

workshop at the WONCA Asia Pacific Conference in 2015 in Taipei^{11,25}

- The *Embassy Conversations* model will be promoted as a promising approach for engaging policy makers and lawmakers in health systems innovation
- Promote participatory research methodology as a meaningful tool for engagement with stakeholders
- Promote the value of international comparative outcome research for health systems' innovation:

- The 4 funding agencies have committed to ongoing informal discussions to consider opportunities for collaboration over shared areas of interest

- Pursue the development of a standardized set of primary health care-sensitive outcome measures.

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well. That announcement came during the 2014 AAFP Assembly in Washington, DC.

In his inaugural address as the Academy's new leader on October 22, AAFP President Robert Wergin, MD, gave Assembly-goers their first glimpse of a 3-year communications campaign being launched by the AAFP and its 7 family medicine sister organizations. Dubbed Health is Primary, the campaign will use advertising, news media outreach, online communications, partnerships and other outreach efforts to rally patients, employers, policy makers and other local stakeholders across the country to recognize and support the value of family medicine and primary care.

In conjunction with the communications campaign, the 8 groups—which together have formed a new organization known as Family Medicine for America's Health—also will execute a 5-year strategic implementation plan that seeks to do no less than transform the US health care system—a goal that will require family physicians to work alongside their primary care colleagues, patients, policy makers, and other key players in the health care arena.

An overview of these conjoint efforts was published in October 2014 as a supplement to *Annals of Family Medicine*.

Former AAFP President Glen Stream, MD, MBI, is board chair of Family Medicine for America's Health. During an October 23 press event that marked the official kickoff of the organization's multiyear venture, he cited a convergence of factors as a strong indicator that now is the time to move forward.

"We believe our country is at a tipping point, with a number of major shifts—including the (Patient Protection and) Affordable Care Act, the establishment of the patient-centered medical home, and improvements in technology—that have changed the landscape," said Stream. "We believe these represent an opportunity to truly transform and improve our nation's health."

According to Stream, Health is Primary will begin traveling to cities around the country starting early in 2015 to highlight community-level interventions that are improving health while enhancing and expanding primary care. The campaign also will work with employers, health advocates, and others to activate patients to take charge of health issues such as chronic disease management and smoking cessation.

"It's time to put the health back in health care," said Stream. "We believe the solution to many of the problems in the health care system can be found in primary care."

At the same time, Family Medicine for America's Health will further the evolution of family medicine and propel system-wide change by focusing on the following areas:

References

For a complete list of reference, see <https://www.napcrg.org/Conferences/AnnualMeeting>.



Ann Fam Med 2015;13:87-88. doi: 10.1370/afm.1743.

'HEALTH IS PRIMARY' LAUNCHES TO MUCH FANFARE AT AAFP ASSEMBLY

Family medicine is no stranger to innovation. From becoming the first medical professional organization to require completion of continuing medical education as a condition of membership in 1949 to essentially reinventing itself through the Future of Family Medicine project in 2004, the specialty has maintained its leadership role and relevance by embracing change.

Now, a decade after that re-envisioning, family medicine is once again taking the lead in transforming not only itself, but the American health care system, as

- transforming physician practices to enable them to adapt and excel in today's changing health care environment
- achieving payment reform that facilitates and accelerates the shift away from volume-based care and toward value-based care
- pursuing workforce education and development goals that aim to inspire and engage students and sharpen their leadership skills
- building a strong research agenda that supports the future of family medicine in an evidence-based way
- taking a leadership role in ensuring that new practice and consumer technologies are meaningful and serve patients' and practices' needs

Also speaking during the launch event was former CMS Administrator Don Berwick, MD, MPP. Berwick, who is the founding chief executive officer of the Institute for Healthcare Improvement, addressed the Triple Aim of the campaign—better health, better care, and lower costs—and how Family Medicine for America's Health looks to foster the kind of primary care-based health care system that has been shown to realize these goals.

"There are only 2 possibilities of who is going to create this change," Berwick observed. "One is 'outside in' change. Those who are paying the health care bills and regulating the industry will use reward and punishment, change compensation systems and put in new metrics to correct the system.

"I don't think this is the preferred pathway. The better pathway—the elusive one—is 'inside out' change. Those who are in charge of the production of health care in America now have an opportunity to embrace this bigger set of goals—better care, better health, and lower costs."

Ultimately, said Berwick, "The best solution for America's achievement of reaching the Triple Aim is physician-led, patient-engaged, inside-out progress."

Finally, another participant at the launch event, noted author and filmmaker T.R. Reid, related a personal tale that clearly illustrated what's at the heart of the Health is Primary campaign: the patient-centered, holistic relationship between patient and physician that is the hallmark of family medicine.

A couple of years ago, he told attendees, he woke up and noticed one of his legs was a purplish color. Odd, but not life-threatening, it seemed. The next day, though, it was worse.

"I didn't know who to go to, so I went to my family physician," said Reid. "He looked at my purple leg for 5 seconds and said, 'You're fine. You're a snowboarder right? And we had a big powder dump on Tuesday. I bet you went up there and snowboarded and I bet you took a fall. You broke a blood vessel and that's why

your leg is purple. It will heal itself, and in a week, you'll be fine."

The whole business cost Reid an \$18 copayment, he said, noting that had he gone to the hospital, it would have cost 7 times that.

The end result? "I got the treatment and diagnosis I needed from a primary care doctor," he said.

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ABFM'S SELF-ASSESSMENT MODULE (SAM) REVISION PROCESS

In 2004, the first self-assessment modules (SAMs) went online as a resource for fulfilling the part II requirement of Maintenance of Certification for Family Physicians (MC-FP). As time has gone by, Diplomates have occasionally asked about the process the American Board of Family Medicine (ABFM) uses for revising and updating the content of the SAMs. Given the pace of change in medical knowledge, ABFM staff has found it necessary to employ multiple strategies to keep the SAMs current.

In an effort to obtain automated summaries of knowledge updates, our information specialist has worked with a physician to identify sets of search terms, called *hedges*, for use in the MedLINE/PubMed My NCBI tool available at the National Library of Medicine's PubMed website (<http://www.ncbi.nlm.nih.gov/myncbi/>). This site allows users to create and store literature search strategies that will run on a periodic basis to retrieve recent information on a given topic. These searches have been developed for every SAM item, and the staff reviews the results on a regular basis to identify significant new content or changes to existing information.

A second strategy is to have a member of the knowledge team that developed the SAM review the complete set of questions. Those that are no longer accurate or current are modified or replaced accordingly. In addition, some questions are removed to make room for new ones that reflect important developments.

Since Diplomates are permitted to repeat a SAM for MC-FP credits after 5 years have elapsed, a more