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American Board of Family Medicine, Inc.

THE PHOENIX

A Diplomates' Newsletter

A Message from the President

James C. Puffer, M.D.

It is hard to believe that I will be completing my sixteenth year at the American Board of Family Medicine (ABFM) at the end of 2017. Time has passed quickly as I and our incredible staff became immersed in the task of transforming this organization from one which simply delivered an examination on the second Friday of July each year to one which has become heavily invested in helping you provide the very best care to your patients. The journey has been an exciting one, and I have come to work each day enthused about the continuing transformation of our organization into one which not only helps you provide high quality care, but also gathers data to better inform others about the important work that you do on behalf of your patients.

We gather these data from several sources. One of the most important has traditionally been the demographic survey that you complete when you apply to take one of our examinations. These data have been invaluable in helping us better understand what you actually do in practice so that we can continuously improve the assessment tools that we use to help you provide better care. However, the data serve other useful purposes as well. Perhaps the best example of this was the use of the data by the American Academy of Family Physicians' (AAFP) Robert Graham Center to inform rule-making after passage of the Affordable Care Act in 2010 for the Primary Care Incentive Payment. Graham Center research using ABFM data convinced the Centers for Medicare and Medicaid Services (CMS) to include most rural-based family physicians who would otherwise have been penalized for providing broad, full-scope care to their patients; they would have been precluded from receiving the primary care bonus written into the Act based upon the limited CPT code methodology upon which eligibility for the bonus was being determined.

> THE ABFM FULLY SUPPORTS THE USE OF CERTIFICATION AS A MEANS TO ELIMINATE THE NEED FOR FAMILY PHYSICIANS TO MEET BURDENSOME PRIVILEGING AND CREDENTIALING REQUIREMENTS. HOWEVER, NO FAMILY PHYSICIAN WHO IS NOT CERTIFIED BY THE ABFM SHOULD BE DENIED PRIVILEGES OR CREDENTIALS IF THEY CAN OTHERWISE DEMONSTRATE THEIR ABILITY TO PROVIDE HIGH-QUALITY CARE.

We have rapidly expanded the data sets that we are gathering to provide us with additional information about the specialty. These have included the Milestones data that we receive from the Accreditation Council for Graduate Medical Education (ACGME) for every single family medicine resident in training, and data from the Resident Graduate Survey, developed and administered in collaboration with the Association of Family Medicine Residency Directors (AFMRD), that characterizes the work of recently graduated family medicine residents. Important examples of the use of these data sets include recent data that we have published on burnout among family physicians, the changing nature of the scope of practice of recently graduated family physicians, and the powerful and long-lasting imprinting that occurs as a function of the environment in which family medicine residents train.

We have also used this data to document the effectiveness and utility of the assessment tools that we have created for you to use in the Family Medicine Certification process. We reported on the data that you shared with us in your evaluations of the Performance in Practice Modules on the relevance and clinical utility of these modules in your practice in the last issue of *The Phoenix*. We have also published similar data for the Clinical and Knowledge Self-Assessment modules, showing how all of these tools have improved quality of care. However, we have just begun to harness the power of these data.

The PRIME registry now has nearly 4 million patients and these data, under approved research protocols, are extremely powerful for research, such as helping develop better case-mix adjustments for primary care payment. As a Qualified Clinical Data Registry (QCDR), we can also develop, test, and propose better primary care quality measures. We strongly believe that the quality measures that are currently in use are sorely insufficient in accurately and effectively measuring the quality of care that family physicians deliver to their patients. They provide little information on how the cornerstones of family medicine—comprehensiveness, continuity, first contact care, and care coordination—improve the quality and reduce the cost of care that you provide to your patients. We will be using the data that I have described above to validate the importance of these measures and the influence they have on helping all of us achieve the "Quadruple Aim." We have proposed a new measure for continuity of care for use of the PRIME registry in 2018 and will propose a comprehensiveness measure for 2019.

To utilize these data effectively, we must catalogue them, store them, know how to readily access them, and guarantee their integrity. This has required significant investment in the development of a new enterprise data management strategy that we embarked upon 18 months ago. Utilizing outside expert consultants, we underwent

