As you probably know, our Board Chair sends out email messages each year advising you of important issues and keeping you abreast of the work of the ABFM. We typically receive several hundred responses to each email, and we carefully review and respond to each of you that have taken time to write in response. At each meeting of our Board of Directors, each director also reviews every response. This information helps the directors understand your concerns and is extremely useful in shaping the policy they develop to guide our work here in Lexington.

One of the common concerns expressed by many of you revolves around why we do research and why we have invested so much in doing so. These are legitimate questions, and since they arise so frequently, I thought it appropriate to address them with the wider audience that reads this newsletter.

It is important to understand that the ABFM, since its inception, has always conducted research. Much of this work has centered on the development and validation of our examinations and the ongoing development of our simulation technology. While some of this research was performed in house by our psychometricians and staff during the first thirty years of our existence, much of it was outsourced to collaborators in academic settings.

When I arrived in Lexington in 2002, I quickly realized that over this thirty-year period of time we had collected and stored a tremendous amount of information. It was also apparent that this information could be used to understand our specialty more fully and to guide our future development of the assessment tools that we would use in Maintenance of Certification for Family Physicians (MC-FP). We just needed to recruit the right people to help maximize use of the data and harness it to benefit our specialty.

Our initial efforts to hire a research director to assist us with these tasks were not fruitful. Despite the wonderful trove of data that we possessed, the resources available to utilize it effectively, and a clear vision of our research agenda, every candidate was discouraged by the lack of a robust research portfolio and the necessary core of talented researchers with whom to work. The need to accelerate this process was underscored when our Board of Directors met in 2008 to develop its five-year strategic plan for 2009-2013. The objective that received the highest priority during this planning process was to determine the impact of MC-FP on the quality of care delivered by board certified family physicians. In order to accomplish this objective, we needed to find capable researchers to help us do so.

So we moved on to Plan B. If we did not have a core group of researchers to help us reach these goals, we would go out and find one; and if we did not have an attractive research portfolio, we would collaborate with the researchers to create one!

We found willing partners in the talented researchers at the Robert Graham Center for Policy Studies in Family Medicine and Primary Care. Located in Washington, DC and created by the American Academy of Family Physicians (AAFP) in 1997, it had a long and successful track record as a successful research enterprise and had developed important academic and research relationships with major academic institutions and policy organizations both within Washington, DC and nationwide.

We signed our first three-year collaborative agreement with the Graham Center in 2008 and renewed it in 2011. During this time we laid the groundwork for the development of our research infrastructure. We categorized our data, helped the Graham Center understand it, and began the work of using it to further the work of the ABFM. During this initial collaboration, we began to publish papers describing the initial impact of MC-FP and policy briefs outlining important issues confronting the specialty of Family Medicine based upon the analysis of our data.

With the appropriate groundwork laid, we were ready to again begin recruitment of a research director in 2011. We interviewed several superb candidates and eventually selected Lars Peterson, M.D., Ph.D., one of our Pisacano Scholars and an aspiring health services researcher. His recruitment was followed by the successful recruitment of Robert Phillips, M.D., M.S.P.H. and former Director of the

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A Message from the President

Robert Graham Center, as our new Vice President of Research and Policy. They joined us in 2012 and rounded out the completion of our research team with the recruitment of Brenna Blackburn, M.P.H. as a research assistant. After helping us get off to a wonderful start, Brenna left for the University of Utah to begin work on her Ph.D., and we were successful in attracting Anneli Cochrane, M.P.H. to replace her.

As we began to analyze our data, we realized the need for qualitative research expertise and were successful in the recruitment of Rebecca Etz, Ph.D. from Virginia Commonwealth University to work with us on a part-time basis to help us jump-start this work, followed by the hiring of Aimee Eden, Ph.D. to join us on a full-time basis to assist with this work in Lexington.

The enthusiasm and industry of these newly recruited employees complemented the exceptional research work that was being done by our psychometricians and clinical informaticists. More importantly, as they began to work together, they found important ways to collaborate and perform cross-cutting research that advanced our knowledge of how each of the elements of the MC-FP process impacts what you do.

