

Community Medicine residency programs. We instituted an evidence-based weekly questions quiz (EBQ) to improve exposure to up-to-date evidence-based medicine topics from recent literature. Relevant topics of interest were identified from the literature, a faculty wrote a related question, and a question was sent weekly via text message to all faculty and learners, including students rotating on family medicine clerkship.

Participation was encouraged but voluntary and anonymous, with the correct answer and evidence summary released the next day at the beginning of faculty meeting and resident didactics to allow for brief discussion. Some programs set up friendly competitions between learners and faculty or between clinic teams for participation or percent correct answers.

Engagement was highest when questions were directly relevant to clinical practice, and 89% of those eligible participated at some time. Feedback has been overwhelmingly positive, especially from the residents. Distributing question-writing burden to multiple faculty has been helpful; we also take regular breaks during busy months such as June-August and over winter holidays.

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References

- Carek PJ, Anim T, Conry C, et al. Residency training in family medicine: a history of innovation and program support. *Fam Med*. 2017; 49(4):275-281.
- Osman M, Eacott B, Willson S. Arts-based interventions in health-care education. *Med Humanit*. 2018;44(1):28-33.



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AAFP GIVES SENATE STRONG ADVICE TO REDUCE MATERNAL MORBIDITY

A CDC *Vital Signs* report on pregnancy-related deaths presents some sobering statistics before offering common-sense advice: "Make sure pregnant women receive quality care during pregnancy and after."

Family physicians already answer exactly that call. But empowering them to help solve a crisis in which some 700 American women die each year because of pregnancy complications requires a dual commitment from lawmakers: better understand health disparities, and improve access to care.

It also demands acknowledgement that rural and underserved communities face a related crisis of access to care—a lesson brought into stark relief by the COVID-19 emergency.

The Academy delivered these messages to lawmakers this spring in a detailed response to a Senate Finance Committee request for information on improving the nation's maternal morbidity and mortality rates. "Physician medical care should be accessible for all who need it," the AAFP wrote in a letter signed by AAFP Board Chair John Cullen, MD, of Valdez, Alaska. With approximately 25% of all US women not receiving the recommended number of prenatal visits—rising to 32% of black women and 41% of American Indian or Alaska Native women—the need to close gaps in care and coverage is obvious, added the letter.

Although maternal outcomes have generally improved for women in most developed countries, "the US maternal mortality rate is worsening," the AAFP said. The letter noted that the US rate was 17 deaths per 100,000 births in 1990 but had increased to 26 deaths per 100,000 births in 2015. "During that same period, global maternal health rates fell by 44%."

The numbers are even worse for women of color. As that same CDC *Vital Signs* report indicates, black and American Indian and Alaska Native women are "about 3 times as likely to die from a pregnancy-related cause" as white women. These troubling trends helped to spur the 2018 creation of the AAFP's maternal mortality task force.

Disparities in pregnancy outcomes also exist between women in rural areas and those in urban areas, the Academy pointed out. "With the increasing rates of closure of rural hospitals and obstetric units, pregnant women must travel long distances for maternity care and have worse outcomes."

More than one-half of all rural US counties—counties that are home to 2.4 million women of reproductive age—had no hospital obstetric services and faced primary care physician shortages, the letter said, citing a 2017 study published in *Health Affairs*.

Meanwhile, "more than one-half of rural hospitals with obstetrics units depend on family physicians to attend births, and family physicians continue to attend the majority of births in small hospitals," the Academy said. "Twenty-eight percent of rural family physicians continue to provide obstetrical services."

As Cullen wrote in a 2018 AAFP *News Leader* Voices Blog post, "Family physicians are the best choice to provide obstetrical care in small communities."

This is why, the letter said, "the Academy's programmatic and legislative priorities include retaining obstetric care professionals, supporting maternity care education, increasing the supply of family physicians,

reducing health care disparities, improving access to care and addressing social factors that impact health."

The Academy went on to detail a number of recommendations, including:

Maximizing the Use of Physician-Led Teams

"If we are to reduce maternal mortality, we must have high-functioning maternity care teams capable of recognizing and handling obstetrical emergencies," the letter advised. "Promoting nonphysician clinicians at the expense of such highly functional teams will be counterproductive."

As examples, the letter pointed to

- Patient-centered medical homes and other team-based care models
- The Strong Start for Mothers and Newborns Initiative, a discontinued federal program for which the Academy advocated
- Medicaid medical homes

Improving Coverage and Care Standards

"Patients with a usual source of care, which is fundamental among primary care physicians, have fewer expensive emergency room visits and unnecessary procedures than those without it," the Academy wrote. With primary care as the baseline, then, the letter called for:

- Reducing health care barriers for those with high-deductible health plans through passage of the Primary Care Patient Protection Act (S. 2793)
- Expanding postpartum Medicaid coverage through passage of the Helping Medicaid Offer Maternity Health Services Act (H.R. 4996)
- Increasing Medicaid primary care reimbursements to at least the Medicare rate
- Investing in quality-improvement initiatives such as the Alliance for Innovation on Maternal Health Program
- Establishing a standardized system for evaluating hospital obstetric care, such as one proposed by the American College of Obstetricians and Gynecologists

Addressing Health Disparities

"The AAFP believes many health disparities could be addressed by increasing primary care access and supporting programs that address the social factors that impact individuals' health," said the letter, noting that 5 million US women live in obstetric deserts.

The majority of women facing pregnancy complications are women of color, the Academy wrote—a fact stemming from decades of structural, systemwide inequities, institutionalized racism, and the unconscious biases of health care professionals.

To combat this, the Academy recommended:

- Educating physicians about implicit bias and strategies to address it to support culturally appropriate, patient-centered care and reduce health disparities
- Increasing the number of diverse family medicine physicians who provide obstetric care in rural and other underserved areas by reducing their liability insurance premiums
- Retaining primary care physicians through loan repayment and other incentives
- Enhancing the primary care workforce with initiatives such as the highly effective Teaching Health Center Graduate Medical Education Program
- Passing the Rural Physician Workforce Production Act of 2019 (S. 289)

Streamlining Data Collection and Evaluation

The Academy said it continued to support the Rural Maternal and Obstetric Modernization of Services Act (S. 2373), among other efforts to improve outcomes and quality.

Supporting Social Services for Mothers and Children

The federal government should provide adequate funding for programs addressing social determinants of health, the AAFP said, including home visiting, which more than 30 states cover through Medicaid.

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CLINICAL QUALITY MEASURES IN A POST-PANDEMIC WORLD: MEASURING WHAT MATTERS IN FAMILY MEDICINE

COVID-19 altered the way the American public lived their lives; the way they worked, ate, socialized, traveled, and ultimately received their health care. Family Medicine largely closed its doors to face-to-face preventive and chronic care visits and made a large shift to telephone and online video visits. Ten days after the World Health Organization pronounced that the COVID-19 outbreak was a global pandemic,