Re: Family Medicine National Innovation in Continuity Clinic Experience

## See attached program specific approval letter

To Whom It May Concern:

This letter is to provide notification of an exciting scheduling innovation that several Family Medicine Residency Programs across the country have engaged in effective July 1, 2018.

Continuity is a cornerstone of the discipline of Family Medicine. However, ensuring continuity of care in the Family Medicine Practice (FMP) during residency training is challenging due to the breadth and depth of the specialty and the variety of educational environments required during residency training.

The Accreditation Council for Graduate Medical Education (ACGME) <u>Program Requirements for Family Medicine</u> and the American Board of Family Medicine (ABFM) <u>Residency Guidelines</u> require residents to be scheduled to see patients in the FMP for a minimum of 40 weeks during each year of training. Although, the ACGME allows for program innovation around this requirement, the ABFM requires that programs be approved for a waiver to the 40-week requirement.

In the spring of 2018 twenty-five Family Medicine Residency Programs collectively submitted a waiver request to the ABFM requesting the opportunity to create innovative FMP schedules for residents. The innovations would allow flexibility to the number of weeks scheduled in the FMP, but the requirement for the total number of patient visits during residency remains the same. Various metrics will be used to evaluate this innovation. The ABFM approved the waiver request (*see attached program specific approval letter*) allowing the programs listed below the opportunity to participate in a 5-year pilot to experiment and measure new scheduling models.

The residency programs working on this important innovation will help us better understand best practices in training family medicine residents, including how to improve patient access, continuity of care, and resident well-being.

| <u>North</u>  | South   |
|---|---|
| Donald Woolever, Central Maine Med Center FMRP,<br>Lewiston, ME       | Margaret Baumgarten, Eastern VA Medical School-<br>Ghent FMRP, Norfolk, VA    |
| Abbie Jacobs, Hoboken U Med Center/NY Med College, Hoboken, NJ        | Stephen Brawley, Eastern VA Medical School-<br>Portsmouth FMRP, Portsmouth VA |
| Stephen Hagberg, Heritage Valley Health System FMRP, Beaver Falls, PA | Robert M. Pallay, Savannah FMRP, Savannah, GA                                 |

| Midwest  | South (continued)  |
|--|--|
| William F. Miser, The Ohio State University, Columbus, OH  | Kristian E. Sanchack, Naval Hospital Jacksonville, Jacksonville, FL                                      |
| Christopher Bernheisel, The Christ Hospital –<br>U of Cincinnati College of Medicine, Cincinnati, OH | Maribeth Porter, University of Florida FMRP,<br>Gainesville, FL  |
| Margaret Dobson, University of Michigan FMRP,<br>Ann Arbor, MI                                       | James W. Haynes, University of TN College of Medicine Chattanooga, Chattanooga, TN                       |
| J. William Rawlin, Munson FMRP, Traverse City, MI  | Barbara H. Miller, OU School of Community Medicine – Tulsa, Tulsa, OK                                    |
| Karen B. Mitchell, Ascension Providence – Park<br>Hosp/MSU-CHM, Southfield, MI                       | Curtis Galke, UT Rio Grande Valley – Doctors<br>Hospital at Renaissance FMRP, McAllen, TX                |
| Deborah E. Miller, University of Chicago North Shore FMR, Glenview, IL                               | West   |
|  | Jessie Pettit, University of Arizona – Tucson FMRP,<br>Tucson, AZ  |
| Michelle Karsten, Hennepin County Med Center FMPR, Minneapolis, MN                                   | Elizabeth Kyle Meehan, University of Arizona College of Medicine, South Campus FMRP, Tucson, AZ          |
| Kate DuChene Thoma, University of Iowa – Iowa City FMRP, Iowa City, IA                               | David Araujo, Ventura County Medical Center FMR,<br>Ventura, CA  |
|  | Grace Yu, Stanford Health Care – O'Connor Hospital FMRP, San Jose, CA                                    |
|  | Melissa Nothnagle, Natividad FMRP, Salinas, CA   |
|  | Joyce Hollander-Rodriguez, Oregon Health & Science<br>University – Cascades East FMRP, Klamath Falls, OR |



