



THE PHOENIX

A Diplomates' Newsletter

A Message from the President

James C. Puffer, M.D.

It is hard to believe that I will be completing my sixteenth year at the American Board of Family Medicine (ABFM) at the end of 2017. Time has passed quickly as I and our incredible staff became immersed in the task of transforming this organization from one which simply delivered an examination on the second Friday of July each year to one which has become heavily invested in helping you provide the very best care to your patients. The journey has been an exciting one, and I have come to work each day enthused about the continuing transformation of our organization into one which not only helps you provide high quality care, but also gathers data to better inform others about the important work that you do on behalf of your patients.

We gather these data from several sources. One of the most important has traditionally been the demographic survey that you complete when you apply to take one of our examinations. These data have been invaluable in helping us better understand what you actually do in practice so that we can continuously improve the assessment tools that we use to help you provide better care. However, the data serve other useful purposes as well. Perhaps the best example of this was the use of the data by the American Academy of Family Physicians' (AAFP) Robert Graham Center to inform rule-making after passage of the Affordable Care Act in 2010 for the Primary Care Incentive Payment. Graham Center research using ABFM data convinced the Centers for Medicare and Medicaid Services (CMS) to include most rural-based family physicians who would otherwise have been penalized for providing broad, full-scope care to their patients; they would have been precluded from receiving the primary care bonus written into the Act based upon the limited CPT code methodology upon which eligibility for the bonus was being determined.

We have rapidly expanded the data sets that we are gathering to provide us with additional information about the specialty. These have included the Milestones data that we receive from the Accreditation Council for Graduate Medical Education (ACGME) for every single family medicine resident in training, and data from the Resident Graduate Survey, developed and administered in collaboration with the Association of Family Medicine Residency Directors (AFMRD), that characterizes the work of recently

graduated family medicine residents. Important examples of the use of these data sets include recent data that we have published on burnout among family physicians, the changing nature of the scope of practice of recently graduated family physicians, and the powerful and long-lasting imprinting that occurs as a function of the environment in which family medicine residents train.

We have also used this data to document the effectiveness and utility of the assessment tools that we have created for you to use in the Family Medicine Certification process. We reported on the data that you shared with us in your evaluations of the Performance in Practice Modules on the relevance and clinical utility of these

modules in your practice in the last issue of *The Phoenix*. We have also published similar data for the Clinical and Knowledge Self-Assessment modules, showing how all of these tools have improved quality of care. However, we have just begun to harness the power of these data.

The PRIME registry now has nearly 4 million patients and these data, under approved research protocols, are extremely powerful for research, such as helping develop better case-mix adjustments for primary care payment. As a Qualified Clinical Data Registry

(QCDR), we can also develop, test, and propose better primary care quality measures. We strongly believe that the quality measures that are currently in use are sorely insufficient in accurately and effectively measuring the quality of care that family physicians deliver to their patients. They provide little information on how the cornerstones of family medicine—comprehensiveness, continuity, first contact care, and care coordination—improve the quality and reduce the cost of care that you provide to your patients. We will be using the data that I have described above to validate the importance of these measures and the influence they have on helping all of us achieve the “Quadruple Aim.” We have proposed a new measure for continuity of care for use of the PRIME registry in 2018 and will propose a comprehensiveness measure for 2019.

To utilize these data effectively, we must catalogue them, store them, know how to readily access them, and guarantee their integrity. This has required significant investment in the development of a new enterprise data management strategy that we embarked upon 18 months ago. Utilizing outside expert consultants, we underwent

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THE ABFM FULLY SUPPORTS THE USE OF CERTIFICATION AS A MEANS TO ELIMINATE THE NEED FOR FAMILY PHYSICIANS TO MEET BURDENSOME PRIVILEGING AND CREDENTIALING REQUIREMENTS. HOWEVER, NO FAMILY PHYSICIAN WHO IS NOT CERTIFIED BY THE ABFM SHOULD BE DENIED PRIVILEGES OR CREDENTIALS IF THEY CAN OTHERWISE DEMONSTRATE THEIR ABILITY TO PROVIDE HIGH-QUALITY CARE.



A Message from the President

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rigorous self-study and assessment of our current data management strategies and are now embarking on the second phase of the project that will restructure and streamline our data management operations.

