

THE PHOENIX

A Newsletter for Board-Certified Family Physicians

A Message from the President

On June 3, soon after the death of George Floyd, the Executive Committee of the Board of Directors of the American Board of Family Medicine (ABFM) released the following:

"As the nation struggles through a time of hurt and pain, the American Board of Family Medicine stands together with all who oppose systemic racism, prejudice, and violence. We know that racism kills. Sometimes it is direct, as we have observed over the past week, but more often than not, it kills by exacerbating the underlying health disparities in our country as evidenced by the COVID-19 pandemic."

[Full Statement](#)

Addressing the Challenge of Health Equity

Statements are important, but they are only the beginning. The real question is what will ABFM do to help address the challenge of health equity? ABFM is committed to a broad and sustained strategy to address the challenge. Our Strategic Plan for 2020-2025 commits us to "optimal health care for all" and to "support organizations and people developing innovative curricula in professionalism, the social contract, advocacy, health equity, and social drivers of health at all levels of education." It guides us to focus on inequities in health and health care that are more apparent than ever at this time in our history. We recognize this will require many partners in education, health care, and others. In the meantime, we must act on the areas in which we have the most control or ability to influence. The staff at ABFM are all committed to implementing certification program changes that will address and help to eliminate health disparities. In this edition of The Phoenix, you'll learn about some of those changes and plans.

Review of Certification Program Activities

First, we will systematically focus on components of board certification activities to ensure they include relevant aspects of health equity. Many Diplomates commented that they wanted to do something in response to the events in Minneapolis and the national discussion but didn't know where to begin. On June 29, we launched a Health Disparities/Equity Performance Improvement (PI) activity. This offering, modeled after the Self-Directed PI activity, allows family physicians to tailor their plans to their specific work environment and practice or community needs. In this activity, we provide a series of references and links to resources that may be helpful in choosing an approach and identifying existing tools to utilize in an intervention. These range from practice-based screening tools for social determinants of health and assessing for implicit bias in their clinical setting, to community interventions aimed at working with partners to improve resources for patients.

Next, we will be working on the development of a new Self-Assessment activity on Health Equity. We see this as a great opportunity to collaborate with the American Academy of Family Physicians (AAFP), as they have a robust set of educational materials in their EveryONE Project.



We will also take a closer look at our Family Medicine Certification Examination to determine if our questions are biased in any way. Starting in 2013, ABFM began collecting data on race and ethnicity of Diplomates. We have used this data in Differential Item Functioning (DIF), a technique that examines individual items and asks whether, for individuals with similar ability, there are items on which different groups performed differently. Any items with possible bias are then reviewed by a panel of diverse family physicians—our DIF panel. Over the years, we have identified and eliminated some items based on this analysis. While we are reassured by the small number of items for which removal was recommended, we're now reviewing our approach to see if it can be improved. We also will look at whether exam performance is disparate across race, ethnicity, and other factors. What will we do if we find significant performance disparities? Board certification is at the end of the educational pipeline. Therefore, our duty will be to convene partners who can address disparate performance in testing along the continuum, learning from them and together working to achieve greater parity.

Focus on Diversity

A final step is to continue work aimed at optimizing the diversity of our Board of Directors, other volunteers, and staff. In doing so, our Board has initially prioritized gender, under-represented minorities, rurality, and practice organization. Additional priority areas to be considered are LGBTQ+ physicians and those who are first generation in their families to attend higher education.

A detailed version of our plan will be published this month in the Journal of the American Board of Family Medicine. While we recognized these are some first steps in addressing the challenge of Health Equity, we commit to communicating our progress to you going forward. We look forward to your comments and thoughts on this important issue.

Warren Newton, MD, MPH
President and CEO





FMCLA Continues in 2021

Launched in 2018, the Family Medicine Certification Longitudinal Assessment (FMCLA) Pilot, an alternative to the one-day Family Medicine Certification Examination, continues to receive positive feedback from family physicians. In the first two years of FMCLA, ABFM has had more than 8,300 Diplomates participate, with 98% of initial cohort participants continuing participation into year two. We have implemented many improvements based on participant feedback and are excited to announce that **we are continuing to offer FMCLA to eligible Diplomates in 2021.**

How does FMCLA work? FMCLA allows you to complete your examination requirement over time instead of doing so in one day at a proctored test center. FMCLA better aligns with adult learning principles and is coupled with modern technology to promote enduring learning, retention, and transfer of knowledge. To meet the examination requirement, you will need to answer 300 questions over four years and achieve a passing score. Each quarter, 25 questions are delivered to you online to be completed at your own pace and at a location of your choice. These questions can be accessed from a computer or tablet, and clinical references are allowed during the assessment—much like you do in practice. Since the platform delivers 25 questions each quarter, FMCLA provides you the flexibility to complete the entire process in three years or extend to a maximum of four years, taking breaks along the way, if needed.

