Group (NAPCRG) is taking steps toward this end through the development of a new mentorship workshop and program that creates opportunities for long distance mentorship for protégés who cannot find local mentors. The goal of the program is to "increase the number, quality, efficiency, and productivity of research mentors in family medicine."[7] The Grant Generating Project, funded by the Society of Teachers of Family Medicine, the American Academy of Family Physicians Foundation, and NAPCRG, is an opportunity for education and mentorship for new researchers who may not have local assistance for their research activities. While these programs are great resources, individual departments should also expect and support mentorship among their faculty by providing protected time for research and mentoring. Until we establish a stronger research presence within each family medicine department, we should continue to develop opportunities for long distance mentorship and look to our experienced colleagues in other departments.

Hajar Kadivar, MD, Senior Fellow, NRSA Primary Care Research
Acting Instructor, Family Medicine, University of Washington, Family Medicine Research Section

References

1. Gray J, Armstrong P. Academic health leadership: looking to the future. Proceedings of a workshop held at the Canadian Institute of Academic Medicine meeting Québec, Canada, Apr 25-26, 2003. *Clin Invest Med.* 2003;26(6):315-326.
2. DeAngelis CD. Professors not professing. *JAMA.* 2004;292(9):1060-1061.
3. House JS. *Work Stress and Social Support.* Reading, MA: Addison-Wesley; 1981.
4. Glanz K, Lewis FM, Rimer B, eds. *Health Behavior and Health Education: Theory, Research, and Practice.* San Francisco, CA: Jossey-Bass; 2008.
5. Morzinski JA, Simpson DE, Bower DJ, Diehr S. Faculty development through formal mentoring. *Acad Med.* 1994;69(4):267-269.
6. Curtis P, Dickinson P, Steiner J, Lanphear B, Vu K. Building capacity for research in family medicine: is the blueprint faulty? *Fam Med.* 2003;35(2):124-130.
7. Griswold K. Proposed NAPCRG mentorship program and workshop: calling for protégés! *NAPCRG News.* March 2010. http://www.napcrg.org/March2010napnewsfinal%5B1%5D.pdf. Accessed May 2010.

Ann Fam Med 2010;8:375-376. doi:10.1370/afm.1151.

FOR PRACTICES LARGE AND SMALL, HERE'S GOOD NEWS ABOUT THE PATIENT-CENTERED MEDICAL HOME

Even with the growing popularity of the patient-centered medical home (PCMH) model of care, some family physicians still think the rewards of transforming their practices into PCMHs are not worth the cost and effort. But if you are one of those family physicians, I encourage you to think again. Recent PCMH developments, including a new TransforMED program designed to help small physician practices transform, may inspire you to change your mind.

TransforMED, which is an independent subsidiary of the AAFP, has been working hard to develop the PCMH as a viable model of care for family physicians and to provide resources to help practices transform to the model. We've been involved in many PCMH pilots across the country, working with insurers, large medical groups, integrated hospital systems, federally qualified health centers, and most recently, a Medicaid program.

As CEO of TransforMED since its inception a few years ago, I've had my fingers on the pulse of the PCMH movement. Today, I'm more optimistic than ever about the potential of that movement and about the ability of family medicine practices, including small practices, to become successful medical homes. Here's why.

Impressive Results

Although the Medicare medical home demonstrations and some other PCMH projects have only recently gotten off the ground, several other groups experimenting with the PCMH model have begun to report impressive results. A briefing paper from the Patient-Centered Primary Care Collaborative summarizes key findings from several of these projects, many of which were conducted in large, integrated-delivery systems.

The briefing paper's bottom line is, "Evaluation findings consistently indicate that investments to redesign the delivery of care around a primary care PCMH yield an excellent return on investment." Quality of care, patient experiences, care coordination and access are demonstrably better, the paper says, and emergency room visits and hospitalizations are reduced. Cost savings, "at a minimum, offset the new invest-

ments in primary care in a cost-neutral manner, and in many cases, appear to produce a reduction in total costs per patient."

In addition, significant increases in physician compensation have occurred in some pilots because doctors are getting paid for things they previously weren't paid to do. All of this is huge for family medicine.

Incorporating Small Practices

Many of the pilot programs achieving measurable results are large practices, but TransforMED has found that small and solo independent practices can reap similar benefits by transforming into PCMHs. Like the big guys, small practices in our pilot programs are improving the quality of chronic disease care, reducing ER visits and hospital admissions, and cutting the total cost of care for patients in their pilot populations.

In addition, our experience has shown that small, independent practices are nimbler and have an easier time changing into PCMHs, compared with larger practices in integrated systems.

Small practices have fewer decision-makers who have to agree to change, and they don't have to get buy-in from someone else up the chain. We've found that when a practice has more than 6 physicians or is owned by an entity, such as a hospital, change becomes more difficult.

New Help for Small Practices

To help small practices transform, TransforMED recently launched a program designed for practices with 1 to 4 providers. The PCMH Transformation: A Solution for Small Practices program bundles together the components small practices need to become PCMHs. The price for the program is $5,000 a year for 2 years. So far, response has been strong—every small practice that has been offered the new program has signed up for it.

Using "virtual engagement" via the Internet and phone, the program assesses a practice's current state and the changes that must occur in order for it to become a PCMH. Next, TransforMED prepares a comprehensive transformation plan for the practice. A dedicated facilitator then works virtually with the practice as it transforms.

Each practice goes through the 2-year program with a cohort of other practices, enabling the practices to learn from one another, as well as from their facilitators. Unlimited access to Delta Exchange, TransforMED's online primary care learning community, is included, as is free attendance each year at another new offering—the TransforMED Institute.

TransforMED Institute

This new offering is designed to accelerate PCMH adoption. The first institute will be held this fall. The morning of day 1 will be devoted to the cohort of practices in the PCMH Transformation program. Representatives from the practices will meet as a peer-to-peer, interactive learning community, share insights about issues they've faced, and learn from one another and from PCMH experts.

That afternoon and the next day, the institute will broaden to include attendees from hospitals and health care systems—anyone who wants to be immersed in learning about the PCMH. Sessions will cover such topics as how to get PCMH recognition from the National Committee for Quality Assurance and how to restructure physician compensation plans for the PCMH.

The Academy's Vision—and Yours

It's clear that the AAFP showed tremendous foresight and leadership when it committed its own resources to defining this new model of care and helping practices move to the new model. The AAFP also has hit a home run with its advocacy effort for health care reform. No one could have scripted a better outcome for family medicine.

If you've had a "wait and see" attitude about the PCMH or felt you were too busy to change your practice or couldn't afford to, it's time to realize that the medical home movement isn't just the latest and greatest discussion by the feds and the insurance companies. I predict that the PCMH is the coming reality in the reformed health care system because the PCMH has compelling evidence behind it. Primary care physicians will be paid for work that's based on the medical home concept. They'll be paid for managing populations of patients, not just waiting until patients show up in the office. Doctors who move to the new model of care will find both their incomes and their job satisfaction improving. Medicine will once again become fun for them.

Transforming your practice into a PCMH is hard work, but we now know it can produce big benefits for you, your practice and your patients. With the resources available from the AAFP and TransforMED, now is a good time for you to make the change.

Terry McGeeney, MD, MBA, TransforMED CEO/President