primary Care Incentive Program and private payer pilot projects were designed to increase payment to primary care physicians in general—and family physicians in particular—for delivering high-quality care in a patient-centered medical home environment.

However, that work is far from finished.

According to a preliminary 2012 Match report prepared by the AAFP Division of Medical Education, the earning power of physicians who choose medical specialties other than primary care continues to overshadow primary care physician incomes.

"An analysis of the relationship between physician salaries and specialty choice found that US seniors are predominantly choosing the more highly compensated specialties," said the report, adding that "the dramatic increase in the income gap between primary care and other specialties" must be appropriately addressed.

"Americans need access to primary care doctors, and the path to filling that pipeline with future family physicians is clear," said Stream. "Several things need to happen, including narrowing the income gap between primary care and other physician specialists, reforming the medical education infrastructure, changing the system that funds graduate medical education, and increasing support for programs such as the National Health Service Corps and health professions training programs."

The AAFP report suggests that a vibrant family medicine workforce depends on multiple factors, including the ability to

- recruit students to the specialty
- train family medicine residents to provide health care within the framework of a patient-centered medical home and
- sustain family physicians in practice

Family physicians "provide the kind of care the nation says it wants and needs," said the AAFP report.