FMCLA Eligible Participants

Family physicians who are currently certified with their 10-year examination requirement due in 2021 are eligible to choose FMCLA for their examination requirement when the **application window opens on December 4, 2020***.

To enroll and participate you will need to:

1. Complete your current 3-year stage requirements (2018–2020) by the COVID-extended, established deadline of December 31, 2021.
2. Complete your online application in the [Physician Portfolio](#) before the end of the calendar year to ensure the maximum amount of time to complete the first-quarter questions in 2021.
3. Begin FMCLA participation on January 1, 2021 and answer at least 80 questions during the first year in order to continue participating in year two.
4. If you have not completed your current 3-year stage requirements (2018–2020) by December 31, 2020, these will need to be completed by December 31, 2021 to continue with FMCLA in year two (beginning January 1, 2022).

If you have not met your current stage requirements, we encourage you to log into your [Physician Portfolio](#) and check out the wide variety of new and relevant Knowledge Self-Assessment (KSA) activities and Performance Improvement (PI) activities that have been added over the last year. For more detailed information regarding FMCLA, [click here](#).

** The online application for the one-day exam will also be available in your Physician Portfolio on December 4, 2020 for those physicians who prefer to stay with the one-day examination option.*



Performance Improvement Opportunities: COVID-19 and Health Equity

It is unlikely that anyone would argue that COVID-19 hasn't had a devastating effect on our country. Most everyone living in the U.S. has experienced some type of disruption to their lives, as well as personal loss, stress, anxiety and worries about the future. The critical role of family physicians in adapting the way they deliver care was rapid and remarkable, with a focus on

caring for patients while also addressing the safety of their staff, their families and themselves. This work was truly performance improvement in practice! Another critical issue that COVID-19 has highlighted is the disparities in infection rates and outcomes in minority populations. This trend amplified what family physicians already know about health disparities and the challenge of addressing social determinants of health—not only as they relate to COVID-19, but also post COVID-19.

"This was an option to put on paper what we're already doing. It wasn't an extra, 'I've got to stop it and do this.' This is something I'm already doing, and I got credit for it." —Shawn Usery, MD

In order to provide you with highly relevant options for your certification activities, ABFM developed and launched two new Performance Improvement (PI) offerings. These two new PI activities focus on the COVID-19 pandemic, changes you might have made to improve care delivery and outcomes, improving health equity through practice changes made to address social determinants of health and patient access, and ways to improve the equitable provision of health care for all patients. Both activities are built on the ABFM Self-Directed PI activity platform, which allows you to choose the area of care that you wish to improve and, together with your staff, drive the intervention to address that gap or need.

Since its launch in April 2020, there have been over 2,500 COVID-19 Self-Directed PI activities completed, with a majority centered around the virtualization of visits. "Anytime that we can have certification options that are relevant to the work we're doing, we consider that a value add," says Shawn Usery, MD, from Branson, MO. "And so, especially right now where we're in a pandemic and our minds are laser focused on COVID-19: How do we get better at taking care of COVID-19 patients? How do we get better at taking care of communities? A PI project focused on that really makes a lot of sense."

These new PI activities are available for anyone who would like to share their improvement efforts while also meeting their PI activity requirement for certification. Each of these activities is worth 20 points toward the 50-point certification requirement.

COVID-19 Self-Directed Clinical Pilot

The COVID-19 Self-Directed Pilot activity provides a mechanism for meeting the PI requirement by reporting on rapid-cycle improvement efforts made since March 2020. In addition to early changes such as screening protocols for PUI, office visit virtualization, or securing PPE, we welcome submissions about changes that physicians are continuing to make as they reopen practices or redesign work in whatever setting that care is provided.

