



**62<sup>nd</sup> Annual Greenville Postgraduate Seminar**  
**Spotlight: Primary Care**

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# The American Board of Family Medicine

## The Future of Healthcare

62<sup>nd</sup> Annual Greenville Postgraduate Seminar

### Spotlight Primary Care

Prisma Health

August 16, 2019

Elizabeth G. (Libby) Baxley, MD

Executive Vice President, ABFM





## Goals for Today

- Consider what we know about changes in healthcare today
- Consider the impact of these on the specialty of Family Medicine
- Discuss the future of board certification and the changes at the American Board of Family Medicine



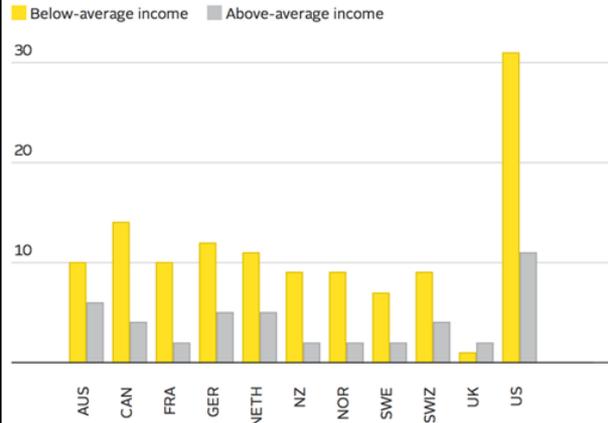


U.S. life expectancy decline trend in World

www.washingtonpost.com

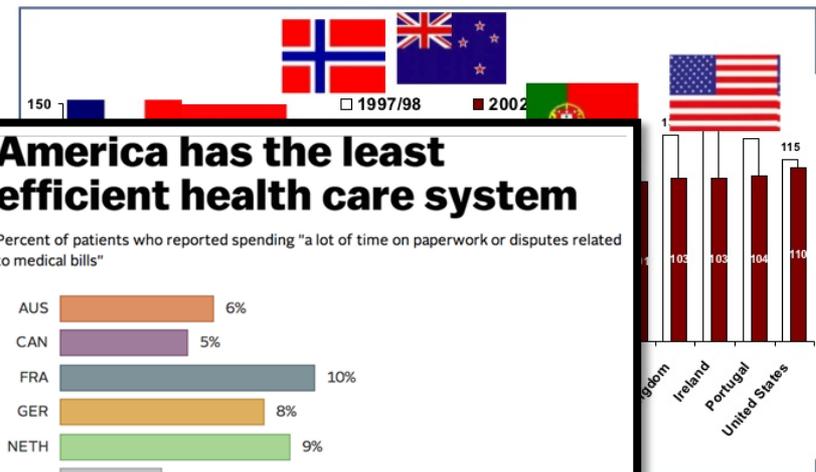
## America's health care system is the least equal

Percent of patients who "did not get recommended test, treatment, or follow-up because of cost in the past year."



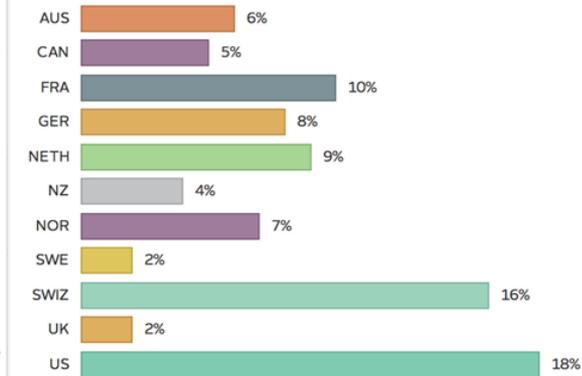
Source: The Commonwealth Fund

The World Health Organization ranks the U.S. as the 37<sup>th</sup> best overall healthcare system in the world



## America has the least efficient health care system

Percent of patients who reported spending "a lot of time on paperwork or disputes related to medical bills"



Source: The Commonwealth Fund



# What is Happening Today?

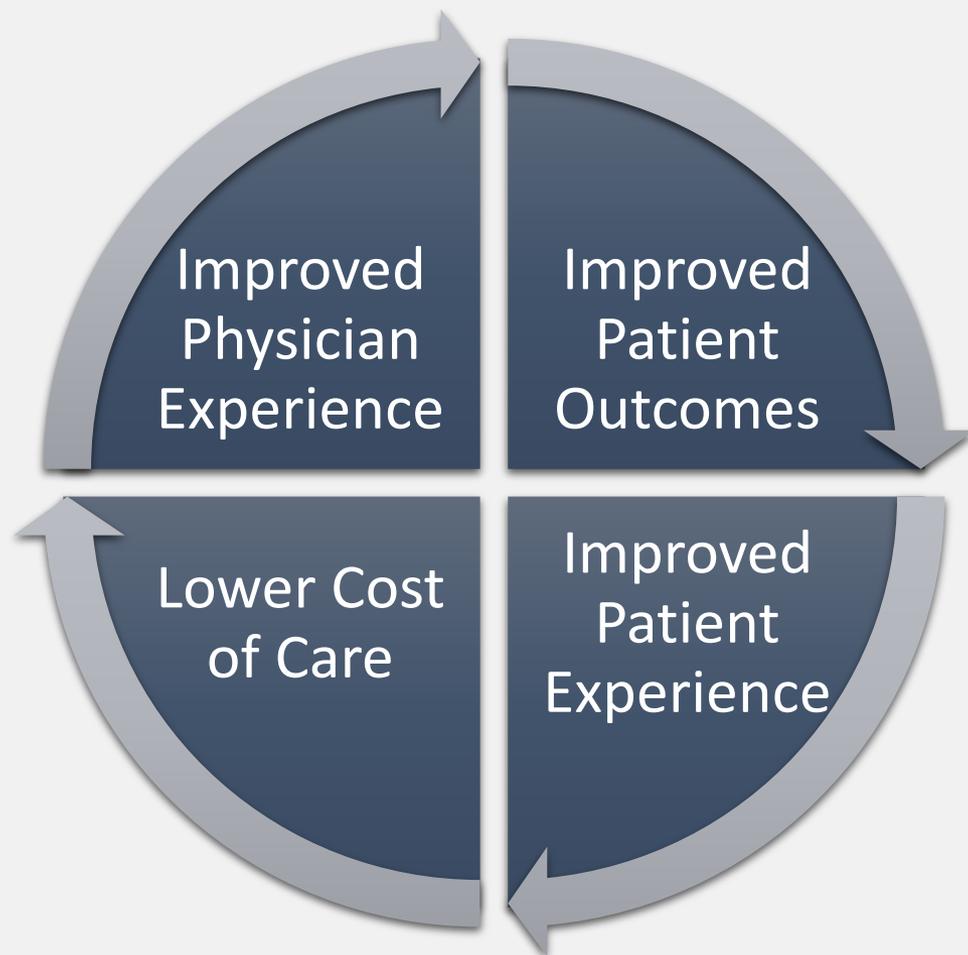
- Dramatic transformation in healthcare
- Acceleration in health system consolidation
- Corporatization of physician practices
- Integrated EHRs
- Insurance shifts from volume to value
- Advances in AI and Genomics reshaping care
- New business combinations try to claim their part of the healthcare market
- For profit systems purchasing those with established GME programs
- Threats to the ACA – death by a thousand cuts?



# The Quadruple Aim

## What Is The Problem We Are Trying To Address?

- Fragmented, costly, inefficient
- Increasing accountability
- Transforming health care systems
- Goals:
  - Safe, Timely, Effective, Efficient, Equitable, and Patient-centered
  - Workplace vitality
- Emphasis on interprofessional teams





# Barbara Starfield: A Powerful Legacy



*There is now good evidence, from a variety of studies at national, state, regional, local, and individual levels that good primary care is associated with better health outcomes (on average), lower costs (robustly and consistently), and greater equity in health*

—Barbara Starfield, MD, MPH  
1932-2011



## What is Happening in Primary Care / Family Medicine?

- Move from independent to employment model
- Dramatic changes in scope of practice – *less comprehensiveness, less continuity*
- Increasing clinical and social need in rural communities
- Substantial increase in administrative burden
- Sadly, no real change in...
  - Payment reform, parity
  - Consistent movement to value based care
- Concept of team-based care remains elusive for most (+ MD-NP/PA competition for jobs)
- GME expansion needed... but who will fill the spots?

