a particular cause. Similarly, interactions between patients and physicians have emergent properties that are not determined by the patient or the doctor, but develop through their interchange. The function of a primary care practice emerges from the interaction of those who work there, the patients and context. Understanding emergence is a challenge for complexity science, not just for primary care, and is receiving attention from many research disciplines. NAPCRG will continue to serve as a forum for complexity science researchers to learn from one another and to create new, practical insights that will improve the design and delivery of primary health care.

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MEDICAL HOME CONCEPT GAINS PROMINENCE THANKS TO ACADEMY'S EFFORTS

The AAFP has been promulgating the idea of a medical home for patients since the Future of Family Medicine report was published in 2004. To those ends, the Academy has partnered with a number of organizations to get its message heard.

Some of the more successful ventures have been with IBM, which is working with the AAFP on taking the medical home message to employers, and collaboration with the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association to develop the Joint Principles of the Patient-Centered Medical Home.

The principles were recently used in legislation passed in Colorado that calls on the state to ensure medical homes for children enrolled in the Colorado medical assistance program or basic health plan. The new law specifically says, "The best medical care for infants, children and adolescents is provided through a medical home … that is consistent with the Joint Principles of a Patient-Centered Medical Home."

Primary Care Collaboration

With these principles, the nation's primary care physicians have provided a universal definition for the personal medical home on which legislators, regulators and private sector payers can base their policies. But the Academy isn't stopping there. The AAFP also played a key role in the formation of the Patient-Centered Primary Care Collaborative.

Members of the collaborative—which include the AAFP and other physician groups, health care organizations, employers, and consumer groups—agree that placing primary care and the patient-centered medical home "center stage" in the health care debate will help put America's ailing health care system back on the road to recovery.

During the coming months, the collaborative, which represents close to 50 million American workers and nearly 330,000 physicians, will encourage adoption of the patient-centered medical home concept through an aggressive legislative agenda and by enlisting the support of additional employers, employer groups, and health care stakeholders.

AAFP leaders, however, are already speaking out on the importance of the medical home. Testifying before the House Ways and Means Committee's Subcommittee on Health in Washington on May 10, AAFP President Rick Kellerman, MD, of Wichita, Kan, urged Congress to adopt a Medicare physician payment system that reimburses physician practices for providing a patient-centered medical home to manage and coordinate care.

Kellerman said such a medical home would improve health care quality and cost effectiveness while better integrating patient care into the overall health care system and increasing patient satisfaction.

"More than 20 years of evidence shows that having a health care system based on primary care reduces costs and benefits the patient's health," said Kellerman. "By using a system of health care that is not predicated on primary care physicians coordinating patients' care, the US health care system pays a steep economic price, and our Medicare beneficiaries pay a steeper price in terms of their quality of care."

The Cost of Care

The message about primary care, the medical home, and the importance of establishing fair payment rates

for providing a medical home is being heard. According to Rep Lois Capps, D-Calif, a member of the Energy and Commerce Committee, Congress needs to adopt a Medicare payment system that compensates physicians for providing primary health care services. Capps, speaking during the AAFP Family Medicine Congressional Conference in Washington May 16-18, told attendees that "a new physician fee system should accurately reflect the value of providing primary care."

According to former Speaker of the House Newt Gingrich, the medical home will become a major component of managing patient health care as the nation's health care system moves toward integrating innovative technologies and places a greater emphasis on preventive care. Gingrich, who is the founder of the Center for Health Transformation, was speaking during a Capitol Hill briefing on April 23.

Chronic Disease

The medical home model also recognizes the importance of primary care physicians in coordinating treatment for the chronically ill. The medical home model "is based on the fact that most health care for the chronically ill takes place in primary care settings, such as the offices of family physicians," said Kellerman in his testimony before the Subcommittee on Health.

He added, "This model, with its emphasis on care coordination, has been tested in dozens of studies and has repeatedly shown its value because of the prevalence of chronic disease among the elderly." More than 80% of Medicare beneficiaries have at least 1 chronic condition, and two-thirds suffer from more than 1 chronic condition, according to Kellerman. Twenty percent of Medicare recipients have 5 or more chronic conditions, accounting for two-thirds of Medicare spending.

The high costs of providing care for the chronically ill increasing are drawing attention. In fact, the AAFP has played a key role in launching a national coalition that has vowed to make the management and prevention of chronic disease a major issue in the 2008 presidential campaign.

The coalition, known as the Partnership to Fight Chronic Disease, or PFCD, consists of more than 40 organizations that represent a diverse and powerful cross-section of business and labor groups, health professional organizations, community agencies, and consumer and other stakeholder groups. The PFCD wants to

- educate the public about chronic disease;
- mobilize citizens to call for change in how governments, employers and health institutions approach care for chronic disease; and
- challenge state and federal policy-makers to make prevention and management of chronic diseases a primary concern.

One of the PFCD's goals is to make the US presidential candidates aware that chronic diseases are "key drivers" of health care costs, with the hope of convincing the nation's next president that the country needs a health care system that places a greater emphasis on prevention while providing "more effective clinical management of patients with chronic diseases," said PFCD's Executive Director, Kenneth Thorpe, PhD, a former deputy assistant secretary for HHS. The coalition plans to target key presidential primary states to generate attention and to influence the candidates' perceptions about the prevention and management of chronic diseases.

AAFP News Now

From the American Board of Family Medicine

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AMERICAN BOARD OF FAMILY MEDICINE ELECTS NEW OFFICERS AND BOARD MEMBERS

The American Board of Family Medicine (ABFM) is pleased to announce the election of 4 new officers and 3 new board members. The new officers elected at the ABFM's spring board meeting in April are: David W. Price, MD (Broomfield, Colo), Chair; Elizabeth Ann Garrett, MD (Columbia, Mo), Chair Elect; Joseph Hobbs, MD (Augusta, Ga), Treasurer; and Ross R. Black, II, MD (Cuyahoga Falls, Ohio), Member-at-Large, Executive Committee.

In addition, the ABFM welcomes this year's new members to the Board of Directors: Thomas H. Cogbill, MD (Lacrosse, Wisc); Arlene M. Brown, MD (Ruidoso, NM); and Warren P. Newton, MD (Chapel Hill, NC). The new ABFM officers will each serve a 1-year term; the new Board members will each serve a 5-year term.

The remaining current members of the Board are: John R. Bucholtz, DO (Columbus, Ga); Craig W. Czarsty, MD (Oakville, Conn); Thomas P. Gessner, MD (Latrobe, Penn); Larry A. Green, MD (Denver, Colo); Alain Montegut, MD (Portland, Maine); Dennis R. Schaberg, MD (Los Angeles, Calif); Russell R. Snyder, MD (Galveston, Tex); and Daniel K. Winstead, MD (New Orleans, La). The ABFM Board of Directors looks forward to working with the new Board Members and Officers as it continues the important task of sustaining the mission of the ABFM.

ABFM Communications