

celebration of the life and work of Barbara Starfield, joining him as his guest at the Metropolitan Opera before his last NAPCRG meeting—and his returning to the hotel after midnight, “a little tired.” I am ever in his debt for cultivating ideas and people and being relentlessly kind to me. My world shrank when he left us.”

Maurice Wood would be unhappy with this tribute if it did not acknowledge his own gratitude to his many colleagues, particularly Kerr White and Henk Lamberts, and especially to his home department of family medicine at Virginia Commonwealth University that provided him critical institutional support throughout his US career. Perhaps these words of song-writer Dan Fogelberg capture NAPCRG’s deep appreciation for Maurice:

“The leader of the band is tired and his eyes are growing old.

But his blood runs through my instrument
and his song is in my soul.

My life has been a poor attempt to imitate the man.

I’m just a living legacy to the leader of the band.”⁵

Thank you, Maurice Wood!

References

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MACRA READY: ACADEMY PRESIDENT ROLLS OUT MASSIVE MACRA COMMUNICATION EFFORT

The AAFP officially launched a comprehensive member communication and education effort focused on the Medicare Access and CHIP Reauthorization Act (MACRA) at a Town Hall meeting in Kansas City, Missouri, on May 6, 2016.

AAFP President Wanda Filer, MD, MBA, of York, Pennsylvania, addressed family physicians and AAFP chapter leaders who filled a ballroom at the Academy’s 2016 Leadership Conference (the combined Annual Chapter Leader Forum and National Conference of Constituency Leaders). Her remarks were also live-streamed to family physicians nationwide in a video that has been archived at <http://www.aafp.org/practice-management/payment/macraready.html>, the AAFP’s MACRA Ready resource page.

“What I’d like to do now is introduce you to something that the Academy has devoted immense resources to and will continue to grow. This is a new multi-year member education and communication effort,” Filer said as she presented the MACRA Ready site.

The AAFP’s MACRA Ready site is a one-stop shop filled with resources family physicians can use right now such as

- A timeline of important dates
- A list of acronyms to help digest the alphabet soup associated with these complicated regulations
- A 60-second overview video
- A deep-dive review of what value-based payment means to family physicians, and much more

Filer told family physicians that the Academy’s MACRA communication plan “is designed to help simplify the transition and provide the guidance that you will need to realize the benefits of MACRA and value-based payments.”

She noted that a recent AAFP survey indicated that some 40% of family physicians already were involved in some kind of value-based payment system.

“And so we may be positioned to be a little bit ahead of this curve as we move into the MACRA world,” Filer said.

She gave her audience a brief history lesson on MACRA and why the AAFP supported the passage of the 2015 law that “repealed the flawed sustainable growth rate (SGR) formula that many of us spent the better part of probably 15 years on Capitol Hill working to get rid of.”

MACRA not only repealed the SGR, said Filer, it also established an annual positive or flat-fee payment for the next 10 years, and it has instituted a 2-track program (the Merit-based Incentive Payment System and Alternative Payment Models) for calculating Medicare payment beginning in 2019, Filer reminded physicians.

“Passage of MACRA was the culmination of years of sustained lobbying and outreach by the house of medicine, the American Academy of Family Physicians and many of you in this room,” she noted.

Filer then took that thought one step farther.

“Passage of MACRA is among the most significant change to occur in medicine in decades,” she said. And

it is the result of family medicine's demands for a delivery system and payment reforms.

"This is an opportunity to improve the quality of care that's delivered in this country, and MACRA presents, we believe, an enormous opportunity to drive broad payment reform for primary care," continued Filer.

"It modernizes the traditional fee-for-service payment model and begins to value the training, skill level and the time—as well as the comprehensiveness—that goes into taking care of our patients."

Filer acknowledged a steep MACRA learning curve in coming months. "This was a 962-page document that was released last week, and many of the rules and regulations are still being written," she said.

"The AAFP is actively working with CMS to ensure that the proposed rules will be good for family physicians. That's why we've created the online MACRA Ready resource just for you. Consider it your personal roadmap to MACRA success."

Filer asked family physicians to bookmark the AAFP's MACRA Ready page and to check back often.

"This is still very much a work in progress. We know that members are concerned—they're worried," and they have a lot of questions, as does the AAFP, she said.

She assured family physicians that the AAFP was working closely with CMS and HHS to ensure that the MACRA implementation rules "help and don't hurt family physicians."

Filer concluded her remarks with this: "Please know that we have your back. We are on this and will do our best to keep you informed."

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From the American
Board of Family Medicine

Ann Fam Med 2016;14:387-388. doi: 10.1370/afm.1956.

REDUCING BURDEN, ASSURING COMPETENCE, IMPROVING QUALITY, AND ENHANCING PROFESSIONALISM: HOW CAN ABFM CONTRIBUTE TO ALL?

For many physicians, maintaining certification is but one of a number of non-clinical activities that require additional time and energy. The ABFM is working to balance the importance of providing a mechanism for

family physicians to demonstrate their ongoing competency and improvement with the additional burden and expense the federal efforts to move to value-based payment will add to physician work. For this reason, the ABFM is investing heavily to align continuous certification with value-based payment requirements, in a manner that will both reduce burden and bend value-based payments to primary care's value. A description of these multi-faceted efforts is described below.

1. **PRIME Registry.** For family physicians who have difficulty retrieving data for quality reporting from their EHRs, ABFM is providing tools to turn EHR data into information. PRIME dashboards inform patient and population quality and their measures populate MOC portfolios to tailor QI choices to the most meaningful of activities. These data are reported at the physician's discretion to meet value-based payment reporting and other needs. Through the PRIME registry, we will merge EHR-pulled data with measure submission to produce a more inclusive registry. More information here: <https://www.theabfm.org/primeregistry/>

2. **TRADEMaRQ (Trial of Aggregate Data Exchange for MOC and Raising Quality).** This refers to a federally funded study that seeks to answer 3 questions: (1) Can family physicians who are in systems that measure quality send whole-panel quality measures to the ABFM?; (2) can those data be used to better address quality improvement needs at the practice level?; and (3) will this process result in improved quality? Participation in TRADEMaRQ is one path into the PRIME Registry.

3. **PRIME Support & Alignment Network.** The ABFM partnered with the AAFP to support the large federal effort to help practices succeed with value-based payments. The ABFM saw this as a way to secure important resources for helping family medicine practices, and to assist with reducing the burden and planning required for family physicians to accomplish practice improvement activities. ABFM is giving Part IV credit and making the PRIME Registry free for 6,000 board-certified family physicians who join a Practice Transformation Network.

4. **Measure Development.** The PRIME Registry is a federally certified Qualified Clinical Data Registry, which means it can propose better primary care measures to CMS for payment. ABFM's research collaborations with the Robert Graham Center prepare and allow us to produce better measures for value-based payment. Having the data, capacity to analyze them, and develop/test measures will help us recommend pay-for-performance measures that family physicians believe are important. ABFM wants meaningful quality improvement to count for multiple things, so we hope, over time, to move Practice Improvement Activities