I write this message shortly after we have released the results of the April examination. While pass rates for certifying and maintenance of certification candidates are slightly different, overall, about 9 out of 10 first-time takers (those not retaking the examination as a result of having previously been unsuccessful) passed the examination, as you will learn from the story discussing the results in greater detail inside this issue. Nevertheless, we receive calls from those that were unsuccessful on the examination, and one of the most frequent complaints that we hear from those that failed is that “the examination in no way reflected what I do in practice.”

Since its inception, the American Board of Family Medicine has had an obligation to assure the public that a certified Diplomate possesses a core set of knowledge, skills and attitudes that a patient should be able to expect from any board-certified family physician, regardless of age, experience, work context, or scope of practice. Accordingly, the examination is designed to assess the minimum level of knowledge necessary to become (and remain) a board-certified family physician. Guided by our psychometricians and editors, your fellow family physician peers establish what this minimum level of knowledge should be in a scientifically rigorous, valid and reliable process, and the examination is then constructed accordingly.

However, as I have written to you before, the examination has merely served as a proxy for assessing the quality of care that a board-certified family physician is able to provide. Moving into the future, we want to directly measure, with your permission, the quality of care you deliver, hopefully obviating the need for a surrogate measure – the examination – to do so for purposes of maintaining your certification. We have dedicated spending 13 million dollars over the next 6 years to create a registry that will help us accomplish this.

This registry will be very different than the Physician Quality Reporting System (PQRS) Registry that we created in 2007 and which many of you have used to meet your PQRS reporting and Maintenance of Certification for Family Physician (MC-FP) requirements. This registry will be a QCDR, or Qualified Clinical Data Registry, and as such it will not only make participation in MC-FP simpler for you, it will also facilitate the communication of many other reporting requirements with other agencies that currently burden you.

On April 16 of this year, President Obama signed into law the Medicare Access and Children’s Health Insurance Program Reauthorization Act of 2015 (MACRA). While most of you know that this legislation repealed the sustainable growth rate (SGR), what you may not know is that it also contained provisions that will directly enhance the value of our QCDR. Among these are:

- supporting the QCDR as a vehicle for reporting
- granting more independent authority to professional organizations, like the ABFM, to define metrics in QCDRs
- relying heavily on physician-developed quality measures
- providing 75 million dollars over five years to support measure development
- allowing 15 percent of the physician fee-for-service updates under the new Merit-based Incentive Payment System (MIPS) to be earned through practice assessments conducted for maintenance of certification.

We have partnered with FIGmd, a leading registry developer, to create the Data Abstraction and Intelligence Quality Engine for Research and Improvement (DAIQUERI). This data extraction tool will help family physicians extract and report data from their electronic health records to enter into our QCDR. Partnering with the Georgia Academy of Family Physicians, this month we will launch the pilot that will assess the utility of this tool. Twenty-six practices have already volunteered to participate. While this is the active arm of our registry, we will also have a passive arm for family physicians who work in practices or large health care systems that already produce and use quality measures to manage their patients.

Some of you, more than 225 to be exact, may already be enrolled in the assessment of the passive arm of the registry, the Trial of Aggregate Data Exchange for MOC and Reporting Quality (TRADEMaRQ). This Agency for Healthcare Research and Quality (AHRQ) funded study will evaluate the use of efficient data exchange to replace the current reporting of practice data for MC-FP. Our partners in this study are Colorado Kaiser Permanente, Group Health Cooperative, the Oregon Community Health Network, and Southeast Texas Medical Associates.

continued on page 2
A Message from the President

So how long, many of you ask me, before this methodology will be in place and we can do away with the MC-FP examination? I suspect that it will be better part of five years before we will know whether our registry can accomplish what we have envisioned for it. In the meantime, the examination will, by necessity, remain as one of our required elements of MC-FP.

I will be taking the examination next year for the sixth time in more than 35 years to maintain my certification. Will it bear any resemblance to what I now do? No, it will not. So why, you might ask, will I take it?