This newly created enterprise undertook the development of a mission statement: “Our mission is to further the mission of the ABFM through high quality research and evaluation.” To guide the new team’s efforts, they also created the following vision statement:

“We will achieve our mission by assessing the effectiveness and impact of Maintenance of Certification activities on the quality of care family physicians provide. Further, we strive to understand the environment in which family physicians deliver health care and how factors such as health care market forces, practice organization, social deprivation, and health care policy may influence a family physician’s ability to provide high quality care to the public.”

Their vision has become reality. As you can see from the figure below, our research team, psychometricians, and clinical informaticists have been incredibly productive, publishing fifty-five papers in peer review journals in the past two years, and we have eleven additional articles in press with six currently under review. Their work and our collaborative work with the Robert Graham Center has furthered our knowledge of who is participating in MC-FP, how your participation has influenced the quality of care that you deliver, and how you perceive your participation in this process.
A Message from the President

This information has been critical in helping us improve the assessment tools that you use in MC-FP. Our qualitative research team has just finished analyzing millions (yes, millions!) of lines of feedback that you have provided on our Part II and Part IV modules—the SAMs and PPMs. For the most part, your feedback has been incredibly positive, but we have taken note of some excellent suggestions on how we might modify these modules to make your participation more efficient. As I have mentioned previously, we are in the midst of redesigning our entire Part IV platform, and this information will be invaluable in assisting with the redesign process.

More importantly, our data has been useful in helping us better understand the changing nature of our specialty. This information provides invaluable information in helping us shape our examination blueprint to make certain that we are assessing the appropriate skills and knowledge necessary to be a board certified family physician. A subset of this information was used by our Graham Center colleagues to guarantee that rural family physicians were not being excluded from the 10% primary care bonus based upon examination of CPT codes. Our data clearly showed that the comprehensive nature of care provided by rural family physicians was truly primary care in its fullest expression.

Inside this issue you will learn more about some of our most recent research as well as the cutting edge work that our clinical simulation team is doing around utilizing Value of Information (VOI) methodology to analyze actions taken during completion of clinical simulation scenarios. Please also read about the new video (in English and Spanish) that we have created for you to share with your patients to coincide with the launch of Family Medicine for America’s Health, which we highlight in this issue as well.

It has been another incredibly productive year for us at the ABFM. We hope that your year has been equally productive, and as we enter this Holiday Season, we send you and your family best wishes for the happiest of holidays and a prosperous and healthy New Year.

Scoring of Virtual Patient Scenarios in the MC-FP Part III Examination

Have you ever walked out of an ABFM certification examination thinking, “That exam really didn't test the way I manage patients in the real world?” The single-best-answer multiple-choice format provides limited ability to assess patient management skills, skills that include optimizing drug regimens for a particular patient’s context, selecting the best consultants, and the myriad of other activities that we clinicians conduct in our day-to-day primary care practices. How can we construct a test that provides examinees the opportunity to demonstrate their abilities in more than just the cognitive expertise domain? Simulation provides an option for presenting patient scenarios that offer Diplomates the opportunity to demonstrate their systems-based care, decision making, and patient-centered management competencies.

Since 2004 Diplomates have experienced virtual patient simulations as a component of the ABFM MC-FP Part II Self-assessment Modules (SAMs). These simulations provide summative feedback at the end of the simulation. This feedback consists of statements regarding the propriety of actions taken during the scenario vis-à-vis evidence-based guideline recommendations. While these statements and the associated scoring algorithm function adequately for the SAMs, this “coarsely granular” approach will not provide sufficient detail and nuance to support scoring for the high-stakes Part III certification examination. Enter Value of Information (VOI) as an option for scoring simulations in this context. The VOI approach incorporates patient outcomes that matter: survival, quality of life, morbidity, risk aversion, and societal perspectives. In addition, the VOI technique provides an approach for rewarding “clinical parsimony,” i.e., efficient and cost-effective management.

