



# THE PHOENIX

## A Diplomates' Newsletter

### A Message from the President

Warren Newton, MD, MPH

Health care is amid dramatic transformation, with the amplitude and pace of change unlike any in the history of our specialty. The process is still in its beginning, as health system consolidation accelerates, more and more physicians become employed, advances in IT and genomics reshape care, and new business combinations such as CVS, Aetna and Amazon try to claim their part of the health care market.

With this in mind, the American Board of Family Medicine (ABFM) began a strategic planning process in the fall of 2018 to determine the best trajectory and pace for changes in family medicine certification. The first question of our strategic planning process was, “What will the personal physician look like in 15 years?” We believe strongly that there will continue to be an important role for the personal physician and that any attempt to address the triple aim—better health, better patient experience at lower cost—must include a robust primary care system. We also believe that family physicians' scope of care will need to extend significantly—to include, for example, more care of patients with multi-morbidities, more care of children, integration of behavioral health, improving the effectiveness of transitions of care and the healing of inequities in communities. We also believe that individual family physicians will likely play a number of different roles over their careers.

The core role of ABFM will thus be to support family physician Diplomates in their commitment to be lifelong master clinicians, building on the skills they developed in training and adapting to what their communities need. At the same time, we will maintain and improve the components of our certification program that assure our patients and the public that those who are ABFM board certified are up-to-date, continually improve care, and are worthy of their trust. Our first step in this direction is the launch of Family Medicine Certification Longitudinal Assessment (FMCLA) as an option to the one-day-every-10-years examination.

Engaging Diplomates in new ways will be essential to improving family medicine certification. Our community is large and diverse, and family physicians follow many different career paths, but we are committed to traveling the journey with them.

Diplomate input will help guide the development of our programs, within a framework of standards that everyone can trust. We will work closely with our partners at the American Academy of Family Physicians (AAFP), state AAFP chapters, and other family medicine organizations, to support Diplomates through the process of continuous certification. This fall we will be launching the Engagement Network to provide us with focused input as we review current programs and start new ones.

We are also committed to serving Family Medicine, the broader profession and society. We will continue to look for ways we can collaborate with the “Family of Family Medicine”—the AAFP, the Association of Family Medicine Residency Directors, the Society of Teachers of Family Medicine (STFM), the Association of Departments of Family Medicine, the North American Primary Care Research Group and many individual investigators and institutions. Recent examples include support of community preceptors through STFM and support of innovation in residency education through the Preparing Personal Physicians for Practice and the Length of Training pilot. We also hope to engage other specialties and professions. A key early step is the founding of the Center for Professionalism & Value in Health Care in July 2018. Led by Executive Director Bob Phillips, MD, MSPH, the Center will seek to define what value means across the health care spectrum, reaching beyond medicine to engage the broader health care community as well as patients and families to consider what they believe professionalism and value mean, how to measure it, how to improve it, and how to engage and develop leaders.

Fifty years ago, when the ABFM was founded, the Board chose the phoenix as a symbol of the rebirth of family medicine from general practice. We affirm again that symbol, as we work to support the renaissance of the personal physician, her team and the systems that make primary care robust.

We believe that the times we are living in are consequential. By working together, we can make a difference.

We look forward to hearing from you.



## Family Medicine Certification Longitudinal Assessment (FMCLA) Update

Interest remains high regarding the pilot of longitudinal assessment (Family Medicine Certification Longitudinal Assessment or FMCLA) that was launched in January as an alternative to the one-day exam. More aligned with adult learning principles, FMCLA is expected to promote greater learning (while still testing!) and enduring retention of knowledge than infrequent, episodic examinations that often prompted months of exam-specific study and preparation in advance. So, how is it going now that the pilot cohort is in their second quarter?

