



The American Board Of Family Medicine

Working Together

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Main Messages

- We live in a time of healthcare transformation
- ABFM's major focus is support of the personal physician and our specialty
- You are natural partners
- With respect to research, we bring colleagues, robust data sources and opportunities for training and collaboration
- We look forward to working with you!



The American Board Of Family Medicine

Caveats



What will the Personal Physician of 2040 look like?



American Board of Family Medicine
Strategic Plan
2019–2025



- Transformation: pace and amplitude of change are unprecedented
- Phase II: consolidation, AI/genomics, new businesses emerging
- Life expectancy decreasing and cost rise continues
- Scenario planning, broad input, focused on 2040

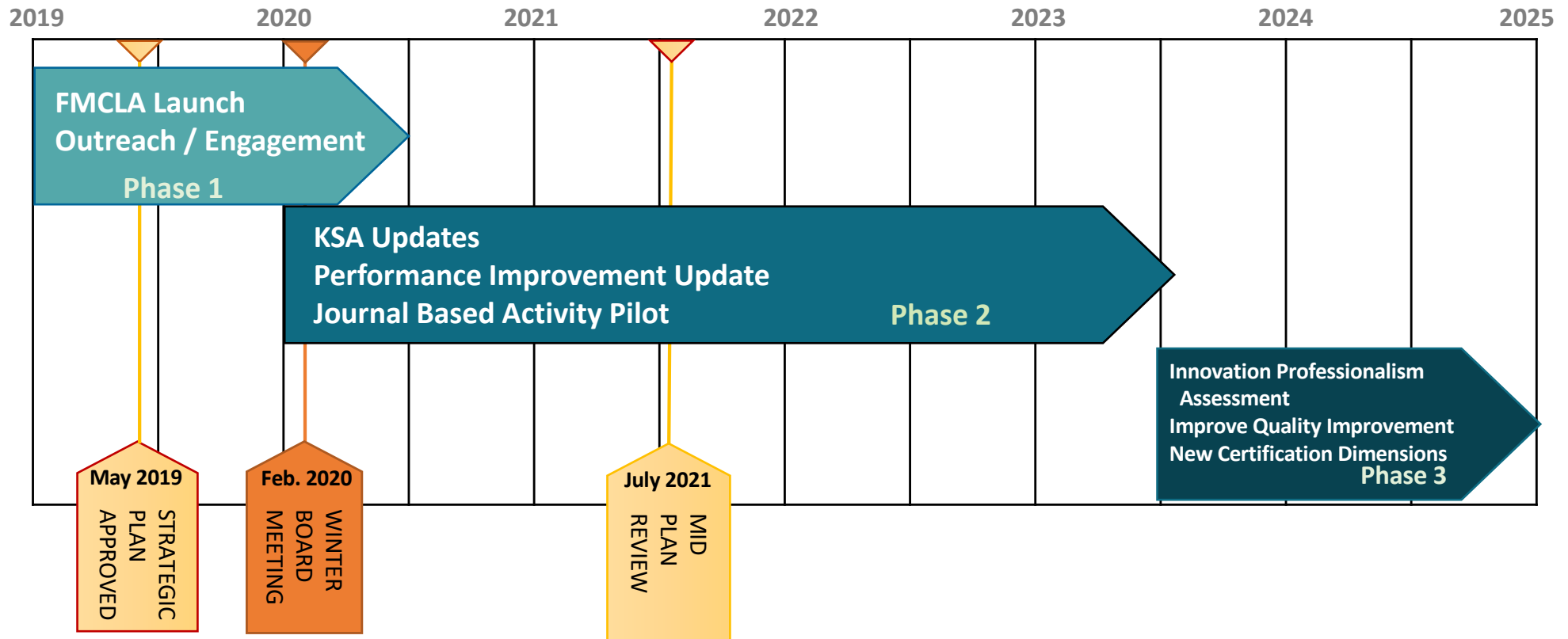


How can ABFM support personal physicians of the future?

