

Family Medicine Updates



From the American
Board of Family Practice

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THE MC-FP PROCESS APPROACHES ITS SECOND YEAR

The American Board of Family Practice (ABFP)'s Maintenance of Certification for Family Physicians (MC-FP) process is now welcoming its second group of Diplomates who certify or recertify in 2004. These physicians will begin their MC-FP cycle in January 2005. Our first group of Diplomates who certified or recertified in 2003, and began their MC-FP cycle in January 2004, are now 6 months into their first year. Throughout these first 6 months, the Board has responded to the comments from Diplomates with positive action, which has contributed to the MC-FP process being more beneficial and easier to use.

It is important to note that the MC-FP process continues to evolve. Its success is dependent upon the communication we have with our Diplomates. We encourage and invite your input.

Diplomates Who Certify or Recertify in 2004

By the time you receive this issue of the *Annals of Family Medicine*, the second wave of Diplomates will have completed their certification or recertification examination. If you are one of these physicians who has successfully completed the examination, you will enter your cycle of the MC-FP process on January 1, 2005. Your 7-year MC-FP cycle is similar to the recertification cycle that the ABFP has had in place for more than 30 years. Along with the other 23 medical specialty boards of the American Board of Medical Specialties (ABMS), the ABFP has broadened its requirement for self-assessment and life-long learning. The MC-FP has some unique components that require your attention every year.

Unlike the former recertification process, we can now assess the Diplomate's knowledge beyond "just knowing" to "applying and doing" by using today's technology. We have developed this program so you can participate electronically at your convenience. Most components of the MC-FP process can be completed in the comfort of your home or office at a time of your choosing. We will be communicating with you

electronically on a regular basis, so it is important that we always have a valid e-mail address. If for any reason you change your e-mail address, notify us of the change via the Web site at <http://www.abfp.org>. If you need assistance, call our Help Desk at 877-223-7437.

Beginning January 1, 2005, our Web site (<http://www.abfp.org>) will be your entry portal to participate in the MC-FP process. The first section of the Web site contains general information. The second section can be accessed only by Diplomates using an ID and password. To help you understand the MC-FP process and its components, the ABFP encourages you to use the help resources, which are designed to help Diplomates conserve time and enhance their effort. Some of these help resources are described below.

Online Tutorials and Help Desk

The following valuable interactive tools have been extremely helpful to Diplomates: Go to <http://www.abfp.org> and select the tutorial tab for 10-minute tutorials on using the Web site, completing the Self-Assessment Module (SAM), and completing the interactive patient simulation (CBAS).

A Help Desk is open 12 hours daily at 1-877-223-7437. A live operator will answer questions regarding computer access, ID and Password information, navigation, etc.

General Information and Frequently Asked Questions

This area gives an excellent overall description of the MC-FP process. It also answers a number of questions the Board has received. A MC-FP instruction booklet, which the reader can download, may be accessed at: <http://www.abfp.org/MOC/InstructionManualMC-FP.pdf>.

MC-FP and Diplomate Portfolio (Login, User ID, and Password Required)

If you have not received your login information, please contact the Help Desk via e-mail at <http://www.abfp.org/login.aspx> or call 1-877-233-7437.

This password-protected area allows you to access your unique Diplomate portfolio. Your portfolio will contain your personal and professional history and will track your progress in completing components of the MC-FP.

Diplomates Who Certified or Recertified in 2003 and Are in the First Year of Their MC-FP Cycle

The new MC-FP has been in place for 6 months. During this time, hundreds of Diplomates have logged

on to <http://www.abfp.org>, reviewed the tutorials, and completed either the Diabetes or Hypertension self-assessment modules (SAMs). We have encouraged feedback from these Diplomates via e-mail and at multichapter and state chapter meetings. We regard this communication as critical in the evolution of MC-FP process. Samples of questions we have received are answered below.

Q: Is CME credit available for successful completion of the SAMs?