Of all Diplomates who were due for their exam in 2019, 71% chose FMCLA over the one-day examination. Everyone who began answering questions in Q1 and chose to continue moved on to Q2! Very few reconsidered and opted to go back to the one-day exam. Of interest, Diplomates who chose FMCLA and those who chose the one-day exam listed personal convenience as the main reason for their choice. The groups were no different with respect to provision of direct patient care, continuity care, practice type or ownership, scope of practice, faculty status, dual certification with another board, and rates of burnout.

Initial feedback from the FMCLA cohort was overwhelmingly positive, with more than 95% reporting that the online delivery of questions is reliable, the web interface is user friendly, information is presented clearly on the screen, navigation to answer questions and move to the next section is easy, and that it is easy to understand their current quarter status. Adjustment to having timed questions and the presence of a countdown clock caused more concern, but based on Quarter 1 feedback, modifications were made to the clock to reduce its distraction. Even with a 5-minute per question limit, the average time for answering questions was 2 minutes, 11 seconds, with fewer than 5% of participants needing more than 4 minutes, 30 seconds.

The majority of comments noted the benefit of receiving immediate feedback and critique information, and described this approach to assessment of cognitive expertise as providing a much better learning experience than the traditional examination. Some even found the process to be fun and that they benefitted from the flexibility of the process.

*ABFM will be making announcements later this summer about the 2020 cohort and their opportunity to participate in FMCLA, once this has been established after thorough review of both Q1 and Q2 of this initial pilot group. Be on the look-out for more updates as the FMCLA pilot evolves!*

## Join Your Colleagues and Be Part of the ABFM Engagement Network!

ABFM is searching for board-certified family physicians to become members of a virtual network to provide general and issue-specific feedback that will help us continually improve the certification process. We seek interested Diplomates who are willing to provide feedback, perspective and fresh ideas about a variety of issues, including changes being considered to improve and evolve certification activities; optimization of the new ABFM website; redesign of the [Physician Portfolio](#); development of independent assessment items; opportunities for certification to support broad-scope, comprehensive practice; and consideration of new areas of focused practice designation.



Involvement in the ABFM Engagement Network will involve periodically answering brief questions and short surveys that will provide us with valuable crowd-sourcing information to guide our work on evolving Family Medicine Certification. Other benefits of participating include:

- Influence aspects of ABFM's five-year strategic plan and provide information that can be used to inform Board of Director discussions and decisions
- Periodic invitations to attend optional, in-person feedback events such as regional or national focus groups
- Recognition opportunities through physician spotlight articles in ABFM's Phoenix newsletter, on social media, or in state chapter publications, etc.

*We are interested in building an Engagement Network that includes physicians with diverse practice experiences, reflective of today's trends in practice. We are excited to work with you and learn about new ways to improve the certification process for you and your colleagues!*

[Sign Up Today](#)



## Being There—The ABFM Diplomate Engagement Initiative

From Girdwood, Alaska to Amelia Island, Florida, the ABFM is traveling far and wide from its Lexington, Kentucky headquarters to meet family physicians face-to-face.

A new initiative of the Board to engage more closely and frequently with Diplomates is in full swing. As part of a strategic planning process that began in 2018, the ABFM Board of Directors endorsed the need to hear from front-line family physicians closer to home through aligning with AFP state chapters. It was also an opportunity to more directly share information about how certification has evolved through innovations that expand options, reduce burden and enhance learning as part of assessment. A new staff position was created for a Director of Outreach in early 2019, and Ashley Webb, who formerly oversaw the Support Center, was selected to take on this new initiative. The goals of ABFM's outreach efforts include directly assisting physicians with their certification questions and needs, gaining greater insight into what Diplomates would value from future changes in family medicine certification.

While talking with Ashley at the ABFM booth during the Minnesota AFP Spring Refresher, Dr. John Hallberg, Medical Director of the Mill City Clinic, learned he could use employee engagement data collected during the process of expanding the size of the clinic for his Self-Directed Performance Improvement Project.

