by continuously improving the candle!" In an effort to constantly do what we do better, we encourage and promote innovation, and the best example of this has been the creation of PRIME, our Qualified Clinical Data Registry (QCDR).

While the primary reason for creating PRIME was to integrate performance improvement into our Diplomates' practices, making participation in the Family Medicine Certification process more efficient and less time consuming, it has been designed to do so much more. Over 1,000 physicians and 300 practices are now utilizing PRIME and receiving data about the care they deliver. Another 1,000 clinicians are currently in the "onboarding" process, allowing our registry vendor, FigMD, to map their electronic health records to the data extraction tool that feeds data into the registry and formats it into the 43-measure quality dashboard that we have created.

For those that wish us to do so, we will begin reporting data to the Center for Medicare and Medicaid Services (CMS) in 2017 that will be utilized in determining Medicare reimbursement in 2019. By allowing us to report this data, registry participants will be satisfying 3 of the 4 components of the Merit-based Incentive Payment System (MIPS)—Quality, Advancing Clinical Information (Meaningful Use), and Clinical Practice Improvement Activity—that will determine physicians' performance scores and how much they are paid in 2019. The fourth component, Resource Use, based on the Value-based Payment Modifier, will be calculated by CMS. For those who are participating in the latest iteration of the Comprehensive Primary Care Initiative, CPC+, PRIME has also been certified as a global Health IT partner able to support CPC+ Track Two measure collection and submission.

Population Health Assessment Tool (PHAsT) Under Development

We are in the process of developing the Population Health Assessment Tool (PHAsT) that will eventually be incorporated into the registry when we complete building it out. It is expected that in the near future, population health management will become an important component for determining payment, and we want to be certain that we are ready to help family physicians maximize opportunity in this regard with the use of this tool, which will also provide opportunity for meeting Performance Improvement Activity requirements in the Family Medicine Certification program. This is just one of the additional features that we envision for PRIME. We eventually expect to utilize PRIME to validate quality measures that are meaningful for family physicians for purposes of quality reporting as well as to utilize the data contained within the registry to drive development of new, cutting edge assessment tools.

Almost 10 years ago, in one of the earliest additions of the ABFM newsletter, I mentioned that our vision for the ABFM "was to become a dynamic and responsive organization that would create cutting edge assessment tools to assist you, in the most efficient manner, with the task of delivering the highest quality of care to your patients." I also mentioned that in time, we envisioned that "these assessment tools would help a family physician satisfy requirements for re-licensure, credentialing, practice reporting requirements demanded by payors and eventually, pay-for-performance initiatives." By adhering to the principles of continuous improvement and innovation as organizational guideposts, we continue on our journey to realize our vision, and most importantly, to help family physicians with the ever increasing complexity of providing exceptional care to their patients.

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STFM SOCIETY OF TEACHERS OF FAMILY MEDICINE **From the Society of Teachers of Family Medicine**

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BEING STRATEGIC ABOUT FACULTY DEVELOPMENT

Both the Accreditation Council on Graduate Medical Education (ACGME) and the Liaison Committee for Medical Education (LCME) require ongoing development of faculty in order to enhance teaching, scholarship, and leadership.[1-2] To help members meet these requirements and deliver a well-trained workforce to deliver on the Triple Aim, STFM staff and members have been working on new and enhanced faculty development products and initiatives.

Conferences: Attendance at all 3 STFM conferences (Conference on Medical Student Education, Annual Spring Conference, and Conference on Practice Improvement) continues to climb, as do the opportunities for faculty development of clinical and administrative faculty. The 2016 conferences offered 1,206 educational sessions and posters.

Faculty Development Delivered: This customized, in-person training is delivered at residency programs and medical schools around the country. Trainers use interactive methods to promote discussion and encour-

age the adoption of evidence-based teaching principles. Topics range from effective feedback to learner assessment, to curriculum design. Each workshop includes a follow-up consultation between the trainer(s) and the program director or department chair.

Residency Faculty Fundamentals Certificate Program: This assessment-based online program, launching in late spring 2017, includes self-led courses with assignments to provide foundational training for residency faculty. Completion of the track requires approximately 20 hours and covers: (1) the structure and requirements of residency education, (2) how to be an effective and efficient faculty member, (3) the nuts and bolts of curriculum development and teaching, and (4) strategies for assessment, feedback, and remediation of residents.

Faculty for Tomorrow Webinars: The Faculty for Tomorrow Task Force, with expertise from several STFM members, has presented 4 of 8 webinars for residents and new faculty. The live format provides the opportunity for learners to ask questions of experienced faculty. Upcoming topics include Essential Presentation Skills, Clinical Teaching Skills, Giving Feedback, and Scholarly Activity. All of the webinars are recorded and made available on the STFM website following the live events.

Faculty for Tomorrow Workshop: Seventy-five residents attended the 2016 workshop for residents at the STFM Annual Spring Conference. This free workshop for those interested in careers in academic family medicine includes stories of inspiration from family medicine leaders, a guided self-assessment, breakout sessions, a mentoring luncheon, a keynote speaker, a career planning panel, and a career opportunities fair. The 2017 workshop will be on May 5.

TeachingPhysician.org: This online resource, created specifically to educate community preceptors, delivers videos, tips, answers to frequently asked questions, and links to in-depth information on teaching topics. The site was completely revamped in 2016.

Advocacy Course: The free online advocacy course was recently redesigned with a higher level of interactivity. The 5-module course provides skills and practice strategies for advocating for and promoting the value of family medicine. The course has been popular with both faculty and residents.

Faculty development is woven throughout STFM's strategic plan, and is the foundation of a majority of the STFM products, fellowships, conferences, and communications. Visit http://www.stfm.org to learn more about all of STFM's faculty development offerings.

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

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PUTTING THE FOUR PILLARS FOR PRIMARY CARE PHYSICIAN WORKFORCE INTO PRACTICE LOCALLY

The United States faces a shortage of 25,000 primary care physicians (PCPs) by 2025.[1] This report is a guide for departments of family medicine for developing local strategies (http://www.adfm.org/Members/Webinarsresources/Workforcestrategies) to increase the PCP workforce, framed around the 4 pillars for reform: pipeline, process of medical education, practice transformation, and payment reform.[2]

First Steps

The first step is to define the PCP need for the region. Next, review the factors that influence student choice for family medicine from the Graham Center report[3] and also captured on the ADFM Education Committee workforce strategies worksheet (link). Then for each of the 4 pillars below consider the local barriers, required resources, and potential allies/collaborators.

Pipeline

Pipeline strategic initiatives can be targeted to the premedical, medical school, and residency stages.

Premedical. Does the department have linkages with high schools or college pre-med major programs? Do pre-medical students have opportunities to create personal relationships with PCPs in clinical settings or engage in primary care research?

Medical School. Does the medical school mission value primary care and is this reflected in admissions policies? Are there family physicians on the admissions committee? Are there negative attitudes and behaviors toward primary care? Is the department engaged with students in meaningful ways?