62nd Annual Greenville Postgraduate Seminar

Spotlight: Primary Care
The Future of Healthcare

62nd 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
The World Health Organizations ranks the U.S. as the 37th best overall healthcare system in the world.

**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."

<table>
<thead>
<tr>
<th>Country</th>
<th>Below-average income</th>
<th>Above-average income</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUS</td>
<td>30%</td>
<td>10%</td>
</tr>
<tr>
<td>CAN</td>
<td>25%</td>
<td>15%</td>
</tr>
<tr>
<td>FRA</td>
<td>20%</td>
<td>10%</td>
</tr>
<tr>
<td>GER</td>
<td>15%</td>
<td>5%</td>
</tr>
<tr>
<td>NETH</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>NZ</td>
<td>5%</td>
<td>0%</td>
</tr>
<tr>
<td>NOR</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>SWE</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>SWZ</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>UK</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Source:** The Commonwealth Fund

**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."

<table>
<thead>
<tr>
<th>Country</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUS</td>
<td>6%</td>
</tr>
<tr>
<td>CAN</td>
<td>5%</td>
</tr>
<tr>
<td>FRA</td>
<td>10%</td>
</tr>
<tr>
<td>GER</td>
<td>8%</td>
</tr>
<tr>
<td>NETH</td>
<td>9%</td>
</tr>
<tr>
<td>NZ</td>
<td>4%</td>
</tr>
<tr>
<td>NOR</td>
<td>7%</td>
</tr>
<tr>
<td>SWE</td>
<td>2%</td>
</tr>
<tr>
<td>SWZ</td>
<td>1%</td>
</tr>
<tr>
<td>UK</td>
<td>2%</td>
</tr>
<tr>
<td>US</td>
<td>18%</td>
</tr>
</tbody>
</table>

**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?
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

The Quadruple Aim

- Improved Physician Experience
- Improved Patient Outcomes
- Lower Cost of Care
- Improved Patient Experience
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?
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Do Comprehensiveness and Continuity Still Matter?

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

- 15% ↓ cost
- 35% ↓ risk hospitalization


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


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

JABFM 2012;25(3):270-271
Shrinking Scope of Practice: Maternity Care

Graph showing the percentage of physicians in low-volume obstetrics (1 to 25 deliveries per year), medium-volume obstetrics (26 to 50 deliveries per year), and high-volume obstetrics (> 50 deliveries per year) from 2004 to 2016.

Am Fam Physician. 2017;95(12):762
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
Residents Trained Broadly but Practicing More Narrowly
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.

BMJ http://dx.doi.org/10.1136/fmch-2018-000063
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’.

<table>
<thead>
<tr>
<th>Factor</th>
<th>% Responding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Covered by insurance</td>
<td>90</td>
</tr>
<tr>
<td>Board Certification</td>
<td>82</td>
</tr>
<tr>
<td>Bedside manner or communication skills</td>
<td>80</td>
</tr>
<tr>
<td>Referred by a doctor you trust</td>
<td>70</td>
</tr>
<tr>
<td>Location of office</td>
<td>54</td>
</tr>
<tr>
<td>Recommendation from friends or family</td>
<td>41</td>
</tr>
<tr>
<td>Hospital or other org. the doctor is affiliated with</td>
<td>41</td>
</tr>
<tr>
<td>School or hospital where the doctor trained</td>
<td>27</td>
</tr>
<tr>
<td>Doctor’s gender</td>
<td>11</td>
</tr>
<tr>
<td>Doctor’s age</td>
<td>9</td>
</tr>
<tr>
<td>Reason</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Required by my employer</td>
<td>53%</td>
</tr>
<tr>
<td>Required for hospital privileges/credentialing</td>
<td>56%</td>
</tr>
<tr>
<td>Required by one or more payer/insurance company</td>
<td>42%</td>
</tr>
<tr>
<td>Maintain professional image</td>
<td>52%</td>
</tr>
<tr>
<td>Personal preference</td>
<td>49%</td>
</tr>
<tr>
<td>Professional advancement</td>
<td>33%</td>
</tr>
<tr>
<td>Maintain or improve patient satisfaction</td>
<td>22%</td>
</tr>
<tr>
<td>Patients prefer being treated by board certified physicians</td>
<td>33%</td>
</tr>
<tr>
<td>Certification program helps me update my medical knowledge</td>
<td>49%</td>
</tr>
<tr>
<td>Certification program helps me monitor or improve the quality of my patient care</td>
<td>40%</td>
</tr>
</tbody>
</table>
What We Hear From Diplomates

Board Certification is:

• Not relevant
• Not beneficial
• Not worth the investment
• Too expensive
• Busy work
• Added burden

• Other(s)??
“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, diplomats... reflect their commitment to professionalism, lifelong learning and improved care.”
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
<table>
<thead>
<tr>
<th>Component</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>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.</td>
</tr>
<tr>
<td>Self-Assessment and Lifelong Learning</td>
<td>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).</td>
</tr>
<tr>
<td>Cognitive Expertise</td>
<td>Fulfillment of this component requires the successful completion of the Family Medicine Certification Examination during the required time period.</td>
</tr>
<tr>
<td>Performance Improvement</td>
<td>Fulfillment of this component requires completion of the required number of Performance Improvement (PI) activities for clinically active physicians during the Certification stage.</td>
</tr>
</tbody>
</table>
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

Self-Assessment Activity Options

Looking Ahead:
- Journal-article based activity
- New KSA topics

CKSA Participation Since Initiated

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1-17</td>
<td>7655</td>
</tr>
<tr>
<td>Q2-17</td>
<td>9133</td>
</tr>
<tr>
<td>Q3-17</td>
<td>11729</td>
</tr>
<tr>
<td>Q4-17</td>
<td>15317</td>
</tr>
<tr>
<td>Q1-18</td>
<td>17410</td>
</tr>
<tr>
<td>Q2-18</td>
<td>17281</td>
</tr>
<tr>
<td>Q3-18</td>
<td>18044</td>
</tr>
<tr>
<td>Q4-18</td>
<td>21038</td>
</tr>
<tr>
<td>Q1-19</td>
<td></td>
</tr>
</tbody>
</table>
Ensure That Programs Recognize Participation in QI Activities in Which Diplomates Already Engage

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

- NO
- YES

Clinically inactive no longer do PI activity

- 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!
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
• 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.

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


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


78% of physicians would change care of their diabetic patients


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


Statistically significant improvement in % of patients with controlled blood pressure


Lower rates of burnout among board-certified Family Physicians

Vision Commission Recommendations

- 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
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

1. Enhance Continuous Certification
2. Support Diplomates Across Their Careers
3. Serve Family Medicine, the Profession and Public
4. Leverage Change in Medical Education
5. Invest in Data, Research & Technology
6. Promote Professionalism and the Social Contract
"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?
PRISMA HEALTH

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