The management of these data and their prudent use require considerable resources; we have you to thank for allowing us the ability to do so. When we first envisioned the transition from our old recertification paradigm to the current model of continuous certification, we utilized historical data about participation in the recertification process to develop our business plan. That data demonstrated that approximately 75-80 percent of family physicians that either initially certified or recertified in a given year returned seven years later to recertify. We expected considerable pushback in the transition to our new model and conservatively budgeted revenue based on the lower 75 percent return rate in our historical data sets for continuing cohorts.

In actuality, since the inception of our new continuous certification paradigm in 2003, every single cohort has participated at a rate greater than 80 percent! We have used the additional unexpected revenue to invest in enhanced infrastructure, the creation of the PRIME registry, and most importantly to keep your cost of participating in this process stable over the past 15 years. This is quite remarkable, because as you can see in the accompanying infographic, we have increased the total number of Diplomates that we serve by more than 20,000 while managing slightly more Diplomates participating in the continuous certification process at roughly the same cost that was in effect in 2003. In fact, in 2011, we reduced the annual fee for those entering the continuous certification process to \$200 per year.

As many of you are aware, considerable discussion has taken place within the physician communities of all specialties with respect to the cost, effectiveness, relevance,

and burden related to participation in the continuous certification process developed by each of the 24 member boards of the American Board of Medical Specialties (ABMS). The ABFM has had considerably less difficulty transitioning to this new paradigm because one of our founding principles was that we would only issue time-limited certificates. Furthermore, the four components of our old recertification paradigm were strikingly similar to the major elements of the mandated ABMS paradigm approved in 2000. Many other older member boards that have large numbers of lifetime certificate holders have had a much more difficult time implementing their programs.

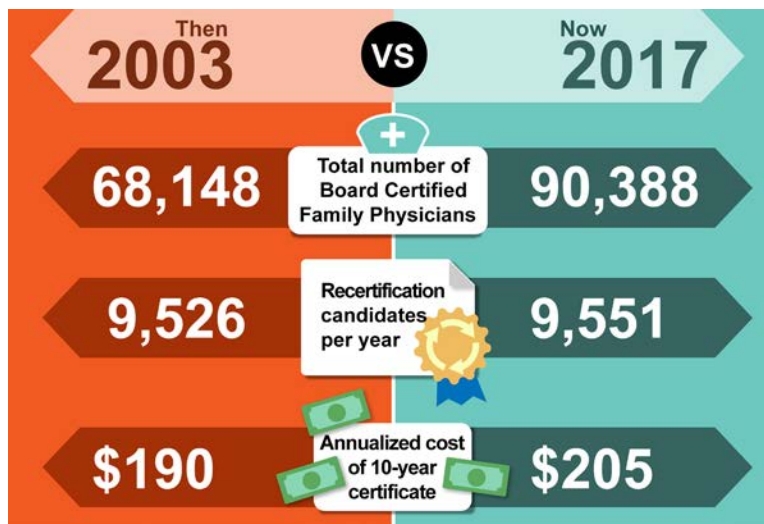
specialty; it was never intended to be used as the sole criterion or an absolute requirement for licensure, privileging, credentialing, or reimbursement. We are disheartened by the manner in which some hospitals, payors and groups are using the lack of certification to deny credentials or privileges or influence reimbursement to otherwise qualified family physicians. The ABFM fully supports the use of certification as a means to eliminate the need for family physicians to meet burdensome privileging and credentialing requirements. However, no family physician who is not certified by the ABFM should be denied privileges or credentials if they can otherwise demonstrate their ability to provide high-quality care. We have begun to

speak forcefully on this issue, and we are fully supportive of the advocacy efforts of the AAFP to attempt to rectify this problem. We want family physicians to participate in our continuous certification process because they want to do so, not because they must.

As many of you know, I will begin my final year of work at the ABFM in January. Much important work remains to be done on many of the initiatives mentioned above. We will be announcing additional improvements to the continuous certification

process after the first of the year, and we have several other new initiatives that we will get underway. I remain excited about the work that we do and look forward to helping complete much of it before I depart at the end of next year. In the meantime, open this issue of The Phoenix to learn about the exceptional qualifications of my eventual successor, Dr. Warren Newton, our new James C. Puffer/ABFM Fellow at the National Academy of Medicine, Dr. Tammy Chang, and updates on many of our current activities.

Finally, we at the ABFM send our sincerest Holiday Greetings to all of you as well as best wishes for a healthy and prosperous New Year.