- Enhance continuous certification
- Support Diplomates and their practices
- Serve Family Medicine, the profession and the public
- Leverage change in medical education
- Invest in data, research and technology that will support Diplomates, chart the course of the discipline and help the profession improve the health of the public
- Promote professionalism and the social contract



ABFM Strategic Plan 2019-2025





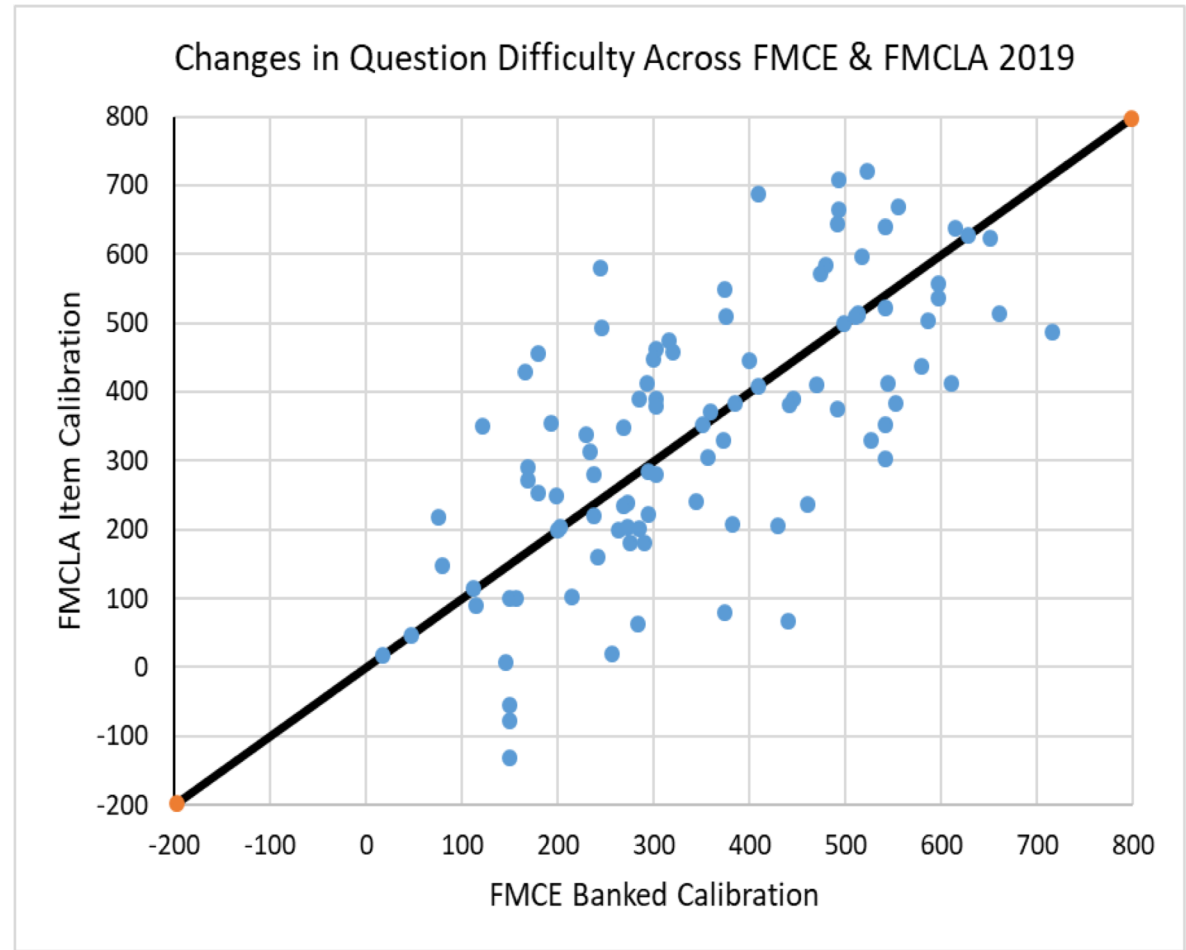
Family Medicine Certification Longitudinal Assessment (FMCLA)

- Both summative and formative...
- 25 questions/3 months, anytime, anywhere, with flexibility for life happening...
- Popular: 71% selected FMCLA (about 6000) ; both FMCLA and One Day groups cited convenience
- 95-98% satisfaction with IT system, format, tracking; 98.4% completed year one 85% looked up something after the exam!
- Pilot extended to 2020 cohort and will last for 15 months more; likely will become permanent.



