Family Medicine Updates

RESIDENCY PROGRAMS GEAR UP FOR NEW RESIDENCY CLASS WITH STFM RESOURCES

As residencies around the country begin a new residency year, STFM, with its strategic goal of workforce recruitment and retention, continues to provide and develop resources for faculty to transform family medicine residency training sites into clinical and teaching models of excellence.

Resources available to residency faculty include:

Family Medicine Residency Curriculum Resource

This online resource houses peer-reviewed, competency-based curriculum content organized by postgraduate year (PGY). The site currently houses presentations, facilitators' guides, and quizzes for more than 90 residency topics. New curricula will be added throughout 2015. When all topics are complete, the Family Medicine Residency Curriculum Resource will comprise learning and teaching tools for the core content of family medicine education. Although the curriculum is available through a paid program subscription, AFMRD or STFM members can login with their username and password to access the core topic list with recommended readings at no cost. Learn more at http:/www.fammedrcr.org.

Residency Accreditation Toolkit

This practical toolkit gives residency faculty the background, tools, and training to meet ACGME requirements. The toolkit includes information on milestones and resident assessment, program accreditation, institutional accreditation, faculty development, a coordinator timeline, and other general accreditation resources.

Through use of this toolkit, faculty can become more familiar with the concept of competency-based education and implement new strategies to teach and assess residents to ensure graduates have the knowledge, skills, and abilities required to perform their roles as family physicians.

This resource is free to STFM members. AFMRD members can create an online account and receive access for just $75; non-members can purchase access for $250.

STFM On-the-Road Workshops

If a residency program is looking for tailored training, STFM can bring expert faculty to residency sites. A popular topic for STFM's customized, 1-day faculty development workshops is accreditation. STFM presenters can help faculties efficiently and effectively plan and implement competency-based GME, with practical and concise information presented interactively. STFM's Residency Accreditation Toolkit is a featured resource. Providing faculty with this training furthers a program's ultimate goal of ensuring that graduates have the knowledge, skills, and attitudes required to perform their professional roles. Skilled presenters promote discussion and encourage the adoption of evidence-based teaching principles. These customized workshops help residency programs define actionable plans and next steps. Learn more at http://www.stfm.org/Conferences/OnTheRoad

Residency Faculty Training Track

In a 2013 STFM Member Survey, 70% of respondents expressed "some need" or "great need" for both online faculty development and resources for recruiting, training, and retaining faculty. The ACGME program requirements for Graduate Medical Education in Family Medicine state: "There must be a structured program of faculty development that involves regularly scheduled faculty development activities designed to enhance the effectiveness of teaching, administration, leadership, scholarship, clinical, and behavioral components of faculty members' performance."

The STFM Graduate Medical Education Committee is addressing this need for residency faculty training by developing the STFM Residency Faculty Training Track. The track will include a series of self-led online modules to provide foundational training for residency faculty. Completion of the training will require a significant commitment from participants, as well as support from residency programs.

Module topics will include:

Medical education basics	Teaching skills
Faculty roles	Assessment
Scholarship	Giving feedback
Accreditation	Residents in difficulty
Entrustable professional activities	Leadership
	Emerging topics
Resident recruitment	Time management

Some modules will be available as stand-alone courses outside the track; some will be free to everyone; others will be free to STFM members only. There

will be a fee to participate in and graduate from the defined track. Individuals who complete the entire track, with assignments, will receive a certificate. Track development is now underway with a targeted completion date of late 2016.

Traci Nolte, CAE
Society of Teachers of Family Medicine

ADFM
Association of Departments of Family Medicine
VISION, VOICE, LEADERSHIP

From the Association of Departments of Family Medicine

ADVANCING THE PRIMARY/SPECIALTY CARE INTERFACE THROUGH ECONSULTS AND ENHANCED REFERRALS

As academic health centers (AHCs) respond to value-based purchasing, they are embracing a transformed role for primary care. As a case in point, 5 AHCs have formed a collaborative organized by the Association of American Medical Colleges (AAMC) to extend a model developed at the University of California, San Francisco (UCSF) that addresses the referral process between primary care and specialty care providers. This program, known as Coordinating Optimal Referral Experiences (CORE), incorporates 2 EMR-based innovations into the clinical workflow: (1) specialty- and problem-specific templates that provide pre-referral decision support to the primary care physician and establish a co-management agreement between providers,[1] and (2) "eConsults" which involve provider-to-provider asynchronous messaging.

With eConsults, the primary care physician sends a focused clinical question to a pre-identified subspecialist who then responds within 48 to 72 hours. The eConsult allows the primary care physician to provide care for the patient directly, provides specialist input in a convenient and timely manner for the patient, and reduces expensive specialty-driven care for minor issues, which in turn frees up the specialist for more complicated patients. Upon completion of each eConsult, both the primary care physician and the specialist receive a productivity (RVU) credit for their efforts. Overall, the model emphasizes and supports the role of the primary care physician as the primary provider for the patient, and emphasizes the rational use of services.

The AAMC received a Health Care Innovations Award from the Center for Medicare and Medicaid

Innovation (CMMI) to disseminate this model in partnership with UCSF across 5 partner institutions (University of Wisconsin, University of Iowa, University of California San Diego, University of Virginia, and Dartmouth-Hitchcock). With the 3-year grant, each AHC will implement the program in 15 or more medical and surgical specialties. Departments of Family Medicine are deeply involved in this program, and have identified several early learnings.

Joint Learning and Defining "Borders" Between Primary and Specialty Care

Learning goes 2 ways between specialists and primary care physicians. For instance, cardiologists thought they were seeing all patients with palpitations, unaware of how many were being managed in family medicine and not referred. Primary care physicians receive education on best practices for common problems with a focus on "just-in-time" education. This educational effect is being extended through several efforts including newsletters featuring best eConsults; face-to-face inservice meetings between primary and specialty care faculty and residents; and through development of a searchable "best eConsults" archive.

More Effective Referrals

The program is facilitating more effective referrals as both the primary care physicians and specialists learn and clarify what information needs are present and which situations benefit from referral, continued monitoring, or management by the primary care physician.

Patients

Patient dissatisfaction with eConsults has not been a challenge. Providers are encouraged to give patients the option of seeing a specialist rather than having an eConsult placed if they prefer it. Most patients prefer the convenience and savings of avoiding an extra appointment, as well as the rapid receipt of specialist input via eConsults.

Payment

RVU credits for each completed eConsult are paid internally by the health systems. Additionally, UCSF and 2 of the new AHCs have already initiated pilots to have commercial payers and/or their own health plans reimburse for eConsults. Long-term, the model is best suited to value-based payment systems.

Health System Buy-In

Obtaining buy-in from health system leadership is essential to lay the necessary ground work, align priorities across many of the silos common to AHCs, and to provide payments. Valuing this exchange of cost-effective