

Family Medicine Updates



From the American Academy
of Family Physicians

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FUTURE OF FAMILY MEDICINE REPORT SPARKS OPTIMISM

In 2002, AAFP joined 6 other family medicine organizations in initiating the Future of Family Medicine (FFM) project, with the ambition of revitalizing the specialty.

AAFP Board Chair James Martin, MD, of San Antonio, who chaired the committee guiding the project, called it a "once-in-a-generation opportunity" to fix what was broken with the specialty.

Nodding toward the value of evidence, the 7 groups in the project relied on hard facts to evaluate the challenges facing the specialty.

A consulting firm analyzed findings from interviews and focus groups to determine perceptions—from the public, patients, family physicians, medical students, and subspecialists—of family medicine. Five FFM task forces, each with a charge fundamental to the specialty, studied the firm's analysis and made recommendations, 10 in all.

A supplement to the March/April *Annals of Family Medicine*, online at <http://www.annfammed.org>, presents the FFM report and recommendations.

The Foundation

From the outset, the project was a team effort: one elected leader and the chief executive from each of the 7 organizations sat on the leadership committee.

"Now that the report is out, it's time to act," Martin said. "This report allows us to learn from the mistakes of the first 30 years." He added, "It also helps us affirm what we did that works and is still desired. But the report also clarifies the changes we need to make to be viable and properly positioned to lead health care into the future."

The 7 organizations that sponsored the project are the AAFP, AAFP Foundation, American Board of Family Practice, Association of Departments of Family Medicine, Association of Family Practice Residency Directors, North American Primary Care Research Group, and Society of Teachers of Family Medicine.

The leadership committee's recommendations focus on 3 key areas: clinical practice, medical education, and the US health care system.

Action Items

The project's 10 recommendations encompass 41 tactics that address issues important to family physicians, such as health care coverage for all, electronic health records, professional development, and practice-based research.

The organizations volunteered to take the lead on the various recommendations; the AAFP is taking the lead on 7 items. "We are the predominant member of the 'family' and have more resources to address these recommendations," said Martin. "It is logical for us to have these roles."

Topping the list of the project's recommendations is to develop a "new model" for family medicine. That model of care would be based on a relationship-centered *personal medical home* to serve as a focal point for each patient's care.

The transformation to this patient-centered system of care will include physician office redesign, electronic health record systems, a team approach to care, and elimination of barriers to access.

What's Next?

That the project leadership committee is disbanding may lead some to fear that the recommendations will not be carried out.

John Bucholtz, DO, an FFM task force chair and immediate past president of the Association of Family Practice Residency Directors (AFPRD), said the project was structured to provide continuity through the officers of the sister organizations. For example, the AFPRD is taking the lead on addressing changes needed in family medicine education. "Speaking for AFPRD, we have made this a front-burner item," he said. "We'll make that one of the presidency's responsibilities—for our organization to do what we committed to do."

Bucholtz is director of the family medicine residency at the Medical Center in Columbus, Ga. His program has already begun implementing one of the recommendations—instituting an electronic health records (EHR) system—and the FFM project was instrumental in gaining support for the implementation from his hospital's board of directors, he said. "I told them that this is going to be a national recommendation to train residents on electronic health records."

Real-World Focus

It became apparent by mid-2003 that discussion of the recommendations led to a common theme—reimburse-

ment. Task force members concluded that among the necessary changes is the way family physicians are paid.

Thus, a sixth FFM task force was born.

"If you can't create a viable business model for the new model of family medicine, then it's not going to work," said AAFP President Michael Fleming, MD, of Shreveport, La, a member of Task Force 6. "This is not just an academic exercise. The focus is on the real-world practice of medicine."

Task Force 6 comprises not only representatives from within family medicine, but also from paying entities: employers, insurers and the Centers for Medicare & Medicaid Services.

"The payers agree they must find a way to pay us that values what we do," said Fleming. He predicts the improvements will take place "over a spectrum of about 3 to 5 years."

Discussion of the recommendations has been rampant among e-mail discussion groups and at meetings. Michael Sevilla, MD, of Salem, Ohio, a new physician delegate to the AAFP Congress of Delegates, learned about some of the recommendations at the cluster of AAFP commission-committee meetings in January. Some of his colleagues, fed up with issues of liability and reimbursement, say the project is a "waste of time with recommendations created in an ivory tower and not based in reality," he said.

"Personally, I'm optimistic about the recommendations, but I certainly am sympathetic to physicians who are needing more immediate results," he said.

President Fleming shares that optimism, noting the symbolism of releasing the findings in spring. Spring is not only the season of renewal, but also the season of graduations, he said. "The publishing of this report is just the beginning. The leadership committee's work is at an end, and this is the commencement."

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THE JOURNAL OF THE AMERICAN BOARD OF FAMILY PRACTICE (JABFP)

NEW! Instructions for Authors Updated and Enhanced on JABFP Web Site

Newly revised instructions for authors are now available at the JABFP Web site at <http://www.jabfp.org>. While retaining information on the journal's areas of inter-

est, several additions have been made to the journal's guidelines. The additions include detailed information on manuscript preparation, conformity with professional standards, and instructions for submitting manuscripts to JABFP—with step-by-step instructions for using Rapid Review. All of these sections have been enhanced with links to mentioned examples embedded in the text.

Rapid Review Update

Since its launch in March, the Web-based Rapid Review has been available for authors to submit their new manuscripts to JABFP. Authors submitting their first manuscript through Rapid Review must create an author account. Authors must include an e-mail address when creating their account, and they will receive an e-mail confirmation that their manuscript has been received. The JABFP editorial staff will also use e-mail to correspond with authors about the status of their manuscript.

Peer reviewers also enjoy the convenience of Rapid Review. Manuscripts are e-mailed to reviewers, who in turn, send their reviews back via Rapid Review. This eliminates the delays associated with postal mail deliveries.

Looking for a Job? Need to Post a Position?

The online version of the JABFP's classified ad section is updated immediately as classifieds and other ads are received. Jobs are listed by region and are seen by all. Links to the contact person and/or organization are provided when listed by the advertiser.

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STFM OFFERS TRAINING AND EDUCATIONAL RESOURCES FOR PRECEPTORS

The Society of Teachers of Family Medicine (STFM), a leader in family medicine education, offers educational resources for volunteer preceptors who teach medical students and residents. Highlighted below are the tools to help community preceptors be better teachers.

Preceptor Education Project Curricular Materials

The STFM Preceptor Education Project (PEP2) is a faculty development workshop curriculum for family physician preceptors who teach clinical medical students. PEP2 educational materials prepare family physicians to teach medical students effectively and efficiently