We did not succeed in stopping the ICD-10 initiative, and so the AAFP will help our members make the transition to that new coding mechanism. The Academy will also continue to devote resources toward helping members' practices become patient-centered medical homes. And we will stay on top of public health issues, such as the obesity epidemic and the H1N1 influenza virus that experts say may resurface in the spring.

**Q:** What can the AAFP do to help members move beyond the implementation of EHRs to using the technology to its full capacity?

**A:** Family physicians lead the way when it comes to purchasing EHRs, but many members are not using their systems in ways that fully benefit their practices. Members can continue to turn to the Academy's Center for Health IT and TransforMED for answers to EHR implementation and utilization questions, including how to assess office workflow and office processes and how to focus on which health information technology projects to tackle first.

**Q:** How has your work as a hospitalist changed your view of health care?

**A:** I treated patients as a member of the US Air Force and as a physician in private practice. Now from my hospitalist perspective, I see how glaringly dysfunctional our health care system has become. I see all the patients who do not have a primary care physician. They come to the hospital emergency room, and many of them are admitted. I see the critical need for better communication during a patient's transition of care from the hospital to a hospice or a skilled nursing center. If a patient has a primary care physician, communication has to flow out to that physician about the patient's hospital stay. Otherwise, the hospitalist only creates further fragmentation within the health care system.

I've also learned the value of interoperable EHRs. It is unacceptable that I can go to an ATM and get my bank balance, but I can't get the vital information I need when a patient comes into the hospital. I have no way to access a secure Web site that lists the patient's current medications, allergies, and major medical issues. I'm forced to find work-arounds for a substandard system.

The saddest things I've seen as a hospitalist are the gaps and the disparity of care within a community. So many people are uninsured or underinsured, and seeing that up close has been very disheartening. But it has strengthened my resolve to address health care reform.

**Q:** How can we attract more students into family medicine and retain them?

**A:** The Academy has examined the admissions policies of medical schools, and we know how to attract the right students. The bigger issue is tweaking the financial incentives to encourage medical schools to embrace primary care. We've been working with other family medicine organizations in this uphill struggle. The Academy is pushing for more family medicine residency slots and for more money for residency training, and we're suggesting legislative changes to make those things happen.

The AAFP wants to raise the prestige of family medicine, and one way to do that is to close the income gap between primary care physicians and other medical specialists. Health care reform legislation could give primary care a 10% pay increase in 2010; that's a good start, but it's clearly not enough.

That's important because medical students tell us income is a big issue. We know that many of them are interested in primary care, but when they look at their medical school loans, they must make a very pragmatic decision about their specialty choice.

The AAFP wants to improve the practice environment for family physicians. Dealing with everyday hassles, like preauthorizations and denials of care, degrade the pleasure of practicing medicine. That's why the Academy dedicates resources to administrative simplification projects. Having said that, I urge members to focus on the joys they experience as family physicians when they come in contact with medical students. As they rotate through your family medicine practices, tell these future physicians about the rewards of your profession. Anything less is a disservice to the specialty.

*News Staff*, AAFP News Now

**From the American Board of Family Medicine**

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## Mayo Clinic Recognized by 3 Certifying Boards for Quality Improvement Activities

### Mayo is the First Organization Approved for 3 Specialties

The American Board of Family Medicine (ABFM), the American Board of Internal Medicine (ABIM), and the American Board of Pediatrics (ABP)—the nation's 3 largest physician certifying boards—today announced that Mayo Clinic has been approved as a Portfolio Sponsor of Maintenance of Certification (MOC) activities. Mayo Clinic's rigorous attention to detail

and the structure of its physician quality improvement (QI) programs was recognized for inclusion in the pilot MOC Portfolio Approval Program.

As an MOC Portfolio Sponsor, Mayo Clinic has primary ownership of the design and execution of a large number of QI activities that are managed centrally through an established infrastructure and overseen by a formal governance body. Mayo Clinic will also accept accountability for ensuring the activities meet the standards outlined by the 3 boards and for management of the QI activities.

While the ABFM, the ABIM, and the ABP have individually recognized other organizations' QI products and programs for MOC credit in the past, Mayo Clinic is the first organization to be recognized, jointly, by all 3 boards. The 3 primary care boards expect to approve 2 to 4 additional portfolio sponsor organizations in the next 3 years as part of this effort.

"We are proud that Mayo Clinic is the first organization recognized by the 3 largest certifying boards and believe that this is a testament to Mayo's leadership in quality improvement," said Richard Berger, MD, Dean of the Mayo School of Continuous Professional Development. "We believe rigorous quality improvement efforts make better physicians, improve the systems of care that physicians work in, and, most importantly, enhance patient care, furthering Mayo Clinic's leadership in the practice of medicine. We are delighted that family physicians, internists, and pediatricians who are engaged in QI activities every day will receive MOC credit for their hard work."

Research has shown that fewer than 30% of physicians examine their own performance data, and physicians' ability to independently self-assess and self-evaluate is poor. Each certifying board requires physicians to look at their practice and make improvements. Mayo Clinic has established QI activities in its clinical setting that meet the three primary care boards' requirements for improving performance in practice.

"We look forward to recognizing other programs that engage physicians in rigorous quality improvement activities" said James A. Stockman, MD, President and CEO of the American Board of Pediatrics. "Physicians want to deliver the best care possible to their patients, and these programs help them understand where improvement is needed and give them a structured environment to make positive changes."

Mayo Clinic's Quality Review Board will evaluate Mayo physicians' participation in structured QI activities to determine if they meet the boards' requirements for MOC. Among the requirements for MOC approval:

- Projects must focus on 1 of the Institute of Medicine's (IOM) 6 dimensions of quality (ie, making health care more safe, effective, patient-centered, timely, efficient, and equitable)
- Physicians must provide direct or consultative care to patients as part of the QI project or actively participate in the process of care being addressed by the project. This includes physicians who actively supervise a trainee (resident or fellow) during a QI project
- Physicians must demonstrate active collaboration in QI project design and/or implementation, such as team meetings, data analysis, implementation training, etc

"MOC is a multi-faceted program that includes knowledge and continuous improvement," said Christine Cassel, MD, President and CEO of the American Board of Internal Medicine. "We look for opportunities to reduce the administrative burden for physicians, but still ensure that they are meeting our high standards of self evaluation and quality improvement."

"The 3 primary care boards are working together to develop novel programs that can be used to maintain certification, and this collaborative pilot with Mayo Clinic represents just 1 of our innovative projects," said James C. Puffer, MD, President and CEO of the American Board of Family Medicine. "We continue to explore next generation approaches to quality improvement, including those that interface with integrated health care systems, community-based medical groups, and the individual physician's practice."

*Kevin Graves*
*American Board of Family Medicine*
*American Board of Internal Medicine*
*American Board of Pediatrics*

**From the Society of Teachers of Family Medicine**

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## At STFM, Advocacy is a Verb

The prospect of dramatic health care reform has spurred increased interest in governmental advocacy by STFM members. For some, the potential strain of primary health care needed by millions of newly insured Americans has struck a chord of anxiety and sparked an interest in advocacy. Most STFM members, however, welcome the opportunity to be participants in health system change that promotes primary care and its corollary benefits to society.