To accomplish VOI scoring, the developers have made extensive use of mathematical structures called Bayesian networks to integrate disease probabilities, patient preferences, and outcomes (survival, comorbidity, cost). To populate these networks with the data needed for scoring, we use multiple sources: original literature estimates, insurance industry mortality abstracts, patient preference assessments, claims data analysis (research conducted at Washington University), and estimates derived from Archimedes, a sophisticated medical simulation environment.

The VOI scoring approach will enable the ABFM to incorporate realistic virtual patient scenarios into the MC-FP Part III examination and score them fairly and reliably. Ideally, this should have Diplomates walking away from the examination thinking, “That examination DID test the way that I manage patients in the real world!”
ABFM Launches New Website for Patients on the Value of Family Medicine and Certification

The ABFM is pleased to announce the launch of a new extension of our website geared toward reaching the patient, as well as providing family physicians with additional means of communicating to their patients the value of board certification.

At http://findadoctor.theabfm.org, potential patients are guided to both online and app features to help them find a board-certified Family Physician. The page’s content explains to the average patient in a clear, concise manner what board certification is and why it’s so important.

In addition to this key message, the new, public Find a Doctor page has a short, friendly video stressing the importance of Family Physicians and Primary Care. The video was produced by the same creative team that is promoting the Health is Primary campaign. This video is also available on YouTube for physicians to use as best suits—whether for promotional purposes or simply better communicating with current and potential patients.

An office table card has also been created and is available for download at the Find a Doctor page. The file for this two-sided card can be sent to a local printer, and then set up in an office waiting room as a takeaway for patients. Again, the brief but well-defined message to patients is the inherent value of a board-certified physician.

The ABFM is one of the organizations involved with the Health is Primary campaign. This campaign is a 3-year communications effort to advocate for the values of family medicine, demonstrate the benefits of primary care, and engage patients in our health care system. The campaign was developed as a part of the Family Medicine for America’s Health collaborative effort.

Family Medicine for America’s Health is a partnership between the eight leading family medicine organizations in the United States to drive continued improvement of the U.S. health care system and demonstrate the value of true primary care. The eight organizations are:

- American Academy of Family Physicians
- American Academy of Family Physicians Foundation
- American Board of Family Medicine
- American College of Osteopathic Family Physicians
- Association of Departments of Family Medicine
- Association of Family Medicine Residency Directors
- North American Primary Care Research Group
- Society of Teachers of Family Medicine

To learn more about this effort, visit http://fmahealth.org.

The ABFM believes these new resources help Diplomates in communicating to patients that board-certified family physicians are committed to lifelong learning, which is necessary to provide the high-quality care that every patient deserves.
Family Medicine for America’s Health and the Health is Primary Campaign

Health is Primary has launched! Family Medicine for America’s Health—a new, 5-year coalition of eight family medicine groups—kicked off the campaign at the American Academy of Family Physician’s Assembly in Washington, DC on October 23. The goal is to demonstrate the value of primary care in delivering the Triple Aim of better health, better care and lower costs.

Health is Primary will travel to cities around the country to engage local stakeholders and showcase community level interventions that are working to enhance and expand primary care and improve health. The first round of cities was announced in November. The campaign will also partner with employers, disease groups, and health advocates to activate patients around major health issues like chronic disease management and smoking cessation and advance the use of technology tools for patient communication.

At the same time, Family Medicine for America’s Health will work to modernize the family medicine specialty and transform the nation’s health care system. The strategic effort will focus on expanding access to the patient-centered medical home, ensuring a strong primary care workforce and shifting from fee-for-service to comprehensive primary care payment. Family Medicine for America’s Health is establishing six tactic teams with broad representation from the primary care community that will focus on key areas for transformation: Payment, Practice Management, Workforce, Education, Technology and Engagement.

The campaign launch coincided with the release of a special supplement to the Annals of Family Medicine, which provides background on the planning process and the framework for execution. The full article can be found here: http://annfammed.org/content/12/Suppl_1.

Follow the campaign on Twitter @healthisprimary.

Sign up for updates on the work of Family Medicine for America’s Health at fmahealth.org and learn more about the communications campaign at healthisprimary.org.

ABFM Video: Why Should I See a Family Doctor?