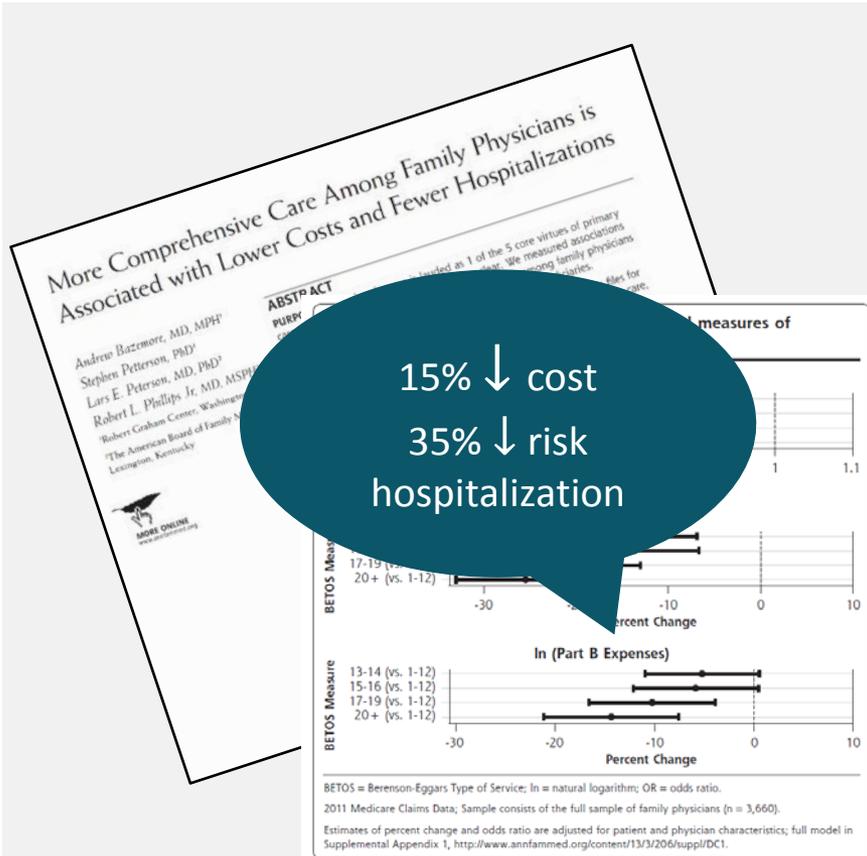


# What is Happening in Primary Care / Family Medicine?

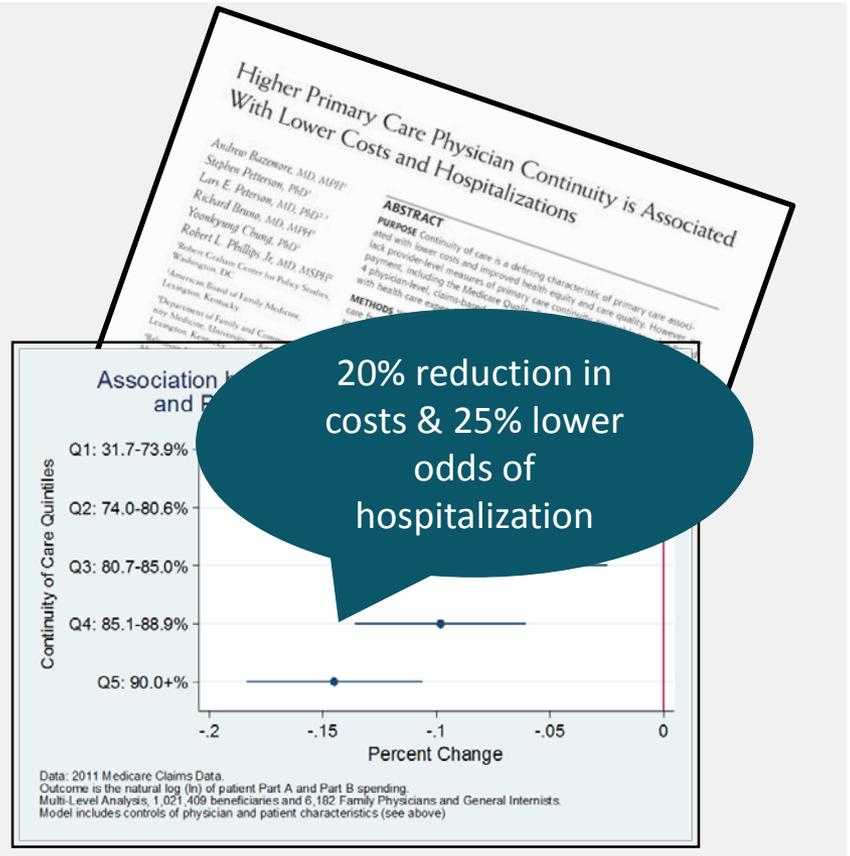
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# Do Comprehensiveness and Continuity Still Matter?



15% ↓ cost  
35% ↓ risk hospitalization



20% reduction in costs & 25% lower odds of hospitalization

*Annals of Family Medicine*. 2015;13:206-213

*Annals of Family Medicine*. 2018;16:492-497

See also: *BMJ* 2017;356:j84 <http://dx.doi.org/10.1136/bmj.j84>



# Do Comprehensiveness and Continuity Still Matter?

Recent evidence suggests that small, physician-owned practices have **lower average cost** per patient, **fewer preventable hospital admissions**, and **lower readmission rates** than larger, independent- and hospital-owned practices.



Research

JAMA Internal Medicine | [Original Investigation](#)

## Association of Primary Care Practice Location and Ownership With the Provision of Low-Value Care in the United States

John N. Mafi, MD, MPH; Christina C. Wee, MD, MPH; Roger B. Davis, ScD; Bruce E. Landon, MD, MBA, MSc

**IMPORTANCE** Hospital-employed physicians provide primary care within the hospital or within community-based office practices. Yet, little is understood regarding the influence of hospital location and ownership on the delivery of low-value care.

**OBJECTIVE** To assess the association of hospital location and hospital ownership with the provision of low-value health services.

[← Related article page 829](#)

[+ Supplemental content](#)



# Is Our Aim Really Quadruple?

Early career family physicians and those who provide a broader scope of care – including inpatient medicine, OB, and home visits – have lower rates of burnout.



***Comprehensiveness is associated with provider wellness***

Promoting a broad scope of practice may enhance efforts to achieve the “Quadruple Aim”

