

Family Medicine Updates



From the American
Board of Family Medicine

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From the Society of Teachers
of Family Medicine

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UPDATE ON THE P⁴ PROJECT

Five months into the first year of implementation, the P⁴ (Preparing the Personal Physician for Practice) residencies have their hands full. Most have completed IRB processes, and a significant minority of programs have completed the “baseline” data collection about the residencies and their residents. The residencies certainly have not lacked for ambition, and implementation is presenting virtually every program with a set of challenges.

The first “collaboration visits” with the innovating residencies by the Oregon Health and Science University evaluation team and a representative from the Steering Committee have been inspiring. Each program has its own character and culture, but all are clearly dedicated to their residents and learning how to improve family medicine residencies. Some of the programs already have been successful at garnering additional financial support for their efforts.

A number of different communication strategies are being implemented, led by former Pisacano Scholars Erika Bliss and Marguerite Duane, to inform students and residents, residencies, and the family of family medicine. The P⁴ Web site, <http://www.transformed.com/p4.cfm>, is a good source for those wanting to keep in touch with the project. Starting in 2008, a new look and additional information will be added to this Web site that enhance efforts to share learnings.

The next meeting of the P⁴ program participants will be in early 2008, and everyone is expecting this meeting to be filled with a lot of discussion about the real problems faced when making substantial changes to a residency. Meanwhile, Residency Programs Solutions (RPS) and P⁴ are collaborating to learn more about assisting residencies as they manage change. Managing change is now a crucial skill set for residencies, just as it is for family physicians.

Larry Green, MD

STFM ANNUAL SPRING CONFERENCE FEATURES A DIVERSE RESEARCH PROGRAM OF EVENTS

The STFM research committee is assembling a variety of research-related activities for the STFM Annual Spring Conference, which will be held April 30 to May 4, 2008 in Baltimore, Maryland.

STFM will feature presentations of original research, including forums and a research poster fair, including completed projects and fellows', residents', and students' works in progress.

Our 2 distinguished original research papers will be presented in a separate forum, and will describe screening questions to predict limited health literacy and declining trends in the provision of prenatal care by family physicians.

In addition to our focus on original research, this year we will also focus on teaching research and evaluation methods that are particularly relevant for family medicine residents and students, such as methods for quality improvement evaluation. The goal is to provide skills and tools that are essential for family physicians who will not necessarily become career researchers, and to assist residency programs with fulfilling the RRC requirements for research and scholarly activity. This component will feature 4 skill-building sessions on teaching research in residency, using electronic health records for quality improvement research, teaching rigorous evaluation methods for educational programs, and designing for dissemination: quality improvement.

The STFM Annual Spring Conference also provides an opportunity to highlight the accomplishments of family medicine researchers. The research committee reviewed original research papers published by STFM members during the preceding academic year and selection of a Best Research Award will be announced in Baltimore. We will also announce the winner of the Curtis G. Hames Research Award, presented annually in recognition of an outstanding career of contributions to family medicine research. The presentations by the Hames Award winner and the STFM

Best Paper Award winner are highlights of the annual meeting. There will also be an AAFP Resident Scholar Winners Session.

Also among the highlights this year will be the research-themed plenary session: "Something You Somehow Haven't To Deserve: A Medical Home For Every American" will be delivered by John Saultz, MD, from Oregon Health and Science University. This presentation will review what is known about the medical home concept and will suggest directions for research and education in family medicine that can bring clarity to the delivery system redesign process. Dr Saultz will explain how creating a science around the ideal design of a medical home can become the organizing theoretical framework for the future of our discipline.

There will be more than 70 presentations of original research at the STFM Annual Spring Conference, as well as skill-building sessions geared toward teachers of residents and medical students. Be a part of this great research exchange by registering for the conference today. Visit <http://www.stfm.org> for complete conference information and to register online.

Please help to support and promote research within our discipline by attending and contributing to some of these sessions. The committee also welcomes feedback on the research program and suggestions for future presentations. Best of luck choosing among all the possible presentations, and enjoy the meeting!

James Gill, MD, MPH
Chair, STFM Research Committee



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ELECTRONIC HEALTH RECORDS IN ACADEMIC FAMILY MEDICINE PRACTICES: A TALE OF PROGRESS AND OPPORTUNITY

The Future of Family Medicine report called for an electronic health record (EHR) that assures integration of clinical information; provides decision-support based on evidence-based guidelines; generates chronic disease registries; tracks health maintenance interventions; and supports practice-based research and quality improvement activities. Yet, the substantial organizational, financial, and intellectual challenges of implementing EHRs in academic departments have been previously outlined.¹ ADFM recently conducted an all-member electronic survey (response rate 61%) to assess

the status of implementation within the context of these challenges. Sixty-two percent of the department clinical practices are owned by their universities and 25% by their sponsoring hospital. The overwhelming majority (89%) include faculty and learners practicing together, highlighting the imperative we have to model effective practice redesign.

Nearly all respondents have either implemented EHRs (72%) or plan to within the next 12 months (18%). Use of EHRs is a relatively new experience for departments, with 64% reporting use for 5 years or less. This level of incorporation is likely enabled by the fact that the majority of these systems are owned and upgraded by the university (38%) or health system (34%), with only 12% of departments owning their own EHRs.

Clinical information is largely recorded (61%) through a mix of template and free-text entry. Nearly all EHRs (87%) have prescription writer capabilities, and 89% provide drug safety information at the point-of-care. However, only 38% provide drug cost information and fewer than one-half (49%) provide drug information handouts for patients. In nearly two-thirds (65%) of cases, lab studies and other ancillaries flow into the chart electronically, allowing for serial comparisons.

Quality improvement capabilities of EHRs are insufficient. Over one-half (53%) report having no built-in point-of-care decision support; though nearly one-third (29%) plan to have such within the year. Only 42% of the time is decision support available for clinical preventive services, while fewer than one-third (31%) of respondents report having chronic disease care reminders. Lack of patient registries is a similar barrier to the provision of high quality disease care, with an astonishing 61% of departments reporting that they do not have a functioning registry within their EHR. A number have addressed this by creating or purchasing their own superimposed registry.

Two-thirds (67%) of respondents regularly measure quality indicators for their practice(s) as a whole, and one-half (52%) do so for individual clinicians in the practice. Fewer than one-half (49%) of academic practices have HIPAA-compliant Web access for patients. For those who do, 31% have a Web site for practice information; 26% allow patients to request appointments; and 23% have capability for patients to request prescription refills. Only 15% allow for e-visits with a nurse or clinician, while only 8% allow patients electronic access to portions of their health record.

Academic practices face 2 imperatives: providing high quality care to their patients, and effectively demonstrating elements of the patient-centered medical home to students, residents, and our parent health systems. This survey of academic departments sug-