**“This is a total game changer,” said Dr. Hallberg. “I’m actually looking forward to writing this report and think it will eventually turn into some scholarship and other articles for me. It was a complete shifting from something that feels like I’m just satisfying a requirement that does not feel authentic,” he said, “to something that is incredibly near and dear to my heart and I’m very passionate about.”**

**— John Hallberg  
Medical Director  
Mill City Clinic**



*Dr. John Hallberg, Medical Director, stands outside of the Mill City Clinic in Minneapolis after giving a tour to ABFM staff during the Minnesota Spring Refresher meeting on March 27, 2019. (Photo by Ryan Morris)*

Keying in on his enthusiasm, ABFM PRIME SAN staff accepted Dr. Hallberg's invitation to visit the Mill City Clinic during a break at the conference and received a thorough tour of the practice and of the surrounding neighborhood in downtown Minneapolis. This time provided valuable insights into the work of a dedicated family physician. “I feel like my entire view of the ABFM has changed just from that one day,” Dr. Hallberg said in a follow-up interview.

Letting Diplomates know the ABFM is positioned to serve them just as much as the public through the certification process is a main goal of the new engagement initiative. “Knowing that we are there to not only share information, but to listen to them. We’re there to hear their stories, hear their questions, hear the things that confuse them or things that trouble them,” says Dr. Elizabeth Baxley, Executive Vice President.

Dr. Eugene Moore of Seattle, Washington stopped by the ABFM booth at the Washington AFP meeting to inquire about his Diplomate status. Dr. Moore certified with the ABFM in 1970—the first time certification became available for family physicians! After retirement, Dr. Moore was disappointed to see that his status simply changed to “not certified.” Dr. Baxley was able to share with Dr. Moore that there were several types of certification designations for retired physicians, and Ashley was able to update Dr. Moore's portfolio to designate him as having special status as a Longstanding Diplomate after his 45 years of continuous ABFM board certification status.

“Frankly, I was quite surprised to see the ABFM there,” Dr. Moore said, “but I think it is great because it is a means of communication that is valuable and very effective. I thought well, gee, I met you and talked with you and you solved the problem. It was something I had not had time to take up with the Board.”

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ABFM staff, executive leaders and board members have engaged with chapter leaders and Diplomates at 15 meetings to date this year, and have 10 additional Chapter meetings, as well as other outreach engagements, scheduled for 2019. These 25 chapters represent states in which 66% of all board-certified family physicians are in practice. Interest from chapters for 2020 is already robust, and ABFM hopes to cover as many of the state chapters as possible during 2019–2020.