FMCLA Summative Validity

- Item hierarchy preserved...
- Comparable function with 1 day exam (3/21)
- Cognitive Expertise Stability (3/21 and later)





Engagement and Outreach

- Libby Baxley MD as Diplomate Ombudsperson
- 2019: AAFP leadership, dyads, AAFP COE/COCPD and 26 state chapters
- ADFM, AFMRD, STFM, NAPCRG, beginning subspecialties (Sports, Hospice/Palliative)
- Focus groups and virtual engagement network



January 2020: Phase II

- KSA revision: Single best answer + topic adjustment
- PI Update, PI locator: Self Guided PI, Organizational PI
- New Blueprint: Beyond Organ System— Validation 2020...
- National journal article activity (advisory committee, pilot in 2021)



Leverage Improvement in Medical Education

- ACGME-ABFM partners, but ABFM must approve major changes to allow Board Certification
- ACGME 6/19: Core faculty time reduced by 50%, Lowered Passing/Taking Standards...correction under review
- Fall 2020: major revision of RC Standards begins



Invest in Research that Supports Diplomates and Shapes the Discipline



Lars Peterson, MD, PhD
Vice President of
Research



Andrew Bazemore, MD, MPH
Senior Vice President of
Research and Policy

- Continued Productivity
- Holders of rich data
- Developing Research Roadmap
- Distributed Collaborative Network



Promote Professionalism and the Social Contract



- Center for Professionalism and Value in Health Care: Washington DC Office, Website, Advisory Board
- Foundational Articles on the Center and Professionalism
- Measures that Matter...
- Director of National Academies *Consensus Study on Implementation of High Quality Primary Care* (launched 1/20)





ABFM Foundation Strategic Investments in the Family

- NAPCRG: Starfield Summits
- AFMRD: Graduate Outcome Survey
- STFM: Precepting Summit and Pilot
- ADFM: Leadership Summit (11/19)
- P4, Length of Training Trials
- Residency Summit Summer 2020



What should our strategy be for developing leadership?

- Chairs and more...
 - Nursing and Hospital CEOs
 - SOM (Deans, Deanlets) + Health Systems
 - Others?
- ADFM November summit...thank you!
- We need numbers, better training, but also experience across specialties and professions, better networking and learning from others (ELAM and...)



Towards a Learning Health Systems Collaborative

- How can we improve the organization and effectiveness of family medicine/primary care in large health systems?
- Proposed Learning Health System Collaborative
- Engaging 7 - 14 health systems, to address:
 - Measures that Matter
 - Optimal organization of primary care for population health
 - Workforce mix for primary care
 - Best practices in addressing equity
 - Primary care resourcing

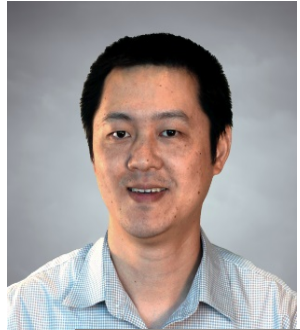


Major Revision of Residency Guidelines

- Why important? Why now?
- ABFM's goals: Dialogue across Specialty; Bring data to bear on key questions
- We have six months before the formal process starts
- Key Issues now: What are the **strategic** questions for the future of our residencies? What is ADFM's voice?
- We are planning a summit this summer....



