

THE PHOENIX

A Diplomates' Newsletter

ABFM Chair John Brady, MD had the opportunity to address the AAFP Congress of Delegates on September 24, 2019 in Philadelphia:

Speaker Schwartzstein, Vice Speaker Kohl, President Cullen, officers, directors, delegates, and honored guests. Thank you for granting me the opportunity to address this Congress. I am truly honored.

My name is John Brady and I have been a proud member of the AAFP for the past 30 years. I have the pleasure of practicing medicine in a solo office in Newport News, VA which I started from scratch over 16 years ago. I am here today, in my capacity as Chair, to assure you that change has come to ABFM.

Change has come in the form of new leadership. In January, ABFM welcomed Warren Newton as its fifth President and CEO. But we also welcomed a new Executive Vice President and, most recently, a new Senior VP of Research. With new leadership comes new energy and new direction. In July, ABFM launched a comprehensive strategic plan in which we critically looked at all aspects of certification. I assure you, this plan is not just lofty language destined for the nearest trash bin, but is a blueprint the new leadership will follow over the next 5 years, and I encourage you to go to our website and critically read it — cuz it's pretty good!

Change has come in the form of greater collaboration. In the past year, ABFM has worked through state chapters to engage with diplomates closer to home. Through this outreach, we have been to 22 state chapter meetings with plans to visit more next year. We have also visited with our colleagues who focus on palliative care, sports medicine, and urgent/emergent care. We have listened. We have learned. And we want to collaborate more. So we have begun a virtual feedback system called the ABFM Engagement Network where diplomates can sign up to help us continually improve our certification.

Change has come in the form of testing with less burden. Last year, Jerry Kruse promised an alternative to the 10-year exam. In January, the FMCLA (longitudinal assessment) pilot was launched offering diplomates the ability to answer questions “where they wanted,” “when they wanted,” “with less expense” and “with the ability to use reference materials.” Over 70% of eligible FPs opted to take the longitudinal assessment and overall satisfaction and retention has been exceedingly high. Given its success, we are continuing the pilot into and through 2020.

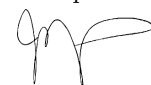
Change has come in the form of more meaningful Performance Improvement activities. Quality Improvement should not be a four-letter word. A major focus of ABFM in the past year has been to provide certification credit for quality improvement activities you are already doing either individually or as part of a larger network. And, to make things easier, if you need to complete a PI Activity, we have just launched the new PI Locator tool that will find an activity which is relevant to you and your practice by taking into consideration your interests and your practice setting. There is now an activity for any practice setting.

And we are far from done. In the next couple of years, we will see:

Change come to lifelong learning and self-assessment as we refresh our KSAs, continue the CKSA, and begin working with others in the family of family medicine to launch a specialty specific Journal Club activity in 2021.

Change will also come in the form of a better understanding of professionalism. ABFM will work closely with the new Center for Professionalism and Value in Health Care to study and articulate what professionalism means in the 21st century. This includes developing, researching, and launching quality measures which accurately align with family medicine's intrinsic purpose and values. ABFM will also begin highlighting examples of positive professionalism — Diplomates whose actions serve as an inspiration to us all. Let us learn from them so professionalism can thrive.

50 years ago, brave members of the AAGP felt society was facing an existential crisis surrounding primary care and came together to birth our discipline. Today, as we ponder the quadruple aim, we face challenges no less serious or complex. ABFM is rapidly changing to meet these needs, but our ultimate goal remains the same: Improving the health of our patients and our communities by being a collaborative partner in your pathway to clinical mastery. Therefore, all our change is meaningless without you. Please stop by our booth at FMX to talk. Please read our new website. Please learn more about what we are doing and why. And then engage with us. Perhaps if you do, you will find, like this front line solo doc has, inspiration and hope for the future of our specialty. Thank you.



ABFM 50th Anniversary Symposium — Advancing Certification for the Next Generation

On Saturday, October 5th, ABFM welcomed an audience of diverse leaders to participate in its 50th Anniversary Symposium. Keynote speakers from family medicine organizations, topically important researchers, leadership from other ABMS boards, and current ABFM leaders participated in discussions on critical issues vital to the future of certification and how we can learn from our past to inform the evolution of family medicine certification.