The ABFM has created a video which explains to the public in a clear, concise manner the importance of Family Physicians and Primary Care. The video was produced by the same creative team that is promoting the Health is Primary campaign http://www.healthisprimary.org. We encourage family physicians to use the link to this video on YouTube, http://youtu.be/TyR-C5hnJUA, as best suits you or your own promotional purposes. The ABFM has also made available several other videos at its new YouTube channel, https://www.youtube.com/user/abfmvideos/feed. Subscribe to this channel for both past and future videos by the ABFM.

Scoring of Virtual Patient Scenarios in the MC-FP Part III Examination

References:
ABFM Research Efforts Update

The main objective for the ABFM Research Department is to investigate the value of Maintenance of Certification for Family Physicians (MC-FP). This article will briefly summarize this year’s work, published and unpublished, on the value of Part IV.

Diabetes In January we published an article about the actions and outcomes of the first 8,000 Diabetes Part IV modules completed.1 Nearly half of family physicians chose either the foot or eye exam as their quality improvement measure. When completing the Part IV module, family physicians reported small but significant improvements in patient care with the percentage of patients with an A1c <7.0% rising by 4%, blood pressure control increasing by 3% and documented foot and eye exams improving by 18% and 16%, respectively. These improvements arose largely by low-tech interventions like standing orders and improving patient education. A second paper found the improvement in any of the quality measures was not consistently associated with individual components of the Part IV project.2 We interpreted this to mean that going through the QI process was associated with improved quality, regardless of the individual choices physicians make during the project. Finally, we have a paper under review comparing the quality outcomes of physicians who completed a Part IV activity with those who combined reporting quality measures through the ABFM’s Diabetes Physician Quality Reporting System (PQRS) registry with a Part IV activity. Briefly we found that Part IV-only activities showed greater improvement in process measures of care but combining Part IV with PQRS reporting was associated with better blood pressure and cholesterol control. We believe this supports aligning these programs more closely to hopefully improve quality more consistently.

Hypertension We have a paper accepted for publication on the results of the first 7,000 Hypertension Part IV modules completed.3 Over half of physicians chose to improve on cholesterol control with only 20% choosing to improve blood pressure control. Similar to the Diabetes Part IV activity, the most common quality interventions were improving patient education and standing orders. Family physicians reported improvements in patient care with blood pressure control increasing 5% and cholesterol control increasing 2%. Despite dietary counseling only being selected by fewer than 20% of family physicians for improvement, reported rates of counseling improved from 75% to 93%.

Part IV Feedback As mentioned in the last issue of The Phoenix, we are analyzing your feedback after completing Part IV modules to inform planned revisions and improvements. We will have much more to report in 2015, but briefly, we want to share what you have told us about Part IV. Each feedback survey offered at the end of our Part IV modules asks you to rate on a 1 to 6 scale the (1) Relevance of topic to my practice, (2) the Currency of clinical information, (3) the Usefulness of clinical information in my practice, and finally, (4) the Overall rating. We analyzed the responses by the number of times a diplomate completed a Part IV activity and found that ratings remain at about the same level each time you complete a Part IV module. For example, 80% of you reported the Part IV module was very relevant to your practice the first time and 82% said the same the fourth time (see Table). Your open ended comments have already told us ways we can improve the data collection tools and we are actively working on reducing this burden through our TRADEMaRQ and DAIQUERI trials.

<table>
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<tr>
<th></th>
<th>First Part IV Completed (n=19,106)</th>
<th>Second Part IV Completed (n=5,477)</th>
<th>Third Part IV Completed (n=737)</th>
<th>Fourth Part IV Completed (n=89)</th>
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<tr>
<td>Overall</td>
<td>76.4%</td>
<td>77.9%</td>
<td>80.9%</td>
<td>78.7%</td>
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Table – Percentage of Family Physicians Reporting High Ratings in Different Content Areas in Part IV Feedback Surveys

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IOM Puffer/American Board of Family Medicine Fellow
Jennifer DeVoe, M.D., D. Phil. Elected to IOM

The American Board of Family Medicine (ABFM) is pleased to announce the election of Jennifer DeVoe, M.D., D.Phil, to The Institute of Medicine (IOM). Dr. DeVoe is an Associate Professor of Family Medicine at Oregon Health Science University (OHSU) in Portland, Oregon and was previously selected as the IOM’s 2012-2014 Puffer/American Board of Family Medicine Fellow. The 70 new IOM members and 10 foreign associates were named during its 44th annual meeting in October. Election to the IOM is considered one of the highest honors in the fields of health and medicine and recognizes individuals who have demonstrated outstanding professional achievement and commitment to service.