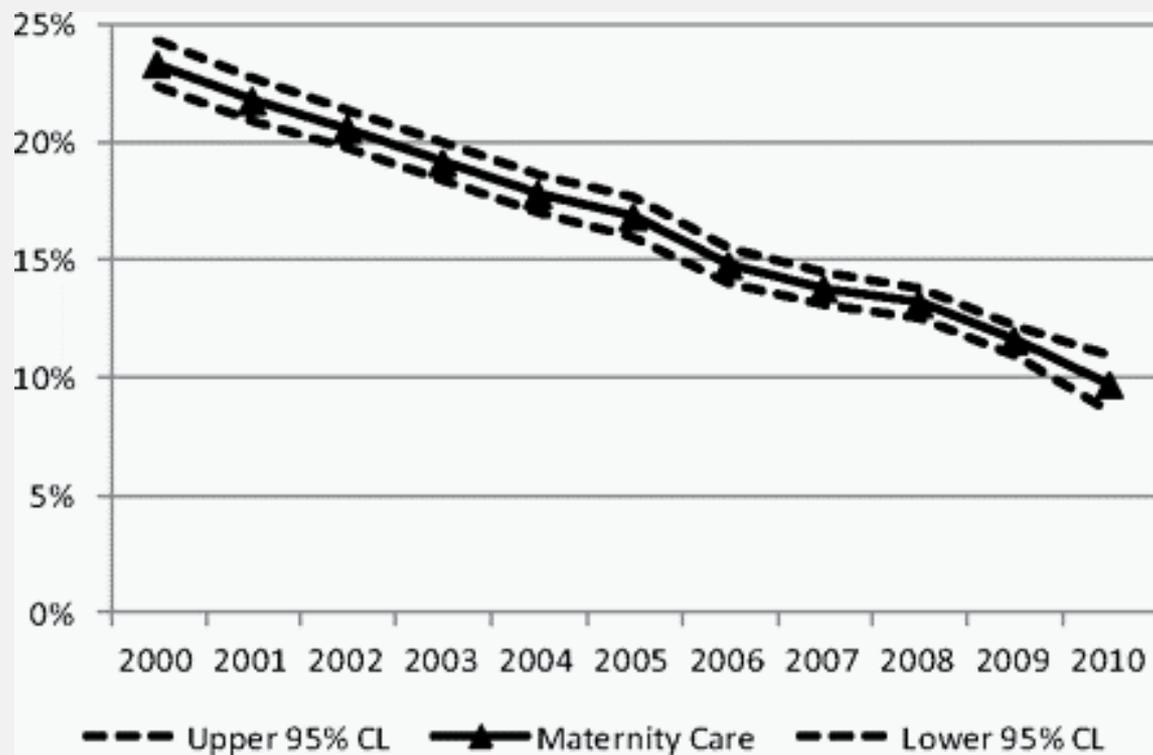


# Red Flag Warning



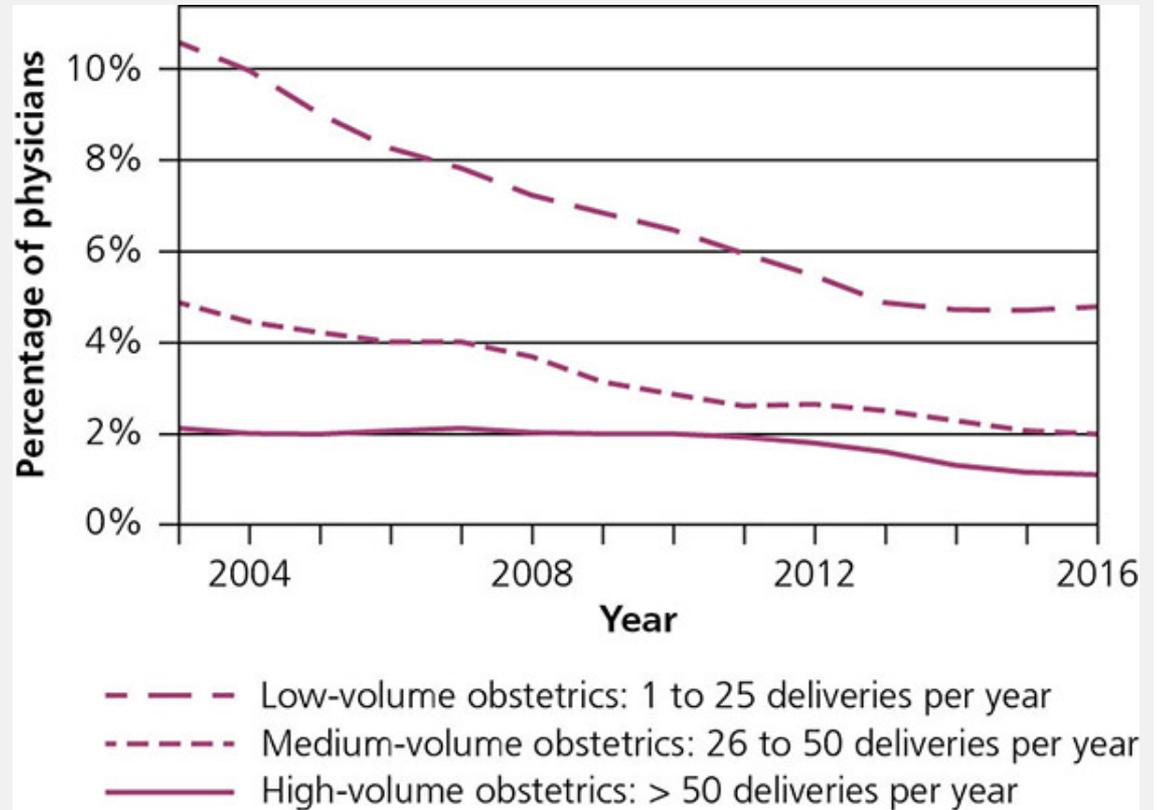


# Shrinking Scope of Practice Maternity Care





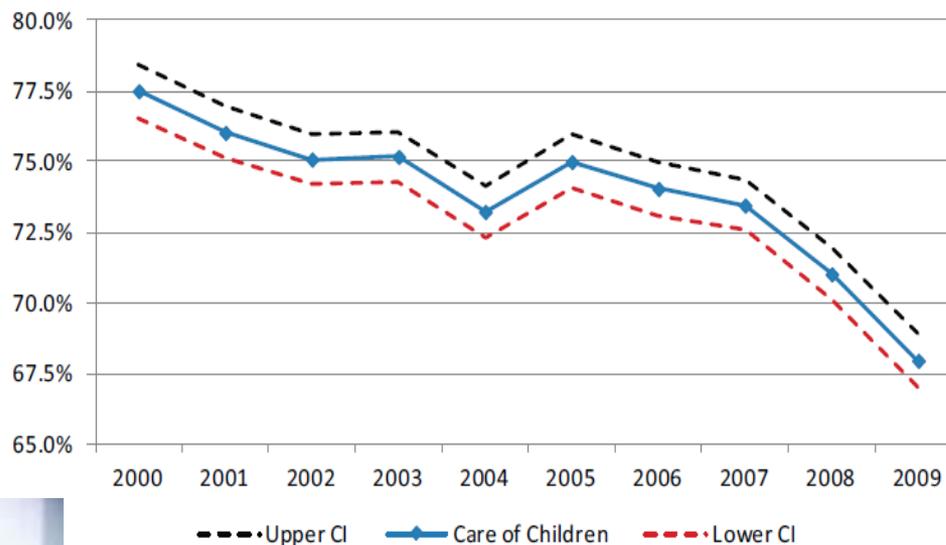
# Shrinking Scope of Practice Maternity Care





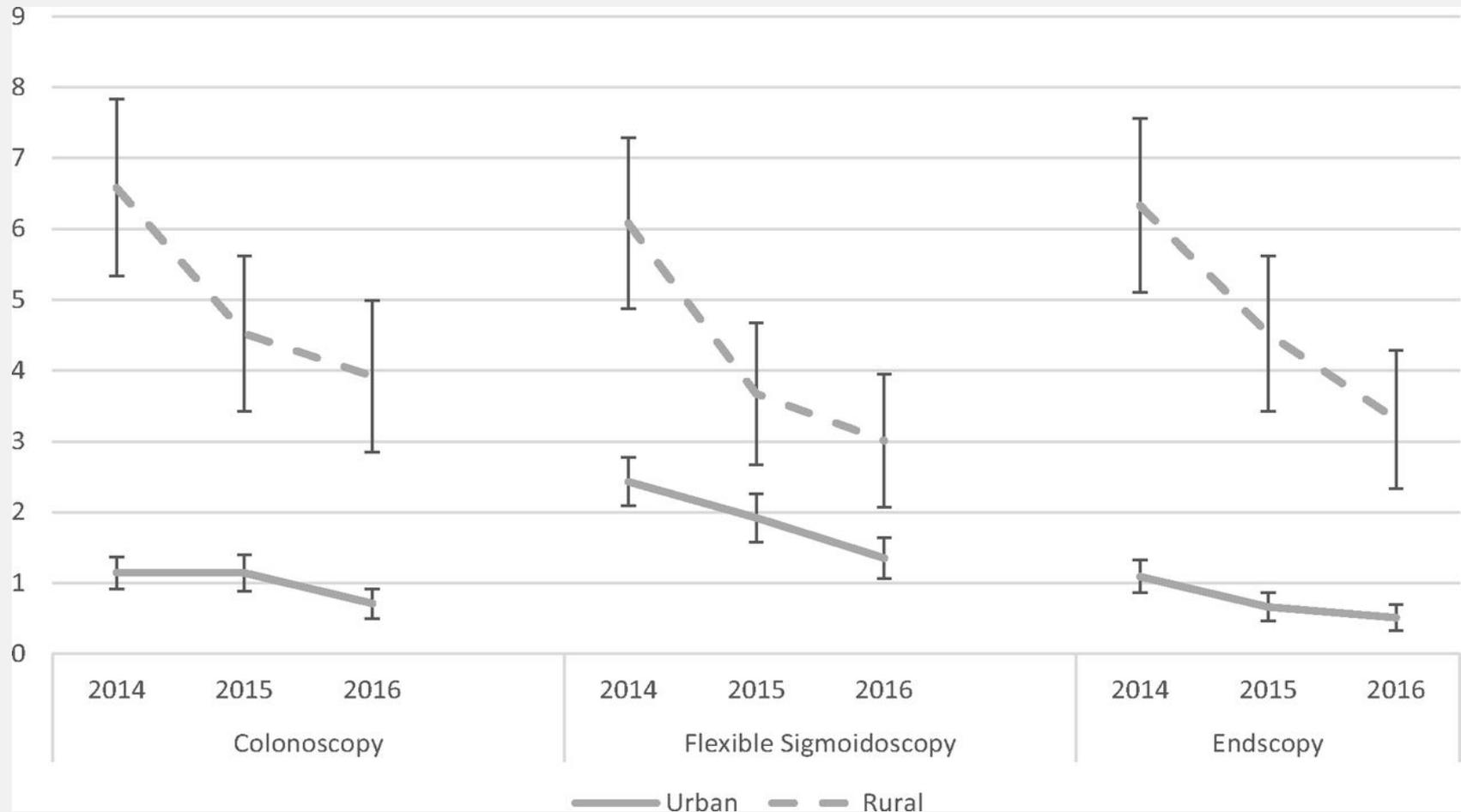
# Shrinking Scope of Practice Care of Children