A: The AAFP has recently awarded up to 15 hours of prescribed CME credit for successful completion of each of our first 2 SAMs (Hypertension and Diabetes).

Q: How many times can I take the SAM (Diabetes or Hypertension)?

A: Diplomates may take each SAM as many times as needed. On the third unsuccessful attempt to answer questions, an educational critique (basis for question) is shown. Please note there is not a separate fee for each attempt. During the MC-FP cycle, each Diplomate will be responsible for taking 1 SAM per year for a total of 6.

Q: What are the different payments options for the MC-FP cycle?

A: There are 3 payment options: (1) prepay-all-inclusive includes examination fee; (2) 7-year annual payment-all-inclusive; includes examination fee; and (3) pay as you go, currently \$50 per SAM, \$50 for performance in practice module (PPM), and applicable examination fee during the year in which you take the examination. Please see our Web site or call the Help Desk for further information.

Q: I do not have broadband Internet access. Will I be able to access the SAMs by dial-up?

A: Our dial-up access has performed well, and in head-to-head comparisons, our Web pages load more quickly than CNN.com and other major Web sites. We continue to monitor this area closely.

Q: What are the specifics of data transfer between the AAFP and ABFP? What will be automatic? What are the Diplomates' responsibilities?

A: A great deal of electronic data sharing already exists between the AAFP and ABFP. Both organizations understand the value of this arrangement, and an agreement to expand data sharing is being put into final form. Currently, each Diplomate will be responsible for informing the AAFP with regard to reporting CME credit.

Q: What is the process that will be used to transfer file

data to the ABFP for the chart review requirements, and how will this process comply with HIPAA regulations?

A: The ABFP is sensitive to HIPAA regulations; therefore, only aggregate and de-identified data will be stored by the ABFP. Furthermore, an electronic key will be provided to Diplomates when they begin Part IV of MC-FP that will allow only Diplomates to open and enter their PPMs. The ABFP will have no access to the data submitted by the individual physicians, thereby obviating risk for disclosure.

Q: What does the ABFP do with the feedback it receives from its Diplomates?

A: First, it is critical in the evolution of the MC-FP process to receive feedback from the Diplomates. The ABFP uses this feedback continually to improve the components of the MC-FP. For example, as a result of the excellent feedback to date, 6 major structural changes have been made to the SAMs.

Q: Our annual state chapter meeting is in the fall. What steps do we follow to invite someone from the ABFP to address our members?

A: A number of members of the ABFP Board of Directors, executive staff, and volunteers look forward to the opportunity to participate in state chapter meetings. We have participated in more than 10 meetings to date and have 7 scheduled for the future. If you believe it would be helpful to have someone participate at your state chapter meeting, call 1-888-995-5700, ext. 281.

Q: What are others saying about the MC-FP?

A: "The American Board of Family Practice (ABFP) is to be commended for its move from recertification to Maintenance of Certification as a measure of the competence of individual physicians. In addition to verification of physician credentials, the new Maintenance of Certification process requires self-assessment using validated, Web-based instruments and patient simulation; a computer-based version of the traditional cognitive examination; and evidence of continuous practice improvement. Physicians will be expected to demonstrate improved patient care through implementation of evidence-based guidelines, meeting benchmarks, measuring quality, and improving patient outcomes. This process will be an essential part of the lifelong assessment of family physicians."¹

Q: When do I enter the MC-FP?

A: Table 1 details the recertification schedule that has been in existence for 30 years.

Table 1. Recertification Schedule

Year certification or recertification examination taken	2003	2004	2005	2006	2007	2008	2009
Date Diplomate enters MC-FP cycle (process)	January 2004	January 2005	January 2006	January 2007	January 2008	January 2009	January 2010

We encourage all Diplomates to use the help resources available at <http://www.abfp.org> and/or call the Help Desk at 1-877-223-7437. These tools are designed to help you successfully complete the MC-FP process.