Your robust participation has provided the resources to allow us to continuously improve our process with a constant eye on keeping cost low, making the process more efficient, reducing burden and redundancy, and creating synergy by allowing your participation to meet other reporting requirements and needs. We remain convinced that the overwhelming majority of you gain considerable satisfaction in meeting the high standards that we have established for certification and are intrinsically motivated to do so. Nevertheless, we are becoming increasingly concerned about the ways in which some are using our certification inappropriately.

ABFM certification was created to allow family physicians to voluntarily demonstrate their professionalism by meeting the high standards necessary for certification in our





ABFM Selects Warren Newton, MD, MPH, as New President and CEO

The American Board of Family Medicine's (ABFM) Board of Directors has selected Warren Newton, MD, MPH, to become its next President and Chief Executive Officer, succeeding Dr. James C. Puffer upon his retirement. Dr. Newton will serve in the position of President and CEO-elect beginning July 1, 2018 until Dr. Puffer's retirement at the end of 2018. Upon assuming the role of President and CEO on January 1, 2019, Dr. Newton will oversee the ABFM, as well as the ABFM Foundation and Pisacano Leadership Foundation.

Dr. Newton is currently Vice Dean of the School of Medicine at the University of North Carolina (UNC) and Executive Director of the North Carolina Area Health Education Center (NC AHEC), which is a national leader in practice redesign, continuing professional development, health careers programming, and innovation in graduate medical education. From 1999 to 2016, Dr. Newton served as the William B. Aycock Professor and Chair of Family Medicine at UNC.



Dr. Newton has been a personal physician for 33 years, working in a variety of settings, including the UNC Family Medicine Center, the Moncure Community Health Center, and the Randolph County Health Department. In the 1990s, he founded the first hospitalist program at UNC Hospitals and helped reorganize family medicine obstetrics into a maternal child service. Over the past 15 years, he has led practice transformation initiatives at the local, regional, and statewide levels. NC AHEC now provides support in health information technology, the Patient-Centered Medical Home, and quality improvement for more than 1,200 primary care practices.

As an educator, Dr. Newton served as residency director at UNC from 1992 to 1997; since 2004, he has co-led the I3 collaborative of 24 primary care residencies focused on clinical transformation in the residency practices. He has also taught extensively in medical school and fellowship programs and served as Vice Dean of Medical Education at UNC from 2008 to 2013, during which time he led a Liaison Committee on Medical Education review, expanded the school, established satellite campuses, developed new curricula in professionalism and population health, and expanded the enrollment of underrepresented minorities. Dr. Newton's scholarship has focused on the organization and effectiveness of health care; he authored more than 140 peer-reviewed publications, including more than 80 published with students, and he was the principal investigator on grants totaling more than \$45 million. From 2012 to 2017, he served on the Board of Trustees of the North Carolina State Health Plan, responsible for the health and health care of approximately 700,000 state and county employees and retirees. In 2016, he served as Senior Policy Advisor to the North Carolina Secretary of Health and Human Services, helping to prepare the Medicaid 1115 innovation waiver, plan rural residency expansion, and develop quality metrics for Medicaid.

"Warren Newton's extraordinary service to the discipline of family medicine and his commitment to improving health has been a core value that has guided every aspect of his professional work over the last three decades," said Elizabeth G. Baxley, MD, Professor of Family Medicine at Brody School of Medicine and Chair of the ABFM Board. "I have had the privilege of working with Warren at the state and national level and can attest to his dedication to continuous improvement and innovation in clinical care and education, as well as his drive to strengthen the discipline of family medicine to serve the American public. He is truly a transformative leader, and the ABFM Board of Directors is confident in his abilities to ensure that our certification programs are relevant and worthwhile to both clinicians and patients." Continuously board certified in family medicine since 1987, Dr. Newton served on the ABFM Board of Directors from 2007 to 2013, including his term as Board Chair in 2011-12. He currently serves as a Director on the ABFM Foundation Board of Directors. Dr. Newton also brings experience working with the American Board of Medical Specialties (ABMS), where he serves as a member of the ABMS Committee on Continuing Certification, including a term as one of its first chairs in 2014.

Additional national roles in which Dr. Newton has served include President of the Association of Departments of Family Medicine and Founding Chair of the Council of Academic Family Medicine. He is currently a member of the Liaison Committee of Medical Education and represents the ABFM at the National Academy of Medicine's Global Forum on Innovation in Health Professional Education.

