Family Medicine Updates

From the American Academy of Family Physicians

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WIRED FOR EDUCATION: AAFP TAKES MAJOR CME INITIATIVE TO THE WEB

The Academy has long been known as a leader in physician education. Beginning in 1947, it was the first medical professional organization to require continuing medical education as a condition of membership. Since then, the Academy has provided its members up-to-date, practical educational experiences delivered via multiple venues, including online.

Now, in 2005, the Academy is presenting one of its premier educational initiatives—the Annual Clinical Focus (ACF)—exclusively on the Web. Designed to bring AAFP members state-of-the-art clinical information and resources on a specific area of medical practice to assist them in providing comprehensive patient care, this year's ACF highlights the burgeoning field of medical genomics. Other aspects and benefits of the annual program are the development of relevant patient education materials, creation of partnerships with other health organizations, and efforts to raise public awareness about the ACF topic.

In a sense, it's fitting that information about this avant-garde area of medicine is being delivered via such an innovative educational vehicle. Only online are physician-learners able to view streaming video at their convenience and reach out through cyberspace to review literature citations or download resources from around the globe. As more family physicians each day are asked by their patients about the relative costs and potential benefits of a given genetic test, or about the implications of a positive or negative screening result on the overall preventive management plan, the ability to readily access reliable information becomes key.

The first program in AAFP's 2005 ACF, which went live in January, focuses on how family physicians can uncover, examine, and use patients' family histories to help predict and manage health conditions that include a genetic component. The second ACF program for 2005, on genetically mediated aspects of breast cancer, was posted in March. A third program, on Alzheimer's disease, was posted in April.

Additional video programs on various genetically influenced health conditions will be released throughout the ACF year. Among those topics are colorectal cancer, autism, and hemochromatosis.

Program participants begin the educational process at the "ACF Genomics CME Video Series" page at http://www.aafp.org/acfgenomics.xml. From there, they can link to the individual program pages. Links on those pages allow participants to view an online CME video; explore a Web tour of educational and organizational resources; and access additional materials, including a posttest and evaluation form.

'Sooner Rather Than Later'

In each program video, Norman Kahn, MD, AAFP vice president for science and education, introduces the topic, explaining why genomics was chosen for this year's overall ACF initiative. "First," Kahn says, "there have been rapid recent advances in genomics, centered around the mapping of the human genome. And second, we believe that this new information needs to find its way into our practices sooner rather than later."

Francis Collins, MD, PhD, director of NIH's National Human Genome Research Institute and keynoter at the 2004 AAFP Scientific Assembly, appears in the family history video. Collins led the Human Genome Project that in April 2003 successfully completed mapping the entire human genome. The findings from that project, he says, will transform many aspects of how physicians practice medicine.

"We will learn the individual genetic glitches that each of us carries around," Collins says, "and that will give us a chance to make predictions about who's at risk for what."

Collins' Scientific Assembly presentation is among resources included in the Web tour that accompanies the family history program. The tour may be accessed through a link on that program's home page.

Family History Screening Tools

Family physician Nancy Stevens, MD, associate professor of family medicine at the University of Washington, Seattle, and medical director for the 2005 ACF, serves as "the face of genomics" for the entire yearlong ACF video series.

"We've chosen to begin with family history because this is the foundation on which we will build our knowledge," Stevens explains in the first program video. "This program will focus on 3 approaches to family history: tools developed for primary care prac-

tice, tools developed for patients, and the pedigree genetics professionals use to record family history."

Incorporated into the family history video are tools physicians and patients can use to provide background for discussions about family history and specific genetics concerns. Two such tools are among resources developed as part of Genetics in Primary Care: A Faculty Development Initiative, a multiyear project that brought together representatives from the specialties of family medicine, internal medicine, pediatrics, and genetics.

"The 'SCREEN' mnemonic developed by the GPC initiative can be administered as part of a complete history and physical examination or can be used to quickly elicit concerns and/or risk factors regarding a patient's family history," Kahn explains.

The letters of the SCREEN mnemonic represent various topics—**s**ome **c**oncern; **r**eproduction; **e**arly disease, death or disability; **e**thnicity; and **n**ongenetic or not necessarily genetic conditions—and remind physicians of questions they can ask to identify potential genetic "red flags." In this context, red flags are clinical findings revealed by the history, physical examination, or laboratory testing that suggest the presence of genetically influenced disease and require further action, such as intervention, counseling, referral, or screening.

A second GPC tool, represented by the mnemonic "Family GENES," consists of a small number of red-flag categories consistent with the family medicine approach to patient care. In this context, those red flags are **family** history—multiple affected siblings or individuals in multiple generations; **g**roups of congenital anomalies; **e**xtreme or exceptional presentation of common conditions; **n**eurodevelopmental delay or degeneration; **e**xtreme or exceptional pathology; and **s**urprising laboratory values.

"Although red flags clearly aren't 100% sensitive or specific," Kahn says, "the presence of a red flag should raise your suspicion regarding a genetic influence."

The video also points patients to a free tool they can use to record their own family health history. The tool, "My Family Health Portrait," is part of the Family Health Initiative launched in November 2004 by Surgeon General Richard Carmona, MD, MPH. It allows patients to record their family history at home and then bring the physician a printed copy to interpret. The tool, available in both English and Spanish, enables physicians to customize patients' care by focusing preventive strategies on areas most relevant to those patients.

Breast Cancer Risk Assessment

In the breast cancer program video, Stevens notes it's not surprising that the outpouring of media coverage about the so-called breast cancer genes BRCA1 and BRCA2 has prompted a surge of requests for genetic testing to detect those anomalies.

"What isn't as clear—and what this program will emphasize—is where tests for these uncommon mutations fit in our management of breast cancer risk, screening procedures, and other treatments," Stevens says.

The video highlights the importance of assessing patients' multiple risks for breast cancer, including family history, and discussing with them the recommended screening strategies. The program focuses on recognizing individuals whose presentation or history would suggest an increased risk for one of the BRCA mutations.

"Managing the risk of breast cancer in these patients is an example of our essential role in helping patients sort through the complexity of options in the context of their own lives," says Stevens.

Included in the breast cancer program Web tour are links to a downloadable genogram template clinicians can use to record patients' family histories and other family history and screening tools. Other links guide program participants to the Web sites of national organizations and governmental agencies that provide information about genetic testing to detect hereditary susceptibility for breast and ovarian cancers. There's even a link to an index of genetic counselors by geographical region and area of specialization.

Participants can earn CME credits for viewing each ACF program video and completing a posttest. Rounding out the overall 2005 ACF program is a practice-based quality improvement project clinicians can complete for 20 CME credits.

The 2005 ACF initiative is receiving financial and in-kind support from multiple governmental agencies, health professional associations and consumer health groups. Numerous organizations are partnering with the AAFP in developing content for the educational initiative.

Cindy Borgmeyer
AAFP News Department