The recent report from the ABMS Vision Statement provided direction for the symposium, with a goal of addressing the major long-term challenges facing board certification. Under the assumption of engagement of Diplomates and partner organizations, the emphasis of the symposium was on the special role of the Boards and the future development of ABFM. Attendees included over 160 guests — current and former ABFM Board members, including those from other specialties who have served on our board. ABFM was also honored to have at least two members attending from each of the eight Family Medicine organizations, as well as family physicians who helped in the development of ABFM's 2019–2025 Strategic Plan. We were also delighted to have ABMS leaders, including eight who serve on other ABMS Boards as well as the current President of ABMS and the Chair of its Board of Directors.



The Symposium centered around three major themes: Assessment for Learning, Improving Quality Improvement, and Rethinking the Assessment of Professionalism. Keynote speakers for each of these areas were followed by three related commentaries and comment from the floor.

Keynote speakers included:

- Warren Newton, MD, MPH, President and CEO of ABFM, introducing the Symposium with “*The Personal Physician, Practice, and Society, 1969–2019.*”
- Graham McMahon, MD, MMSC, President and CEO of the Accreditation Council for Continuing Medical Education on “Seeing Our Way Forward: Next Steps After the Vision Commission.”
- Elizabeth McGlynn, PhD, Interim Senior Associate Dean for Research and Scholarship; Professor, Kaiser Permanente School of Medicine, on “Measuring and Improving Quality: Where Are We Today.” Dr. McGlynn authored the landmark 2003 RAND study entitled *The Quality of Health Care Delivered to Adults in the United States*, which drew attention to the gap between what we know works and what patients are actually getting.
- Sylvia R. Cruess, MD and Richard L. Cruess, MD, McGill University Centre for Medical Education on “Communities of Practice, Professionalism and the Social Contract.” The Drs. Cruess were recognized with the 2018 Abraham Flexner Award for Distinguished Service to Medical Education for changing medicine’s understanding of professionalism and the role of the physician in the 21st Century.



ABFM thanks all Keynote Speakers, Commentators and Moderators who participated in a successful symposium. A dinner and gala were held after the Symposium to celebrate 50 years of family medicine and to honor the past leaders and board members who volunteered their time, energy and creativity to build the specialty over a half century.



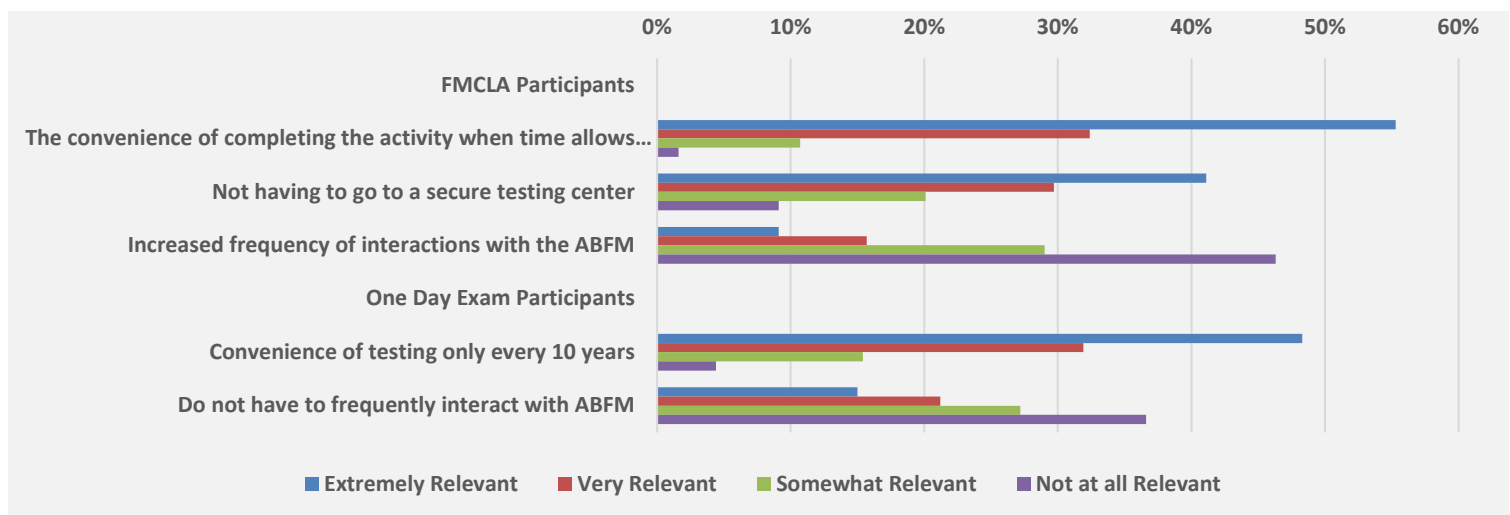
Family Medicine Certification Longitudinal Assessment (FMCLA) Update

ABFM's alternative to the one-day, every 10 year, proctored examination, FMCLA, launched in January 2019 as a choice for the 8,411 Diplomates whose examination requirement was due in 2019. Of these eligible participants, 73% selected FMCLA over the one-day examination. During the first year of the pilot, ABFM is monitoring the performance of FMCLA in a variety of ways, including a pre-examination questionnaire and quarterly surveys focused on participant experience with this new model of cognitive knowledge assessment. These results will help ABFM to assess the acceptance of longitudinal assessment as a feasible long-term alternative to the one-day exam.