Before I came to the ABFM in 2002, Board Executives were expressly prohibited from taking the examination by the ABFM Bylaws. When we embarked on MC-FP, I felt strongly that every physician that worked at the ABFM had to participate in MC-FP. How could we ask family physicians to participate in this process if we were not willing to do so ourselves? Accordingly, our Board of Directors changed the Bylaws to permit ABFM-employed physicians to participate in MC-FP. During the year in which the examination that they will take is being developed, they are isolated from the creation of the examination, so like you, they have not seen any of the questions on the examination before they take it.

However, the other reason that I will take the examination to maintain my certification is because board certification has always been a part of my professional identity. I do not appear to be alone in this respect. Ninety-two family physicians who are our very earliest Diplomates, our Charter Diplomates who initially certified in 1970 or 1971 (we did not have the capacity at that time to accommodate everyone who wanted to take the very first examination in 1970), are still participating in MC-FP. They range in age from 70 to 94 years.

Each year, the staff provides me with information about whether any of these family physicians have taken the examination and how they have performed if they did. When I recently called one of them to congratulate him on passing the examination, I asked him if he was still practicing; he informed me that he had not practiced in many years. Why then, I asked, did you take the examination? With great pride, he informed me that he was happy when Family Medicine (then Family Practice) won the hard-fought battle to become the 19th medical specialty board in the United States in 1969. He wanted to become one of the very first board-certified family physicians, and most importantly he said, “I cherish my certification, and I always hope that I will remain a board-certified family physician.”

Another one of our Charter Diplomates, E. Chester (Chet) Bone, is featured in this issue. We were honored to be part of his retirement celebration in Jacksonville, Illinois recently. His colleagues in the county medical society organized the celebration to fete him as he retired from practice at 100 years of age! Don’t miss reading about his recollection of his marvelous career. You will also want to check the important stories about PQRS reporting through our registry in 2015, and how to receive MC-FP credit if you participated in the Comprehensive Primary Care Initiative (CPCI). Finally, we are pleased to introduce the new officers and directors that were elected at the recent Annual Meeting of our Board of Directors in this issue.

We hope you enjoy your summer and look forward to sharing more about what is happening at the ABFM in our winter newsletter.
**ABFM and the Family Medicine Registry**

The American Board of Family Medicine (ABFM) is embarking on an effort to make MC-FP (MOC) easier, to relieve the reporting burden, and to provide patient management tools to diplomates. The ABFM has pledged to invest up to $13 million into the first clinical registry for Family Medicine. The Data Abstraction and Intelligence Quality Engine for Research and Improvement (DAIQUERI), a data extraction tool developed by FIGmd and the ABFM, will help physicians extract and report useful data from their Electronic Health Records and give family physicians tools for managing their patient panels.

DAIQUERI will have the capacity to:

- Extract EHR data
- Produce patient-level quality measures and disease registries for family physicians’ use
- Enable family physicians to send their measures for MC-FP, so that they don’t have to manually enter data
- Support reporting for PQRS and Meaningful Use, beginning in 2016

The ABFM is partnering with the Georgia Academy of Family Physicians for this important pilot project, which will run June through November 2015. More than 25 practices have already volunteered for the pilot. Small practices are a critical target for DAIQUERI as many lack the resources to turn their patient data into useful information or to report measures for PQRS.

The passive arm of the registry will be capable of receiving aggregate quality measures from family physicians whose practices or health systems already produce and use measures for patient panel management. This arm of the registry is currently under study with support from the US Agency for Healthcare Research and Quality as the Trial of Aggregate Date Exchange for MOC and Reporting Quality, or TRADEMaRQ. More than 225 family physicians have already enrolled in this trial, which will test the ease and utility of automated data exchange to replace current reporting for MOC.