"This is exactly what should distinguish maintenance of certification in family medicine."

—Jackson Griggs, MD

Health Disparities/Equity Self-Directed Clinical

The Health Disparities/Equity Self-Directed Clinical activity provides a mechanism for meeting the PI requirement by sharing with us how your practice has assessed and improved its methods for addressing social determinants of health and health equity, and the methods for assuring that patient access, experiences, and care are equitable. This activity can address many different dimensions, such as race/ethnicity, socioeconomic status, sexual orientation/gender identity, disability, rurality, and the underserved. Types of interventions to close care gaps may include reducing disparate outcomes of common screening activities (cancer, HIV) and/or quality measures for hypertension and diabetes. Self-Directed PI activities allow physicians to choose their own approach to the activity.

Dr. Jackson Griggs, from Waco, Texas completed the Health Disparity PI activity. "This is exactly what should distinguish maintenance of certification in family medicine," says Dr. Griggs. "An evaluation of how a professional is developing in kind of a core philosophy of family medicine to distinguish themselves over and against other specialties. It was a delightful surprise to see ABFM inviting physicians to recognize work outside of a volume-driven 15-minute encounter with the patient who has chronic disease."



Attention: Diplomates who last certified in 2011, 2014, and 2017

If you initially certified or recertified in 2011, 2014, or 2017, your stage is due to end on December 31, 2020. *However, ABFM recognizes the impact of the COVID-19 pandemic on your daily work and the challenges this has created in terms of your time and resources.* Therefore, we are offering a one-year grace period to your current certification stage deadline until December 31, 2021, if needed. You will remain certified during this additional year as long as you continue to meet the ABFM Guidelines for Professionalism, Licensure, and Personal Conduct. There is also an option to delay your annual fee payment if you have experienced financial hardship due to the pandemic.

Since your next 3-year stage will begin as scheduled on January 1, 2021, we are encouraging anyone with a December 2020 stage deadline to complete their current stage as soon as possible to avoid having to simultaneously work on activities for two stages within the same year. If you last certified or recertified in 2011, please see the article ***FMCLA Continues in 2021 (Page 1)*** about your exam options for 2021 and your eligibility for the extension even with this requirement.

Given the number of Diplomates who share a stage deadline at the end of December, this is a time that the Support Center's call, chat and email volume increases significantly. 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.

Physician Portfolio Redesign

A new [Physician Portfolio](#) will be released early next year and will provide a format that is clean, concise, easy to navigate, and purpose-driven. Our goal is to provide you with a quick view of the information that is important to you. Whether it's to review your current stage status, access certification activities, or view ABFM communications, information will be easily accessible after you log into your [Physician Portfolio](#).

Information is geared to your needs.

Our enhanced design will provide the information you need to obtain or maintain your certification, as well as new tools to assist with navigating the process. With just a few clicks, you can feel confident in knowing your status, identifying where to access information, and learning where to find support when you need it.

We still need feedback! Do you want to be part of the process?

In the remaining months before launch, there are still opportunities for physician input that will inform the final product. We'd love to hear from you! Sign up to be a part of the **Redesign Test Group** by joining the [ABFM Engagement Network](#).



Update on KSA Revisions: New Activities

A new **Heart Disease KSA** that combines the previous Heart Failure and Coronary Artery Disease KSAs was released on August 6, 2020. This KSA focuses on the pathophysiology, diagnosis, and management of coronary artery disease, including recognition and treatment of acute coronary syndrome; EKG interpretation; classification of types of heart disease; acute, chronic and advanced pharmacologic and non-pharmacologic treatment; and, management of acute decompensated heart failure. All family physicians are eligible to utilize the new Heart Disease activity, regardless of when they last took either of the two that combined to make this activity.

An updated version of the **Hypertension KSA** is now available. This KSA focuses on diagnosis and risk stratification of a patient with hypertension; recognition and management of hypertensive crisis; evaluation for secondary causes of hypertension; pharmacologic and non-pharmacologic methods of treatment; and, managing hypertensive patients with comorbid conditions or as part of special populations. Anyone who has not completed the Hypertension KSA is eligible to start the revised and updated activity.



