



American Board of Family Medicine, Inc.

MEMORANDUM

TO: Family Medicine Leadership Council

FROM: Warren Newton, MD, MPH
President CEO of ABFM Board of Directors

RE: An Update from ABFM

DATE: July 18, 2021

Colleagues, greetings and I look forward to seeing you virtually in several weeks. What follows is a brief summary of the news since the last meeting of FMLC, except for our updates regarding Health Equity and large health systems which will be submitted separately.

1. The core work of ABFM is, of course, board certification and this spring's certification exams went without a significant hitch. Our total numbers will peak this fall over 100,000--a milestone--along with heading toward 15,000 residents! As you know, we extended due dates as a result of the pandemic. Many family physicians have taken advantage of the offer. We were very concerned about the impact of the pandemic on Family Medicine practices but the damage to practices, although still very significant, has been less than the forecast in April 2020. As the country comes back to life, we are in a situation similar to my NC roots – after the hurricane has passed, you go out of your house and see what's changed. We believe there will be substantial changes post pandemic across many sectors of life.
2. Evolution of Certification – As you know, one of the major strategic goals of ABFM is to evolve board certification. I am delighted to report that Family Medicine Certification Longitudinal Assessment (FMCLA) has been approved by ABMS as a permanent addition to the ABFM portfolio. About 70-75% of Diplomates each year so far have opted to do it. Feedback is extremely positive. The biggest lesson for us is that people describe it as supporting learning. We will, however, continue the point in time single day test – many of our Diplomates continue to want to do this.

The ABFM National Journal Club will go live this August.. The National Journal Club Committee consists of 16 practicing family physicians with expertise in evidence-based medicine. They have extracted 44 articles from over 120 journals over the year 2020, prioritized them according to impact on practice, relevance to Family Medicine and methodologic rigor. The pilot will be released in the beginning of August. Any Diplomate and any resident who wants to participate will be able to do so. They will see/get a PDF of the actual article, and then answer four questions. If they get them all

right (they can retry after looking at the feedback), they will get credit for an ABFM requirement and CME credit from the AAFP.

Finally, the major revision of our Knowledge Self-Assessment (KSA) modules will be finished by the end of this year. Feedback on the new modules--with single best answer, heightened emphasis on current evidence--is excellent. While still quite challenging – the initial passing rate is about 8%-- they are performing as they should – giving people a thorough assessment of how much they know in a particular area. More to follow.

3. ABFM is embarking on the development of a new blueprint. Thank you for your nominations. The blueprint is what we use to frame what clinical topics need to be addressed to assess the cognitive expertise necessary to be a board-certified family physician. For the last 20 years, the blueprint has been grounded in organ systems; the new blueprint will be grounded in clinical activities of family physician, supplemented by national and practitioner based surveys of what is done on the ground. The new blueprint will be designed to allow some customization to Diplomates' practice, to more easily include emerging and important knowledge like social drivers of health and COVID, and to support better targeted CME. Developing the blueprint will be a long process – probably three years. The Advisory panel will kick off in September.
4. As all of you know, a major activity over the last year has been a specialty wide project to re-envision the future of Family Medicine residency training. The ABFM, along with the rest of the family, identified key questions (Newton W, Bazemore A, Magill M, Mitchell K, Peterson L, Phillips R. The Future of Family Medicine Residency Training Is Our Future: A Call for Dialogue Across Our Community. JABFM 2020;33:636–640). The specialty used these key questions to organize focus groups, surveys and background papers leading up to a national summit. The summit website includes all of the results: [RE-ENVISIONING FAMILY MEDICINE RESIDENCY EDUCATION \(starfieldsummit.com\)](https://starfieldsummit.com) The website is evergreen. The papers have been peer reviewed and revised and will be published by the time you get together - they are already up on the website of the journal *Family Medicine*. You'll find the commentaries provocative and passionate.

With respect to residency redesign, the ball is now in the court of ACGME which just had a national summit on 6/23 to discuss the major themes of the major revision and now will focus on the specific standards. What emerges will determine the breadth and impact of Family Medicine in health care and the population of the United States.

BREAKING NEWS: As we consider the duration of residency training, Dr. Nasca has endorsed a 4 Year residency for family medicine and potential tiering of requirements around Obstetrics—a major change in policy. We have put discussion of this issue on the agenda for our meeting.