## American Board of Family Medicine, Inc.

Quality Healthcare, Public Trust . . . Setting the Standards in Family Medicine

May 15, 2018

Jessie Pettit, M.D Program Director University of Arizona College of Medicine-Tucson Family Medicine Residency Program 707 North Alvernon Way, Suite 101 Tucson, AZ 85711

Re: The Clinic First Initiative and Board Certification

Dear Dr. Pettit:

Congratulations on your approval as a participating site for the Clinic First Initiative. This important pilot will provide critical information on how innovations in our training paradigms may improve patient access, continuity of care, and resident satisfaction and well-being; we are pleased to support this initiative. The purpose of this letter is to memorialize the conditions under which the pilot will be conducted by the participating programs and the commitments made by the American Board of Family Medicine (ABFM) to all residency programs and their residents participating in the pilot under these conditions.

The ABFM understands that residency programs in this project will experiment with family medicine practice (FMP) scheduling that does not comport with the current requirements for training in Family Medicine approved by the Accreditation Council for Graduate Medical Education (ACGME) and required by the ABFM for certification. Programs participating in the pilot have been reviewed by the AFMRD, which has attested to the ABFM that participating programs:

- are in good standing with the ACGME and have full accreditation.
- will ensure that the number of overall training sessions in the FMP is equivalent to the number of sessions in which their residents would have participated if they had been in the FMP site at least 40 weeks each year.
- will ensure each of their residents will have at least 1,650 face-to-face office visits prior to graduation.
- will continue to meet all other ACGME RC-FM and ABFM program requirements.
- are responsible for measuring the following core outcomes:
  - 1. FMP visits per resident per year,
  - 2. FMP sessions per resident per year group,
  - 3. Continuity of care, and
  - 4. Resident and patient satisfaction.
- acknowledge that the pilot will last five years and that an audit will be conducted by the AFMRD and ABFM at the end of the third year. Programs not in compliance with the requirements outlined above at that time will no longer be allowed to participate in the pilot.

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The ABFM will waive the requirement that a resident must spend at least 40 weeks in the FMP for each program complying with the above conditions. Those programs not in compliance with the above conditions at any time will no longer be provided this waiver and subsequently will be expected to meet the 40-week requirement.

The ABFM wishes to assure all residents in residency programs participating in this pilot that they will be eligible to sit for certification in Family Medicine at the completion of their residency training in these pilot programs if they meet the following criteria:

- 1. They have fully participated in the pilot and have successfully completed all ACGME program requirements as verified to the ABFM by their program director.
- 2. They meet all licensing requirements established by the ABFM as a condition of eligibility to sit for the examination at the time of their application.

It is expected that a small number of residents may decide to transfer from a participating training program to nonparticipating residency programs for a number of reasons during the course of their training. In these instances, the ABFM will work closely with both the residency from which the resident has transferred and the accepting residency program to determine the amount of advanced placement credit that will be awarded at the time of the transfer based upon ABFM policies in place at that time. It should be understood by the transferring resident and the accepting residency program that in some instances, not all of the prior training in the pilot program may be transferable and that the continuity of care requirement will need to be met.

So that all residents are fully informed of these conditions, we would ask that you duplicate this letter and share it with your current residents and all subsequent residents who enter your program. Furthermore, as part of the process of informed consent, we would respectfully ask that you share this information with all prospective residents at the time of their recruitment and prior to the deadline for submitting their match lists to the National Residency Matching Program (NRMP).

We again congratulate you on your selection as a pilot participant, and we wish you every success as you embark on this important experiment.

Sincerely,

James C. Puffer, M.D.

President and Chief Executive Officer