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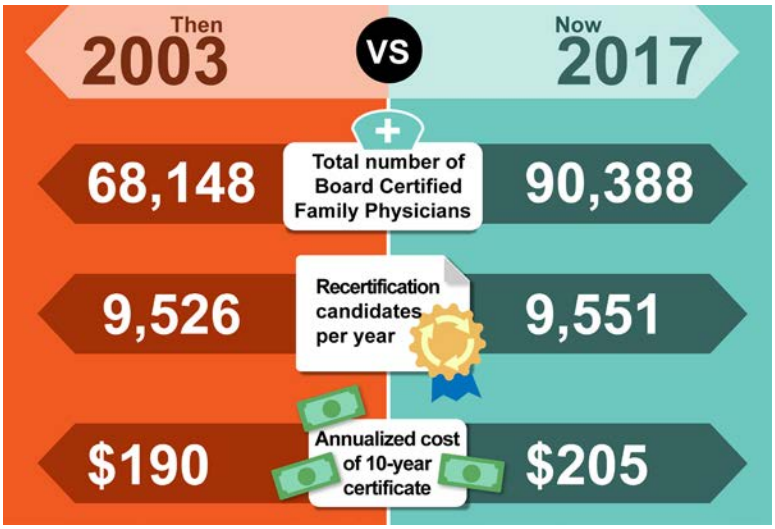
rigorous self-study and assessment of our current data management strategies and are now embarking on the second phase of the project that will restructure and streamline our data management operations.

The management of these data and their prudent use require considerable resources; we have you to thank for allowing us the ability to do so. When we first envisioned the transition from our old recertification paradigm to the current model of continuous certification, we utilized historical data about participation in the recertification process to develop our business plan. That data demonstrated that approximately 75-80 percent of family physicians that either initially certified or recertified in a given year returned seven years later to recertify. We expected considerable pushback in the transition to our new model and conservatively budgeted revenue based on the lower 75 percent return rate in our historical data sets for continuing cohorts.

In actuality, since the inception of our new continuous certification paradigm in 2003, every single cohort has participated at a rate greater than 80 percent! We have used the additional unexpected revenue to invest in enhanced infrastructure, the creation of the PRIME registry, and most importantly to keep your cost of participating in this process stable over the past 15 years. This is quite remarkable, because as you can see in the accompanying infographic, we have increased the total number of Diplomates that we serve by more than 20,000 while managing slightly more Diplomates participating in the continuous certification process at roughly the same cost that was in effect in 2003. In fact, in 2011, we reduced the annual fee for those entering the continuous certification process to $200 per year.

As many of you are aware, considerable discussion has taken place within the physician communities of all specialties with respect to the cost, effectiveness, relevance, and burden related to participation in the continuous certification process developed by each of the 24 member boards of the American Board of Medical Specialties (ABMS). The ABFM has had considerably less difficulty transitioning to this new paradigm because one of our founding principles was that we would only issue time-limited certificates. Furthermore, the four components of our old recertification paradigm were strikingly similar to the major elements of the mandated ABMS paradigm approved in 2000. Many other older member boards that have large numbers of lifetime certificate holders have had a much more difficult time implementing their programs.



Your robust participation has provided the resources to allow us to continuously improve our process with a constant eye on keeping cost low, making the process more efficient, reducing burden and redundancy, and creating synergy by allowing your participation to meet other reporting requirements and needs. We remain convinced that the overwhelming majority of you gain considerable satisfaction in meeting the high standards that we have established for certification and are intrinsically motivated to do so. Nevertheless, we are becoming increasingly concerned about the ways in which some are using our certification inappropriately.

ABFM certification was created to allow family physicians to voluntarily demonstrate their professionalism by meeting the high standards necessary for certification in our specialty; it was never intended to be used as the sole criterion or an absolute requirement for licensure, privileging, credentialing, or reimbursement. We are disheartened by the manner in which some hospitals, payors and groups are using the lack of certification to deny credentials or privileges or influence reimbursement to otherwise qualified family physicians. The ABFM fully supports the use of certification as a means to eliminate the need for family physicians to meet burdensome privileging and credentialing requirements. However, no family physician who is not certified by the ABFM should be denied privileges or credentials if they can otherwise demonstrate their ability to provide high-quality care. We have begun to speak forcefully on this issue, and we are fully supportive of the advocacy efforts of the AAFP to attempt to rectify this problem. We want family physicians to participate in our continuous certification process because they want to do so, not because they must.

As many of you know, I will begin my final year of work at the ABFM in January. Much important work remains to be done on many of the initiatives mentioned above. We will be announcing additional improvements to the continuous certification process after the first of the year, and we have several other new initiatives that we will get underway. I remain excited about the work that we do and look forward to helping complete much of it before I depart at the end of next year. In the meantime, open this issue of The Phoenix to learn about the exceptional qualifications of my eventual successor, Dr. Warren Newton, our new James C. Puffer/ABFM Fellow at the National Academy of Medicine, Dr. Tammy Chang, and updates on many of our current activities.

Finally, we at the ABFM send our sincerest Holiday Greetings to all of you as well as best wishes for a healthy and prosperous New Year.