



Improving Genetics Education in Graduate and Continuing Health Professional Education

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"Challenges in Reaching Community Practitioners"

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Former Affiliations

- AAFP Alternative Delegate to the American Medical Association (AMA)
- AAFP Representative to the Council for Medical Specialty Societies (CMSS)
- AAFP Liaison to the Council for Academic Family Medicine (CAFM)

Previous Positions / Responsibilities:

- Vice President for Education, *American Academy of Family Physicians*
- Director, Division of Medical Education, *American Academy of Family Physicians*
- Director, *Residency Program Solutions* (RPS)
- Founding Chair, National Institute for Program Director Development (NIPDD)
- President, Association of Family Medicine Residency Directors (AFMRD)
- President, UC Medical Alumni Association
- Chair, ACGME Residency Review Committee (RRC) for Family Medicine
- Family Medicine Residency Program Director, various public, private and university programs
- VP - GME and Medical Affairs, Mercy Healthcare Sacramento – Catholic Healthcare West/Dignity Health
- Public Health Officer and Medical Director, Mercy Health Plan (CHW)
- Family Physician, *National Health Services Corps*, Barstow, CA

Educational Background:

- University of California – Davis, School of Medicine
- Ventura General Hospital Family Medicine Residency (UCLA-affiliated)
- Masters of Public Health – Loma Linda University School of Public Health
- Board-certified , Family Medicine, Emergency Medicine, Medical Management
- Fellow of the AAFP, American College of Emergency Physicians, and American College of Physician Executives

Challenges in Reaching Community Practitioners



Three Questions to be Addressed...

1. Current perspectives of the practicing generalist physician regarding the clinical usefulness (? relevance) of genetics?
2. Current successful strategies the AAFP has used to equip the practicing family physician?
3. How to get the generalist clinician community to embrace a new resource for genetics information?

Challenges in Reaching Community Practitioners



Motivation for the practicing community to embrace and utilize...

- Directly benefits the patients they see frequently
- Simple/straightforward application
- Reduces practice costs/saves time
- Reduces professional liability risks/costs
- Helps secure privileging
- Learning is part of a MOC requirement
- Get paid (\$\$) for including it

Provide Information ≠ Practice integration

Challenges in Reaching Community Practitioners



Current Practice Environment Experience

The Promise

- Personalized medicine
- Pharmacogenomics
- Genetic risk projections
- Major impact on common ills of society
- Preventive care/slow the onset of disease
- Targeted care – treatment with higher likelihood of success

The Reality

- Rare disorders
- Infrequent relevance
- Oncology focused
- Market-driven hype driving fear and exploitation of the public
- Expense (to patient or practice) with little or no benefit (no action to be taken)

Challenges in Reaching Community Practitioners



“What has the AAFP done in the realm of CPD innovation to equip practicing physicians with information and skills that they will embrace and use?”

- *METRIC* (**M**easuring, **E**valuating and **T**ranslating **R**esearch **I**nto **C**are) Part IV MOC
- *SAMs* (**S**elf-**E**valuation **M**odules) with the online Patient Simulator
- *“Fast-Track” Board Review* with audience response and engagement system
- *T2P* (Translation to Practice) credit system
- Use of Social Media to facilitate interaction

Challenges in Reaching Community Practitioners



METRIC – documented impact on patient care

Original Research

Effect of a Performance Improvement CME Activity on Management of Patients With Diabetes

GARY C. BIRD, PhD; KATHY MARIAN, MD; BRUCE BAGLEY, MD, FAFAP

Introduction: Primary care in the United States faces unprecedented challenges from an aging population and the accompanying prevalence of chronic disease. In response, continuing medical education (CME) initiatives have begun to adopt the principles of performance improvement (PI) into their design, although currently there is a dearth of evidence from national initiatives supporting the effectiveness of this methodology. The specific aim of this study was to demonstrate the value of a national PI-CME activity to improve the performance of physicians treating patients with diabetes.