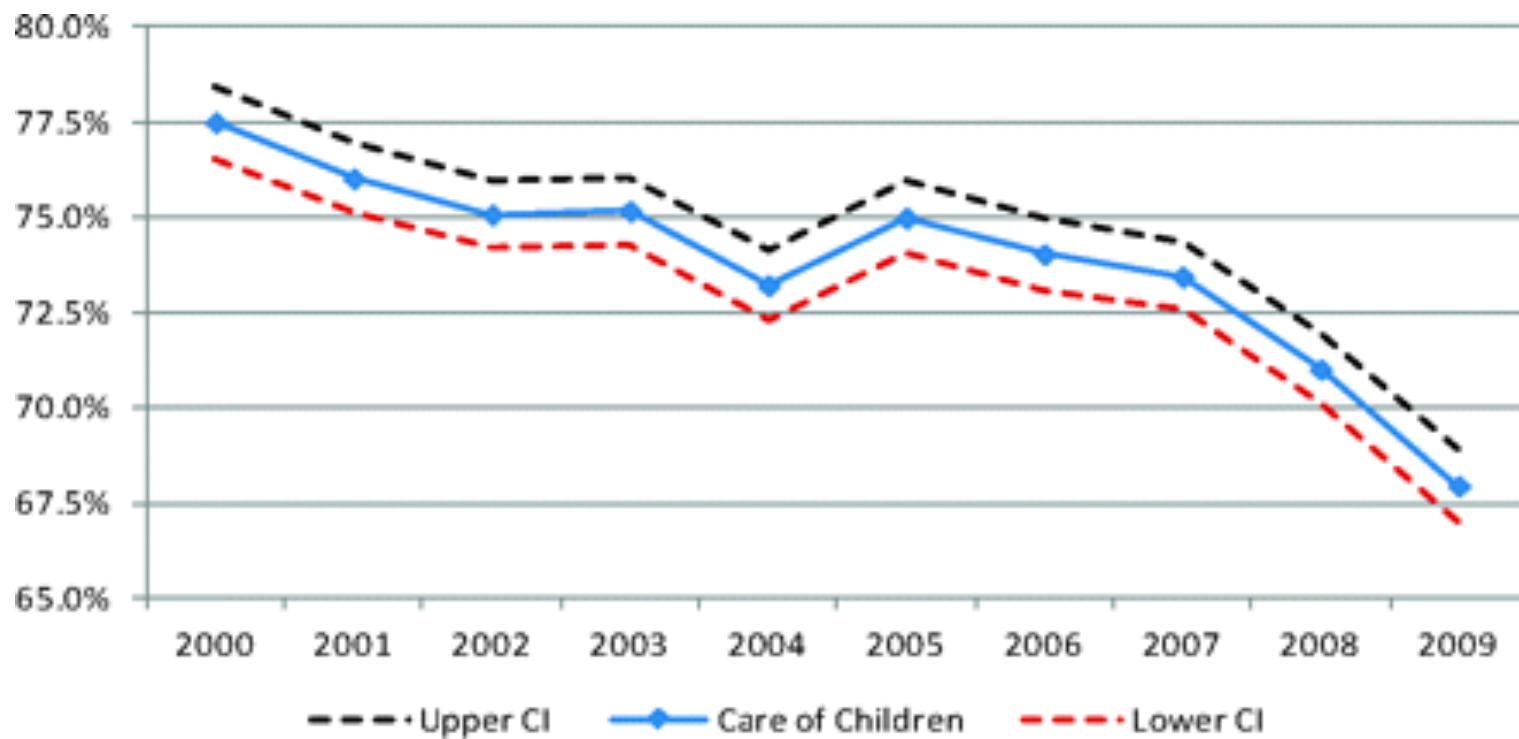
ABFM Research: The People, the Data



- Certification and Recertification Data—almost random sample, 100% response rate
- Residency Graduate Survey (67% RR)
- PRIME registry data (850 practices, >100 EHRs, 54 million visits)