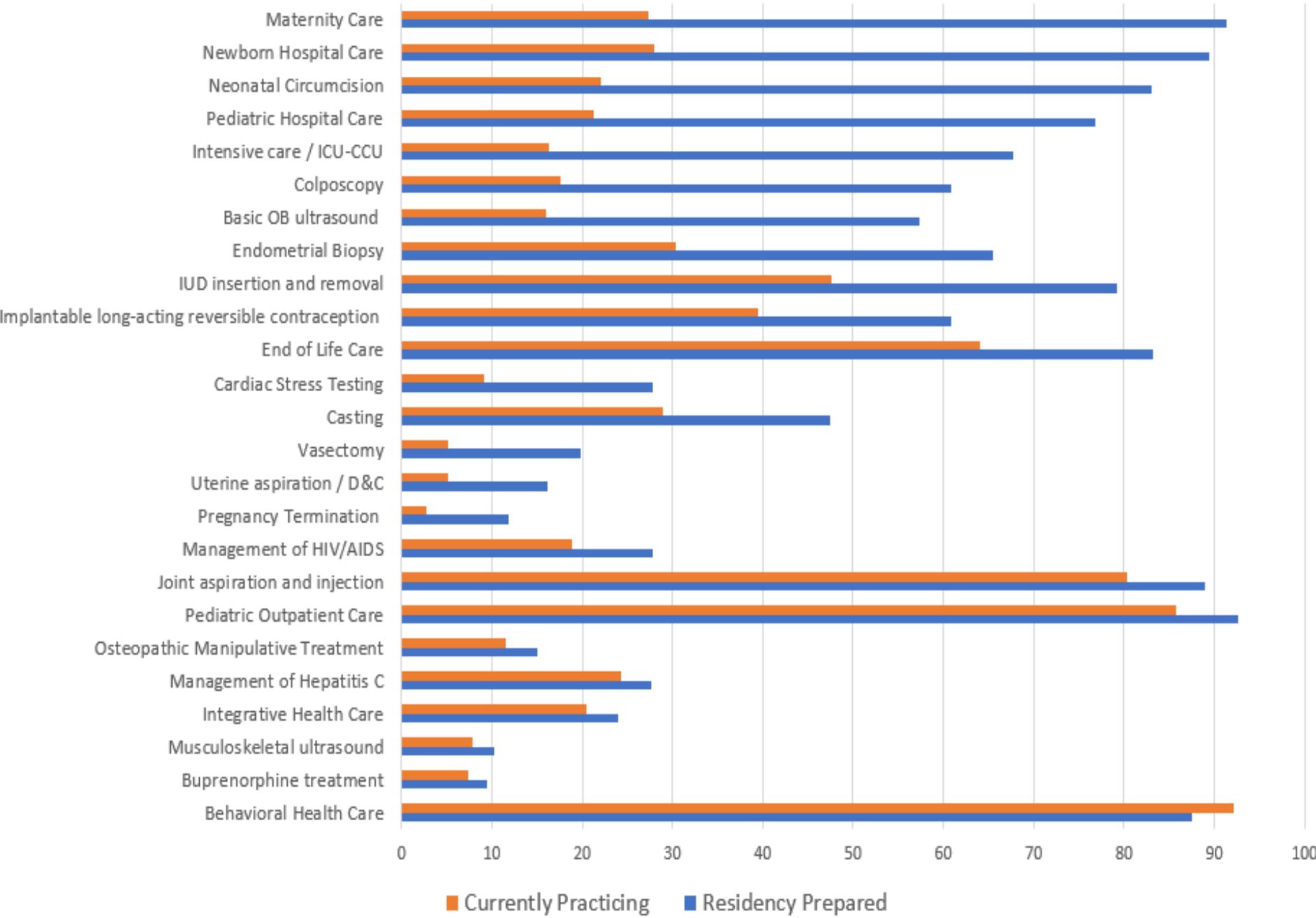
Figure 1. Declining percent of family physicians caring for children. From the American Board of Family Medicine Examination Application.