Mike Pugh
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References

1. Future of Family Medicine Project Leadership Committee. The future of family medicine: a collaborative project of the family medicine community. *Ann Fam Med*. 2004;2(Suppl 1):S65-S74.



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STEPHEN ZYZANSKI RECEIVES THE 2004 CURTIS G. HAMES RESEARCH AWARD

At the 2004 Annual Spring Conference for the Society of Teachers of Family Medicine (STFM), the 2004 Curtis G. Hames research award was presented to Stephen Zyzanski, PhD. Dr. Zyzanski is the director of research at the Department of Family Medicine of Case Western Reserve University. Every year, this award is presented to an individual whose career exemplifies dedication to research in family medicine. The award is named for Dr. Curtis Hames, a community-based physician, researcher, and faculty member at the Medical College of Georgia, recognized as a true pioneer in practice-based research, who celebrates 60 years as an MD this year. The selection committee consists of representatives from STFM, the American Academy of Family Physicians, the North American Primary Care Research Group, and the Hames Endowment of the Department of Family Medicine, Medical College of Georgia.

Trained in psychometrics, biostatistics, and epidemiology in the mid-1960s, Dr. Zyzanski gained recognition early in his career through his involvement with the Western Collaborative Group Study. This epidemiologic study resulted in several important papers in the late 1960s and 1970s reporting on the association of coronary artery disease with behavioral factors such as type A behavior. At his Hames Award presentation, Dr. Zyzanski credited John Cassel, his first chair of epidemiology at University of North Carolina, for convincing him of the importance of behavioral factors. "I heard Dr. Cassel say on numerous occasions that

he believed ... the next major contribution to explain more of the variance in health and disease outcomes would come not from further refining environmental factors, but from ... behavioral factors," Dr. Zyzanski said. "This is what started me on the road to trying to validate behavioral risk factors."

Much like the earliest developers of the concept of coronary-prone behavior pattern, Dr. Zyzanski thinks of his work as a journey from art to science, "from poorly measured behavioral constructs to documented behavioral risk factors for clinical outcomes." His collaboration with psychologist David Jenkins produced a questionnaire measure of type A behavior, and documented a "dose-response" relationship between scores on this measure and coronary artery disease. Dr. Zyzanski said the instant he saw the dose-response results first being printed from the big mainframe computer, it was a true "Kodak moment."

This work, interestingly, brought with it the opportunity to collaborate with Curtis Hames, so this award had special importance for Dr. Zyzanski. He and Dr. Hames eventually worked together on 4 projects. "What made the association with Curtis Hames particularly gratifying for me was that he was interested in doing research on the mechanism by which behavioral factors might confer their risk," Dr. Zyzanski said. He recalled many late nights he and the research team spent at Dr. Hames' office in Claxton, Ga. "He saw patients all day long, had dinner, and in the evening from 7 to 10 PM he would see indigent patients. Then at 10 PM, he would come into the conference room and say, 'You fellas interested in a snack?' and from 10 PM to midnight, we ate Sugar Frosted Flakes and talked research. And the next day he did it all over again."

Dr. Zyzanski joined the faculty at Case Western in 1979, the same year he joined NAPCRG. The 1980s were devoted not only to continuing his impressive line of original research but also to strengthening the research infrastructure of the discipline through his work on the NAPCRG Board of Directors and as director of Case Western's Robert Wood Johnson Faculty Fellowship Program. At his Hames Award presentation, Dr. Zyzanski outlined 3 different projects from his fellows, all of which involved the development and publication of new measures (related to patients' desires, stress levels, and perception of physician humanism). Dr. Zyzanski emphasized that these measures, in addition to 5 others that were developed by fellows during his tenure, continue to enable research in important areas.

In addition to his exemplary mentoring activities, Dr. Zyzanski found time to coauthor more than 100 journal articles and book chapters in the 1980s and