



Ann Fam Med 2011;9:87-88. doi:10.1370/afm.1221.

AAFP AND OTHER PRIMARY CARE ASSOCIATIONS RELEASE JOINT PRINCIPLES FOR ACCOUNTABLE CARE ORGANIZATIONS

The AAFP, along with the country's top primary care medical associations—the American Academy of Pediatrics, the American College of Physicians and the American Osteopathic Association—have just written and released their Joint Principles for Accountable Care Organizations. The move comes in response to language in the recently enacted Patient Protection and Affordable Care Act that encourages physicians and other health care professionals to organize as accountable care organizations, or ACOs.

According to AAFP Board Chair Lori Heim, MD, of Vass, North Carolina, it is important that the 4 primary care organizations articulate a shared vision of ACOs, much like they did with the Joint Principles of the Patient-Centered Medical Home. "You have all 4 organizations coming together to develop policy, and that sends a very strong message to the government and to other payers about what they need to be aware of as they roll out these accountable care organizations," said Heim.

"ACOs will not be successful if they are not based on primary care and the patient-centered medical home, because that's where we're going to get the care coordination, cost savings, and quality of care that we're all interested in."

Indeed, according to the document, an ACO should provide accessible, effective, team-based care based on the Joint Principles of the Patient-Centered Medical Home. In addition, the ACO principles say an ACO should deliver culturally proficient and patient- or family-centered health care.

The 4 organizations also agree that structurally an ACO should, among other things,

- demonstrate strong physician leadership that includes equitable representation from primary care and subspecialist physicians
- strive for clearly defined and transparent organizational relations—including payment methodologies—between physicians, other health care professionals, and consumers
- include patient and family input in policy development
- commit to interfacing with programs that improve the health of the public

- provide incentives for patients and families to pursue personal health and wellness activities
- encourage patient selection of a primary care physician if the patient is assigned to an ACO or otherwise ensure voluntary ACO participation by all participants
- use nationally accepted and validated clinical measures to gauge performance and efficiency and to evaluate patient experience
- implement clinically integrated information systems
- include monitoring to prevent unintended consequences
- allow physician participation in multiple ACOs
- address and eliminate barriers to small practice participation
- protect physicians and other health care professionals from existing antitrust and similar laws that restrict collaboration on payment models
- promote processes that reduce administrative burdens on practices and their patients

Heim said the Academy wanted to ensure that the ACO design was not driven by other organizations that may not have the same awareness of the primary care and the family medicine perspective. "One of the big fears we have is that the big players in the field—the folks who are really ready to "rock and roll" with this—are the large health systems and the hospitals," she said.

Heim also noted that the Centers for Medicare and Medicaid Services is stepping up its efforts to test medical home projects and, as part of that process, the agency will also test ACOs. "It's critical for our members to be involved with this at the ground level," said Heim.

The joint principles for ACOs also lay out guidelines on payment models and incentives, which must, among other things,

- align mutual accountability at all levels
- reflect the relative contributions of participating physicians and other health care professionals as they seek to increase health care quality, efficiency, and value
- recognize the effort required to involve multiple parties in the care management and care coordination process
- base rewards for performance on target levels of performance, achievement, and improvement that have been developed with significant input from physicians and other health care professionals
- allow for the provision of additional financial incentives to ACO-participating practices that have achieved other related certification and recognition
- protect physicians and other health care professionals from insurance risk unless otherwise stated in the participation agreement

Finally, ACOs should be allowed to employ a variety of payment approaches, including blended fee-for-service/prospective payment, shared savings, episodic or case rate methodologies, and partial capitation.

Heim said that as quality improvement and cost savings to the system are realized, primary care practices that are at the heart of the ACO model must be recognized. "Primary care practices will need to make sure that they are receiving the benefits of the shared savings," said Heim.

Sheri Porter
AAFP News Now

For questions regarding the new iPhone app, Diplomates may contact the ABFM Support Center at 877-223-7437 or via e-mail at help@theabfm.org.

Michele Mason
American Board of Family Medicine



From the Society of Teachers
of Family Medicine

Ann Fam Med 2011;9:88-89. doi:10.1370/afm.1220



From the American
Board of Family Medicine

Ann Fam Med 2011;9:88. doi:10.1370/afm.1216.

AMERICAN BOARD OF FAMILY MEDICINE LAUNCHES NEW EXAM PREP IPHONE APPLICATION

The ABFM is pleased to announce the launch of its new iPhone app, ABFM Exam Prep. This mobile application provides family physicians with useful information to assist with preparation for the ABFM Maintenance of Certification Exam. This module turns your iPhone into an invaluable tool for keeping you in touch with what you need to know as you enter your certification or recertification year. The app is available as a free download on iTunes.

Features include:

- Exam Prep documents and videos—including the detailed ABFM Guide for Exam Preparation document
- Upcoming Exam Dates—a quick view of future dates
- Links to the ABFM Web site and the Journal of the American Board of Family Medicine Web site
- Practice Quiz—Over 200 questions addressing problems commonly encountered by family physicians. Each practice quiz presents 10 questions followed by a clear rationale for the correct answer including the associated reference.

While not a substitute for a well-designed and executed study plan, the ABFM Exam Prep app is an additional tool to help prepare for the Maintenance of Certification Exam. This module is designed for family physicians, but the questions may be useful for medical students and other health care providers as well.

FAMILY MEDICINE CLERKSHIP CURRICULUM—NEXT STEPS

Family medicine is an essential component of the United States health care delivery system. A required family medicine experience is part of the curriculum of most medical schools. However, the content of the family medicine clerkship varies widely among medical schools. To develop consistency across family medicine clerkships, the Society of Teachers of Family Medicine convened a task force to define the core objectives and content for the family medicine clerkship. The task force included representatives from the Association of Departments of Family Medicine, the Association of Family Medicine Residency Directors, the American Academy of Family Physicians, the Society of Teachers of Family Medicine Group on Medical Student Education, the Family Medicine Curriculum Resources Project, and fmCASES, a set of virtual patient cases. This task force defined the Family Medicine Clerkship Core Content as a list of common and important presentations that students should experience during their clerkship experiences. The curriculum has 5 sections: principles of family medicine, acute presentations, chronic diseases, health maintenance and disease prevention, and the role of family medicine. Each section has general objectives and specific objectives for each core content condition, available in the curriculum document. This document was approved by Council of Academic Family Medicine (CAFM). This initiative was funded by the STFM Foundation.

The Family Medicine Clerkship Core Content document serves as the foundation for a national clerkship curriculum; however, it did not address many issues critical to curriculum design. In addition to content, a curriculum includes educational methods for students and faculty members; learner, faculty, and program assessment; and considers context such as the length of the rotation, types of experiences, and strengths