Both DAIQUERI and TRADEMaRQ were recently featured by the New England Journal of Medicine and the Journal of the American Board of Family Medicine. For more information, visit:

http://knowledgeplus.nejm.org/simplifying-moc-for-family-physicians-the-trademarq-study/

http://www.jabfm.org/content/28/3/431

**Family Medicine for America’s Health & Health is Primary**

All six strategy tactic teams (Practice, Payment, Workforce Education and Development, Research, Technology, and Engagement) came together in late April for their second face-to-face meeting since the launch of strategy implementation in December. The teams clarified their goals and firm up action plans that will help meet the seven strategic objectives of FMAHealth. As part of their work, the teams began to identify a broader network of people with whom to collaborate in accomplishing the tactics they are working on this year. Their next step is to submit the six work plans to the FMAHealth Board for its review and approval at the Board’s meeting in June. Following that approval, each of the six teams will begin reaching out to the family medicine community with an invitation to join in the strategy implementation effort. To learn more or to sign up for regular updates visit: http://fmahealth.org/

Health is Primary has held three city tours (Seattle, Raleigh, Chicago) and a Congressional briefing in Washington, DC. It has also launched a Campaign Tool Kit for use by state chapters of the AAFP which can be found at: http://healthisprimary.org/toolkit.

Health is Primary is running quarterly initiatives on a variety of disease prevention and health promotion topics. The focus in April was chronic disease prevention and management. Related materials are available in English and Spanish at http://healthisprimary.org/make-health-primary. The campaign will focus on immunizations in August and smoking cessation in November.
ABFM Providing MC-FP Credit for Comprehensive Primary Care Initiative Physicians

The Centers for Medicare & Medicaid Services (CMS) initiated the Comprehensive Primary Care Initiative (CPCI) in 2011 to help primary care practices deliver higher quality, better coordinated and more patient-centered care. The CPCI is a four-year multi-payer initiative designed to strengthen primary care.

CMS has collaborated with commercial and state health insurance plans in seven U.S. regions to offer population-based care management fees and shared savings opportunities to participating primary care practices to support the provision of a core set of five “Comprehensive” primary care functions. These five functions are: (1) Risk-stratified Care Management; (2) Access and Continuity; (3) Planned Care for Chronic Conditions and Preventive Care; (4) Patient and Caregiver Engagement; (5) Coordination of Care across the Medical Neighborhood. The ABFM recognizes these functions as practice transformation and quality improvement and created a path for nearly 700 family physicians to receive Part IV credit for their participation. These physicians are required to report quality measures, and the ABFM will facilitate their joining the new family medicine registry in the near future.

ABFM Diplomates who are participating in the CPCI registry and quality improvement are eligible to complete a self-directed activity submission process for MC-FP Part IV credit. All CPCI participating practices and physicians have been notified about how to complete this process. CPCI physicians looking for additional information on how to complete the CPCI self-directed activity submission process should contact Debbie Medley at dmedley@theabfm.org.

2015 Physician Quality Reporting System

Are you an eligible professional (EP) who needs to participate in the Physician Quality Reporting System (PQRS) for 2015? The ABFM is once again an approved qualified registry for 2015. Eligible Professionals satisfactorily report data to the Center for Medicare and Medicaid Services (CMS) on quality measures for covered Physician Fee Schedule (PFS) services furnished to Medicare Part B Fee-for-Service (FFS) beneficiaries through PQRS. Eligible professionals need to satisfactorily report to PQRS in 2015 in order to avoid the 2% payment adjustment for their total Medicare Physician Fee Services covered in 2017. Diplomates are able to participate at no cost in the ABFM Diabetes registry online from their Physician Portfolio. The deadline for data entry in the ABFM online registry is January 22, 2016.

The CMS website www.cms.gov/pqrs serves as the primary source for all information for PQRS.

To meet the 2015 Physician Quality Reporting System criteria for satisfactory submission of diabetes mellitus measures group, physicians must provide at least 20 unique patients, of which at least 11 must be Medicare Part B beneficiaries and each of the six measures has at least one patient that meets the performance criteria. Again, the deadline to complete all necessary data entry through the ABFM registry for the 2015 Physician Quality Reporting is January 22, 2016.

Those physicians participating in the 2015 Physician Quality Reporting System should remember three important details. First, make certain the National Provider Identifier (NPI) and Taxpayer Identification Number (TIN) numbers provided are accurate and associated with each patient for whom the data is submitted. Second, make sure that at least 11 of the 20 patients included are patients covered under Medicare Part B. Those patients that are Medicare advantage beneficiaries only do not qualify as part of the required 11 Medicare Part B beneficiaries. Third, make certain to keep the paper patient templates created during the ABFM registry submission process for audit purposes. Three percent of the ABFM physicians who submit data for purposes of PQRS through the ABFM registry are audited every year. To review other frequently asked questions about PQRS, visit www.theabfm.org/moc/pqrs.aspx.

