

TransforMED Offers Free Medical Home Assessment Tool

Medical practices working on becoming medical homes now can measure their progress with a free assessment tool from TransforMED.

The Medical Home Implementation Quotient (MHIQ) online program guides users through 8 modules, each asking between 13 and 30 questions about a practice's progress. Physicians are quizzed about practice procedures, protocols and enhancements in the areas of:

- health information technology,
- practice management,
- quality and safety,
- team-based care,
- point-of-care services,
- continuity of care,
- access to care, and
- patient-centered care.

Users need to dedicate a minimum of 15 minutes to complete each of the 8 units in the MHIQ, but they can work on the modules in random order and can stop and start the process without losing information. A database embedded in the program will retain user results and tabulate progress as the user returns to input new data.

The tool generates a report based on a user's responses to questions in each module and then assesses the practice's progress toward becoming a patient-centered medical home.

Today, nearly 90% of his patients are able to get same-day appointments.

The NDP also created stress in the practice, and 2 FPs left early in the process. Contemplating change was "overwhelming," said McElroy, and it was "humbling" to acknowledge that the practice was "antiquated." He learned that some enhancements called for in the TransforMED medical home model didn't work in his practice; for instance, his patients didn't embrace group visits or electronic visits.

However, McElroy said that adopting efficiencies and dropping hospital calls—a decision he made before the NDP—saved him so much time that he shaved 40 hours off of his work week. Now, McElroy spends more time with his family and looks forward to another 10 years of practicing medicine.

Self-Directed Practice Steers Own Course

Representing a self-directed practice, Schwager said that although being part of the control group eliminated the "pressure to perform," he'll always wonder how much more the practice might have achieved with a facilitator. He pointed out that the NDP results likely would be skewed because the practices that applied were already amenable to change.

Schwager's mantra was and continues to be "focus on the patient," and he said all practice changes were made with that in mind. "I'm most proud of our group visits. It's the damnedest thing I've ever participated in," said Schwager. Although the concept is "foreign to

the traditional training of one-on-one patient encounters behind closed doors, the patient surveys are uniformly positive," he added.

On the other hand, open-access scheduling, which was so successful in McElroy's practice, is an ongoing challenge for Schwager because of the advanced age and medical complexity of many of his patients. "I start each day with an hour-and-a-half of prescheduled appointments, and by 8:30 am, my entire schedule is full," said Schwager. "Open access (only) works when the average daily demand for patients to be seen equals the time available to provide that service," he added.

New Physician Learned Tough Lessons

James Meyer, MD, of Littleton, Colorado, closed his solo practice in March before the end of the NDP. Although his was a facilitated practice, Meyer said his facilitator "couldn't undo the mistakes that I had already made."

Where did he go wrong? Meyer said the lack of good business advice as he prepared to open his practice doomed him from the beginning. "Young, eager, and naive can be a bad combination," said Meyer, who graduated from the University of Colorado Family Medicine Residency program in 2005. The residency was where Meyer learned about and embraced the patient-centered medical home concept.

"I want my story to be a cautionary tale," said Meyer, "I made business decisions that would make anyone running a practice smile to themselves and say, 'Good luck, kid.'"

Young physicians coming out of residency "will need something like (TransforMED) to get good advice at the time they need it," he added.

Sheri Porter
AAFP News Now



From the American
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ABFM AND MC-FP: SECOND COHORT ON PATH TO 3-YEAR EXTENSION

The American Board of Family Medicine (ABFM) is pleased to announce that more than 9,000 of the Diplomates who certified or recertified in 2004 successfully met the deadline to complete their Stage One requirements for Maintenance of Certification for Family Physicians (MC-FP). By completing these

requirements, these Diplomates are eligible to remain on track for the 3-year extension of their current certificate, creating a 10-year certificate. The 2004 Diplomates are the second group to complete Stage One, almost matching the number of 2003 Diplomates who successfully completed Stage One the previous year. Of the 2004 Diplomates, 80% have successfully completed Stage One requirements, compared to 81% of 2003 Diplomates who successfully completed Stage One requirements.

The first 3-year stage of the MC-FP process requires completing either 3 Part II Modules (SAMs), or 2 Part II Modules and 1 Part IV Module (PPM or approved alternate). The ABFM recently announced that all participants who begin MC-FP during 2004-2010 will have the choice of completing 2 Part II modules and 1 Part IV module or 3 Part II modules to fulfill Stage One requirements.

Stage Two and Stage Three both require the completion of 2 Part II Modules (SAMs) and 1 Part IV Module (PPM or approved alternate). The 2004 group must successfully complete Stage Two requirements by December 31, 2010, after which Diplomates will earn the 3-year extension to their 7-year certificate. These requirements may be completed anytime prior to the deadline, and the ABFM Web site will immediately indicate the 3-year extension; however, the 10-year certificate will not be mailed to the Diplomates until the end of Stage Two (December 31, 2010).

MC-FP consists of 4 elements, each designed to assess 4 important physician characteristics: professionalism (Part I), self-assessment and lifelong learning (Part II), cognitive expertise (Part III), and performance in practice (Part IV). The requirements for each of the three 3-year Stages, as explained above, fulfill Part II and Part IV of MC-FP. Professionalism (Part I) requires a currently valid, full, and unrestricted license to practice medicine in the United States or Canada. Cognitive Expertise (Part III) involves the successful completion of a cognitive examination.

After a Diplomate has entered MC-FP, all components must be completed to be eligible to sit for the examination. Failure to pass the cognitive examination by the end of the MC-FP cycle results in the loss of certification. To begin MC-FP or to keep track of MC-FP progress, Diplomates may visit the ABFM Web site at <http://www.theabfm.org> and login to the physician's portfolio section. The ABFM has updated its Web site to reflect the 7-year or 10-year track chosen by the Diplomate.

Jane Ireland



From the Society of Teachers
of Family Medicine

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STFM AND THE STFM FOUNDATION ANNOUNCE THE 2008 GROUP PROJECT FUND WINNERS

In 2008, The STFM Group Project Fund, supported by the STFM Foundation, was established to promote and support innovative educational projects proposed by STFM groups. It encourages STFM Group members to collaboratively plan, develop, implement, evaluate, and disseminate findings from educationally related scholarly projects that benefit group members, STFM, and the discipline of family medicine. STFM Foundation Trustees will set aside 50% of the undesignated net proceeds of each annual giving campaign to fund these projects.

STFM is happy to announce that 4 projects were funded in 2008. Below is a short description of each project.

PROJECT: Adolescent Health for Primary Care: Development of a Web-Based, Comprehensive, Competency-Based Curriculum

The project will: 1) develop, implement, and evaluate a curricular instruction plan; 2) develop, implement, and maintain a peer-reviewed database of adolescent-related teaching resources through a link to STFM's Family Medicine Digital Resources Library; and 3) house the curriculum on the Web to maximize access.

STFM Group: Adolescent Health—Francesco Leanza, MD, Beth Israel Residency Program in Urban Family Health, New York, NY, principal investigator

Award: \$10,000 over 2 years

PROJECT: Overcoming Obstacles to Writing for Family Medicine Educators

This project will conduct 4 writing workshops open to STFM members, particularly junior, women, Hispanic, and minority faculty designed to support minority faculty, enhance their ability to recruit others to the field, and build capacity for research through strengthening writing ability.

STFM Group: Minority and Multicultural Health—Lucy Candib, MD, Family Health Center of Worcester, Worcester, Mass, principal investigator

Award: \$10,000 over 2 years