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New Primary Care Initiative Targets Doctors in Training

Preparing the Personal Physician for Practice (P⁴) initiative has potential to transform the way doctors are trained to practice medicine

LEAWOOD, Kan. – The Association of Family Medicine Residency Directors (AFMRD) and American Board of Family Medicine (ABFM), in collaboration with TransforMED, the American Academy of Family Physicians (AAFP) practice redesign initiative, today announced 14 family medicine residency programs will participate in an initiative aimed at changing the way family physicians are trained to practice medicine.

Dubbed P⁴, the Preparing the Personal Physician for Practice (P⁴) initiative has the potential to inspire considerable changes in the content and structure of family medicine training. Findings from the project are expected to guide future revisions in accreditation and content to ensure America's future family doctors are proficient in using the most up-to-date tools and technologies to meet the growing demands of health care consumers. The AFMRD and ABFM Foundation have pledged nearly \$1.75 million to fund the initiative, only a portion of the financial commitment necessary to drive this innovation forward.

“While many family medicine residency programs are taking new and progressive approaches to physician training, the 14 residencies participating in the P⁴ initiative will highlight innovations taking place in residencies across the country,” said Samuel M. Jones, M.D., president of the AFMRD and co-chair of the P⁴ steering committee. “We’re confident that residency programs not formally participating in the P⁴ initiative will continue moving ahead with their own innovations that may also advance the future of the specialty.”

“Instead of implementing the changes so-called experts prescribe, P⁴ relied on the imagination and judgment of family medicine residency directors and their staffs,” said Larry Green, M.D., co-chair of the P⁴ steering committee. “It is our hope that, by encouraging change by innovation, as opposed to dictating change, the P⁴ initiative will give birth to a new and progressive way of training family physicians to be personal doctors.”

In the increasingly fragmented world of health care, residencies participating in P⁴ will endeavor to teach future doctors how to build a personal medical home where patients experience seamless, coordinated care. By implementing more progressive curricula that focus on futuristic ways of caring for patients, budding family physicians will learn how to elevate levels of patient care and satisfaction prior to completing residency.

“The 21st century physician must have the technical knowledge and expertise to provide personalized, high-quality care in an information-age environment,” Jones said. “I am confident P⁴ will guide us to a more forward-thinking graduate medical education curriculum that will empower America’s future family doctors to provide the kind of efficient, top-quality, convenient care our patients deserve.”

The proposed innovations vary among the 14 participating residencies. For example, Baylor Family Medicine Residency in Houston, Texas, will add a fourth year to its program, provide residents with the opportunity to complete coursework toward a master’s degree in public health (MPH), and increase ambulatory care setting experiences for residents. The Lehigh Valley Family Medicine Program in Allentown, Pa., will relocate its training to community-based practices, where residents will learn to implement innovations such as group visits and chronic disease management. The University of Missouri Family Medicine Residency Program in Columbia, Mo., will immerse residents in the personal medical home by increasing the amount of time residents spend in the outpatient clinic, and increasing the utilization of electronic resources. By doing so, the program will enhance the opportunity for resident physicians to provide continuity care to their patients throughout their training.

In May 2007, the P⁴ residencies will hold their first joint meeting to fine tune their proposed innovations, make any necessary adjustments, and prepare to move forward. Contingent upon funding and organizational support, they will spend the next five years developing, implementing and testing their innovations, and sharing the results with the medical community. During the project, they will be subject to detailed evaluation and assessments by a research team from Oregon Health & Sciences University.

P⁴ will be administered by TransforMED, the AAFP’s practice redesign initiative. “P⁴ is a logical extension of the TransforMED national demonstration project currently underway,” said Terry McGeeney, president and CEO of TransforMED. “The two initiatives will operate collaboratively and in parallel, allowing key learnings from the national demonstration project to seed new training strategies and approaches to guide the P⁴ residency initiative.”

“Today’s family medicine residency directors acknowledge that new training approaches are essential to ensure family physicians are prepared to embrace new technologies and implement the characteristics of a personal medical home,” Green said. “We are hopeful this national experiment will provide us with the compelling data necessary to optimize future training.”

Residencies participating in the P4 initiative include:

Baylor HCHD Family Medicine Residency Program – Houston, Texas
Residency director: Jane E. Corboy, M.D.