Methods: We analyzed data from the American Academy of Family Physicians' METRIC® PI-CME activity in a cohort of family physician learners. The study utilized the 3-stage design standard approved for PI-CME. Baseline and follow-up performance data across a range of clinical and systems-based measures were compared in aggregate.

Results: Data were assessed for 509 learners who completed the activity. Statistically significant changes occurred both for self-assessment of a range of practice aspects and for diabetes care measures. Learners recognized that the organization of their practices had improved, and mechanisms were in place for better staff feedback, as well as aspects of patient self-management. Based on the clinical data obtained from 11 538 patient charts, 6 out of 8 diabetes measures were significantly improved.

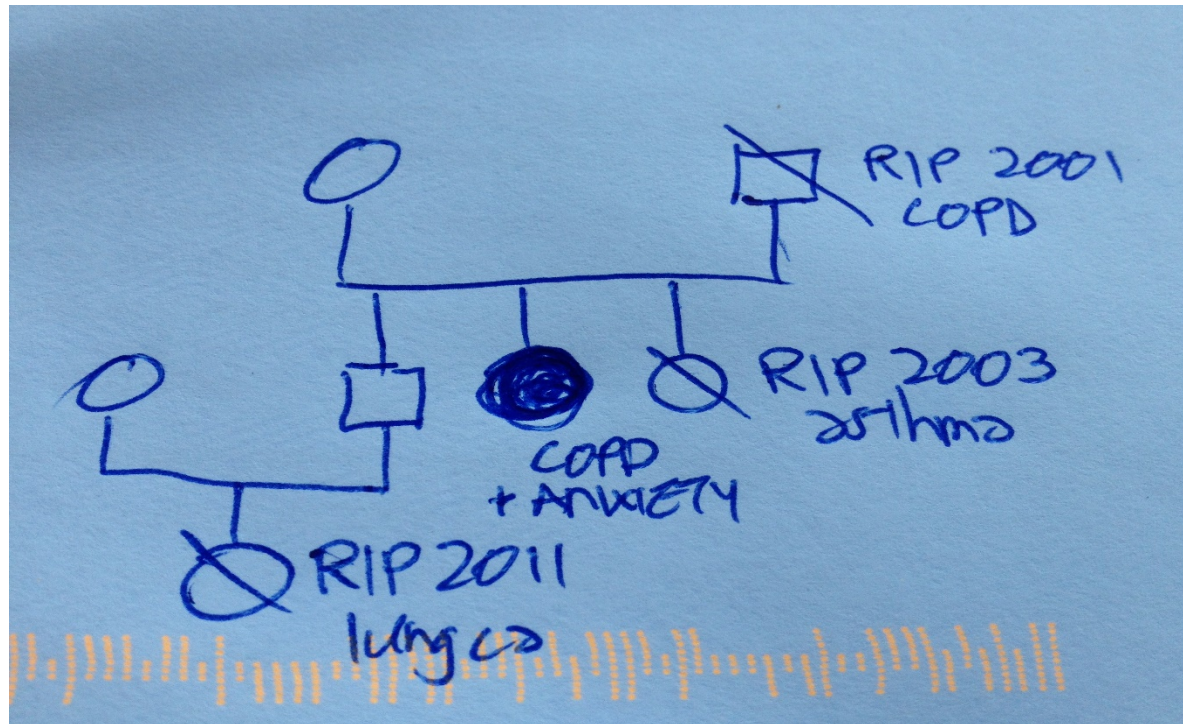
Discussion: The activity appears to have had a positive, measurable impact on the medical practice of learners and suggests that, when appropriately designed and executed, PI-CME on a national scale can be a useful vehicle to influence performance change in physicians and to inform future CME activities.

Key Words: diabetes, performance improvement, PI-CME, family physician

Challenges in Reaching Community Practitioners

“Unmet need for the practicing generalist?”

- A tool as effective and useful as a 3-generation family history...