Diplomate Stories: *No One Burns Broadway*



Clinic staff, residency physicians, and volunteers work to provide services and hand out medicine, food, and diapers to the North Minneapolis community in the aftermath. Photo provided by Renée Crichlow, MD

“Then there was a murder,” said Dr. Renée Crichlow as she described how the University of Minnesota (UM) Physicians Broadway Family Medicine Clinic, a fixture in north Minneapolis for 40 years, was ransacked and looted following George Floyd’s death.

A clinic forced to shutter for over a week was a blow to an underserved community. Extensive looting and fires closed nearby groceries and pharmacies. “It came to a head in our community,” Crichlow said. “The riots were asking for the police to be accountable and stop killing us. The idea that structural racism is so ingrained in our society, it’s come to a head where people can’t take this anymore.”

As for the damaged building, “We didn’t care who did it, our focus was on the patients and continuing to provide care,” said Crichlow. Telehealth had been implemented already due to the COVID-19 pandemic. “When we were unable to occupy our clinic, we just switched to a 100% telehealth and we kept seeing our patients, we did not stop.”

Social media posts telling of the clinic’s damage exploded, the clinic’s needs were vocalized and amplified—in many cases by fellow family physicians nationwide. “People in our neighborhood actually stood up for our clinic and didn’t let anyone loot it again at all,” Crichlow proudly said. Her voice cracked with gratefulness. “They became neighborhood watch and were watching out for our clinic in addition to the other places in the neighborhood.”

As a physician, Crichlow works with a “plurality of African American, Hmong and immigrant refugees.” At the nearby UM School of Medicine, she serves as the newly appointed inaugural Mac Baird Endowed Chair in Family Medicine Advocacy and Policy and as an Assistant Professor and Director of Advocacy and Policy in the Department of Family Medicine and Community Health. What she knows, teaches and lives, is that “family medicine doctors can’t let our patients fall through the cracks.”

The North Minneapolis Broadway clinic is also home to The Ladder, a youth healthcare mentorship group in which Crichlow helped start. The Ladder gives a supportive place for kids to continue their education with an emphasis on opportunities in the medical field, but the focus is helping children in the community to understand the importance of an education. “If we get a kid to graduate high school on time, it adds 10 years to their life,” says Crichlow. We don’t have any medicines that do that. But we can encourage and support and model behavior and provide some structure for people who are dealing with amazing challenges.”

Reflecting on her medical education, her teaching career, and her influence as a family physician among a population that has “monumental challenges,” Crichlow says, “a lot of folks who taught me didn’t expressly talk about the social determinants of health or health disparities. But they taught me to care, and they taught me how to work with others and work with organizations and to use my privileges as a physician to help the people that I care for.”

The work being done to care for the whole person within the context of their North Minneapolis community, coupled with telehealth, has allowed patients to be “cared for in safe places without having to impact hospitals and emergency rooms,” said Crichlow. “What I’ve seen from this pandemic, is that it has revealed how important continuity of care, comprehensive care, and community-engaged care are. All of these have been just brightly revealed as very important and that’s what family medicine does. Family medicine is essential, comprehensive, and caring and that’s exactly what is needed for this pandemic.”



Renée Crichlow, MD



Research Department Responds to COVID-19

The COVID-19 pandemic has ushered in dramatic changes in the lives of Diplomates, their practices and patients. Recognizing the need to address these quantum shifts despite a full agenda, the ABFM Research Department has spent recent months viewing existing projects with a new lens, shifting their writing to include the pandemic context, and rapidly implementing new projects to better understand the impacts of COVID-19 on the discipline of family medicine and primary care writ large. Understanding the immediate threat to family physicians' practices, the team created a new section on the website of its Center for Professionalism & Value in Health Care (CPV) dedicated to [COVID-19 response](#). They joined multicenter efforts to draw Congressional attention to primary care's financial plight, writing articles on the looming threat to [primary care practice viability](#), the [remarkable pivot to telehealth](#) absent any certainty over its reimbursement, and demonstrating how the ABFM-sponsored [PRIME registry could help with future pandemic surveillance](#). The team created a [COVID-19 Practice Revenue Impact Calculator](#) with links provided to Congressional representatives pondering relief financing for family physicians facing existential threats to their practice and livelihood. With researchers from Harvard, ABFM researchers participated in a study that estimated the lost revenue from COVID-19, including lower visit volumes and lower rates for telehealth, to be \$15–39 billion depending on whether COVID-19 telehealth payment parity remains in place.

