References

1. US Department of Health and Human Services. Health Communication (Chapter 11). In: *Healthy People 2010: Understanding and Improving Health and Objectives for Improving Health.* 2nd ed. Washington, DC: US Government Printing Office; 2000.
2. Davis TC, Long SW, Jackson RH, et al. Rapid estimate of adult literacy in medicine: a shortened screening instrument. *Fam Med.* 1993;25:391-395.
3. Neilsen-Bohlman L, Panzer AM, Kindig DA, eds. *Health Literacy: A Prescription to End Confusion.* Washington, DC: National Academies Press; 2004.
4. Parker RM, Baker DW, Williams MV, Nurss JR. The test of functional health literacy in adults: a new instrument for measuring patients' literacy skills. *J Gen Intern Med.* 1995;10:537-541.
5. Paasche-Orlow MK, Parker RM, Gazmararian JA, Nielsen-Bohlman LT, Rudd RR. The prevalence of limited health literacy. *J Gen Intern Med.* 2005;20:175-184.

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FOCUS ON PRACTICE REDESIGN, QUALITY IMPROVEMENT

The new year brings Academy members 2 Future of Family Medicine resources—the Practice Enhancement Program and an Academy subsidiary company, TransforMED, Inc. Both entities are intended to help family physicians implement elements of the new model of care described in the Future of Family Medicine (FFM) report (http://www.annfammed.org/cgi/content/full/2/suppl_1/s3), which was released in 2004.

The Practice Enhancement Program, piloted in May 2005 in Spokane, Wash, and in September in Iselin, NJ, works with small- and medium-sized family medicine practices to implement changes that the FFM report deemed necessary for the specialty's survival.

Bruce Bagley, MD, AAFP medical director for quality improvement said the program "fulfills a need the Academy created with the FFM project." He likened the program to a syringe designed to "help our members inject the new of model of care into their practices."

Mentor, Teamwork Formula Effective

The 21 practices that participated in the Washington and New Jersey pilots completed a rigorous process that began with an office assessment. That first step helped participants pinpoint specific areas in their practices ripe for improvement.

Key areas of study were team development and change management, said Bagley, who stressed the importance of medical office teams coached by mentors. Each 3-person team included a physician, a clinical staff person and a nonclincal staff person from the practice. Each mentor facilitated team discussions during the 2-day onsite sessions and coached his or her team throughout the months-long process of implementing practice change.

Teams focused on a single goal, whether it was better management of patients with chronic conditions (eg, hypertension, diabetes, depression, and asthma); improved preventive care; or implementation of new office processes, such as open-access scheduling. Participants were taught the basics of making an improvement using the PDSA cycle of plan, do, study and act. Coaches helped teams devise an improvement plan, implement it on a small scale, study the results and tweak the process, and launch the plan practice wide.

Grant Ensures Project Expansion

Thanks to a grant of nearly $209,000 from the Physicians' Foundation for Health Systems Excellence, the Practice Enhancement Program is expanding beyond the pilot phase and into a full-fledged program. Bagley said the money will allow the Academy to offer the program to 3 more constituent chapters this year and will fund development of a faculty program to aid expansion to even more chapters in 2007.

"The program needs a modular, consistent curriculum that uses a standard set of concepts as well as local faculty to keep the costs low," said Bagley, adding that he envisions a "train the trainer" model.

In 2006, "the Academy needs to take the program to family physicians who are interested in transforming their practices by working with other like-minded physicians in a group setting," he said.

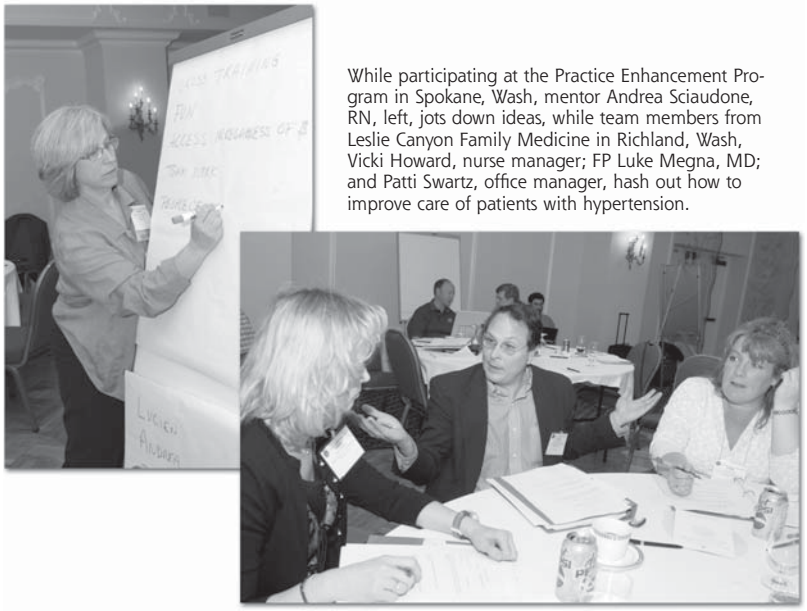
The hope, said Bagley, is that once team members learn how to implement a practice improvement, they can use that knowledge to make more changes and further improve the delivery of health care to their patients.