Dr. Newton graduated from Yale University in 1980 and Northwestern Medical School in 1984. After residency and chief residency at UNC, he completed the Robert Wood Johnson Clinical Scholars Program and an MPH at the UNC Gillings School of Global Public Health. In 2012-13, he was selected as a Society of Teachers of Family Medicine Bishop Fellow and completed the American Council of Education Fellows program.



PRIME Registry Grows with New Tools

As PRIME Registry enrollment grows, the ABFM adds value for PRIME users. In the onboarding process, our technology partner FIGmd works with each practice to map its Electronic Health Record (EHR) data, resulting in a dashboard that is meaningful to the practice. The PRIME dashboard displays more than 40 electronic Clinical Quality Measures (eCQMs) at the clinician level, practice level, and even down to the individual patient level to track patient care and then target opportunities for improvement and follow-up. PRIME can currently integrate with more than 100 EHRs with more to come. All registry data are maintained in compliance with HIPAA, subject to a Business Associates Agreement, but the ABFM has gone further to protect your data. The registry vendor has no rights to use identified data without your permission, and the ABFM purposefully cannot touch patient data except for research purposes and after Institutional Review Board approval.

Since the PRIME Registry launched in November of 2015, more than 3,000 clinicians have joined and are moving through the onboarding process, working with the PRIME team and FIGmd to build their unique practice dashboard. Of those, more than 1,600 are actively using their PRIME dashboard.

Many practices enroll in PRIME because it is a Qualified Clinical Data Registry (QCDR) and an approved vehicle for reporting for Centers for Medicare and Medicaid Services Quality Payment Programs like the Merit-based Incentive Payment System (MIPS). The PRIME user dashboard includes an integrated tool that simplifies reporting for three MIPS categories: quality, improvement activities, and advancing care information.

With just a few clicks, most practices that enrolled in PRIME prior to October will be able to use the data in their registry dashboard to submit 2017 data for MIPS. However, even practices that missed the October registry enrollment deadline for 2017 MIPS reporting can still take advantage of the PRIME Registry's manual entry tool to submit their data. Practices using the manual tool also have the option to enroll in a full registry subscription, which will allow them to use PRIME to report their 2018 data for MIPS. To use either the PRIME manual reporting tool or the automated MIPS reporting tool, users must sign the data release consent form by February 28, 2018.

Exclusively for ABFM Diplomates, subscription to the PRIME Registry is free for the first three years of enrollment—an \$885 total value. Diplomates enrolled in the registry also have access to the Performance Improvement (PI) activity module, which allows physicians to use the data from their EHR to complete a PI activity from within the registry dashboard, fulfilling the PI requirement for continuous certification.

All PRIME features are focused on the needs of our users. For example, when Amazing Charts EHR users found they would be unable to use the EHR to report for Comprehensive Primary Care Plus (CPC+), the ABFM worked quickly to develop three new modules in the PRIME dashboard to simplify reporting for CPC+ Patient Reported Outcomes, Patient Empanelment, and Risk Stratification.

As we look toward 2018, the ABFM plans to launch an integrated population health assessment tool within PRIME that will integrate social determinants of health data with clinical data. This tool will allow physicians to evaluate the impact of social determinants on the individual patients and populations they serve, ultimately improving intervention and care.

To enjoy these benefits and the improvements to come, enroll in PRIME at www.primenavigator.org and click ENROLL IN PRIME REGISTRY. You can also join one of our interactive PRIME dashboard demonstration webinars. Click PRIME REGISTRY DEMO to view the calendar of scheduled webinars. Have more questions? Email the PRIME team at prime@theabfm.org.

ABFM Selects Warren Newton, MD, MPH, as New President and CEO

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“For nearly 50 years, the ABFM has served family physicians and the public with great distinction. I am delighted to serve the Board and family physicians across the country and honored to follow the outstanding leadership of Jim Puffer,” said Newton. “I have great admiration for the family physicians at the forefront of the care and the innovation that the American public needs. The Board is deeply committed to supporting them as they serve their patients and communities, and will continue to help develop the systems and tools needed to support them as they work continually to improve their practices. We are also committed to engagement with our partners—patients and families, other specialties, other professions, other organizations and payers—who share our vision of the need for dramatic improvement in health and health care for the American people.”



