

POLICY BRIEF

Family Physician Participation in Quality Improvement

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More than one-third of family physicians reported participating in a quality improvement (QI) activity in the past year. Continuous QI is vital to improving personal and population health outcomes and reducing costs. Support for QI activities, their evaluation, and the dissemination of successful efforts are sorely needed. (J Am Board Fam Med 2013;26:626–627.)

Measurement and reporting of the quality of care physicians deliver is becoming increasingly important.^{1,2} Payment bonuses or penalties often are tied to the quality of care delivered. Family physicians participating in the American Board of Family Medicine's (ABFM) Maintenance of Certification for Family Physicians (MC-FP) are required to complete a quality improvement (QI) project every 3 years, but they can meet this requirement through other avenues or can perform QI more often. While training in QI is associated with performing QI in practice,³ the prevalence of QI activities among family physicians remains unknown.

We used data from a convenience sample of all family physicians that accessed their physician portfolio on the ABFM website during a 2-week period in September and October 2011. These

physicians completed a brief survey that included the question: "In the last year, have you personally participated in a Quality Improvement Project or PDSA [Plan Do Study Act]?" We used this question to represent participation in a QI activity.

During this 2-week period, 5818 family physicians residing in the 50 United States completed the survey (Table 1). The respondents were slightly younger and more likely to be female, be board certified, and to have completed more MC-FP activities than other physicians in the ABFM database. Of the respondents, 38% reported participating in a QI activity in the past year. Part 4 of MC-FP can be met by performing a QI activity, so it is not surprising that physicians who reported QI participation completed more MC-FP activities,

Table 1. Family Physicians Participation in a Quality Improvement (QI) Activity in the Past Year

	QI Activity in Past Year (n = 2231; 38.4%)	No QI Activity in Past Year (n = 3587; 61.7%)
Mean age, years (SD)	48.2 (9.2)	47.8 (9.7)
Male sex	60.4	56.0*
Medical degree	90.6	91.0
Currently certified	96.6	96.4
Mean MC-FP modules completed (SD)	4.1 (2.5)	3.6 (2.5)*
Any MC-FP Part 4 module	48.3	36.0*
Urban	80.6	80.4

Data are percentages unless otherwise indicated.

* $P < 0.01$.

MC-FP, Maintenance of Certification for Family Physicians; SD, standard deviation.

This article was externally peer reviewed.

Submitted 21 November 2012; revised 14 May 2013; accepted 23 May 2013.

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Funding: none.

Conflict of interest: none declared.

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and specifically were more likely to have completed a Part 4 module, than those who did not participate in a QI activity. There was no difference in QI participation between rural and urban physicians or by degree type.

In a small convenience sample, 38% of family physicians reported some involvement in QI in the past year. Since we assessed only QI participation in the past year, overall involvement in QI projects may be higher than reported here. Continuously improving the quality of health care through QI activities is becoming increasingly important since new health care delivery and payment models are tied to the quality of care provided. Through Part 4 of MC-FP, physicians can increase their knowledge and use of QI; however, further practice redesign, with concomitant increases in payments to support these changes,

is needed to advance the triple aim of better health, higher quality, and lower costs.⁴

References

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