In the early weeks of the pandemic, ABFM researchers joined an international team from New Zealand, Germany, and South Africa to formulate and distribute a global survey to assess the preparedness and response strategies, as well as the strength of primary health care, in different countries, as well as the impact of COVID-19 on various health outcomes, including death rates. The survey sparked interest from 111 countries, providing insight into various national strategies and pandemic policies around the world. The initial brief on the survey data can be found on the [Center for Professionalism & Value in Health Care](#) (CPV) website.

The PRIME Registry team, with support from the Larry A. Green Center (which has been conducting a weekly survey of primary care clinicians in the U.S. and Canada to help understand initial impacts of COVID-19), has been surveying PRIME practices. Survey results are helping the team assess challenges that the pandemic is inflicting on daily operations and on future sustainability, and to understand evolving needs of primary care practices throughout the pandemic.

A research project is under way to determine the needs of Diplomates during the early months of COVID-19 (April–May) and to understand practice challenges, policy shifts in protocols, testing strategies and capacity, and communication between public health officials and patients. An additional project, utilizing a survey, is assessing the gendered experiences of physicians and COVID-19, with specific emphasis on burnout and balancing professional and domestic responsibilities.

The research department led three grant submissions to AHRQ, PCORI, and the Society of Family Planning proposing to study the impacts of COVID-19 on family physicians, their practices, and their patients, partnering with researchers from institutions across the country including the Robert Graham Center, the University of Kentucky, Stanford University, and NAPCRG's Patient and Clinician Engagement (PaCE) Program. Additionally, within the next few months, the Research Department and the CPV will begin a collaboration with the Centers for Disease Control and Prevention to test the capacity of data from the PRIME network for pandemic surveillance.

It seems clear that COVID-19 and its effects will influence primary care for years to come, and the Research Department is designing future projects to account for these changes.



COVID Practice Revenue Impact Calculator

Use our COVID Practice Revenue Impact Calculator to estimate potential impact and contact your representatives

Number of Clinicians in Practice:

Average Billing / Clinician / Year:

Typical % Claims Paid:

% Reduction in Visits:

Projected revenue loss per month:

\$0.00

Projected revenue loss for 3 months:

\$0.00



Do you want to stay current with updates about what is happening at ABFM?

Along with our **Question of the Week**, we will soon be adding a new feature to our social media channels. In September, we will be posting a weekly **Did You Know?** column. The new feature will focus on providing up-to-date information and long-standing features of the certification process. Topics will cover a range of information and will mainly fall into four buckets: **Performance Improvement, Self-Assessment, Cognitive Expertise (examination), and Professionalism.**

We encourage you to follow us on **Facebook, Twitter, YouTube, Instagram, and LinkedIn** to hear the latest updates from ABFM.



ABFM now offers a new Health Disparities/Equity Self-Directed Clinical activity to help you meet your PI requirement.

PERFORMANCE IMPROVEMENT



Facebook



Twitter



YouTube



Instagram



LinkedIn

Resident's Corner: *Reaching Residents and Students Through Virtualization*

One of the conferences that ABFM staff most looks forward to attending each year is the American Academy of Family Physicians (AAFP) National Conference for Residents and Students. Sadly, as everyone has dealt with changes necessary to safely navigate the COVID-19 pandemic, ABFM outreach efforts have taken on a different look for 2020. The 2020 National Conference provided us with our first major opportunity to create a virtual presence at a well-attended national meeting.

This proved to be a very rewarding experience for our Outreach and Communications teams as it allowed us to brainstorm what we wanted our interactive booth to look like, how we would handle staffing, and what message we wanted to convey to the many students and residents that attend this conference each year. Not knowing what to expect, we were pleasantly surprised to learn the number of “touches” that we had during this event. As reported to us by the AAFP, we had a total of 645 people visit our virtual booth during this meeting, a number higher than we have had in person during previous years of this conference. We created a virtual booth that provided a video presentation explaining the initial certification process for residents, as well as informational handouts that could serve as a resource for them after the conference. We also surveyed those who visited and were able to chat with them. The AAFP offered a Digital Program Guide for those attending the conference that allowed for 534 views of the content that we provided in that offering as well.

