

## Digital Imperative

Why the AAFP's push now?

Why not now is the better question. It's common knowledge that the health care community lags behind just about every other industry—even fast food restaurants and video rental stores—when it comes to implementing digital technology.

Concerns about patient safety, quality of care, office efficiency, and the rising cost of health care demonstrate the need for a better system of doing business.

The EHR products the AAFP and its partners are offering will help ensure that patients receive the most timely, appropriate, and efficient medical care possible, said AAFP President Michael Fleming, MD, of Shreveport, La, at the news conference.

An EHR can be the central nervous system of the family medicine office. EHR systems enable physicians to gather and integrate patient information, medical resources, and patient-education resources. Physicians can oversee patients' information and the necessary releases to other health care entities. An EHR can help physicians reduce medical errors and duplication of services.

Given these benefits, the AAFP decided it was time to quit talking and start moving.

The Academy will continue its search for companies to join the effort, thereby offering even broader product options to members. With luck, other medical specialties will follow the Academy's lead, and the entire health care industry will benefit.

"These actions place us clearly in the forefront of technological development among all other medical associations," said Fleming.

*Sheri Porter*  
*AAFP News Department*



From the American Board  
of Family Practice

## JOURNAL OF THE AMERICAN BOARD OF FAMILY PRACTICE MOVES EDITORIAL OFFICE

The *JABFP* editorial office has moved. All correspondence and manuscripts should be sent to the following new address:

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Manuscripts and other correspondence can also be submitted electronically to [jabfp@med.wayne.edu](mailto:jabfp@med.wayne.edu).

## JABFP Develops New Ethics Feature

The *JABFP* is developing a new "ethics" feature that will be edited by Tom Tomlinson, PhD, and colleagues in the Center for Ethics and Humanities in the Life Sciences at Michigan State University. Our goal is to provide a regular forum in which to discuss any of the myriad ethical issues, in both clinical and research settings, that are of special interest to family physicians and researchers. We invite *Journal* readers to submit case studies raising ethical questions for inclusion in this series. We would also like to develop a pool of readers with special interest or background in ethics who might be called upon to write commentaries. If you would like to offer a case, or put your name forward as a possible commentator on future cases, please contact Dr. Tomlinson via e-mail at [tomlins4@msu.edu](mailto:tomlins4@msu.edu), or by telephone at (517) 355-1634.

## THE ABFP'S NEW WEB PORTAL PROMISES UNPARALLELED ACCESS FOR FAMILY PHYSICIANS

January 2004 begins an exciting new era of communication delivery by the ABFP to all of its Diplomates via the Internet. Gone are the days when Diplomates have to wait for answers to questions regarding any aspect of certification/recertification status, examination dates, sites and scores, CME progress, etc. A secure, user-friendly Web site has been designed to help Diplomates manage all facets of their relationship with ABFP more efficiently.

The new ABFP Web portal, <http://www.abfp.org>, will give all Diplomates immediate and unparalleled access to their personal portfolio, which will contain vital information regarding their certification/recertification status. This information can be easily downloaded to provide necessary documentation for credentialing purposes. This new Web portal will also be the entry point used by Diplomates to participate in the Maintenance of Certification Program for Family Physicians (MC-FP) and for navigating and managing their progress in this process. Each Diplomate will have secure access to his or her unique personal portfolio by entering an ID and a password. IDs and passwords were mailed to all Diplomates in July 2003. A Diplomate who has misplaced his or her ID and/or password, should call the ABFP's Help Desk at (877) 223-7437.

The Web site will be divided into 2 sections. The first will contain general information that will be available to both Diplomates and the general public. This information will include an overview of the ABFP certification, recertification, and MC-FP requirements and processes, mechanisms for physician verification by insurance providers, third party payers, hospitals, etc,

and a Directory of Diplomates, as well as a frequently asked questions section.

The second section will be accessible only by Diplomates using an ID and a password. This section contains 4 components including the following:

**Portfolio.** Diplomates will be able to track their personal progress throughout their respective certification/recertification and/or MC-FP cycle. They will also be able to access their unique portfolios, which contain their personal and professional history.

**Specific MC-FP Requirements.** Diplomates will be able to review their specific requirements for participation in MC-FP, including the available fee schedules for participation.

**MC-FP On-Line Tutorials.** Tutorials are available for Self-Assessment Modules (SAMs) and Computer-Based Assessment System (CBAS).

**Self-Assessment.** Each Diplomat will be able to demonstrate knowledge of specific disease domains through the completion of clinical SAMs and patient simulation modules during each MC-FP cycle.

The Board's new Web portal, <http://www.abfp.org>, promises to provide each Diplomat with efficient and immediate access to the information they need, from the comfort of their home or office at a time of their choosing.



From the Society of  
Teachers of Family Medicine

## STFM RESPONSIBILITIES FOR AFMO RESEARCH STRATEGIC PLAN

The Academic Family Medicine Organizations (AFMO) Research Subcommittee has developed a strategic plan for building research capacity within our discipline. The first step in the development of the strategic plan involved the generation of a document attempting to answer the question, "What does it mean to build research capacity?"<sup>1</sup> Using that document as a conceptual framework, the subcommittee developed an AFMO Research Strategic Plan, which has been endorsed by the leadership of all of the member organizations. A structure was developed for monitoring the accomplishment of the various aspects of the strategic plan, and an action plan was developed by asking each organization to choose and take responsibility for specific items from the strategic plan that fit with the organization's mission, interests, and activities. The AFMO Research Subcommittee provides oversight of the plan. The subcommittee monitors progress on the goals and facilitates interorganizational efforts on

implementation and development strategies of shared goals. The NAPCRG and AAFP boards have agreed to provide staff support to assist the AFMO Research Subcommittee in this oversight process.

The AFMO Research Strategic Plan provides a general template for the STFM Research Committee to review and consider as it develops and prioritizes research capacity-building sessions and other research-oriented sessions for the annual spring conference. The plan can be helpful for various STFM groups and committees, including the STFM Board of Directors, in guiding decisions regarding research issues. In addition, STFM has taken particular responsibility for several aspects of the strategic plan that were deemed especially relevant to our membership.

One way of conceptualizing the training of family medicine researchers is that it occurs in stages, with different objectives for learners at the various educational stages. STFM has historically taken particular responsibility for predoctoral education; therefore, it is appropriate for STFM to take a lead role in those portions of the research strategic plan dealing with medical students and predoctoral program directors.

Medical students need exposure to positive models of family medicine research so that those students with research interest will not choose other disciplines with the misperception that they cannot have a viable research career in family medicine. Also, many students interested in family medicine might think of research only in terms of basic bench research. Exposure to research that answers questions relevant to the daily practice of primary care medicine could spark an interest in future research participation in such students, whether as investigators or as active members of a practice-based research network.

Predocutorial directors have a key role in presenting positive models of family medicine research to our medical students, and many of them might have little background in research. Predocutorial directors themselves should have a solid understanding of the scope of family medicine research, and successful programs and methods for exposing students to our research and researchers should be widely disseminated.

One important area of research that is ripe for attention from family medicine researchers is the investigation of health disparities based on race or ethnicity and the development of interventions to correct such disparities. STFM has a long history of leadership in this area, and this topic is of considerable interest for many STFM members. The STFM Research Committee has already sponsored a number of special sessions dealing with the availability of funding for research on health disparities and the delineation of the important questions for family medicine research regarding health