On the examination registration questionnaires, candidates were asked about the perceived convenience of both FMCLA and the one-day Family Medicine Certification Examination

Both groups endorsed convenience as their main reason for choosing their testing option — some preferring the flexibility of choosing their time, location and pacing of answering questions and others preferring to complete this requirement in just one day. Frequency of interaction with ABFM was not a significant motivator for either group.

[More details are available here](#)



Feedback thus far has revealed the following:

- 84% of participants report feeling less anxiety with FMCLA
- Acceptance of the platform, navigation and ease of use received ratings of 95.5–98.3% strongly agree or agree
- Early on, the most common concern centered around the question time — was five minutes enough? Did the timer distract concentration? The layout of the timer was changed and time logs have subsequently shown an average of 2 minutes 21 seconds per question.
- The preponderance of feedback centers on participant appreciation of the fact that they are learning while they are going. 75% report seeking more information about one or more clinical topics after completing the quarterly questions.

Questions regarding how participants utilized resources are beginning to be received and analyzed, and future articles will report on those lessons learned. **Based on the early success of FMCLA, we were pleased to announce in July that the program will be expanded in 2020.** Family physicians who are currently certified and have their 10-year examination requirement due before December 31, 2020 will have the option to begin participating in the FMCLA pilot in the first quarter of 2020. Eligible Diplomates will be able to sign up for the pilot beginning **December 6, 2019**. The last day to begin a new application for FMCLA is **March 2, 2020**.



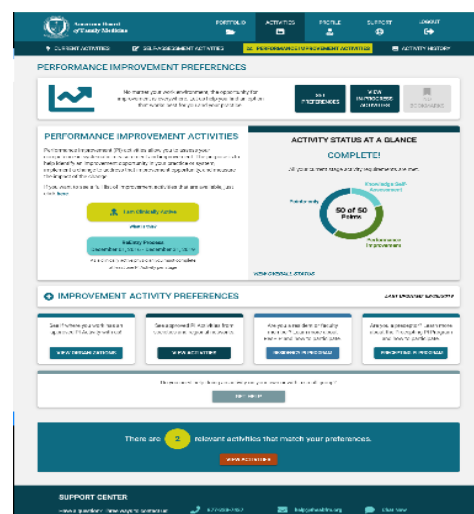
Performance Improvement Program Updates

The goal of the Performance Improvement (PI) requirement for certification is to demonstrate that you can reflectively look at your practice, identify an opportunity for improvement, put an intervention in place, and re-measure to see if that change resulted in an improvement. Today we recognize that it is common for family physicians to be engaged in quality improvement in practice, and when that is the case, the goal of the PI requirement is already being met. We also appreciate that more options were needed for physicians whose practice scope and environment is different (hospital-based, urgent or emergent care settings, locum tenens, hospice/palliative care, sports medicine, etc.).

As a result, ABFM staff have been working tirelessly to re-evaluate all of the current Performance Improvement offerings, curate them to ease your burden in finding something relevant for your practice, and to expand the scope of activities to provide options for a broader range of practice locations and activities. In doing so, diplomate feedback was incorporated at multiple steps along the way to ensure an improved user experience. Three major changes resulted from this work:

Addition of a PI Activity Locator

We understand that previously you had to search through several different options to choose a Performance Improvement (PI) Activity that made sense for the type of care you deliver. This process could be time consuming and did not always lead to optimal results. Now when you log into your [Physician Portfolio](#), you will be introduced to the new PI Activity Locator. Through a series of questions that you will answer one time, the Locator allows you to save your personal preferences such as your practice type, areas of practice interest, recognition programs or organizational sponsors you may be working with, and whether you teach medical students or residents. The PI Locator will then select the most relevant activities based on the preferences you set and present you with custom-selected activities which are then saved and ready for your review. You can also bookmark activities of interest for ease of future reference. Of course, you can always access the full list of PI activities offered through an easy-to-find link on the Locator landing page, and you can go back and change your preferences any time that you wish using the Edit function.