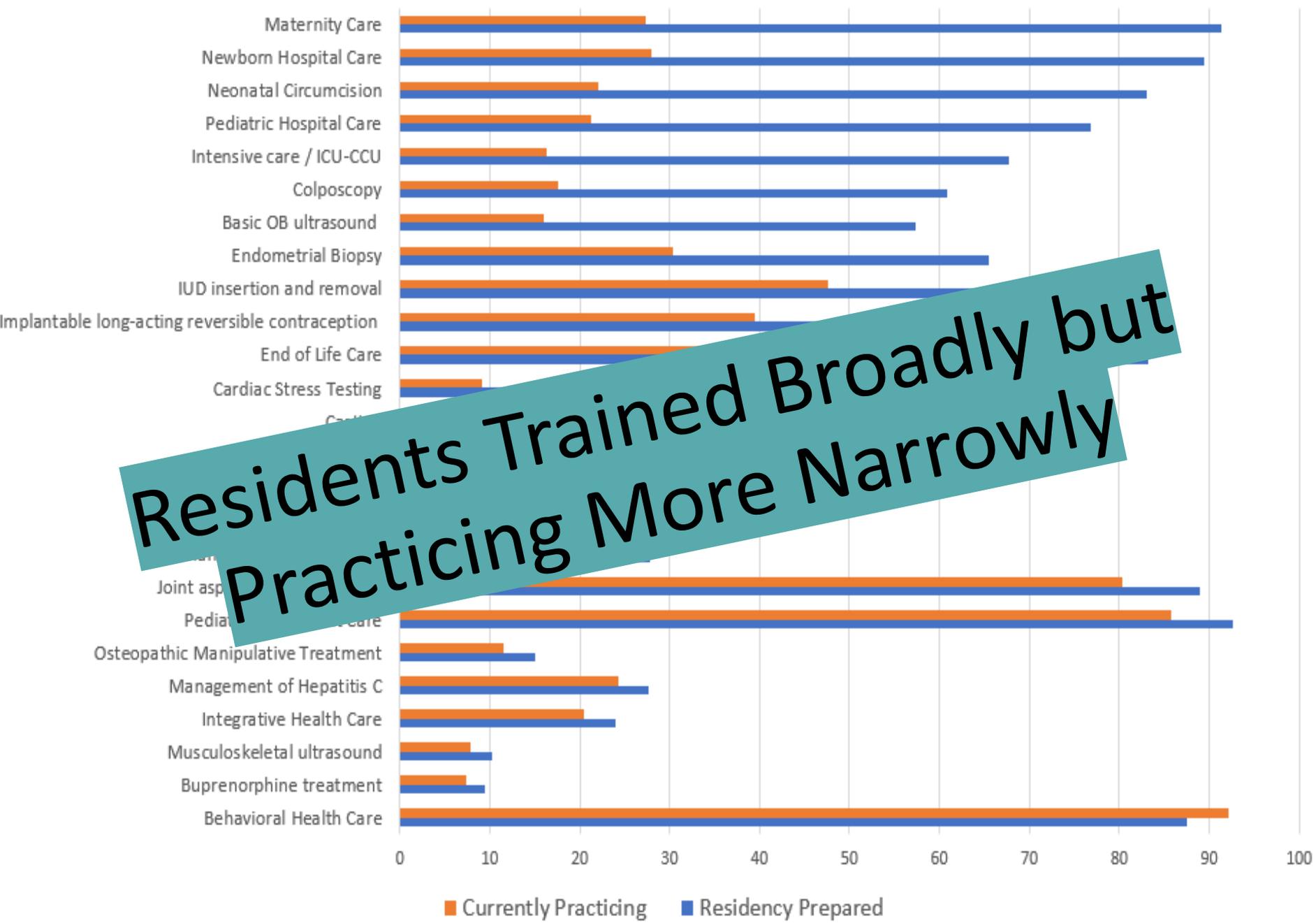




# Shrinking Scope of Practice – Endoscopy Procedures

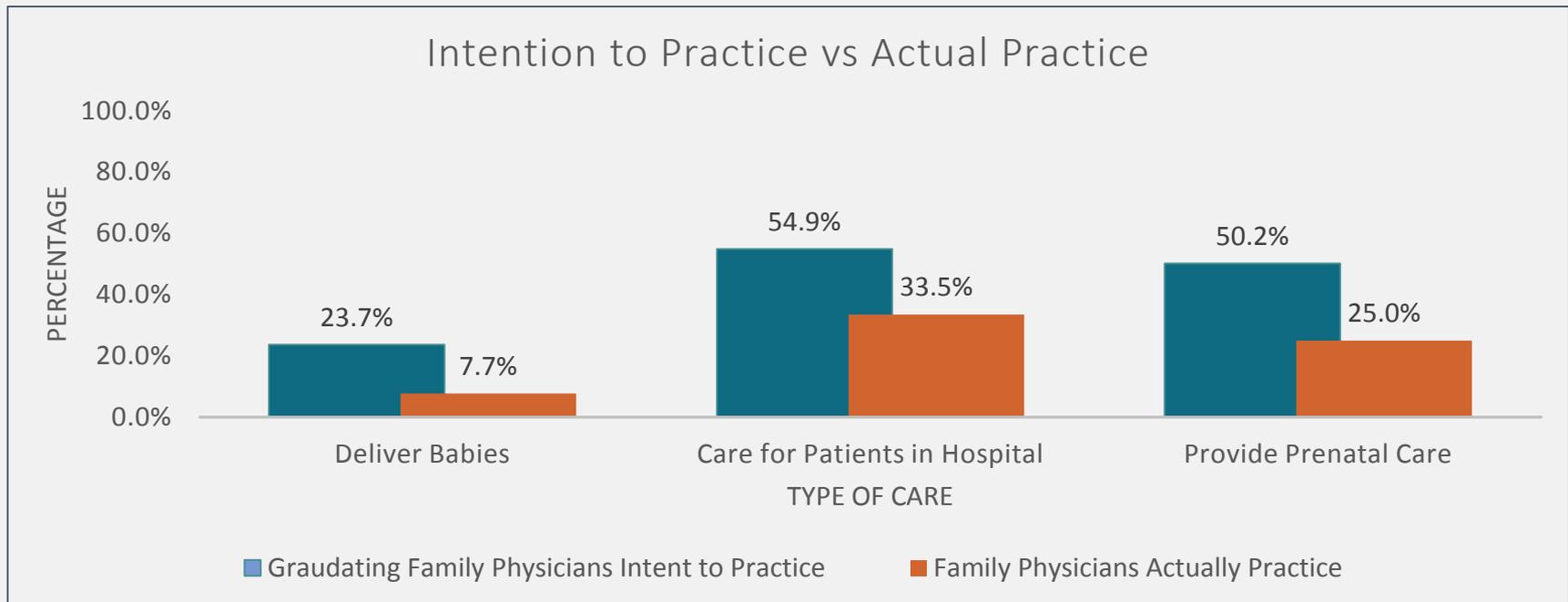








# Are we preparing a workforce for a model of practice they can't find?

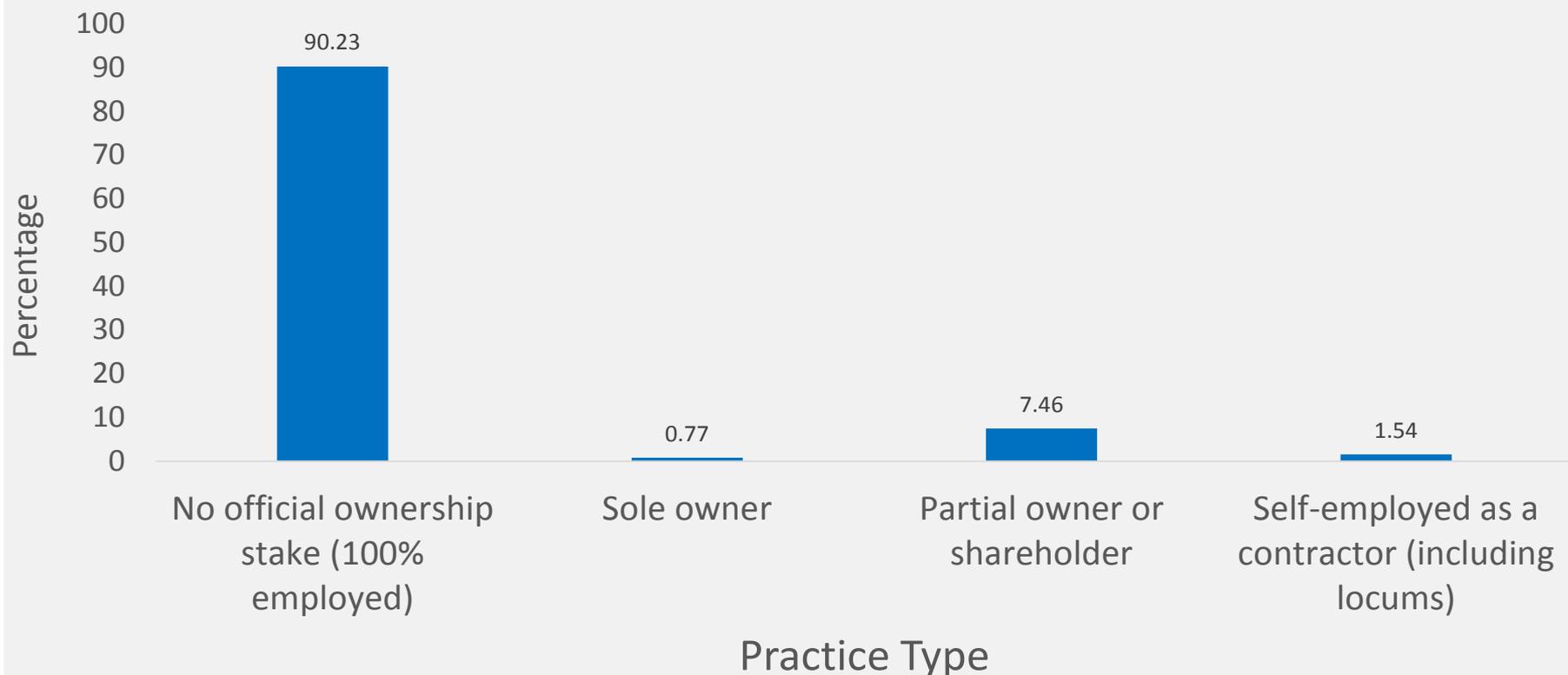


*“The findings shed light on the complexities of the job-seeking process for early career family physicians who seek practice opportunities that allow them to provide full-scope care: those who intend to include maternity care find that their choices are heavily constrained by the availability of jobs that allow them to do so.”*



# Does Employment Model Impact Scope of Practice?

2016 survey of all 2013 Family Medicine Residency graduates  
*40% say they could not find broad scope jobs\**





# Challenges to the Specialty

- Comprehensive generalism is besieged by many countervailing forces, including fee for service payment that favors a narrowing of scope of practice and the employment model
  - Training does not seem to be negatively impacting
- Loss of comprehensiveness may have negative consequences - not only to access, but also to cost, quality of care, and physician burnout
- Who defines family medicine now and in the future?





# Role of Board Certification

UME

GME

Professional Career



# What is the Social Contract?

I serve my patients with competent, ethical and professional care

## **This is part of who I am**

I am motivated to assess my own gaps and commit to lifelong learning and demonstration of competence.

## **I respect our ability to self-regulate**

Without this, we give up professionalism

## **I respect the fragility of social contract**

I recognize that trust can be quickly lost



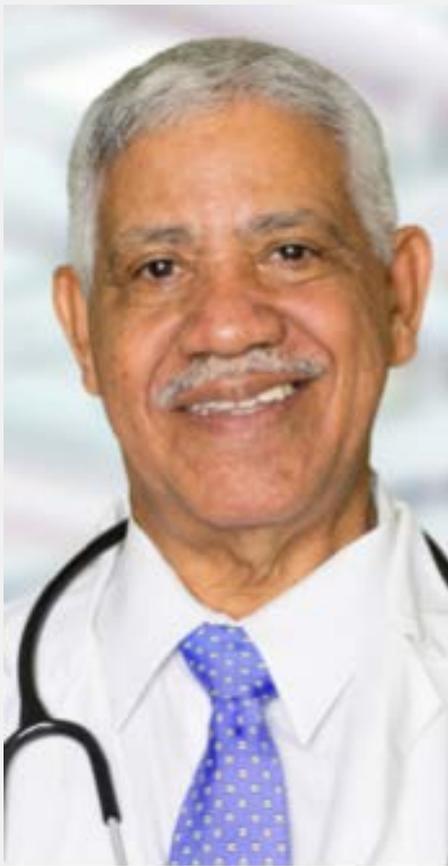
# What Does It Mean to Patients?