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Even the U.S. Surgeon General agrees...



HHS.gov
U.S. Department of Health & Human Services

I'm looking for... 

A-Z Index

HHS Home > SG Family Health History

SG Family Health History
Before You Start
My Family Health Portrait Tool
Other Resources

Text Size: **A A A**      Share

Surgeon General's Family Health History Initiative

Health care professionals have known for a long time that common diseases - heart disease, cancer, and diabetes - and rare diseases - like hemophilia, cystic fibrosis, and sickle cell anemia - can run in families. If one generation of a family has high blood pressure, it is not unusual for the next generation to have similarly high blood pressure. Tracing the illnesses suffered by your parents, grandparents, and other blood relatives can help your doctor predict the disorders to which you may be at risk and take action to keep you and your family healthy.

To help focus attention on the importance of family history, the Surgeon General, in cooperation with other agencies with the U.S. Department of Health and Human Services, has launched a national public health campaign, called the Surgeon General's Family History Initiative, to encourage all American families to learn more about their family health history.

My Family Health Portrait Tool

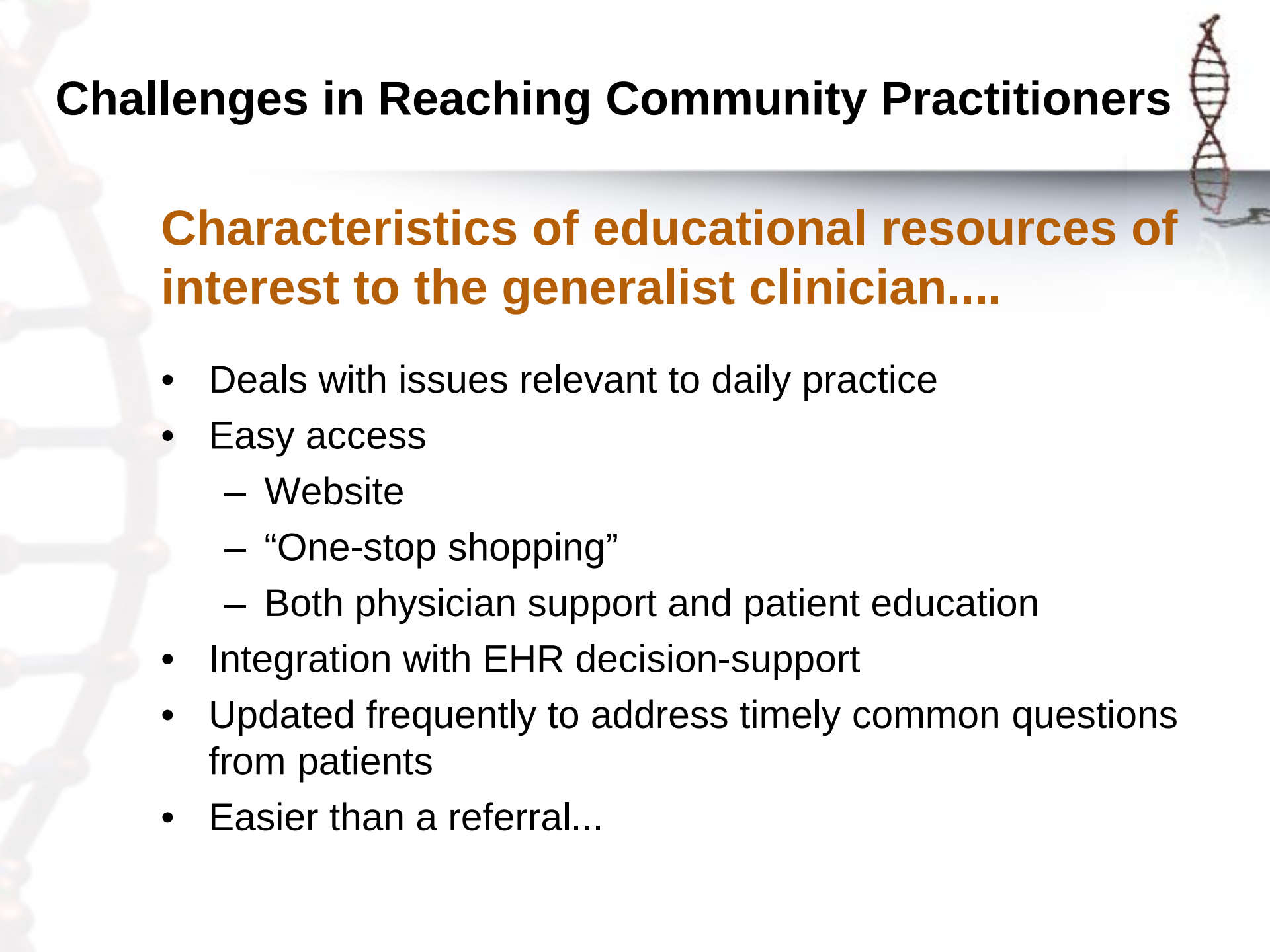
Americans know that family history is important to health. A recent survey found that 96 percent of Americans believe that knowing their family history is important. Yet, the same survey found that only one-third of Americans have ever tried to gather and write down their