Cedar Rapids Medical Education Foundation – Cedar Rapids, Iowa
Residency director: Gordon Baustian, M.D.

Christiana Care Health Services Program – Wilmington, Del.
Residency director: Jennifer Naticchia, M.D.

Hendersonville Family Practice Residency Program – Hendersonville, N.C.
Residency director: Steven Crane, M.D.

John Peter Smith Hospital Family Medicine Residency Program – Fort Worth, Texas
An affiliate of Texas A&M Health Science Center College of Medicine
Residency director: Daniel Casey, M.D.

Lehigh Valley Family Medicine Program – Allentown, Pa.
Residency director: Julie A. Dostal, M.D.

Loma Linda Family Medicine Residency – Loma Linda, Calif.
Residency director: Jamie Osborn, M.D.

Middlesex Hospital Family Medicine Residency Program – Middletown, Conn.
Residency director: Michael Stehney, M.D., MPH

Tufts University Family Medicine Residency – Malden, Mass.
Residency director: Joseph W. Gravel, Jr., M.D.

University of Colorado Family Medicine Residency – Denver, Colo.
Residency director: Daniel Burke, M.D.

University of Missouri–Columbia Family Medicine Residency – Columbia, Mo.
Residency director: Erika Ringdahl, M.D.

University of Rochester Family Medicine Residency Program – Rochester, N.Y.
Residency director: Stephen Schultz, M.D.

Waukesha Family Medicine Residency Program – Waukesha, Wis.
Residency director: Michael F. Mazzone, M.D.

West Virginia University Rural Family Medicine Program – Harpers Ferry, W.V.
Residency director: David A. Baltierra, M.D.

Editor's note: Please visit www.transformed.com for an overview of each residency program's P4 innovations

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Association of Family Medicine Residency Directors

www.afmrd.org

The Association of Family Medicine Residency Directors (AFMRD) is dedicated to promoting excellence in family medicine graduate education in order to meet the health care needs of the American public. The AFMRD represents family medicine residency program directors at a national level and provides a voice for them in appropriate arenas. It works to develop the art and science of resident education in family medicine, improve the quality of education of family physicians, promote ethical behavior in all aspects of residency operation, promote communication and cooperation between family medicine residency programs and other members of the family medicine family, provide a network for mutual assistance among family medicine residency directors, and enhance the administrative operation of family medicine residencies.

American Board of Family Medicine

www.abfm.org

The American Board of Family Medicine (ABFM) is the second largest medical specialty board in the United States. Founded in 1969, it is a voluntary, not-for-profit, private organization. Through its certification and recertification processes, ABFM ensures that the family physicians it certifies have completed the necessary training and have the experience to provide quality care to the individual and the family, and that this commitment to excellence is maintained throughout the physicians' years of practice.

TransforMED

Established in 2005, TransforMED is a not-for-profit practice redesign initiative of the American Academy of Family Physicians (AAFP) focused on studying and implementing transformed models of high performance practices that meet the needs of both patients and practices. In June 2006, TransforMED launched a 24-month National Demonstration Project, serving as a "Learning Lab" to generate new knowledge about the process of practice transformation and to systematically evaluate and compare the effect of two practice transformation approaches on practice and patient outcomes. As results and insights emerge, TransforMED professional staff are using the lessons learned from the Learning Lab to develop support and business services, collaboration tools and learning opportunities that empower physicians and primary care practices across the country as they implement the TransforMED Model of Care. TransforMED also coordinates a residency demonstration initiative known as P4 – P to the fourth power – which stands for Preparing the Personal Physician for Practice. The P4 residency demonstration initiative evaluates and supports innovations in family medicine residencies. To learn more about TransforMED, visit www.transformed.com.

American Academy of Family Physicians

Founded in 1947, the AAFP represents nearly 94,000 physicians and medical students nationwide. It is the only medical society devoted solely to primary care. Nearly one in four of all office visits are made to family physicians. That is 207 million office visits each year – nearly 62 million more than to the next medical specialty. Today, family physicians provide the majority of care for America's underserved and rural populations.

In the increasingly fragmented world of health care where many medical specialties limit their practice to a particular organ, disease, age or sex, family physicians are dedicated to treating the whole person across the full spectrum of ages. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focused on integrated care. To learn more about the American Academy of Family Physicians and about the specialty of family medicine, please visit www.aafp.org.