When asked about factors considered when choosing a doctor 'Board Certification' ranks 2nd in importance behind only 'covered by insurance'.

	% responding
Covered by insurance	90
Board Certification	<b>82</b>
Bedside manner or communication skills	80
Referred by a doctor you trust	70
Location of office	54
Recommendation from friends or family	41
Hospital or other org. the doctor is affiliated with	41
School or hospital where the doctor trained	27
Doctor's gender	11
Doctor's age	9



# Why Do Family Physicians Maintain Certification?



Required by my employer	53%
Required for hospital privileges/credentialing	56%
Required by one or more payer/insurance company	42%
Maintain professional image	52%
Personal preference	49%
Professional advancement	33%
Maintain or improve patient satisfaction	22%
Patients prefer being treated by board certified physicians	33%
Certification program helps me update my medical knowledge	49%
Certification program helps me monitor or improve the quality of my patient care	40%



# What We Hear From Diplomates

## Board Certification is:

- Not relevant
- Not beneficial
- Not worth the investment
- Too expensive
- Busy work
- Added burden
- *Other(s)??*





# Continuing Certification: Professional Career Commitment

“The purpose of continuing certification is to **serve the diplomates, the public and the profession** by providing a system that supports the ongoing commitment of diplomates to provide safe, high quality, patient centered care.

Through participating, *diplomates... reflect their commitment to professionalism, lifelong learning and improved care.*”

Continuing Board Certification: Vision for the Future  
(The Vision Commission)  
December 11, 2018



# Vision Commission Recommendations

- Integrate professionalism, assessment, lifelong learning, and advancing practice into decisions about status
- Incorporate assessment strategies that support learning, identify knowledge and skill gaps, and help diplomates stay current (*e.g.* longitudinal assessment)
- Recognize and document participation in quality improvement activities in which diplomates already engage
- Develop consistent approaches to evaluate professionalism and professional standing while ensuring due process
- Have clearly defined remediation pathways to support meeting certification standards



# Integrate Components to Determine Certification Status; Consistent Processes and Requirements

## **Professionalism**

Fulfillment of this component requires compliance with ABFM Guidelines for Professionalism, Licensure, and Personal Conduct which includes holding medical license(s) which meet the licensure requirements of the Guidelines.

## **Self-Assessment and Lifelong Learning**

Fulfillment of this component requires completion of the required number of Knowledge Self-Assessment (KSA) activities during the Certification stage and completion of the required credits of Continuing Medical Education (CME).

## **Cognitive Expertise**

Fulfillment of this component requires the successful completion of the Family Medicine Certification Examination during the required time period.

## **Performance Improvement**

Fulfillment of this component requires completion of the required number of Performance Improvement (PI) activities for clinically active physicians during the Certification stage.



# Incorporate Longitudinal and Other Assessment Strategies: FMCLA



25 Questions Per Quarter;

Your Pace, Your Time, Your Location

Ability to use References

Timed Questions – 5 mins each

Critique and References provided

300 Questions Needed Over Four Years for  
Pass/Fail Decision

Pilot in 2019 – Expect Long-Term  
Implementation



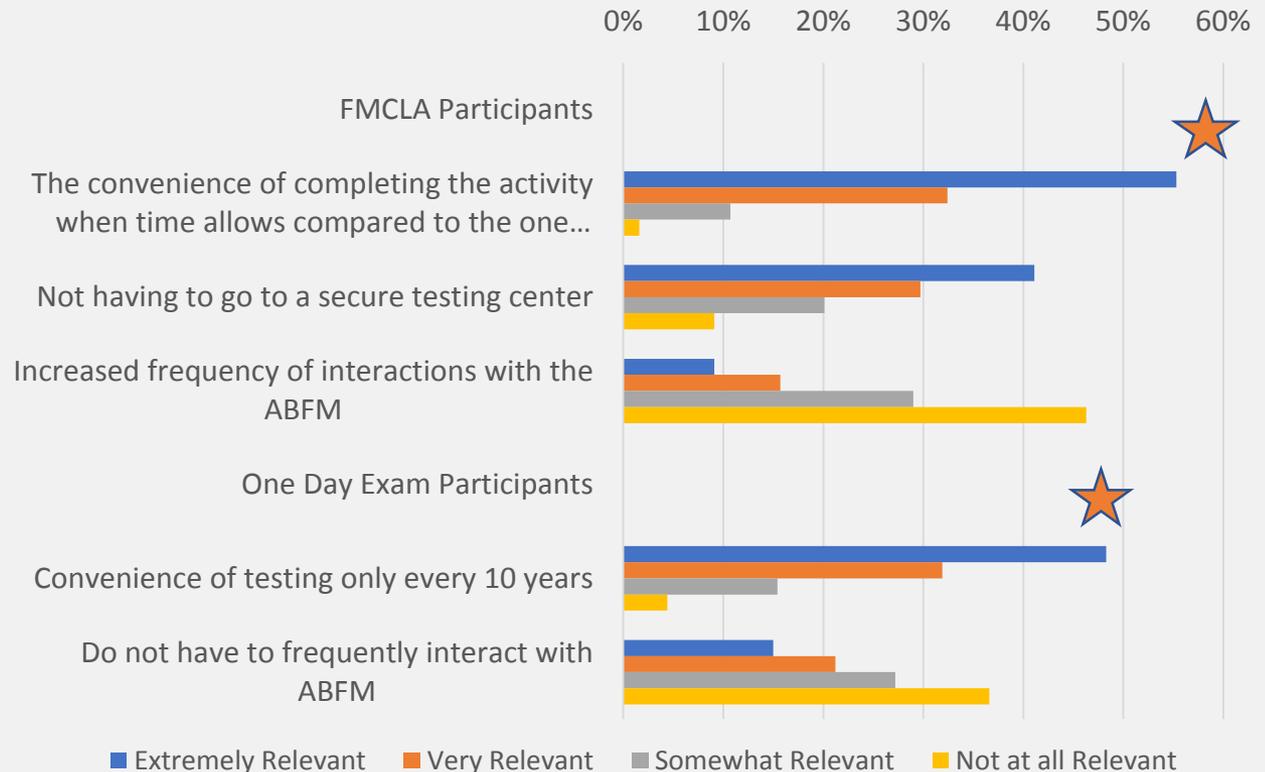
# FMCLA Experience To Date

8,411 eligible

- **71% selected**
- 13% April exam
- 14% - Nov vs. no cert

## Cohorts similar:

- Direct patient care
- Continuity care
- Practice type or ownership
- Scope of practice
- Faculty status
- Certified by other board
- Experiencing burnout

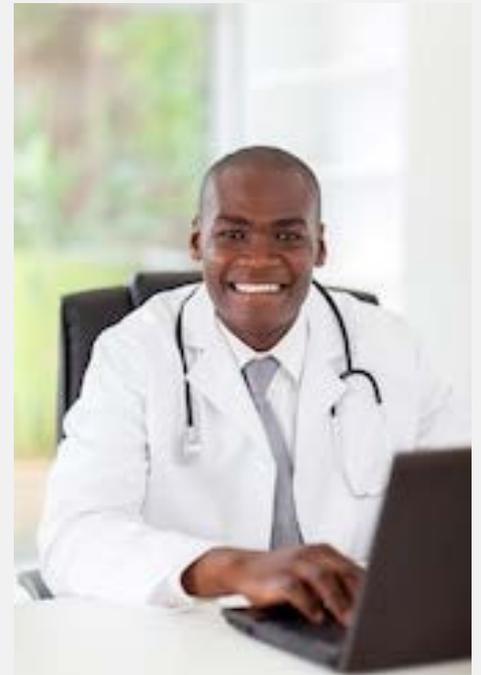


***Regardless of selection, convenience was the principal reason for choice***



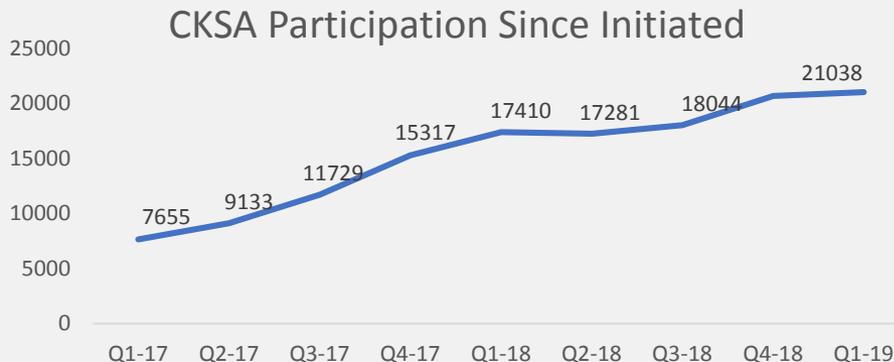
# Early Impressions from Pilot Cohort

- *Much better than 10-year testing option*
- *Best testing method I have seen to date*
- *25 questions is a good number to manage*
- *The interface is excellent*
- *Immediate feedback and references are great*
- *The critiques are extremely well done*
- *This is a much better learning experience than traditional examinations*
- *It is actually fun, and I am learning more things as I go*





