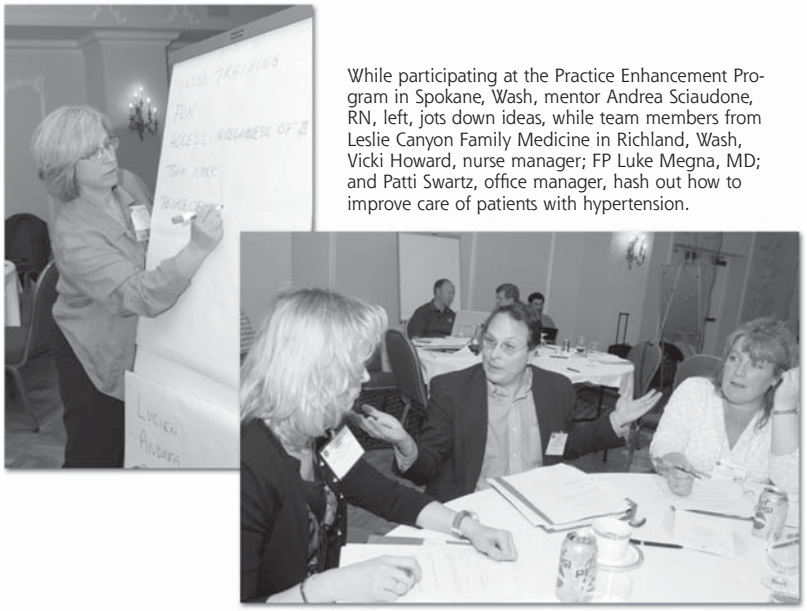

While participating at the Practice Enhancement Program in Spokane, Wash, mentor Andrea Sciaudone, RN, left, jots down ideas, while team members from Leslie Canyon Family Medicine in Richland, Wash, Vicki Howard, nurse manager; FP Luke Megna, MD; and Patti Swartz, office manager, hash out how to improve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

Sheri Porter
AAFP News Department

From the American Board of Family Medicine

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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

improvements at their October Board meeting that will enhance Diplomates' participation in MC-FP. The new framework creates more options and greater flexibility for completing MC-FP, enabling Diplomates who are actively participating in the process to extend their original 7-year certificate by 3 years. In approving the changes for this program, the ABFM carefully considered Diplomates' input regarding the most effective methods for enhancing participation.

This extension is dependent on continued and timely completion of Self-Assessment Modules (SAMs) and Performance in Practice Modules (PPMs). Therefore, Diplomates who are currently participating in MC-FP should continue to complete present MC-FP requirements according to the schedule already published by the ABFM. The Board's goal is to recognize the value of full and timely participation in MC-FP, further supporting Diplomates in keeping up with rapid advances in medicine and quality improvement.

During the past year, the Board has made 24 major improvements to streamline the MC-FP process, dramatically improving Diplomates' ability to complete elements of the program efficiently. Since the implementation of MC-FP, the Board has sought feedback from Diplomates through multiple channels, including:

- Information sessions at the AAFP Scientific Assembly in 2003, 2004 and 2005
- Focus groups at the 2005 AAFP Scientific Assembly
- Meetings with AAFP leadership
- Visits to more than 30 AAFP state chapters
- Review of on-line surveys linked to the SAMs
- One-on-one discussions with a broad range of Diplomates, as well as e-mail exchanges and comments received via the ABFM Help Desk

The Board understands that Diplomates want options that will both support their participation and preserve the integrity of the process. We are committed to refining MC-FP to provide the best, most effective process for evaluating Diplomates' certification status, while ensuring continuous learning and improvement in practice.

While the specific details of the new MC-FP program improvements are still being finalized, the Board nevertheless wanted to announce the approved changes as soon as practical in an effort to promote continued, valuable dialogue with its Diplomates. An announcement of the final details of the MC-FP program enhancements will be announced by ABFM through a variety of outlets in early 2006.

The American Board of Family Medicine also wishes to remind Diplomates of the examination dates for 2006. The application for the 2006 examinations is on-line at the ABFM Web site (http://www.theabfm.org).

American Board of Family Medicine

The *Journal of the American Board of Family Medicine*

Name Change

In January 2006, the *Journal of the American Board of Family Practice* changed its name to the *Journal of the American Board of Family Medicine (JABFM).* The journal Web site address is now http://www.jabfm.org.

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Victoria Neale, PhD, MPH
JABFM

From the Association of Departments of Family Medicine

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THE FAMILY MEDICINE ROAD TO THE NIH ROADMAP

The genesis of modern family medicine did not include a strong consideration of research. After World War II, considerable resources were allocated to medical care. This was a period when medical technology flourished and specialization grew. There was growth of academic health centers with a focus on research. By 1966 the social construct of medicine had changed to the point where people were asking the question, "Who is going to take care of us?" In 1966 this resulted in the formation of 3 commissions: the Millis Commission, the Willard Committee, and the Folsom Commission. The result was a call for the creation of a new medical specialty, one spawned by a perceived need for more primary care. Research in family medicine was not recognized as a priority at this point. By 1970 we had new, residency-trained family physicians. Departments of Family Medicine were forming in medical schools around the country. At that time the essential component of having a department was having a residency. The leaders of these departments were often physicians who had been in practice and were politically astute enough to navigate their way into and through medical school politics, often with the support and assistance of the state chapters of the American Academy of Family Physicians (AAFP). Then came the growth of predoctoral programs and required clerkships in family medicine. During this time of proliferation, a strong interest in pedagogical methodology developed. It was not until the last decade of the 20th century that research began to gain importance, but by this time there was a paucity of the necessary infrastructure, especially the lack of mentors and the leadership to create a culture for research.

Today family medicine is still trying to play catch-up. But the goal is not necessarily to catch up with our partners at the academic health center. Rather, the research agenda is to create a primary care system that will meet the needs of the US population. The NIH Roadmap articulates the need to get scientific results closer to those who will need them, the patients. This "translation" as it is called today, is not a new concept; 10 years ago AHRQ (then known as the Agency for Health Care Policy and Research) had "dissemination" as a major priority after earlier work had shown that it takes far too long for the results of cutting-edge research to become general practice.

There are 3 main themes in the Roadmap.[1-3] The first, called New Pathways to Discovery, involves primarily a basic science agenda. The other 2 themes, Research Teams of the Future and Reengineering the Clinical Research Enterprise, offer opportunities for family medicine researchers. Included are clinical research training programs, an understanding of the value of interdisciplinary research, and a recognition of the need to have somebody on the ground who actually sees patients for a living (the end note of translation). This is where practice-based research networks become necessary to the National Institutes of Health (NIH) mission as laboratories for understanding the results of innovation.

It is imperative that family medicine continue to advocate for research in the NIH. We have had some degree of success with more investigators receiving funding and increased funding of larger grants, including grants from specific Roadmap initiatives. This funding would not have been possible without a growth in the number of researchers, most of whom are faculty in academic units trained to do competitive research. Our discipline must continue to create a nurturing research culture to enhance the potential for those who represent our research vanguard.[4] A part of this culture is the promotion of collaboration with other disciplines. We could benefit from increasing the number of family medicine representatives who serve on NIH study sections. We must also increase our influence on how requests for applications (RFAs) are worded to make sure that NIH understands how primary care contributes to true translation and the overall research of the nation. The barriers to family medicine on the road to the Roadmap can be overcome.

Mark S. Johnson, MD, MPH
and the Association of Departments of Family Medicine

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