Survey: Pediatricians value medical home but face challenges

from the AAP Department of Research


In the survey, pediatricians were asked about their attitudes concerning FCMH principles (see table). Three of four pediatricians reported agreement or strong agreement that having a FCMH encourages patient use of preventive care and decreases unnecessary or preventable use of the emergency department or hospitalizations. Eighty percent of pediatricians further agreed or strongly agreed that having a FCMH improves children’s health care.

Twelve percent of pediatricians worked in practices that had applied for formal patient-centered medical home recognition or accreditation. Sixty-one percent reported that their practice had not applied, while 27% did not know whether their practice had applied. No association was found, however, between pediatricians’ medical home attitudes and whether their practice was formally recognized or accredited.

Pediatricians reported experiencing barriers to FCMH implementation. The most commonly reported barrier was a lack of sufficient/appropriate personnel to facilitate the components of the FCMH (58%). This was followed by a lack of time to make the practice changes necessary to adopt a FCMH (43%). Roughly one in 10 pediatricians reported not having the communication skills needed to lead coordinated care activities.

**Pediatrician attitudes concerning family-centered medical homes**

<table>
<thead>
<tr>
<th>Having a family-centered medical home...</th>
<th>Disagree or strongly disagree</th>
<th>Neutral</th>
<th>Agree or strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improves children’s health care.</td>
<td>3%</td>
<td>17%</td>
<td>80%</td>
</tr>
<tr>
<td>Encourages patient use of preventive care.</td>
<td>4%</td>
<td>20%</td>
<td>76%</td>
</tr>
<tr>
<td>Decreases unnecessary or preventable use of the emergency department or hospitalizations.</td>
<td>7%</td>
<td>19%</td>
<td>74%</td>
</tr>
</tbody>
</table>


ABP allowing more time for supervised practice if eligibility lapses

by Trisha Korioth • Staff Writer

A modification to an American Board of Pediatrics (ABP) policy extends the amount of time a doctor can take to complete six months of supervised practice when regaining eligibility to sit for initial certification examinations.

The ABP policy *Time Limited Eligibility for Initial Certification Examinations* now states that six months of supervised practice may be completed over the course of more than one year. Proposals for part-time supervised practice that extends over a year must be approved by the ABP and must address consistency of supervision of the individual and continuity of supervised practice experience. The policy applies to those seeking to re-establish their eligibility to take the initial certifying examination for general pediatrics as well as pediatric subspecialties.

“The intent is to provide flexibility when eligibility has lapsed,” said David M. Jaffe, M.D., FAAP, senior vice president of AAP Education and Publishing.

Individuals in several AAP membership categories potentially are affected, including post-residency training members, candidate members and Fellows pursuing subspecialties.

Seven years ago, the ABP first enacted the policy that limits eligibility to seven years for board certification after completing training. The policy went into effect with the 2014 examination. Whether they were unable to pass the initial certifying examination or deferred taking it due to personal or economic circumstances, segments of the pediatric medical population now have fallen outside of the seven-year window of eligibility. Practice under supervision of a program director must meet the ABP’s eligibility plan requirements for general pediatrics (http://bit.ly/2dPHqaq) or subspecialties (http://bit.ly/2dW4hVm).

The modification should make it easier to complete the supervised practice requirement by allowing candidates to spread the required six months of training over a longer period of time. This option might allow them to remain in practice and still schedule the required supervised practice experiences.

“It is hard to walk away from your practice for six months and do the equivalent of a six-month residency,” said Dr. Jaffe.

Those working in locations far from pediatric training programs might face geographic challenges, he noted. Program directors may have limited resources and capacity to accommodate those seeking to become re-eligible.

After completing the six months of supervised practice, doctors have seven more years to pass the initial certifying examination. Individuals should consider the number of future opportunities they have to sit for the examinations, Dr. Jaffe said. General examinations are offered every year, but subspecialty examinations occur every other year. And to pass the subspecialty examinations, one must pass the general exam first.

If, after another seven years, they still have not passed: “You have to go back and start the full pediatrics or subspecialty training all over,” he said.

RESOURCES

- Information on family-centered medical home implementation is available through the AAP National Center for Medical Home Implementation at https://medicalhomeinfo.aap.org/ and on the AAP website at http://www.aap.org/medicalhome.
- AAP members seeking strategies, resources and tools to help them thrive in the rapidly changing health care delivery and payment system can access free resources on the newly revised Practice Transformation webpages found at www.aap.org/practicetransformation.
- For more medical home information, contact Dana Bright, in the AAP Division of Children with Special Needs, at 800-433-9016, ext. 7784, or dbright@aap.org.
- For more information on the Periodic Survey of Fellows, visit http://www2.aap.org/research/periodicsurvey.htm or contact William Cull, in the AAP Division of Health Services Research, at 800-433-9016, ext. 7628, or wcull@aap.org.

RESOURCES

- AAP Pediatrics Review and Education Program resources, http://shop.aap.org/professional-education/journals-self-assessments/