Tammy Chang, MD, MPH, MS, Selected as 2017 National Academy of Medicine Puffer/ABFM Fellow

The National Academy of Medicine (NAM) has selected Tammy Chang, MD, MPH, MS, as the 2017 James C. Puffer/ABFM Fellow. Dr. Chang is an assistant professor in the Department of Family Medicine at the University of Michigan, Ann Arbor. She is one of five outstanding health professionals selected for the class of 2017 NAM Fellows.

Dr. Chang received her undergraduate degree from the University of Michigan with honors in Cellular and Molecular Biology and Zoological Anthropology. She also received her medical degree and master of public health degree in health policy and management from the University of Michigan. Dr. Chang completed residency training and served as co-chief resident in the Department of Family Medicine at the University of Michigan, and she is an alumna of the University of Michigan Robert Wood Johnson Foundation Clinical Scholars program. She has received several national awards, including the Academy Health Presidential Scholarship for New Health Services Researchers, the North American Primary Care Research Group Distinguished Trainee Award, and the Society of Teachers of Family Medicine Distinguished Paper Award.



As a Puffer/ABFM Fellow, Dr. Chang will receive a research stipend of \$25,000. Named in honor of James C. Puffer, MD, president and chief executive officer of the ABFM, the fellowship program enables talented, early career health policy and science scholars in family medicine to participate in the work of the academies and further their careers as future leaders in the field. The Puffer/ABFM Fellowship was established under the NAM Fellowship program in 2011.

NAM fellows continue their main responsibilities while engaging part-time over a 2-year period in the academies' health and science policy work. A committee appointed by the president of the Institute of Medicine (IOM) selects fellows based on their professional accomplishments, potential for leadership in health policy in the field of family medicine, reputation as scholars, and the relevance of their expertise to the work of the NAM and the IOM.

Board Eligibility Ends Soon for Physicians Who Completed Residency Training Prior to 2012

We don't want you to miss your opportunity for initial certification! Physicians who became eligible to apply for initial certification prior to January 1, 2012 have until December 31, 2018 to gain initial certification. During the 7-year period of board eligibility, a family physician who wishes to be designated as board eligible must:

- Comply with ABFM Guidelines for Professionalism, Licensure, and Personal Conduct, which includes holding an active, valid, full, and unrestricted license to practice medicine in any state or territory of the United States or any province of Canada
- Continue to participate in meeting the Certification Entry Process requirements

In 2011, the ABFM Board of Directors established a policy to define the term "board eligible" as the period of seven years that may elapse between completion of residency training and achievement of initial certification in Family Medicine. Prior to establishing these limitations, the term was often misrepresented as a distinction among non-certified physicians, some of whom were not qualified to gain certification. If a family physician does not achieve certification by the end of the 7-year period of board eligibility, he or she may no longer use the designation "board eligible."

Once the 7-year board eligible period has passed, a physician may regain board eligibility and qualify to gain certification with the ABFM by successfully completing at least one year of additional training in an Accreditation Council for Graduate Medical Education (ACGME)-accredited family medicine residency training program (or an ABFM-approved alternative). More information about board eligibility certification requirements may be found on the ABFM website <https://www.theabfm.org/cert/boardeligibility.aspx>.



AOA 3-Year Residency Trained Family Physicians are Now Eligible for Certification

The ABFM is pleased to announce a change to the certification requirements, effective January 1, 2018, which will allow osteopathic family physicians who have completed three years of accredited family medicine residency training in either American Osteopathic Association (AOA) programs or AOA programs that have received ACGME preaccreditation or initial accreditation to apply for certification with the ABFM. The eligibility period for osteopathic family physicians will begin in 2018 and conclude at the end of 2022.

The current ABFM certification requirements combined with the transition to a single accreditation system could have made potential residents in an AOA-accredited family medicine program seeking ACGME accreditation ineligible for ABFM certification, subsequent ACGME subspecialty training, and ABFM certificates of added qualification. By the end of 2017, AOA-accredited programs applying for ACGME accreditation must submit applications for pre-accreditation, but it may take some time for programs to become fully accredited. There is the possibility that some programs will not become fully accredited before the transition period ends in 2020. Under current ABFM policies those family physicians seeking certification must complete the last two years of training in an ACGME-accredited family medicine program to be eligible for ABFM certification. In addition, any candidate seeking to obtain an ABFM certificate of added qualification (CAQ) must be currently certified with the ABFM in family medicine. Therefore, current ABFM requirements could have placed family medicine residents in a state of ineligibility for both fellowship training and subspecialty certification barring changing the requirements.