Of note, the issue of time for core faculty has not been resolved. After yet another special task force, the ACGME has allowed some room for specialties to define some rules for faculty time, within a flexible framework meant to cover all specialties. The framework keeps dedicated faculty time administration and education for family medicine at the same level as the July 2019 rule. The Family Medicine RC plans to appeal to get more faculty resources; signs are mixed for the prognosis of this appeal..

The appeal will be embedded into the proposal for the residency standards. As you know, ABFM believes dedicated time for teaching is critical for the specialty and that the June 2019 changes have had a substantial deleterious effect on our training programs. We await the results of the appeal process, and have argued that we need to know what resources we will get before we finalize the major revisions.

5. Match 2020 showed an increase in the number of students matching into Family Medicine residency but with declines in students from allopathic schools, even as the number of allopathic graduates is increasing rapidly. While overshadowed by COVID, this is a major strategic challenge for the specialty.
6. Health equity is a major focus of ABFM activities, as it is for all of you. More detail is available in the common table. Briefly, however, we laid out a plan in print in September 2020 and we have been working hard on various components of that. We have completed a substantial study of bias in multiple-choice questions used for board certification. Over 7 years, we have found some but not very many questions that are biased—a total of 10 in thousands. We will continue this annual screening process. Last summer, we established a new health equity PI program providing a lot of different opportunities for family physicians and are in the process of developing a knowledge activity (a “KSA”) on various aspects of health equity with the AAFP. That one should be available by fall.

This summer, we’ll be adding a component of health equity to most of our PI modules. We are also beginning to talk with the USPTF and the CDC to define the highest impact health inequities and focus our work along those lines. Finally, our research both into workforce and into policy is focusing on issues related to health equity – both the distribution of underrepresented minorities in every aspect of work force but also the reimbursement necessary for service in underserved areas.

Our research and policy team have pivoted to focusing on various aspects of equity and primary care, from workforce, team based care to supporting policy changes like payment adjustment for social deprivation of patients.

Our Board has decided to fund a program to support leadership development for underrepresented minorities and other vulnerable populations. The ABFM Foundation will now take up the organization of this effort. More to follow.

7. An important event in early May was the publication of the National Academies Report on Rebuilding the Foundation of Primary Care. Bob Phillips, the Director of the ABFM Center for Professionalism and Value in Health Care co-led the report. This is the first report on primary care by NASEM since the mid 1990’s--a big deal. This will be a major focus of our meeting together.
8. Our researchers continue to submit grants to support the development of our work. We recently won a new contract with the Office of the National Coordinator to use the PRIME registry to track the uses and value of EHRs across the US and with the CDC to determine the impact of COVID on primary care practices. In addition to initiatives supporting primary care, we are hopeful that PRIME will be come a tool for tracking social determinants of health—with the CDC and the Census

beginning to look at the data—as well as surveillance network for rural practices and emergent problems such as the next pandemic.

9. Leadership Development for Large Health Systems—the ABFM-Foundation funded ADFM to hold a national meeting in November 2019 to develop a strategy for a next generation of leadership development in our specialty. Modelling on programs to develop Hospital Nurse CEOs and the ELAM program, the goal is to develop future leaders of health systems and to scale up from the 6-8 ADFM fellows a year to about 50/year. The ramp up is going well. I suspect that ADFM will report on this to the group.

The ABFM has committed to a significant new donation to the Pisacano Leadership Fund in order to double the number of Pisacano Scholars. ABFM believes that there is huge need for leadership in Family Medicine and this is something we can do to build and support the pipeline of potential leaders. The Pisacano Leadership Foundation Board will make the final decisions. ABFM is also thinking about how to better coordinate the various leadership programs we run—Pisacano, Puffer, short term research fellowships, and a potentially new fellowship for mid or late career leaders and innovators—along with those run by other organizations in the family. More to follow!

10. Working with other organizations—we look forward to FMLC and discussions about the priorities facing the discipline. We anticipate that ABFM will have an interest in supporting residencies with the changes that will come out of the major revision. We look forward to working with AFMRD and all of you on this. The new ABMS standards are in a phase of final input. We believe that most of the changes implied by the new standards have already been completed. The final decision will be made by the ABMS in the late fall.

Please follow up at our meeting or by email if you have any questions.

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