State-of-the-Science Conference



How Are We Doing?

Challenges in Reaching Community Practitioners



Characteristics of educational resources of interest to the generalist clinician....

- Deals with issues relevant to daily practice
- Easy access
 - Website
 - “One-stop shopping”
 - Both physician support and patient education
- Integration with EHR decision-support
- Updated frequently to address timely common questions from patients
- Easier than a referral...

Challenges in Reaching Community Practitioners

AAFP FamilyDoctor.org

The screenshot displays the AAFP FamilyDoctor.org website. At the top, the navigation bar includes links for "Healthcare Management", "Drug Information", and "Health Tools", along with language options "ESP Español" and "Text A A". The main header features the "FamilyDoctor.org" logo with the tagline "health information for the whole family" and a search bar. Below the header is a horizontal menu with categories: "Diseases & Conditions", "Prevention & Wellness", "Pregnancy & Newborns", "Kids", "Teens", and "Seniors". The central content area is dominated by a large banner image of a family (mother, father, and two children) riding bicycles on a path. The banner text reads "Make exercise a habit" and "Add physical activity to your family's routine", followed by a sub-headline: "Exercise lowers risks of heart disease, diabetes, and certain kinds of cancer. Make small changes in your family's schedule this summer, and stay active. Learn more." To the right of the banner is a grid of six category tiles, each with an image and a title: "Diseases & Conditions" (X-ray), "Prevention & Wellness" (person stretching), "Pregnancy & Newborns" (pregnant woman), "Kids" (family portrait), "Teens" (teenage girl), and "Seniors" (elderly couple). At the bottom, there is a "Health Tools" section with four buttons: "CHECK YOUR SYMPTOMS", "DICTIONARY", "BMI CALCULATOR", and "IMMUNIZATION SCHEDULE". To the right of these tools is a "Choosing Wisely®" section featuring an image of a doctor and a patient, with the text "Tests and treatments to discuss with your doctor."

Healthcare Management | Drug Information | Health Tools
ESP Español Text A A

FamilyDoctor.org
health information for the whole family

Search

Diseases & Conditions Prevention & Wellness Pregnancy & Newborns Kids Teens Seniors

Make exercise a habit

Add physical activity to your family's routine

Exercise lowers risks of heart disease, diabetes, and certain kinds of cancer. Make small changes in your family's schedule this summer, and stay active. Learn more.

Diseases & Conditions Prevention & Wellness Pregnancy & Newborns Kids Teens Seniors

Health Tools

CHECK YOUR SYMPTOMS DICTIONARY BMI CALCULATOR IMMUNIZATION SCHEDULE

Tests and treatments to discuss with your doctor.
Choosing Wisely®



Thank You...