Any Diplomate who successfully completes the 2015 Physician Quality Reporting System can continue the activity for MC-FP credit and CME credit by implementing a quality improvement plan along with a post-quality improvement data collection to complete the activity as a Performance in Practice Module (PPM). Utilizing this method is an added opportunity to combine PQRS participation with one’s MC-FP activity and get credit for both requirements.

To access the PQRS Diabetes registry, visit the ABFM website at www.theabfm.org, log in to your Physician Portfolio, and look under Spotlight Programs. If you have any questions about how to start taking advantage of the Physician Quality Reporting opportunity, please contact the ABFM Support Center at 877-223-7437 or at help@theabfm.org.
Ernst Chester Bone, MD (Chet) is a well-known name to family physicians who study the history of the specialty. But more importantly, it’s a name well-known to his many patients and admirers in the small town of Jacksonville, Illinois. The ABFM was honored to be a part of Dr. Bone’s 100th birthday celebration and retirement party. Yes, retirement. Until a few short weeks ago, Dr. Bone was still working for the State of Illinois Bureau of Disability Determination Services. Chet said that he would still be working, but it was just time for someone else to do the job.

Shortly after college, Chet Bone became the Director of Admissions at Illinois College in 1938. His biology professor on campus saw him and said, “Bone, I didn’t teach you all that biology to sit in this office. Get out of here and go to medical school.” Shortly thereafter, Bone had completed the course in embryology needed to enroll. Bone signed up for medical school in 1942 and managed to complete his medical degree while serving in the U.S. Navy during the Korean War. After medical school, Bone had one year of post-graduate training at the Illinois Research and Education Hospital, where they asked him to stay on to get his residency in Neurosurgery or General Surgery, but Dr. Bone said they were only paying $25 per month for residents at that time.

Dr. Bone returned to his home in Jacksonville and started in general practice. He provided full scale family practice including delivering over 4,500 babies. In the late 1960s, Chet was instrumental in working with a small group of dedicated physicians to develop the specialty of family practice. He became a Charter Diplomate of the then ABFP, and was recruited to serve on one of the earliest ABFP Board of Directors (serving from 1973 – 1978). Chet was influential in developing family medicine departments in the medical schools in Illinois, and then branched out to help develop family medicine departments and residency programs throughout the country. He served as a member of the ABFP Advisory Committee until 1986. Later, Dr. Bone served as one of the founding Members of the Board for the Pisacano Leadership Foundation.

Chet Bone remembers the many challenges facing family medicine as a specialty in those early years. He speaks fondly of the importance of the ABFM and its role in developing the specialty and its continuing role today. He is proud that the four principle elements of certification developed in his tenure on the Board (Full License, CME, Recertification Exam, and Office Record Review) are still the same four principles used today (with slightly different titles). He continues to be proud of the ABFM and the many family physicians who carry on his life’s work.

The ABFM is proud to honor Dr. Chet Bone for his commitment to the specialty and his delivery of high quality care to his patients.
Pain Medicine Certificate of Added Qualification

As of October 2014, the ABFM became a co-sponsor for Pain Medicine certification along with the American Board of Anesthesiology (ABA), the American Board of Physical Medicine and Rehabilitation (ABPMR), the American Board of Psychiatry and Neurology (ABPN), and the American Board of Emergency Medicine (ABEM). Historically, the American Board of Physical Medicine and Rehabilitation has allowed ABFM physicians to participate in the ABPMR pain medicine certification process. In July, ABPMR will be transitioning all current ABFM Pain Medicine certified physicians to the ABFM to take over maintaining the pain medicine certification process.