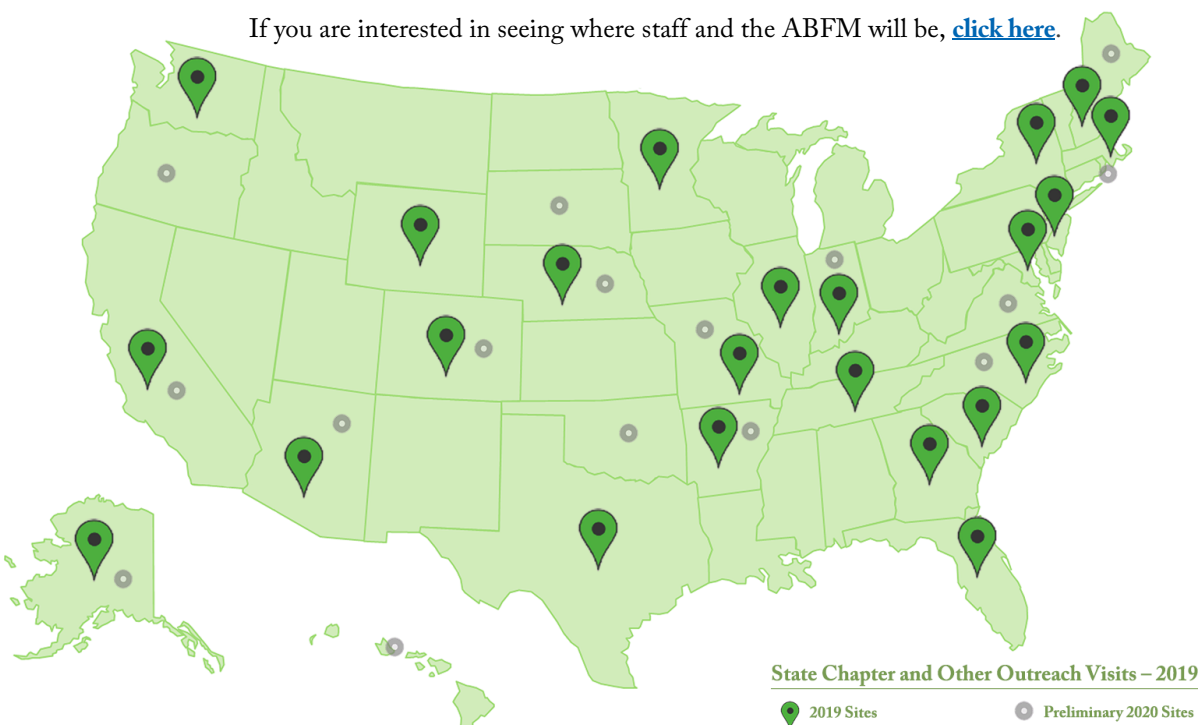
*Dr. Eugene Moore of Seattle, Washington receives information from Ashley Webb, Director of Outreach at the ABFM booth during the Washington AFP meeting on May 11, 2019 in Coeur D'Alene, ID. (Photo by Ryan Morris)*

**“It was so helpful to have the American Board of Family Medicine onsite at our Spring Refresher Conference to field questions about certification from our members. Representatives also checked in on our group KSA to talk about changes that are happening for the certification process.”**

**— Lisa Regehr  
Director of Continuing Medical Education  
Minnesota Academy of Family Physicians**

Additionally, ABFM is working to build stronger and more collaborative relationships with state chapter executives, to help them better serve their members who are board certified. “Diplomates will often call their state chapter executive to inquire about certification requirements,” according to Dr. Baxley, “and state chapter executives didn’t have any way to know what needed to be done.” As part of the new initiative, the ABFM is assisting state chapter executives with information about the certification process, inform them about new options available to physicians participating in certification, and identify ways in which their educational and advocacy efforts can help support certification. “It’s all about creating multiple channels to support family physicians who seek to maintain their certification,” Dr. Baxley said.

If you are interested in seeing where staff and the ABFM will be, [click here](#).



**[Connect with the ABFM!](#)**





## 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 three new board members. The new officers elected at the ABFM's spring board meeting in April are: John Brady, MD of Newport News, Virginia as Chair; Michael Magill, MD of Salt Lake City, Utah as Chair-elect; Colleen Conry, MD of Denver, Colorado as Treasurer; and Wendy Biggs, MD of Saginaw, Michigan as Member-at-Large, Executive Committee. In addition, the ABFM welcomes this year's new members to the Board of Directors: Andrea Anderson, MD of Washington, DC; Mott P. Blair, IV, MD of Wallace, North Carolina; and George A. Macones, MD of St. Louis, Missouri. The new ABFM officers will each serve a one-year term and the new board members will each serve a five-year term.

The remaining current members of the Board are: Jerry E. Kruse, MD, MSPH of Springfield, Illinois; Robert J. Ronis, MD, MPH of Cleveland, Ohio; Melissa Thomason of Pinetops, North Carolina; Christopher A. Cunha, MD of Crestview Hills, Kentucky; Beth Bortz, MPP of Richmond, Virginia; Lauren S. Hughes, MD, MPH, MSc of Philadelphia, Pennsylvania; John Mellinger, MD of Springfield, Illinois; Daniel Spogen, MD of Sparks, Nevada; Roger Bush, MD of Seattle, Washington; Gerardo Moreno, MD of Los Angeles, California; and Robert L. Wergin, MD of Milford, Nebraska.

