

I think this speaks volumes about the respect the Academy has gained in Washington and the respect the people on Capitol Hill have for family doctors in the trenches. They know family physicians and the patient-centered medical home will play a key role in the reform that's coming. They know we are part of the solution.

Negating the Naysayers

But although reform is more possible than ever, naysayers will fight it. Some will suggest putting it off because of the expense. I'm sure the debate will be lively, loud and contentious. For change to prevail, each and every one of you needs to step up to the plate and slug away for reform.

Fortunately, it's easier than ever to do just that, thanks to an new e-advocacy, grass-roots campaign the AAFP has unveiled. The Connect for Reform campaign at <http://blogs.aafp.org/cfr/connect4reform/?BAC-C4R> uses new tools and technologies to bring AAFP members into the health care reform process. Members can "opt in" to get a front-row seat to the health care debate in Washington.

Connect for Reform will e-mail users periodic insights and analysis on the reform debate and tell them how they can help. It provides tools that are quick and easy to use.

With Connect for Reform, we can align our people, our passion, our power and our purpose and push as we've never pushed before for health care reform based on primary care.

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AAFP President*



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PHYSICIAN QUALITY REPORTING INITIATIVE (PQRI)—2009 UPDATE

In 2008, the Center for Medicare and Medicaid Services (CMS) approved the ABFM Performance in Practice Registry as one of 32 qualified registries that may submit PQRI data to CMS on behalf of its Diplomates. The Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) authorized CMS to make PQRI incentive payments for satisfactory reporting of quality measures data in 2008. It also established

alternative reporting periods and criteria for the reporting of measure groups and for the reporting of PQRI quality measures through an approved clinical data registry.

Three hundred eighty-two ABFM Diplomates participated in the first year of this initiative, which was made available in September. The ABFM will continue as a PQRI registry participant in 2009.

This year, physicians who meet the criteria for satisfactory submission of quality measures data for 30 consecutive patients earn an incentive payment of 2.0% (up from 1.5% in 2008) of their total allowed charges for Physician Fee Schedule (PFS) covered professional services furnished during the reporting period, January 1, 2009-December 31, 2009 (the 2009 calendar year). Unlike last year, physicians will not have the option of a 6-month reporting period. For 2009, the only reporting period will be January 1-December 31, 2009. CMS approved financial incentives earned during 2009 reporting are scheduled to be paid in mid-2010 from the Federal Supplementary Medical Insurance (Part B) Trust Fund.

In addition, a new measure, number 163, has been added to the Diabetes Mellitus measures group for 2009. All measures are listed below.

The module may be accessed without fee for use in participating in PQRI. However, Diplomates who are participating in MC-FP and elect to complete this module to receive Part IV credit are required to submit the appropriate MC-FP processing fee.

For questions regarding PQRI, MC-FP status, or for help with logging in to the Physician Portfolio, call the ABFM Support Center at 877-223-7437 or email at help@theabfm.org.

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Table 1. 2009 Diabetes Mellitus Measures Group

Measure Number	Measure Title	Measure Source
1	Diabetes mellitus: hemoglobin A _{1c}	NCQA
2	Diabetes mellitus: low density lipoprotein (LDL-C) control in diabetes mellitus	NCQA
3	Diabetes mellitus: high blood pressure control in diabetes mellitus	NCQA
117	Diabetes mellitus: dilated eye exam in diabetic patient	NCQA
119	Diabetes mellitus: urine screening for microalbumin or medical attention for nephropathy in diabetic patients	NCQA
163*	Diabetes mellitus: foot exam	NCQA

* New measures added to this measures group for 2009.
NCQA = National Committee for Quality Assurance.