ABFM physicians who currently hold a Pain Medicine certificate through the ABPMR will receive a new certificate issued by the ABFM with the same 10-year certification period. The recertification process for the Pain Medicine CAQ may be completed in the ninth or tenth year of the certificate, which includes the following requirements:

- Family physicians must be certified by the American Board of Family Medicine and must be Diplomates in good standing.
- Diplomates must currently hold or previously have held certification in Pain Medicine with the American Board of Physical Medicine and Rehabilitation or the American Board of Family Medicine.
- Diplomates must be in compliance with ABFM Guidelines for Professionalism, Licensure, and Personal Conduct, which includes holding a currently valid, full, and unrestricted license to practice medicine in the United States or Canada. Furthermore, all medical licenses held by the Diplomate must be valid, full, and unrestricted.
- Diplomates must submit an online application with appropriate application fee.
- Diplomates must achieve a satisfactory score on the half-day computer-based Pain Medicine Examination.
MC-FP Exam Spring 2015 Pass Rates

The results from the Spring 2015 Examination have been released and the results are positive. Among the initial certifiers taking the test for the first time, the pass rate was 97.7% and 93.8%, respectively, for the USMG and IMG examinees. For the Diplomates who were recertifying and not testing because they were unsuccessful in their last attempt, the pass rate was 89.4%.

As seen on the chart below, although some Diplomates feel anxious about taking the MC-FP Examination, most Diplomates tend to do well on it. Diplomates who are not taking the examination due to a previously unsuccessful attempt are very likely to pass.

On the other hand, the pass rate was not as high for those who were taking the examination because they were unsuccessful their last attempt. The pass rate was 37.3% and 34.6% for initial certifiers and recertifiers, respectively. It is important to note that the repeater group is only a small percentage of the entire examinee population. The figure below shows the annual pass rates since 2009, but 2015 is excluded because data for the full year is not yet available.
ABFM Elects New Officers and Board Members

The American Board of Family Medicine (ABFM) is pleased to announce the election of four new officers and four new board members. The new officers elected at the ABFM's spring board meeting in April are: James Kennedy, MD, of Winter Park, Colorado, elected as Chair; Keith Stelter, MD, of Mankato, Minnesota as Chair Elect; Jimmy H. Hara, MD, of Los Angeles, California as Treasurer; and Christine C. Matson, MD, of Norfolk, Virginia as Member-at-Large, Executive Committee. In addition, the ABFM welcomes this year's new members to the Board of Directors: John Brady, MD, of Newport News, Virginia; Colleen Conry, MD, of Aurora, Colorado; Robert J. Ronis, MD, MPH, of Cleveland, Ohio; and Melissa Thomason, of Pinetops, North Carolina.

The returning members of the Board include: Elizabeth G. Baxley, MD, of Greenville, North Carolina; Laura M. Brooks, MD, of Lynchburg, Virginia; Montgomery Douglas, MD, of Valhalla, New York; Joseph Gravel, Jr., MD, of North Reading, Massachusetts; Jerry Kruse, MD, MSPH, of Springfield, Illinois; Lorna Lynn, MD, of Wynnewood, Pennsylvania; David W. Mercer, MD, of Omaha, Nebraska; Marcia J. Nielsen, PhD, MPH, of Lawrence, Kansas; and David Soper, MD, of Mt. Pleasant, South Carolina.

The ABFM Board of Directors looks forward to working with the new members as it continues to implement and enhance the Maintenance of Certification for Family Physicians (MC-FP) program and the important task of sustaining the mission of the ABFM. For more information on the current Board members, please visit the Board of Directors page on our website.
Interesting Facts from the ABFM Research Department

For over 30 years, ABFM Diplomates have been asked to complete a practice demographic questionnaire as part of the examination application process. The ABFM has used these data to track scope of practice and to determine how to help its Diplomates improve the care they provide to their patients. For example, in the 1990s, the questionnaire asked about the use of computers for medical administration and access to the World Wide Web. Knowing that nearly all Diplomates had access to the internet and were using the internet for medical education helped the ABFM in creating the online physician portfolio. The ABFM continues to use these valuable data to look for ways to help you improve your care. Part of the motivation for our investment in the TRADEMaRQ and DAIQUERI projects is to make better use of your EHR data. In 2014, one-quarter of the physicians registering for the exam were asked about their EHR functionality. The figure shows the responses:

Electronic Health Record Capabilities Reported by Family Physicians in 2014 (n=2,516)
ATTENTION: Diplomates Who Certified in 2006

Diplomates who certified or recertified in 2006 are required to complete three MC-FP modules for Stage Three: one SAM (Part II module), one Part IV module (PPM, MIMM, or approved Part IV alternative), and one additional module of choice (Part II or Part IV).