The ABFM Board of Directors looks forward to welcoming and working with these new members as they continue to evaluate and enhance the Family Medicine Certification program and to support the execution of ABFM's newly approved strategic plan. For more information on the current Board members, [click here](#).



John Brady, MD



Michael Magill, MD



Colleen Conry, MD



Wendy Biggs, MD



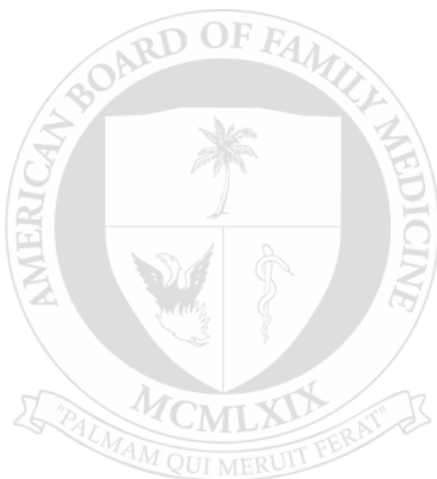
Andrea Anderson, MD



Mott P. Blair, IV, MD



George A. Macones, MD





## Medical License Reporting Changes

### Automated Licensure Updates

We are pleased to announce that through a partnership between the American Board of Medical Specialties (ABMS) and the Federation of State Medical Boards (FSMB), state medical license details will be directly reported to the ABFM on a monthly basis and automatically populated into your [Physician Portfolio](#) for confirmation. ABFM will send an email reminder whenever new license information is made available, requesting that you confirm the details, enter the license type, and attest to compliance.

A few states do not provide the necessary details (medical license number, expiration date, etc.) to allow for automatic updating every medical license held. In circumstances where your medical license has been renewed, but the ABFM has not received the renewal details from the FSMB, you will still need to update your medical license record manually through your Physician Portfolio. The automatic update feature is also not available for Canadian medical licenses, since the data originates from the FSMB. Thus, all Canadian medical license records will continue to be updated manually through your Physician Portfolio.

If you hold multiple state medical licenses that are not already on file with the ABFM, you will need to confirm details for each state during the initial roll-out. Following the first confirmation, it is only upon receipt of updated information from the FSMB that prompts the need for you to confirm again. You can also now report incorrect medical license data on file with the ABFM directly through your Physician Portfolio by clicking the "Report Incorrect Data" button, which will save steps by not having to email the requested change and having to go back to confirm the change was made. As long as your medical license does not change with each update, you will no longer have to update your license status through the portfolio yourself, thus eliminating additional work.

View our Frequently Asked Questions by [clicking here](#).

### Clinical Status and Medical Licensure

A number of state medical boards issue alternative license types for physicians who are not clinically active (such as teaching, administrative, inactive, etc.). With ABFM's recent introduction of Clinical Status designation, any physician holding less than a full medical license can now self-designate as Clinically Inactive. This results in two pathways for ABFM certification:

- Possession of a currently active, valid and full medical license in the United States, its territories, or Canada that is not subject to any practice privilege limitations in any jurisdictions in the United States, its territories, or Canada, or
- Having either an Unlimited License or a Qualified Clinically Inactive Medical License and selecting the status of Clinically Inactive in your Physician Portfolio.

All Diplomates should designate or verify their Clinical Status through their Physician Portfolio, and updates may be needed depending on the type of medical license held. Additionally, Diplomates can identify the medical license type for each state in which they hold a license when adding to or updating license records in their Physician Portfolio. Once a medical license type is initially identified, that type will remain the default unless and until it is changed through the Physician Portfolio.

[View our Frequently Asked Questions!](#)

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