Update of the ABFM PI Activity Platform

We have listened to your concerns about challenges you faced when working with our current ABFM PI Activity Platform, and have redesigned this to be more streamlined, to be easier to navigate and enter data, and to offer up to four endorsed measures to choose from within each major content area. In the coming weeks we will be deploying this new platform with expanded content to include more options for family physicians whose practice includes hospital-based medicine, hospice and palliative care, urgent or emergency department based care, and more, to add to the variety of preventive measures and commonly seen diagnoses in family medicine settings. For more information about the **types of PI options available** please [click here](#).

Earn PI Activity Credit for Work You are Already Doing in Practice!

Use the Self-Directed Clinical Pathway to tell us what improvement activities you are already doing in practice for which you receive PI credit. The Self-Directed Clinical Performance Improvement Project Pathway allows you to report your customized clinical quality improvement projects, regardless of the scope of care you deliver. This pathway can be used either alone or in a small group of up to 10 physicians reporting on the activity. Some key things to know about this pathway:

- You may report a project that you conducted alone or participated in within a single practice group, an ACO, or other larger group practices.
- You can use this pathway whether you see patients in a continuity setting, or if you are providing non-continuity episodic care (e.g. hospitalist, telemedicine, locums, urgent care, emergency department, etc.).

“I just wanted to take a moment to thank you for making the Self-Directed Process Improvement Pathway such a good experience. The expansion, remodeling and leadership redesign involved with our clinic has been a passion project of mine for months, even years. To be able to turn that into ‘credit’ was a re-credentialing dream come true.”

—ABFM Diplomate

For more information on the
Self-Directed Clinical Pathway please [click here](#).



Professionalism Guidelines

At its 2019 Fall Meeting, the ABFM Board of Directors adopted a modification to its [Guidelines for Professionalism, Licensure, and Personal Conduct](#) (“Guidelines”) easing the application of the licensure provisions of the Guidelines to physicians seeking to voluntarily limit their medical practice. In many instances, physicians petition ABFM to avoid a withdrawal of certification where the physician entered into a Physician Health Program or other remedial program resulting in the imposition of medical practice limitations that might otherwise place the physician in violation of the Guidelines (e.g., impositions of duty hours, prescription limitations, scope of practice, etc.). Prior to the Guideline modification, the contractual agreement to limit the physician’s practice may have resulted in withdrawal of certification based on a licensure limitation. The modified Guideline language now provides ABFM and the physician the opportunity to review the facts of the physician’s actions in a manner which may help avoid withdrawal of board certification related to certain licensure limitations.

A physician entering into an agreement for practice limitations would not, however, be voluntary if required by a medical licensure board or other governing body. Copies of the modified Guidelines may be obtained from theabfm.org by [clicking here](#).

What remains unchanged in the Guidelines is the requirement that a physician’s conduct continue to meet professional conduct standards expected of all Diplomates. Thus, merely voluntarily agreeing to practice limitations or entering into a remediation program will not excuse actions such as:

- the demonstration of unethical, unprofessional, dishonest or immoral behavior, or
- the failure to timely and accurately respond to ABFM’s or governing bodies’ information requests or requirements, or
- the misrepresentation of Diplomate status, medical licensure status, or Board Eligible status or fraud, or
- cheating on or attempting to subvert an ABFM examination, incompetence, or discompetence.

Lars Peterson, MD, PhD Selected as 2019 NAM Puffer/ABFM Fellow

The National Academy of Medicine (NAM) has selected Lars Peterson, MD, PhD as the 2019 James C. Puffer, MD/American Board of Family Medicine (ABFM) Fellow. Dr. Peterson serves as the Vice President of Research at ABFM in Lexington, Kentucky. He has authored over 100 peer reviewed publications and made over 100 national / international conference presentations. Dr. Peterson is also an associate professor in the Department of Family and Community Medicine at the University of Kentucky, where he provides direct clinical care and teaches students and residents.



Dr. Peterson leads a team of researchers at ABFM whose focus is on investigating the ecology of family medicine and what enables family physicians to provide high-quality care; in addition to the role of certification, particularly the impact of certification activities on quality. His personal research interests also include investigating associations between area level measures of health care and socioeconomics with both health and access to health care, rural health, primary care, and comprehensiveness of primary care.