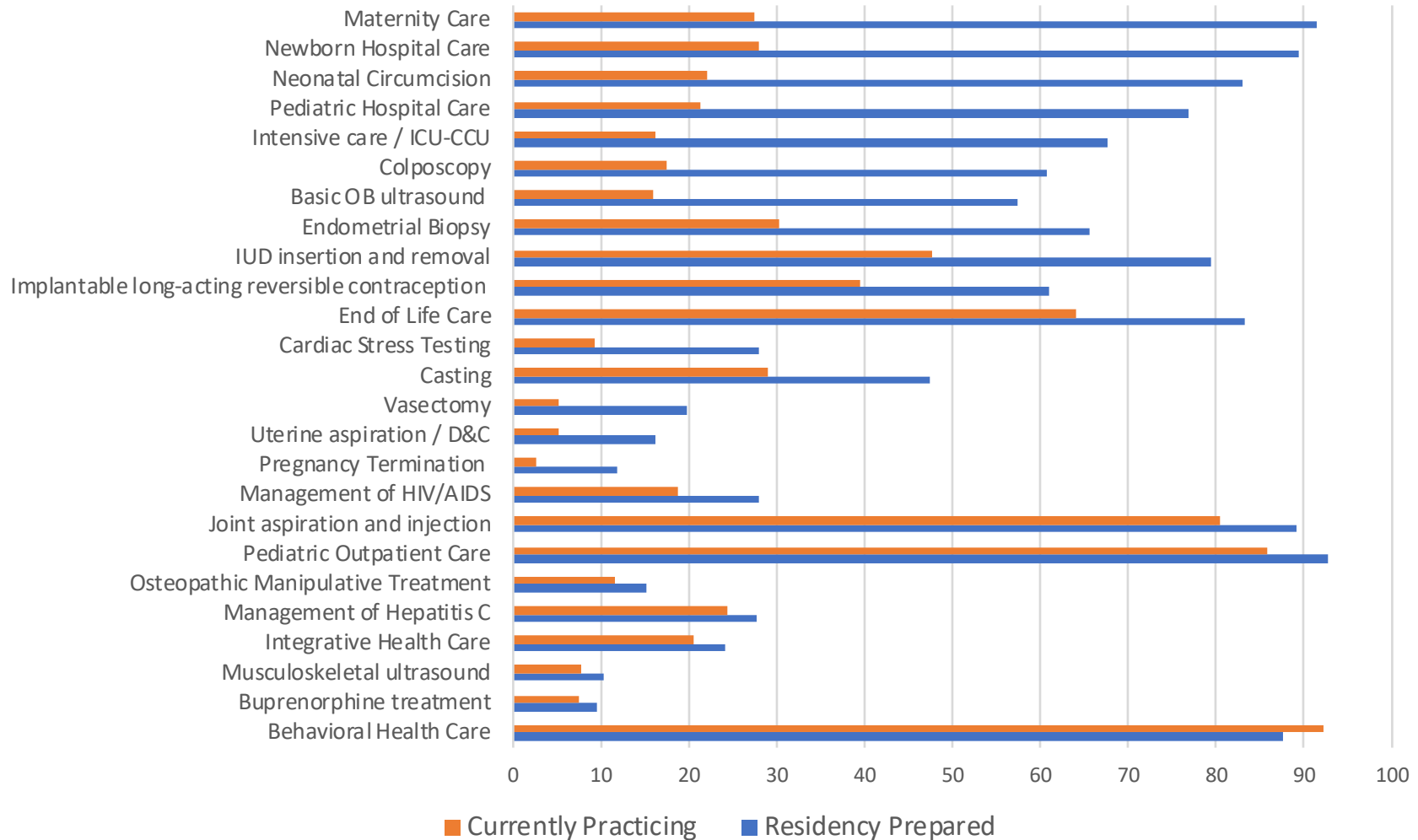
ABFM Research: Scope of Practice



Bazemore AW et al J Am Board Fam Med 2012; 25:139-140



ABFM Research: Prepared to Practice vs Actual Practice





Impact of Comprehensiveness and Continuity

[Annals of Family Medicine. 2018](#)

More Comprehensive Care Among Family Physicians is Associated with Lower Costs and Fewer Hospitalizations

Andrew Bazemore, MD, MPH¹
Stephen Petterson, PhD¹
Lars E. Peterson, MD, MPH^{2,3}
Robert L. Phillips Jr, MD, MSPH⁴

ABSTRACT

PURPOSE Comprehensiveness is lauded as 1 of the 5 core virtues of primary care, but the relationship with outcomes is unclear. We measured associations between comprehensiveness of practice among family physicians and Medicare Part A and B claims files for their Medicare beneficiaries.

15% ↓ cost
35% ↓ risk
hospitalization
>30% ↓ risk Burnout

CONCLUSIONS Increasing family physician comprehensiveness of care, especially as measured by claims measures, is associated with decreasing Medicare costs and hospitalizations. Payment and practice policies that enhance primary care comprehensiveness may help “bend the cost curve.”