As a Puffer/ABFM/IOM Anniversary Fellow, Dr. DeVoe worked with eminent researchers, policy experts, and clinicians from across the country as they collaborated on initiatives convened by the IOM to provide nonpartisan, evidence-based guidance to national, state, and local policymakers, academic leaders, health care administrators, and the public. She also received a research stipend of $25,000.

As a practicing family physician and doctorally-trained health services researcher, Dr. DeVoe studies access to preventive care for low-income populations. She leads a multidisciplinary team with expertise in informatics, sociology, epidemiology, biostatistics, economics, and anthropology. She has established a track record of developing community collaborations and using rich community electronic health record (EHR) data sources to conduct policy-relevant and practice-relevant studies. Her team’s research findings inform community, practice, and policy interventions that help to improve the delivery of care and eliminate disparities.

Dr. DeVoe is the principal investigator on several health services research and health policy research studies funded by the National Institutes of Health, the Agency for Healthcare Research and Quality, the Patient-Centered Outcomes Research Institute, and the Health Resources and Services Administration. She is a 1998 Pisacano Scholar and obtained her MD from Harvard Medical School in 1999. A Rhodes Scholar, Dr. DeVoe obtained her Master of Philosophy (MPhil) and Doctorate of Philosophy (DPhil) from Oxford University in 1998 and 2001, respectively. She completed her residency in family medicine at OHSU in 2004. She received her Master of Clinical Research (MCR) from OHSU in 2010. She maintains a part-time clinical practice in her SW Portland neighborhood.

“It is with great enthusiasm that we welcome our esteemed colleagues to the Institute of Medicine,” said IOM President Victor J. Dzau. “These leaders’ tremendous achievements have contributed significantly to advancing health and medicine. The expertise and knowledge they bring to the IOM will encourage and enhance its success.”

New members are elected by current active members through a selective process that recognizes individuals who have made major contributions to the advancement of the medical sciences, health care, and public health.

The full story and complete list of new members can be found at: http://www.iom.edu/Global/News%20Announcements/2014-New-Members.aspx.

ABFM Research Efforts Update

References:
2014 Physician Quality Reporting System

Are you an eligible professional (EP) needing to participate in the Physician Quality Reporting System (PQRS) before the end of 2014? Those EPs that do not satisfactorily report to PQRS in 2014 will see a payment adjustment of -2% for their total Medicare Physician Fee Services covered in 2016. EPs 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. The CMS website www.cms.gov/pqrs serves as the primary source for all information for PQRS.

To help ABFM Diplomates meet the 2014 CMS PQRS reporting requirement, the ABFM is a qualified registry. Diplomates are able to participate at no cost in the ABFM Diabetes PQRS registry online from their Physician Portfolio. The deadline for data entry in the online activity is January 10, 2015.

For the 2014 Physician Quality Reporting System, physicians who meet the PQRS criteria for satisfactory submission of quality measures on 20 unique patients, of which at least 11 are Medicare Part B beneficiaries, are eligible to earn an incentive payment of 0.5% of their total allowed charges for Physician Fee Schedule (PFS)-covered professional services furnished during the reporting period (January 1, 2014 – December 31, 2014). CMS-approved financial incentives earned for 2014 reporting are scheduled to be paid in mid-2015 from the federal Supplementary Medical Insurance (Part B) Trust Fund. Again, the deadline to complete all necessary data entry for the 2014 Physician Quality Reporting is January 10, 2015.

