

# Family Medicine Updates



From the Association  
of Family Medicine Residency Directors

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## FAMILY MEDICINE IN THE CURRENT DECADE

The Association of Family Medicine Residency Directors is midway through a year of strategic response to the Future of Family Medicine report. Our member directors are providing "Leadership for the Future of Family Medicine" consistent with our 2004-2005 theme in many ways. At more than 400 residencies throughout the United States, residency curricula will be retooling for the strategic implications of family medicine's current position and its future potential.

What can we anticipate in the current decade for family medicine residencies? The Future of Family Medicine report itemizes a target of electronic health records in all family medicine residencies by 2006. Today, about one third of our residencies use them, one third are "shopping," and one third are catching up while learning from the experience of others. Information technology can provide the ingredients toward greater knowledge about the effectiveness of our patient care and about aggregate outcomes.

In this decade, health care expenditures in the United States will exceed \$2 trillion annually. Will the United States experience \$2 trillion of value-added benefit from these expenditures annually? What are the system-based competencies for residents in training that address the stewardship of these expenditures? What are the most value-delivering reforms for funding graduate medical education? How will we prepare our graduates to practice treatment and prevention in a health care *un*-system simultaneously described as awesome and awful?

The Institute of Medicine (IOM) provides some guidance for a future toward which we can prepare our graduates. From the *To Err is Human* report,<sup>1</sup> we understand that tens of thousands die of health care problems. From *Crossing the Quality Chasm*<sup>2</sup> we hear that health care is so broken, we must redesign it and then replace it. From the *Academic Health Centers* report<sup>3</sup> we recall that "health professions training is a major factor in creating the culture and attitudes that will guide a lifetime of practice."

By referring to these publications as guideposts, family medicine and its residencies can address each

of these issues in the coming years. We can strengthen our training in quality and safety to benefit our patients and their families while demonstrating our outcomes for all of health care. We can lead reform of health care stewardship and delivery. We can influence professional training through the vast reach of our training sites and the interdisciplinary nature of our professional culture.

The Association of Family Medicine Residency Directors is dedicated to promoting excellence in family medicine graduate education to meet the health care needs of the American public. We are active in pursuit of this mission and eager for the American public to experience its benefits.

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President, AFMRD

## References

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2. Institute of Medicine. Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press; 2001.
3. Kohn LT, ed. *Academic Health Centers: Leading Change in the 21st Century*. Washington, DC: National Academies Press; 2004.



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## A METRIC OF PROGRESS FOR FAMILY MEDICINE RESEARCH

How productive is the discipline of family medicine in research? NAPCRG's Committee on Building Research Capacity and the Academic Family Medicine Organization (AFMO) Research Subcommittee has undertaken an initiative to document the progress family medicine has made in research and its successes in reaching the discipline's strategic plan goals for research expansion.<sup>1</sup> Key measurable indicators are changes in the volume and focus of published family medicine research articles and changes in the number and types of individuals and organizations that produce these articles. In 2001, researchers at the University of North Carolina at Chapel Hill were charged with designing and undertaking a process for periodically identifying and quantifying family medicine's published research. The process undertaken and findings from the first round of this project were posted