[Annals of Family Medicine. 2015](#)

Higher Primary Care Physicians With Lower Costs and Hospitalizations

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Lars E. Peterson, MD, MPH^{2,3}
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14% ↓ cost
16% ↓ risk
hospitalization

METHODS We used Medicare Part A and B claims data for 1,448,952 beneficiaries obtaining primary care from a nationally representative sample of 6,551 primary care physicians to calculate continuity scores using established methods. Patient-level continuity scores attributed to a single physician were averaged to create physician-level scores. We used beneficiary multilevel models, including beneficiary controls, physician characteristics, and practice rurality to estimate associations with total Medicare Part A & B expenditures (allowed charges, logged), and any hospitalization.

RESULTS Our continuity measures were highly correlated (correlation coefficients ranged from 0.86 to 0.99), with greater continuity associated with similar outcomes. Higher continuity was associated with lower costs and hospitalizations. However, we found no association between continuity and value-based care (QPP). We created and tested their associations.



Practice Organization and Burnout

	Burned Out (N=628, 43.7%)	Odds Ratios (95% CI) With personal characteristics	Odds Ratios (95% CI) With all other characteristics
Practice Type			
Federal	51.7%	1.76 (0.95, 3.28)	1.21 (0.59, 2.50)
Misc	44.3%	1.18 (0.68, 2.07)	1.32 (0.69, 2.52)
Other public	42.3%	1.41 (0.81, 2.47)	1.14 (0.59, 2.21)
Academic health center	33.3%	0.93 (0.53, 1.64)	0.74 (0.38, 1.43)
HMO	45.3%	1.13 (0.67, 1.90)	0.74 (0.40, 1.38)
FQHC	41.2%	1.28 (0.73, 2.24)	1.00 (0.50, 2.01)
Solo Private Practice	34.9%	0.65 (0.38, 1.10)	0.65 (0.36, 1.19)
Group Private Practice	43.1%	Reference	Reference
Hospital owned	48.4%	1.63 (1.12, 2.38)	1.2 (0.78, 1.85)
Practice Ownership			
Self-employed	28.9%	0.57 (0.29, 1.11)	0.7 (0.32, 1.54)
Sole owner	38.1%	1.47 (0.85, 2.53)	1.15 (0.63, 2.13)
Partial Owner	48.8%	1.60 (1.09, 2.35)	1.32 (0.85, 2.05)
No Ownership	44.2%	Reference	Reference



Broader Scope is Protective of Burnout

Weidner 2018

Characteristic	Adjusted OR (95% CI)	P-value
Sex (ref = male)	1.36 (1.10, 1.67)	0.004
DO degree (ref = MD degree)	0.94 (0.70, 1.26)	0.66
International medical graduate (ref = US medical grad)	1.38 (1.08, 1.76)	0.009
Age (per year increase)	0.98 (0.96, 1.01)	0.21
Total hours worked per week (per hour increase)	1.02 (1.01, 1.02)	<0.001
Patient encounters per day (per 1 patient increase)	0.99 (0.98, 1.01)	0.77
Take after-hours call	1.00 (0.79, 1.27)	0.99
See patients weekends and/or evenings	1.17 (0.95, 1.44)	0.14
Practice inpatient medicine	0.65 (0.52, 0.82)	<0.001
Practice obstetrics	0.66 (0.48, 0.90)	0.009
Practice pediatric ambulatory care	0.89 (0.66, 1.20)	0.43



Where we are going?

- Our major areas:
 - The Effectiveness of Certification
 - The Ecology of Family Medicine
 - Measures that Matter
 - Residency Training Outcomes
- Building a Distributed Collaborative Network
- We bring data and partnership...



Leadership and Scholarship

- The Pisacano and Puffer National Academy of Medicine fellowships
- On site scholars for 2-4 weeks in Lexington and/or Washington, residents/fellows or senior fellows...
- A one year fellowship at the Center for Professionalism and Value in Health Care and George Washington University—recruiting now (for more, abazemore@theabfm.org)
- These experiences transform careers...



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Questions/Comments?