As a Puffer/ABFM/NAM Anniversary Fellow, Dr. Peterson will receive a research stipend of \$25,000 to further his career. Named in honor of James C. Puffer, MD, president and chief executive officer emeritus of ABFM, the fellowship program enables talented, early-career health policy and science scholars in family medicine to participate in the work of the Academies and further their careers as future leaders in the field. NAM Anniversary Fellows continue their main responsibilities while engaging part-time over a two-year period in the Academies’ health and science policy work.

Founded in 1970 as the Institute of Medicine (IOM), the NAM is one of three academies that make up the National Academies of Sciences, Engineering, and Medicine in the United States. Operating under the 1863 Congressional charter of the National Academy of Sciences, the National Academies are private, nonprofit institutions that work to provide objective advice on matters of science, technology, and health to the government and society.

[Read more about Dr. Peterson here](#)



Join the 2500+ Clinicians in PRIME and Help Shape the Direction of Healthcare

PRIME Registry™ is a QCDR (Qualified Clinical Data Registry) commissioned by ABFM and developed with technology partner FIGmd. PRIME is designed to help practices track quality performance trends, identify and close care gaps, and reduce your reporting burden for CMS quality payment programs. PRIME also includes tools for patient empanelment, risk stratification, and population health and social resources with PHATE™ (Population Health Assessment Engine).

PHATE is a population health tool commissioned by ABFM and developed in collaboration with the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri. PHATE provides clinicians with a fuller understanding of their patient population in the context of their community. PHATE utilizes patient data from the PRIME Registry to assign a Community Vital Sign to an individual patient based on Census Tract characteristics.

When you join PRIME, you also join a community of professionals working to improve the future of healthcare in the US. With data from over 50,000,000* cumulative patient visits, PRIME and ABFM research team are working to help improve healthcare for patients and clinician well-being. The research and measure development that PRIME supports can help shape what is being measured, how it is being measured, and how we define value and quality care. This work also aims to influence payors to pay attention to and value more effective measurement of what really matters in primary care to patients, payors, and physicians — such as the Person Centered Primary Care measure recently introduced in PRIME that focuses on the value of continuous relationships and caring for the whole person.

Learn more or enroll at www.primeregistry.org or [join a demo](#)

Early Learnings from Practice Transformation

Over the past four years, ABFM actively contributed to the Transforming Clinical Practice Initiative (TCPI). The Centers for Medicare and Medicaid Services (CMS) launched TCPI in 2015 to help transform the nation's health care system so that it rewards value rather than volume, more closely aligning payment with the quality of care.

"We got involved with TCPI because we wanted to reduce burden and increase meaningfulness of primary care practice," says Dr. Bob Phillips, Executive Director of the Center for Professionalism and Value in Healthcare and Project Director for the TCPI grant.

One result of the ABFM's involvement in TCPI is a newly released special supplement of the Annals of Family Medicine focused entirely on practice transformation that highlights multiple examples of health extension efforts and practice transformation support.



Informing future efforts to improve the health care system was a primary goal of the supplement. "We wanted to learn what should be preserved going forward and make sure we helped guide how it was implemented to have the greatest effect for frontline practices," says Dr. Phillips. The supplement can be read [here](#).



ATTENTION: Diplomates Who Certified in 2013 or 2016

Diplomates who earned initial certification or continuously certified in 2013 or 2016 have a deadline quickly approaching.

Please log into your [Physician Portfolio](#) today to review your progress towards completion of the current stage and determine if you need to complete additional certification activities before the end of this year. Please note, due to this deadline, ABFM Support Center call volumes increase in November and December.

We know that your ABFM Certification is important to you. Please do not let this deadline pass without checking your status. Those physicians who do not complete the required activities by the end of 2019 will be listed as “not certified” on both the ABFM website and ABMS website. Credentialers and patients use both of these websites to find a certified physician and verify credentials.



Your 3-year Stage is Ending December 31, 2019

If you need help logging in, completing modules, or understanding your current status, contact our Support Center at 877-223-7437 or help@theabfm.org for assistance. You can count on us to partner with you in improving your patient care and pursuing your goal of lifelong learning.

More Pictures from the 50th Anniversary Symposium



Elizabeth A. Garrett, MD
Former ABFM Board Chair



2019 Pisacano Scholars: Elisa Glubok González, Shauna Milne-Price, Sarah Hotovy, Kyle Lau, & Elana Curry



Brantley Thrasher, MD
Executive Secretary of the
American Board of Urology



Sylvia R. Cruess, MD & Richard L. Cruess, MD
Professor of Medicine / Professor of Orthopedic Surgery,
McGill University - Centre for Medical Education



Elizabeth McGlynn, PhD
Interim Senior Associate Dean for Research and
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