"I don't think there's a lack of members who want to do this," said Bagley. "Who wouldn't want to get home earlier and run a more efficient practice? Physicians are seeing practice redesign work, and more and more of them are saying, 'I want this too.'"

Practice Resource Center Becomes Reality

The Academy broke new ground early in 2005 when the Board of Directors voted to move forward with the creation of a resource center dedicated to offering real tools and services to help family physicians achieve practice redesign.

The company was named TransforMED for a reason, said CEO Terry McGeeney, MD, a family physician from Ames, Iowa. "The transformation of family medicine is the basis for the Future of Family Medicine report, and the company name reflects that."



While participating at the Practice Enhancement Program in Spokane, Wash, mentor Andrea Sciaudone, RN, left, jots down ideas, while team members from Leslie Canyon Family Medicine in Richland, Wash, Vicki Howard, nurse manager; FP Luke Megna, MD; and Patti Swartz, office manager, hash out how to improve care of patients with hypertension.

Sheri Porter/AAFP

Startup Assignment: National Demonstration Project

One of McGeeney's first tasks is the implementation of a national demonstration project, a 30-month project that will engage 20 family medicine practices from around the country.

"The national demonstration project will be a 'learning lab' analyzed on a real-time basis by independent evaluators to see what works and what doesn't. We want to learn how to implement change in different practice environments," said McGeeney.

He emphasized that the goal is not to prove a forgone conclusion that everything outlined in the FFM report will work in all environments. "While many of the recommendations have been implemented in a variety of practices, very few practices have incorporated all aspects of the report. The truth is, we may find that not all of the recommendations are practical or produce the predicted outcomes," said McGeeney.

Services and Products a Key Component

A mentoring program, designed to assist family physicians committed to the concepts outlined in the FFM report, will run concurrently with the demonstration project and may involved a fee, said McGeeney.

A third component of TransforMED involves development of prepackaged products and services that will be marketed initially to members and eventually to other primary care physicians. McGeeney envisions a variety of services available from TransforMED including:

- Assistance in implementing an electronic health record
- Help in setting up open-access scheduling
- Advice on how to improve a practice's bottom line
- Access to cost data comparisons between similar practices
- Coaching on how to develop a basket-of-services approach
- Assistance in moving to a more patient-focused practice

Adapting to Change

While the FFM report laid the groundwork for change in family medicine and identifies opportunities, McGeeney said the Practice Enhancement Program and the creation of TransforMED are efforts to capitalize on those opportunities. Both programs are "vibrant and adapting to a rapidly changing environment. We will learn from family physicians who are already doing things right," said McGeeney.

Change does not come easily, he added, and it always needs to be managed. "Those of us offering these resources will be listening to our peers—family physicians in the trenches as well as those in academia—to tune in to their needs, and we will adjust our resources accordingly," said McGeeney.

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IMPROVEMENTS FOR ABFM MAINTENANCE OF CERTIFICATION PROGRAM AND CHANGES TO JOURNAL

Given the rapid changes in today's practice of medicine, the American Board of Family Medicine (ABFM) is fully committed to Maintenance of Certification for Family Physicians (MC-FP) as mandated by the American Board of Medical Specialties. MC-FP is critically important, not only for our discipline, but for the care of our patients. The assessment tools that have been created for MC-FP, and the timetable for their completion, together provide a more robust method for the ongoing evaluation of a Diplomate's fitness for continuing certification when compared to our previous recertification process.

As part of the Board's ongoing review of MC-FP, the ABFM Board of Directors approved additional program