# Incorporate Strategies that Support Learning, Identify Knowledge Gaps and Help Diplomates Stay Current



## Looking Ahead:

- Journal-article based activity
- New KSA topics



# Ensure That Programs Recognize Participation in QI Activities in Which Diplomates Already Engage

Do you see patients?  
*(Note: Continuity not required)*

*Clinically inactive no longer do PI activity*

NO

YES

ABFM Developed Activities (PI modules)

Self-Directed PI Activity (+ NCQA, PTN, etc.)

Organizational PI Activities (ABFM, ABMS)

AAFP PI-CME Activities

Residency PI Program (ResPip)

Precepting PI Activity



# Tailoring PI Activities

*Watch for new PI Locator to help you narrow in on the most relevant choices for your practice!*

Hello Dr. Fam Lee | ABFM ID: 123456

AMERICAN BOARD of Family Medicine

PORTFOLIO ACTIVITIES PROFILE SUPPORT LOGOUT

CURRENT ACTIVITIES SELF-ASSESSMENT ACTIVITIES PERFORMANCE IMPROVEMENT ACTIVITIES ACTIVITY HISTORY

We're making improvements to the ABFM Physician Portfolio! [LEARN MORE](#) PROVIDE FEEDBACK

We would appreciate your feedback on the added functionality and look-and-feel of this page.

### FIND AN IMPROVEMENT ACTIVITY

No matter your work environment, the opportunity for improvement is everywhere. Let us help you find an option that works best for you and your practice.

### PERFORMANCE IMPROVEMENT ACTIVITIES

Performance Improvement (PI) activities allow you to assess your competence in systematic measurement and improvement. The purpose is to help identify an improvement opportunity in your practice or system, implement a change to address that improvement opportunity, and measure the impact of that change.

If you want to see a full list of Improvement activities that are available, just click [here](#).

**I am Clinically Active** What is this?

**Current Stage: 2018-2020** As a clinically active physician you must complete at least one PI Activity per stage. [LEARN MORE](#)

### STATUS AT A GLANCE

- You have not met the PI Requirement in your current stage.
- You need 30 points to complete the current stage.

20 of 50 Knowledge Self-Assessment Other

[VIEW CURRENT STATUS](#)

### IMPROVEMENT ACTIVITY PREFERENCES

#### PRACTICE INFORMATION

By providing information about your practice, ABFM will be able to filter available PI activities that more closely match the way you deliver care, your practice setting, where you work, and the size of your practice.

[UPDATE](#)

#### AREAS OF INTEREST

Indicate one or more topic areas that are of interest to you to improve and we will filter available PI activities that more closely match topics that are of interest to you.

[UPDATE](#)

#### RECOGNITIONS AND AWARDS

Have you received a recognition from NCOA, Joint Commission, Bridges to Excellence, or other organizations within your current stage that may qualify for PI credit? Let us know by selecting from list of available recognitions and qualifications.

[UPDATE](#)

#### ACTIVITY TYPES

Would you prefer to view PI activities that are web-based, also offer CME, and/or have no additional cost? Indicate these and other preferences to filter available PI activities.

[UPDATE](#)

See if where you work has an approved PI Activity with us! [VIEW ORGANIZATIONS](#)

See approved PI Activities from societies and regional networks. [VIEW ACTIVITIES](#)

Are you a resident or faculty member? Learn more about ResPIP and how to participate. [RESIDENCY PI PROGRAM](#)

Are you a preceptor? Learn more about the Precepting PI Program and how to participate. [PRECEPTING PI PROGRAM](#)

Do you need help doing an activity on your own or with a small group? [GET HELP](#)

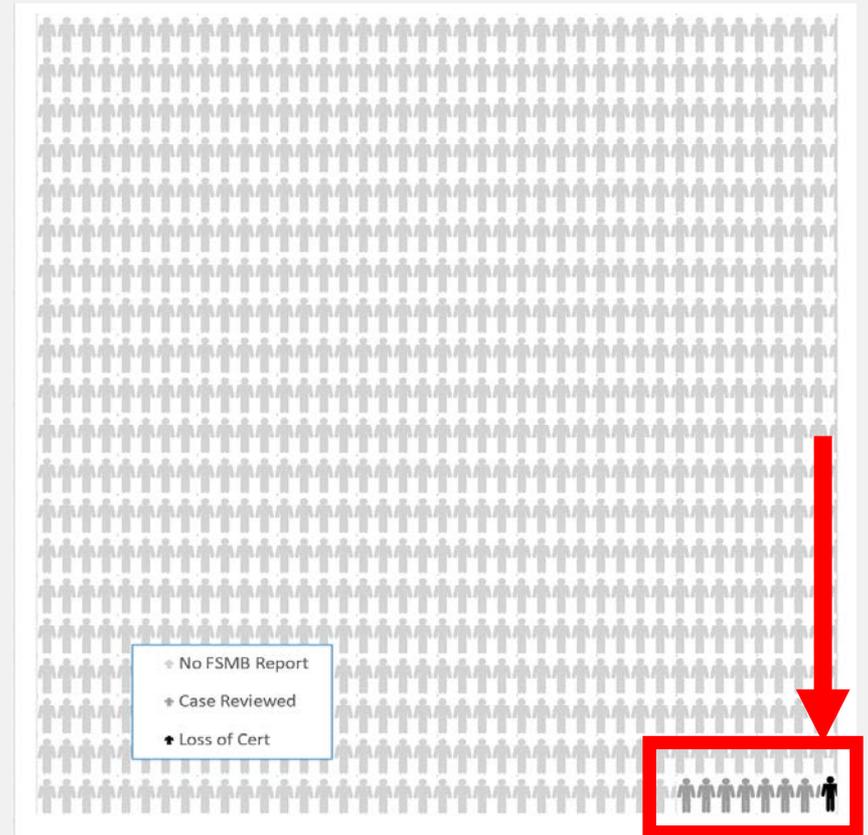


# Consistent Approaches to Evaluate Professionalism and Professional Standing, with Due Process

*Losing board certification is quite uncommon...*

*Average annual disciplinary rates:  
(2013-2017)*

- 99% have no action warranting Professionalism Committee review
- 0.9% of Diplomates have case reviewed by Professionalism Committee
- Only **0.09%** lose certification
  - > 50% are restored





# Does Certification Impact Professionalism?

- Family Physicians who had ever been certified were less likely to receive a disciplinary action against their license
- The most severe actions were associated with decreased odds of being board certified at the time of the action.

Peabody MR, et al. *Academic Medicine*  
*e-pub ahead of print, February 2019*



# Consistent Approaches to Evaluate Professionalism and Professional Standing



THE CENTER FOR  
**PROFESSIONALISM & VALUE  
IN HEALTH CARE**

The Center aims to create space in which patients, health professionals, payers, and policymakers can work to renegotiate the social contract



# Vision Commission Recommendations

- Regular, bidirectional communication with diplomates (education + feedback)
- Have consistent processes and requirements that are fair, equitable, transparent, effective and efficient
- Continue independent research on the value of certification
- Demonstrate value of certification in the healthcare environment
  - But, not sole criteria!
- Collaborate with specialty societies, the CME/CPD community and other stakeholders to support learning activities that produce data-driven advances in clinical practice
  - Share data and information to guide and support diplomate engagement in continuing certification



# Regularly Communicate and Encourage Feedback

## *Focus on Bidirectional Engagement*

New website  
launched  
March 2019

Redesign of  
Physician  
Portfolio  
underway

ABOUT NEWS RESEARCH SUPPORT CENTER

Search

AMERICAN BOARD OF FAMILY MEDICINE  
American Board  
of Family Medicine

I am a PATIENT I am a CREDENTIALER PHYSICIAN LOGIN

There are more than **92,000 ABFM Board-Certified** Family Physicians.  
Search below to find an ABFM Board-Certified Family Physician in your area.

