

# Family Medicine Updates



**NORTH AMERICAN  
PRIMARY CARE  
RESEARCH  
GROUP** From the North American  
Primary Care Research Group

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## UPDATE FROM NAPCRG'S COMMITTEE ON ADVANCING THE SCIENCE OF FAMILY MEDICINE

NAPCRG's Committee on Advancing the Science of Family Medicine (CASFM) was created to help consolidate work on the research and evidence needed to move to a new model of care. It specifically aims to:

- Promote the generation of new knowledge in all components of the Future of Family Medicine plan
- Identify means and needs for new knowledge to actively contribute to the transformation of primary care practice for the betterment of our patients and their communities
- Assure that the development, translation, and implementation of new knowledge becomes part of the fabric of what it means to be a family physician

These aims were driven by both the US *Future of Family Medicine* and the Canadian College of Family Physicians' *Family Medicine in Canada: Vision for the Future*. It pursues these aims through the work of focused subcommittees with superb leadership.

A Residency Research work group, its chair currently in transition, is exploring past efforts of the task force and is also considering research skill competencies related to new model practice, and how the new residency demonstration project (P<sup>4</sup>) will evaluate research competency and training.

A Practice-Based Research work group, chaired by Jim Mold, is exploring the role of these laboratories and learning communities in the development of new model practices. It is also considering advocacy needs of PBRNs.

A Health Information Technology (HIT) work group, chaired by Kevin Peterson, is considering the research and standards priorities in ambulatory/primary care, and opportunities to advance understanding of HIT needs in primary care. It will also consider how family medicine may maintain leadership in the HIT standards arena and identify specific advocacy requests/targets related to HIT in primary care.

An Economic Research work group, chaired by Rich Lord, is assessing the economic research needs related to new model practice as well as other research

presented at NAPCRG. It will consider specific economic applications for new model practice but will also try to develop economic measurement and methods generally in primary care research.

An Optimizing Practice through Research Partnerships and Quality Improvement work group, chaired by Leif Solberg, intends to explore and explain the methods of implementing and disseminating practice optimization knowledge and systems. This subcommittee will explore translation, implementation, and optimization in ways that are not specific to work by practice-based research networks (PBRNs) and that are broader than quality improvement.

In less than 1 year, CASFM published a paper in *JAMA* entitled, "Practice-Based Research—'Blue Highways' on the NIH Roadmap." It has published a working paper for the Institute of Medicine on PBRNs as learning communities (<http://www.iom.edu/CMS/28312/RT-EBM/41894.aspx>). And, it has helped draft letters for NAPCRG and the AAFP to Dr Elias Zerhouni, Director of the NIH, requesting a meeting to discuss primary care participation in his translational research efforts.

CASFM is building liaisons with each family medicine organization and would welcome the same with other primary care groups. Participants at NAPCRG can expect to see more products from this lean and focused committee and will have an opportunity to learn more about where it is going.

Bob Phillips, MD  
NAPCRG CASFM Chair



From the American Academy  
of Family Physicians

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## AAFP ENCOURAGES USE OF MEDICAL HOME, NEW IMMUNIZATION POLICY AT AMA CONGRESS

The AAFP recently sent the house of medicine a clear message during the American Medical Association's (AMA) Congress of Delegates in Chicago: Any national health care policy agenda the AMA promulgates should be founded on the primary care-based medical home and should incorporate a payment

model that comprises both a fee-for-service component and a per-patient, care-management stipend.

Of the dozens of attendees who spoke out at a forum that was convened to solicit comments on a draft policy agenda document the AMA plans to finalize by this fall, AAFP Board Chair, Larry Fields, MD, of Flatwoods, Kentucky, was first to the microphone. He credited the work the AMA has accomplished to date in examining the issue of health system reform, but warned against overlooking some key issues.

"There are a lot of excellent ideas" in the current draft of the AMA agenda document, Fields said in a recap of his testimony. "If they will hang those ideas on the frame of a primary care-based medical home, we have a great starting point."

Another essential part of that framework, Fields added, is fair payment for all services rendered. "That's not only higher payment for primary care services," he stressed, "but also an additional payment for coordination of care and disease-management services."

AAFP President-Elect Jim King, MD, of Selmer, Tennessee, likewise addressed the payment issue during the forum, urging delegates to "think outside the box" when it comes to paying physicians for the care they provide.

"We really need to expand how we think about the way we pay physicians, especially in the primary care world, especially when the patient's in (his or her) medical home," King said. "One thing we feel needs to be in a payment system is a payment for the management of our patients."

### Overview of Draft Policy Agenda

In its current form, the draft agenda is divided into 5 main content areas, each with its own complement of specific issues. The 5 areas are:

- **Health care environment**, including universal coverage and access to care under a pluralistic and patient-driven system, medical liability reform, patient choice, and transformation of Medicare and Medicaid;
- **Clinical excellence**, including further integration of health information technology into medical practice, voluntary adoption of quality measures, improved patient safety, elimination of health care disparities and better care for the elderly;
- **Health of the public**, including disaster preparedness, boosting immunization rates, improving mental health services, raising awareness of global health issues and advocating healthy lifestyle behaviors;
- **Physician practice viability and patient access**, including antitrust issues, payment for true costs of care and the proliferation of consumer-driven health care;
- **Physician education and professionalism**, including workforce analysis and planning, transformation of

the US medical education system, education and training funding, and improving medical self-regulation.

