**TO**: Family Medicine Leadership Council

**FROM**: Warren P. Newton, MD, MPH

President & CEO,

American Board of Family Medicine

**RE**: An ABFM Targeted Update

**DATE**: July 10, 2024

Colleagues, I write to summarize the activity of the ABFM in the focused areas FMLC will address in August- Coordinating work in and with AI, Building Family Medicine Research Capacity and Developing a Specialty Wide strategy towards implementing POCUS.

1. AI – Over the last two years, ABFM has systematically addressed both the opportunities and challenges of AI. Internally, we have created a secure site within the cloud to allow experimentation, and see significant opportunities in customer support, knowledge assessment, and coding/IT development. Many staff are exploring AI tools, and we have assigned a group of heavy users to pilote the value of Microsoft Co-Pilot. To support organizational learning, we held an internal staff symposium last summer and plan another later this July. This is a journey we all need to take together!

We believe it is critical to get family physicians researchers trained in using AI/ML for research. The ENABLE project is now in its third year and supports four institutions for developing experience with the tools and large data and for developing and bringing new research capacity on. A close collaborator is Stanford.

An important feature of the development of AI is the potential for reduction of clinician burden. As many of you know, ABFM has started a learning health systems collaborative of large health systems (“Making Primary Care Primary for Population Health” or MP3). The 10 health systems represent 12,000 primary care clinicians, with scores of billions of dollars of capitalization and have family physicians in major leadership roles. Realizing that the group can invest in whatever they want with respect to AI, , we asked them: what are you ocusing on with respect to development of AI in your clinical systemss. Almost universal was the answer: interventions to reduce burden through managing the inbox, improving documentation and doing prior authorizations. Inspired by this insight, we launched in October a performance improvement module in using AI to reduce burden and improve quality.We received 100 submissions in three months—a modest number, but with reports of significant improvements. Now our task is promoting experimentation and helping to spread best practices and evaluation.

1. With respect to the spread of POCUS, ABFM believes that POCUS is a key skill for family physicians to learn, not just in residency but in continuing certification. We are beginning to put POCUS images and questions into our in-training, initial and continuing certification examinations. ABFM data suggests a huge increase in residencyntraining in POCUS with more than 90% of programs having at least one resident intending to incorporate POCUS in their practice —and that most but not all report doing it in practice three years out of residency in the ABFM/AFMRD National Graduate Survey. More details are in the POCUS brief posted for the FMLC meeting. Of note, the ABFM National Journal Club has deliberately selected some articles that relate to POCUS – including practice guidelines from the American College of Physicians which are very well done. What is impressive to us is that there is relatively little research being done about POCUS use in continuity practice and by family physicians. Most of the reports are from emergency rooms or in hospitals and from emergency physicians and internists.
2. With respect to research and infrastructure, ABFM is strongly supportive of the specialty wide initiative and particularly the tripartite goals of advocacy, pathways and mentorship. The ABFM Foundation has funded the national research summit, the special issue with articles about that as well as ongoing work and project management for a collaborative research initiative. The NIH CARES initiative is important but just a beginning, and the politics (both medical and legislative) will be complex. We look forward to hearing about ADFM and NAPCRG plans for the pathways and mentorship components. Advocacy without people and ideas ready to go will fail.

ABFM will do its part in promoting research capacity. Its own research addresses the ecology of family physicians and their practice, Board Eligibility and Certification, Measures that Matter and social risks.. The ENABLE program, cited above, is intended to help build develop research capacity across the discipline. We also host 10-15 visiting scholars a year in Lexington or Washington; while ime on site is limited, Dr. Peterson helps scholars develop good questions. At the end, almost all of the scholars have a product—a talk or a paper or both at the end and for many it has influenced their career trajectory. Send us potential fellows! Reach out to Lar Peterson ([lpeterson@theabfm.org](mailto:lpeterson@theabfm.org)) We are also involved in many collaborative projects with individual institutions with a goal of investigation of core principles of Family Medicine and Board Certification.