Participation in this conference has allowed us to begin thinking about our presence at the 2020 AAFP Virtual FMX scheduled for October 13–17. ABFM has participated in the AAFP’s annual conference for 20+ years, but this year’s participation will allow us to be innovative to meet the needs of today and the opportunity to expand our creativity in engaging with physicians who visit our booth.



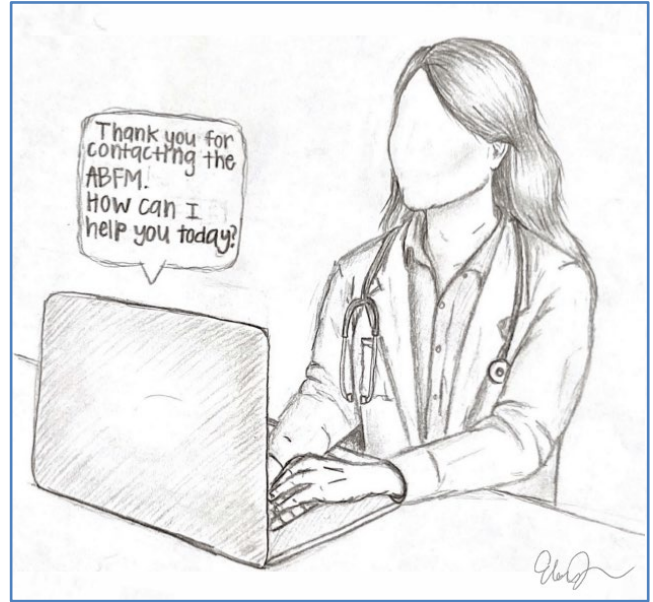
We are committed to serving all in family medicine: students, residents and Diplomates, and we are confident that even though outreach looks different in 2020, we are still here and ready to support you through your certification journey!



ABFM Support Center Excels During COVID-19

The ABFM Support Center is physically located at the heart of our Lexington, KY office, staffed by a nine-member team of agents who handle a daily average of 155 phone calls, live chats, and email items—which significantly increases to over 500 per day in November and December. This team works with other ABFM staff to ensure that your questions are answered promptly, accurately and thoroughly, as a vital part of the service that ABFM provides to you.

When COVID-19 hit, the Support Center team rapidly and seamlessly transitioned their work to a telework environment in order to prevent any lapse in this service. “Since mid-March, the Support Center has gone 100% virtual. We are all working from home and doing our part to support social distancing,” says Alex Baker, a Support Center agent. “We are committed to staying up-to-date for Diplomates as things can change quickly during this time. We do this through weekly virtual meetings, and daily team chats.”



 Live Chat

Recent system enhancements have made a huge impact on how quickly and efficiently information is exchanged. If a caller is unable to reach the Support Center staff by phone, then wait times are announced and an option of having a call back is offered. A live chat option is now prominent on our [website](#) and is proving to be a popular feature as well.

But it's not just the updated features that make the Support Center so important to ABFM's mission and to your efforts to successfully gain or maintain your ABFM certification. It is the commitment of these staff to support family physicians and the communities they support. And, their performance shows just how effective they are. In the second quarter of 2020, in the height of the initial phase of the pandemic, 90% of all calls were answered within 30 seconds and 97% of questions were handled the same day!

“It has been challenging, but rewarding, to assist Diplomates during such an anxiety provoking and stressful time for everyone,” says Izzie Kitchen, a 5-year employee of the Support Center. “I think our ability to convey a great level of detail rapidly, as adjustments are being made, is something that Diplomates truly value about our Support Team—especially during such unprecedented times.”

Alex Baker explains why she and her Support Center colleagues work so hard: “The most rewarding aspect of working with our Diplomates is helping them find the answer they're looking for and leaving them feeling better than when we started.” The intended outcome for each conversation is for the physician to know with confidence that a solution to their issue has been found, that skills have been provided to them to find the answers to their questions on their own in the future, and that if assistance is ever needed again “we are ready to help!”

In an era of recorded messaging and bots to answer questions, ABFM maintains a commitment to provide a personal experience for each caller. We encourage you to contact the Support Center when you have a question and know that, with such caring and informed agents, your time will be well invested and your questions will be answered.

When you need assistance, please contact our Support Center at **877-223-7437** or use the live chat feature on our [website](#).

**The American Board
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