Those physicians participating in the 2014 Physician Quality Reporting System should follow these three important details. First, make absolutely 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. If the NPI and TIN numbers are not accurate, an incentive payment will not be provided. 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, the performance criteria must be met and reported for at least one patient for each diabetes mellitus measure. To review other frequently asked questions on our website go to www.theabfm.org/moc/pqrs.aspx.

Any Diplomate who successfully completes the 2014 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 their 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.

Do you use Yahoo or AOL as your Email Provider?

The ABFM regularly sends emails to our Diplomates on all kinds of topics, including your MC-FP status and requirements, MC-FP Exam applications, and general information regarding all ongoing ABFM business. While examining the failure rate of these emails, it has become apparent that Yahoo and AOL users are frequently having legitimate emails blocked or diverted to ‘spam’ folders. To make sure you continue receiving our mailings, we suggest that you add us to your whitelist. A whitelist is a list of email addresses from which you want to receive email. Adding an address to your whitelist ensures that email from that address will not be filtered as spam. If whitelisting the ABFM doesn’t work, you may need to submit another email account as the primary email address in your Physician Portfolio to receive notification emails from the ABFM.
ABFM Partners with CAFM, AFMRD, MedEdNet, and ACGME to Create National Graduate Survey

The Accreditation Council of Graduate Medical Education (ACGME) Program Requirements in Family Medicine state that “Program graduates should be surveyed at least every five years, and the results should be used in the annual program evaluation.” Surveys are often done sporadically and by single programs. Resulting data are difficult to compare given differences in questions between various surveys. Programs are supposed to utilize data from graduate surveys to determine how well they are training their residents for independent practice and to guide continuous improvement of curricula. Programs have found this difficult due to low response rates and lack of comparative data.

To address this issue, the ABFM convened a group of interested parties in August 2014 to think through a process to create a national graduate survey. The meeting included representatives from AFMRD, CAFM, MedEdNet, ACGME, ABFM, and a recent medical school graduate. The group agreed on a process to collect data tied to ABFM Maintenance of Certification for Family Physicians. A Request for Proposals was released in November 2014 to create the survey. The ABFM plans to implement the survey in 2016 and will use the data to create reports similar to the board examination passing reports to which you already have access.

We plan on making data from the survey available in a deidentified fashion for use by other researchers, providing a large searchable database to enable research on practicing family physicians as well as a more comprehensive understanding of how residency training programs prepare physicians for independent practice in diverse practice settings.

Kendall M. Campbell, M.D. Selected as Puffer/IOM Fellow

The Institute of Medicine (IOM) has selected Kendall M. Campbell, M.D., as the 2014 James C. Puffer, MD/American Board of Family Medicine Fellow. Dr. Campbell is an associate professor in the department of family medicine and rural health and co-director for the Center for Underrepresented Minorities in Academic Medicine, Florida State University, Tallahassee.

Dr. Campbell is from the rural community of DeFuniak Springs, Florida, and was one of the first SSTRIDE mentors and instructors. SSTRIDE seeks to identify and encourage middle and high school students from underrepresented backgrounds, including those from rural communities. Dr. Campbell became a part of the program in 1994 while an undergraduate student and chemistry pre-med major at Florida A &M University. After completing his undergraduate degree, Dr. Campbell attended the Program in Medical Sciences (PIMS), a one-year program created to help promote diversity in Florida’s medical schools by attracting more students from backgrounds underrepresented in medicine and in the Florida physician workforce. After the completion of medical school, Dr. Campbell went on to become a board-certified family physician with special interests in underserved care and teaching. He is the learning center advisor for the Bridge to Clinical Medicine Master's Degree Program, a program to increase underrepresented groups in medicine, and as co-director of the Center for Underrepresented Minorities in Academic Medicine, conducts research to study issues affecting underrepresented minority faculty in medical education. Dr. Campbell sees patients at Bond Community Health Center, a community health center for the underserved.

As a Puffer/ABFM/IOM Anniversary Fellow, Kendall will receive a research stipend of $25,000. Named in honor of James C. Puffer, M.D., president and chief executive officer of the ABFM, the fellowship program enables talented, early career health policy and science scholars in family medicine to participate in the work of IOM and further their careers as future leaders in the field.

