Would you like some good reading? We recommend an article by Barbara Starfield, pediatrician and one of the nation's foremost clinical epidemiologists. Her comprehensive review of the literature on systems of effective health care is in *The Milbank Quarterly*.[3] Here's what our country needs:

1. *Patient-Centered Medical Homes*. Ubiquitous physician-directed practices that emphasize first-contact care, patient-centered care over time, comprehensive care, integration of care among health care disciplines and within communities, family and community orientation, and cultural competence. (You don't need to measure much here; practices like these improve outcomes and lower costs by their very nature.)

2. *Universal access to care guaranteed by publicly accountable bodies*. We don't necessarily need a single payer; we just need public accountability for those who do pay.

3. *Low or no copays or deductibles for primary health services*. Led by the growth of Health Savings Accounts (HSAs), out-of-pocket expenses are soaring. The GAO found that HSAs are nothing more than veiled tax shelters.[4]

4. *Similar professional earnings for primary care physicians relative to other specialists*. Recent RVU updates, care coordination payments and pay-for-performance are right on target. Make sure they measure and reward practices that in reality improve the health care system.

Here's what is really amazing: These things naturally occur when there is an adequate workforce of family physicians. If you want an illustration, ask Leiyu Shi of the Johns Hopkins Bloomberg School of Public Health. His studies consistently find that poor health care outcomes due to gaps in socioeconomic status are eliminated by high concentrations of primary care physicians.[5]

Well, that's about it. In the long run, these changes will pay for themselves many times over. And the measurements won't be nearly as cumbersome as you might think. It will take some guts to take on the special interests that will be resistant to such change, but family medicine is ready to step up to the plate.

Jerry Kruse, MD, MSPH, and
the Association of Departments of Family Medicine

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From the Association of Family Medicine Residency Directors

Ann Fam Med 2008;6:569-570. DOI: 10.1370/afm.930.

A PROCESS FOR CHANGE: A METHODOLOGY FOR ACADEMIC FAMILY MEDICINE

The Association of Family Medicine Residency Directors (AFMRD) Board of Directors recently rekindled the discussion pertaining to maternity care education in family medicine residency programs. At present, the ACGME-RRC for family medicine requires programs to provide 2 months of educational experience in maternity care as well as delivery experience that entails a minimum of 40 deliveries by each resident over the 3-year program, of which a minimum of 10 must be continuity deliveries. At least 30 of the total deliveries must be vaginal deliveries. The current discussion is meant to address the following issues:

1. A decreasing number of physicians in active practice and who graduated from a family medicine residency program provide maternity care. Many programs are concerned that they are being required to provide an experience that a majority of the graduates will not use upon graduation.

2. Many programs have difficulty meeting RRC-FM requirements for maternity care education. Maternity care is the most frequently cited curricular area noted by the RRC-FM. The RRC-FM issued an average of 6.6 citations per program. Maternity care, family medicine center patient encounters, and gynecology curricula were the most common areas of noncompliance citations. In addition to meeting minimal delivery requirements, a majority (58%) of programs responding to a questionnaire stated that they had difficulty in recruiting a faculty member with delivery skills. With this high rate of citations, the quality of education in maternity care for family medicine residents is inconsistent.

In order to provide a position statement that best reflects the experience and expertise of its membership, the AFMRD Board of Directors conducted a process that would allow a significant amount of input from program directors as well as information from other sources.

As an initial step in addressing the above issues, the AFMRD surveyed its membership regarding maternity care. Specifically, this survey examined such issues as whether a change in ACGME- Residency Review Committee for Family Medicine (RRC-FM) requirements for maternity care was desired, do programs have difficulty meeting RRC-FM Requirements for maternity care, should all family medicine residents have at least some required maternity care experience, and recommendations regarding number of total deliveries needed to better insure competence for a family medicine resident planning on providing maternity care in practice.

To augment the data provided by the survey, a literature review was conducted to provide additional information to AFMRD members in preparation for a discussion forum regarding maternity care and family medicine conducted during the Annual Program Directors Workshop. The literature review provided information regarding issues regarding maternity care in family medicine residency programs, information regarding family medicine residency program graduates and maternity care, the experience of practicing family medicine physicians who are providing maternity care to their patients, and student interest in maternity care.

Next, a facilitated discussion forum regarding maternity care and family medicine was conducted during the Annual Program Directors Workshop in Leawood, Kansas on June 8th, 2008. Using data collected from the previously described survey, 4 program directors were selected to present differing positions on this subject. Following these presentations, an open forum with opinions from the audience was conducted. In particular, specific suggestions to RRC-FM guidelines were requested. During this entire session, information and opinions presented were extracted, reviewed and summarized by members of the AFRMD Board of Directors.

Using the 3 sources of information described above, an initial draft of a Maternity Care Position Statement was developed. This draft statement was presented to the AFMRD membership as well as to representatives from the Society of Teachers of Family Medicine, the Association of Departments of Family Medicine, the North American Primary Care Research Group, and the American Academy of Family Physicians for their review and comment. These comments were collated and presented during an AFMRD Board of Directors meeting. The Board members reviewed and extensively discussed the comments received. Following this meeting, the Position Statement has recently been again revised.

The final version of the Maternity Care Position Statement by the Board of Directors of AFMRD will be forwarded to the Commission on Education (COE) of the AAFP for further review and vetting. The COE will present the final recommendation to the RRC-FFM.

The process used to develop the final position statement to the COE has been deliberate, thoughtful, collaborative, balanced, and methodical. This method is presented as an example of a rational methodology to address significant issues currently present in family medicine education and hopefully will serve as a template for future such deliberations.

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Ann Fam Med 2008;6:570-571. DOI: 10.1370/afm.932.

DEFINITIONS OF COMMON TERMS RELEVANT TO PRIMARY CARE RESEARCH

Introduction

The following definitions of terms commonly used by primary care researchers were developed by the Practice-Based Research Subcommittee of the North American Primary Care Research Group (NAPCRG) Committee on Advancing the Science of Family Medicine(CASFM) after reviewing available definitions, discussions among the members, and advice from outside experts. Establishing a shared terminology is critical for the evolution and growth of primary care research, and these are offered in support of that goal.

Primary care research: Research directed at understanding and improving the primary care function as defined by the Institute of Medicine ("the provision of integrated, accessible healthcare services by clinicians that are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practicing within the context of family and community"). Primary care research includes theoretical and methodological research, health care research (investigations of the components of the primary care function itself), clinical research, and