### Immunization Advocacy Efforts

The AAFP delegation also rallied other primary care delegates and supporters behind a resolution crafted by the Academy and supported by the American Academy of Pediatrics and the American College of Physicians. Parts of that measure, as introduced, direct the AMA to:

- Intensify its efforts to advocate that vaccine manufacturers and distributors make adequate amounts of affordable vaccines available in a timely fashion to medical practices

- Advocate that health care purchasers provide plan participants with first-dollar coverage of all CDC-recommended vaccines

- Urge public and private payers to cover *all* vaccine-associated costs, including storage, insurance and spoilage/wastage, for CDC-recommended vaccines and their administration, "with no patient cost-sharing"

- Advocate to appropriate organizations the need to ensure that "when immunizations are given in locations other than the patient's medical home, a process exists to ensure communication to the medical home"

One clause of the original resolution created a stir among those testifying in a June 24 reference committee hearing on the topic, however. That resolve asked the AMA to step up its advocacy efforts with vaccine manufacturers and distributors to "assure that physician practices, hospitals, long-term care facilities and other medical facilities receive priority in obtaining immunizations."

Citing preliminary results from the AAFP's most recent member survey on immunizations, AAFP President Rick Kellerman, MD, of Wichita, Kansas, said that the resolution represented the Academy's attempt to spotlight problems with the overall vaccine acquisition and distribution system that continue to plague AAFP members. For example, more than 1 in 4 survey respondents reported having trouble ordering annual influenza vaccine for the 2006-2007 season, up more than 8% from the previous season. And nearly 60% of respondents said some or all of their influenza vaccine shipment was delayed.

Carol Berkowitz, MD, a member of the AAP delegation to the AMA house, testified at the hearing that AAP members also had experienced problems akin to what FPs saw during the most recent influenza season. "During the 2006-2007 season, we did receive calls from our members saying that they had been unable to obtain vaccine until November," said Berkowitz.

Still, a number of those testifying at the hearing claimed that when it comes to distributing vaccine, allowing physician practices and other medical

facilities to "go to the front of the line" isn't always in patients' best interests.

Abigail Shefer, MD, a captain in the US Public Health Service and associate director for science in the Immunization Services Division of the CDC's National Center for Immunization and Respiratory Diseases, told those at the hearing in no uncertain terms: "CDC opposes the concept of preferentially making vaccine available for any one group."

"Instead of focusing on getting vaccine prioritized directly to physicians, our AMA should focus on removing barriers that keep docs from getting ready access" to vaccine products, suggested a member of the AMA Council on Science and Public Health.

### Delegates Preserve Core Message

Apparently swayed by testimony at the hearing, the reference committee recommended that the prioritization clause be deleted from the immunization measure when it came before the full house on June 25; the house adopted that recommendation.

The Academy's delegates remained committed to preserving the spirit of the original resolution, however, and proposed adding the following clause in place of the omitted language:

"Resolved, that the Board of Trustees study the impact on vaccine supply to medical practices, hospitals and other medical facilities that results from the large contracts, with preferential distribution, between vaccine manufacturers/distributors and large nongovernment purchasers, such as national retail health clinics, with particular attention to patient outcomes for clinical preventive services and chronic disease management."

"This amendment addresses *all* immunizations, not just influenza," Kellerman assured delegates when he introduced the proposed change. When physician offices are unable to offer routine vaccines to their patients, the overall function of the medical home can be breached, resulting in fragmentation of care and disruption of clinical preventive services and chronic disease management.

"We hope that this study will do 2 things: first of all, study the impact of large contracts with guaranteed delivery, such as to large retail purchasers, and the effect that that has on small practices; and then also study the effect on what happens in our offices when we don't have vaccines—on things such as evaluating children for developmental delays or elderly patients who have chronic disease."

In the end, the delegates signaled their approval of this middle ground by adopting the amended resolution, which also calls for a report back to the house at the 2008 annual meeting.

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AAFP News Now



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## DIPLOMATE VERIFICATION UPDATE 2007

Since 1970, when the charter class of physicians attained certification by the American Board of Family Practice (ABFM), the Board has acknowledged the accomplishment of all physicians who achieve certification and recertification as a specialist in family medicine, the nation's twentieth primary medical specialty. For the first 26 years, the Board published an annual Directory of Diplomates as a way of honoring and recognizing certified family physicians. The printed directory was made available to all Diplomates, residency training programs, libraries, and other individuals or entities. Formal recognition beyond certification in family medicine was added in the 1990s for physicians who achieve certification in geriatric medicine and sports medicine and received a Certificate of Added Qualifications (CAQ) in those specialties. When requested, letters are sent to any person, organization, or entity requiring the Board's assurance that a physician is certified by the ABFM.

The ABFM now operates, distributes information, and facilitates interaction with candidates and Diplomates via its Web site at <http://www.theabfm.org>. The Web site contains a directory devoted to the continued recognition of family physicians who have attained certification, recertification, and a CAQ at any time in their professional career. Obviously, many Diplomates have retired from the practice of medicine, yet the Board continues to recognize the efforts of its past Diplomates in the same way it acknowledges current Diplomates. The online directory has become a refined extension of its predecessor, the Directory of Diplomates. The process of locating certified family physicians online is simple; the user enters a city and state into the online directory and a listing of current board-certified physicians in that geographical area is generated. Alternately, the user enters the first and last name of a physician and all family physicians with identical names are shown with city and state of residence and current and past certification status.

Additionally, the online verification process facilitates the ease by which other specialists, hospitals, third-party payers, and health care consumers can verify the certification status of family physicians. By accessing the verification page of our Web site and