IOM Anniversary Fellows continue their main responsibilities while engaging part-time over a two-year period in the IOM’s health and science policy work. A committee appointed by the president of the IOM selects fellows based on their professional accomplishments, potential for leadership in health policy in the field of family medicine, reputation as scholars, and the relevance of their expertise to the work of the IOM.
Pain Medicine Certificate of Added Qualification

In October the American Board of Medical Specialties (ABMS) approved the application by the ABFM to become a co-sponsor of the Pain Medicine certification. The American Board of Anesthesiology (ABA), American Board of Physical Medicine and Rehabilitation (ABPMR), the American Board of Psychiatry and Neurology (ABPN), and the American Board of Emergency Medicine (ABEM), along with the American Board of Family Medicine (ABFM), are now co-sponsors for the Pain Medicine certification.

Beginning in 2015, family physicians certified with the ABFM who have completed an ACGME accredited Pain Medicine fellowship will be able to apply for a certificate of added qualification in Pain Medicine. Below are the requirements for certification:

Certification Requirements

• Family physicians must be certified by the American Board of Family Medicine and must be Diplomates in good standing in order to apply and take the examination and must maintain their primary certification with the ABFM to maintain certification in a CAQ.
• 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 satisfactorily complete a 12-month, ACGME accredited fellowship training program in Pain Medicine.
• 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.

In addition, any ABFM Diplomate who currently holds or has held a Pain Medicine certificate from an ABMS board will be able to recertify in Pain Medicine through the ABFM.

Recertification Requirements

The recertification process for the Pain Medicine certificate may be completed in the ninth or tenth year of the certificate and includes the following requirements:

• Family physicians must be certified by the American Board of Family Medicine and must be Diplomates in good standing at the time of the examination.
• 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.
• 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.

The next examinations offered for Pain Medicine certification will be delivered in the fall of 2015 at Pearson Vue testing facilities. The certification examination will be available on September 19, 2015, and the recertification examination will be available September 19 through October 3, 2015. The online application for these examinations will be available in late January 2015.
**ATTENTION: Diplomates Who Certified in 2005**

Diplomates who certified or recertified in 2005 are required to complete three MC-FP modules for Stage Three: one Part II module (SAM), 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 2015 may open and begin an examination application as of December 5, but until MC-FP requirements are met, the application cannot be cleared and finalized. Test centers and dates may not be chosen until an application is complete.

**ATTENTION: Diplomates Who Certified in 2008**

Diplomates who certified or recertified in 2008 are required to complete three MC-FP modules for Stage Two by December 31, 2014. For Stage Two requirements, Diplomates are required to complete one Part II module (SAM), 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.

Registration for the spring 2015 MC-FP Examination is open on December 5, 2014. If you have not completed your Stage Two requirements by December 31, 2014, you will be on the 7-year path and will need to take the examination in 2015 to remain certified.

**ATTENTION: Diplomates Who Certified in 2011**

Diplomates who certified or recertified in 2011 are required to complete three MC-FP modules for Stage One by December 31, 2014. For Stage One requirements, Diplomates are required to complete one Part II module (SAM), one Part IV module (PPM, MIMM, or an approved alternative), and one module of choice (Part II or Part IV) for a combined 50 MC-FP points minimum per 3-year stage.

Diplomates who do not complete Stage requirements on schedule will be listed as “not certified” on the ABFM website. Diplomates have three years (after becoming “not certified”) to regain their certification status by completing the required MC-FP activities. Once the delinquent modules are completed, the Diplomate will again be listed as board-certified.
**ABFM Support Center Holiday Hours**
*(all times Eastern)*

**Holiday Coverage**
- Wednesday, December 24: Closed
- Thursday, December 25: Closed
- Friday, December 26: 8:00am – 5:00pm

**New Year’s Day Coverage**
- Wednesday, December 31, 2014: 8:00am – 5:00pm
- Thursday, January 1, 2015: Closed

Contact us at 877-223-7437 or at help@theabfm.org

The Support Center will maintain its regular schedule on all other days.
The Support Center will also be available every Sunday through December 28 from 12:00pm – 5:00pm.