Diplomates planning to take the MC-FP Exam in April 2016 may open and begin an examination application in December 2015, but until MC-FP requirements are met, the application cannot be approved and finalized. Test centers and dates may not be chosen until an application is complete.

ATTENTION: Diplomates Who Certified in 2009

Diplomates who certified or recertified in 2009 are required to complete three MC-FP modules for Stage Two by December 31, 2015 in order to remain eligible for the 10-year certification path. For Stage Two requirements, Diplomates are required to complete one SAM (Part II module), one Part IV module (PPM, MIMM, or an approved alternative), and one module of choice (Part II or Part IV).

Diplomates who do not complete Stage Two requirements on schedule will continue on the 7-year certification path. The 7-year cycle requirements include 3 SAMs (Part II), 1 PPM (or approved alternate Part IV activity) and 3 additional modules (your choice of Part II or Part IV), which must be completed either prior to or during the application process for the next exam. To guarantee your eligibility for the 10-year certification, you must successfully complete three MC-FP modules by the end of this year.

ATTENTION: Diplomates Who Certified in 2012

Diplomates who certified or recertified in 2012 are required to complete three MC-FP modules for their current Stage by December 31, 2015. For Stage requirements, Diplomates are required to complete one SAM (Part II module), one Part IV module (PPM, MIMM, or an approved alternative), and one additional module of choice (Part II or Part IV), accumulating at least 50 MC-FP points, as well as completing 150 CME credits during the 3-year Stage, and be in compliance with the ABFM Guidelines for Professionalism, Licensure, and Personal Conduct.

Diplomates who do not complete Stage requirements on schedule will be listed as 'not certified' on the ABFM website. A Diplomate has three years after becoming ‘not certified’ to regain certification status by completing the required MC-FP activities. Once the delinquent modules are completed, the Diplomate will again be listed as board-certified.

MC-FP EXAMINATIONS – SPRING 2016

Spring Examination Dates  April 4, 5, 6, 7, 8, 9, 11, 12, 13, 14, 15, 16, 18, & 19
<table>
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<th>Important Dates</th>
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<tr>
<td>Registration Begins—online applications available</td>
<td>July 24</td>
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<tr>
<td>First Deadline to Submit Online Application—no late fee</td>
<td>August 24</td>
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<tr>
<td>Final Deadline to Submit Online Application—with late fee Priority Seating Ends</td>
<td>September 15</td>
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<tr>
<td>Deadline to Submit Special Testing Accommodations Documentation</td>
<td>September 15</td>
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<tr>
<td>Last Day to Complete All MC-FP Requirements</td>
<td>September 15</td>
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<tr>
<td>Last Day to Clear Application Deficiencies (except license &amp; completion of training)</td>
<td>September 30</td>
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<td>Deadline to Make Official Name Change with ABFM for Examination</td>
<td>September 30</td>
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<tr>
<td>Deadline to Select Testing Date/Location</td>
<td>October 1</td>
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<td>All Family Medicine Residency Training Must Be Completed</td>
<td>December 31</td>
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<td>Deadline to Withdraw from Examination without Cancellation Fee</td>
<td>30 days prior to scheduled exam</td>
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<td>Deadline to Withdraw from Examination without Seat Fee</td>
<td>5 days prior to scheduled exam</td>
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<tr>
<td>Deadline to Change Testing Date/Location</td>
<td>48 hours prior to scheduled exam</td>
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<tr>
<td>Final Deadline to Meet All Certification Requirements (residency verification and licensure)</td>
<td>June 30, 2016</td>
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<td>Examination Dates</td>
<td>November 16, 17, 18, 19, 20, 21</td>
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<td>Examination Results</td>
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Please visit the website for more details at https://www.theabfm.org/moc/datescerti.aspx