BY NAME BY LOCATION

Enter name

SUBMIT

WELCOME TO THE ABFM WEBSITE  
ABOUT THE ABFM

*We promise that the credential you earn is a meaningful measure of your professionalism, cognitive expertise, and commitment to improvement.*

VALUE OF CERTIFICATION  
Participating in the Family Medicine Certification assures that you are critically evaluating your practice, acquiring new skills, and adapting your practice to

BECOME CERTIFIED  
Family Medicine Certification (FMC) serves to ensure your patients and the public that you are highly skilled and effective at improving their health by having met the

CONTINUE CERTIFICATION  
Patients place faith in board certification and expect that it reflects ongoing education and practice improvement.  
[Learn more >](#)

ADDED QUALIFICATIONS  
In conjunction with other ABMS member boards, ABFM offers a number of Added Qualifications.  
[Learn more >](#)



# ABFM Outreach



Outreach with state chapters, clusters

Collaboration with family medicine organizations, ABMS, others

## Get Involved with the ABFM:

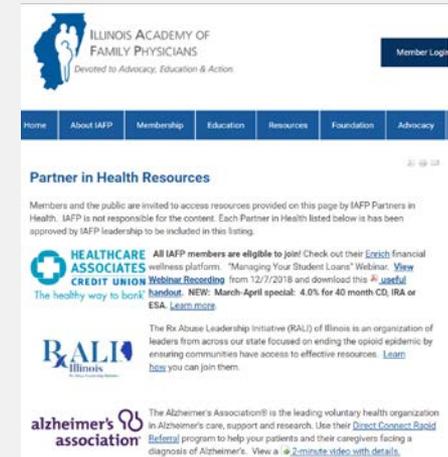
- ***Engagement Network***
- Virtual and in-person focus groups
- Anytime feedback through website
- Participate in item writing, standard setting





# State Chapter Outreach

- ABFM Outreach Director, Ashley Webb
- Approaches:
  - ✓ State Chapter website redesign
  - ✓ State chapter reports
  - ✓ Sharing content
  - ✓ Group KSA process redesign
  - ✓ New Group PI opportunities
  - ✓ Provide mechanism for members to get answers from ABFM





# Facilitate Independent Research About the Value of Certification

**Diabetes: MOC group showed significantly greater improvement in 11 of 24 diabetes care processes and outcomes than physicians not in MOC**

Galliher JM, et al. *JABFM*  
2014; 27(1): 19-25

**Improvement in % of patients with A1C <7.0, foot exam and retinal exam**

Peterson LE et al. *Ann Fam Med*  
2014; 12(1):17-20

**78% of physicians would change care of their diabetic patients**

Peterson LE et al. *J Cont Ed Health Prof* 2016; 36(1):55-60

**Statistically significant improvement in DXA measurement and prescribed pharmacologic therapy**

Lambing et al. *JABFM*.  
2015; 28(6): 819-821

**Composite score of CV risk reduction improved by 13.4% in the intervention group compared with the control group**

LaBresh et al. *Pediatrics*.  
2014; 134 (3)

**Statistically significant improvement in % of patients with controlled blood pressure, diet counseling and exercise counseling**

Peterson LE et al. *J Healthcare Qual* 2016; 38(3):175-186

**Statistically significant improvement in % of patients with controlled blood pressure**

Kolasinski and Price, 2015.  
*Perm J*. 2015; 19 (2): 6-40

**Lower rates of burnout among board-certified Family Physicians**

Puffer JC et al. *JABFM*  
2017; 30:125-126.



# Vision Commission Recommendations



**American Board  
of Medical Specialties®**  
*Higher standards. Better care.™*

- Comply with all ABMS certification and organizational standards
  - Financial stewardship
  - Ensure voices of diverse groups of practicing physicians and the public are represented
- Make certification history publicly available and be willing to change certification status when standards are not met
- Enable diplomates to remain certified across multiple boards without duplication of effort



# ABFM Mission, Vision, Values

## **Mission:**

To serve the public and the profession through certification, research, educational standards and support for the improvement of health care.

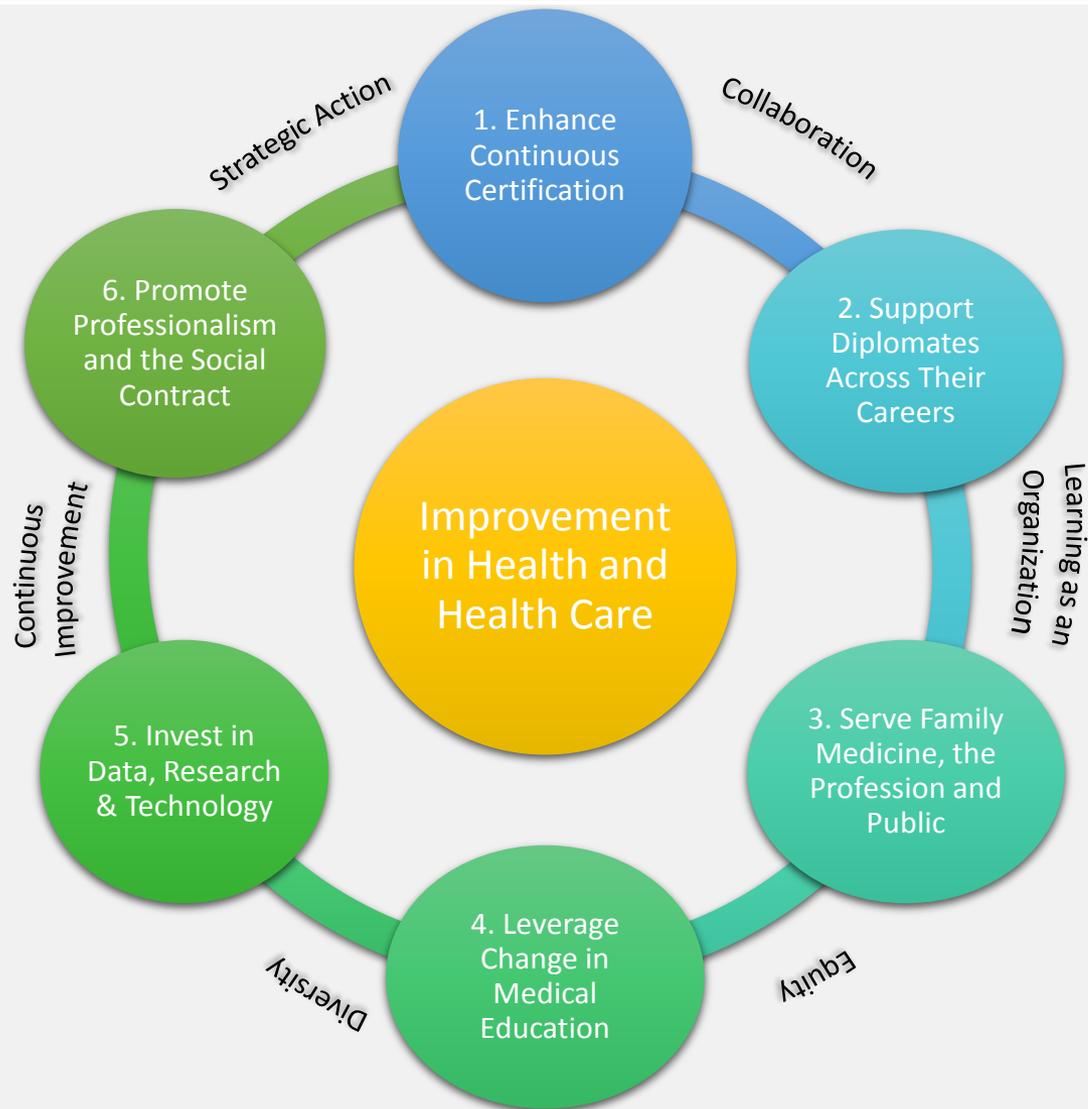
## **Vision:**

Optimal health and health care for all people and communities family physicians serve.





# ABFM Strategic Plan





*"In its most highly developed form, primary care is the point of entry into the health services system and the locus of responsibility for organizing care for patients and populations over time. There is a universally held belief that the substance of primary care is essentially simple. **Nothing could be further from the truth.**"*

—Barbara Starfield, MD, MPH  
1932-2011



THANK-YOU!!  
Questions?



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