Physicians who trained or completed training in a 3-year AOA-accredited family medicine residency or an AOA program that has received ACGME pre-accreditation or initial accreditation will be eligible to apply for certification with the ABFM provided the requirements for the AOA Training Pathway are met. The eligibility period for initial certification for those meeting these requirements began this year on December 1, 2017, and will conclude December 31, 2022.

To gain certification, eligible physicians will need to:

- Submit the AOA Training Pathway form for a review of qualifications.
- Complete the AOA Training Pathway entry requirements prior to examination, including
 - Minimum of one (1) Knowledge Self-Assessment activity
 - Minimum of one (1) Performance Improvement activity with a patient population
 - Minimum of fifty (50) Family Medicine Certification points from completion of Self-Assessment and Performance Improvement activities.
- Submit an exam application and successfully complete the Family Medicine Certification Examination.
- Comply with ABFM Guidelines for Professionalism, Licensure, and Personal Conduct, which include holding an active, valid, full, and unrestricted license to practice medicine in any state or territory of the United States or any province of Canada.
- Submission of satisfactory completion of family medicine residency training and verification by the program director.

Candidates attempting to qualify under this pathway can access the AOA Training Pathway information at www.theabfm.org/moc/osteopathic.aspx.



Find the Performance Improvement Option that Works for You

When it comes to performance improvement, you have multiple options to earn continuing certification credit—including many options to receive credit for work and achievements you have already accomplished.

Performance Improvement (PI) activities are designed to self-assess competence in systematic measurement and improvement in patient care. The ABFM approves a wide range of established PI activities such as:

- **PRIME Registry:** A population health and PI tool for clinicians and practices. It extracts data from your EHR and turns it into actionable measures in an easy-to-use dashboard. Go to <http://primenavigator.org> to learn more about linking your practice to the PRIME Registry.
- **Collaborative Projects:** Structured PI projects that involve physician teams collaborating across practice sites and/or institutions to implement strategies designed to improve care.
- **Projects Initiated in the Workplace:** PI projects based on identified gaps in quality in a local or small group setting.
- **Web-Based Activities:** Self-paced PI activities that physicians complete within their practice setting. ABFM-approved web-based activities are ideal for physicians who do not have access to practice-based improvement initiatives.
- **Performance Improvement CME:** Activities approved by the AAFP which also meet ABFM standards.

Options for Individuals and Small Groups

National Committee for Quality Assurance Pathway

If you or your practice has received National Committee for Quality Assurance (NCQA) recognition in diabetes, heart/stroke, to the Patient-Centered Medical Home, you may be eligible to receive PI credit for the work performed to achieve this recognition.

Search for “NCQA Recognition” on the Performance Improvement Activities tab in your ABFM Physician Portfolio.

Self-Directed Quality Improvement Project

If you and/or a team of up to 10 family physicians have conducted a Quality Improvement (QI) project in your practice, you may be eligible to receive PI credit for the work you have already performed to improve processes and/or patient care in your practice.

Search for “Self-Directed QI” on the Performance Improvement Activities tab in your ABFM Physician Portfolio.

ABFM Performance in Practice Activities

ABFM’s web-based activities provide an interactive improvement plan for your practice. These activities are available across eight different improvement topics and are found on the Performance Improvement Activities tab in your ABFM Physician Portfolio. Diplomates can also use Performance Improvement CME (PICME) activities approved by the AAFP which also meet ABFM standards to receive Performance Improvement credit. Providers who would like to receive ABFM Certification Activity credit for their performance improvement (PI) activities will now be able to apply through the AAFP Credit System.

Options for Large Groups

Organizational Quality Improvement Project

Organizations, or groups of more than 10 family physicians, may apply for approval for an organizational QI project. These projects may be ongoing and have project teams participating at different times. A designated contact for the organization is responsible for tracking and reporting participation to the ABFM.

For more information about this pathway, email us at help@theabfm.org.

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American Board of Medical Specialties Portfolio Program Offers Improvement Initiatives

The ABFM participates in the American Board of Medical Specialties (ABMS) Portfolio Program. This program sets standards for identifying, creating opportunities for, and evaluating meaningful participation in organizational quality, safety, improvement, and continuous professional development activities.

Portfolio Program Sponsors develop and offer initiatives that align with organizational improvement priorities such as improved communication, efficiency, and patient safety. Initiatives could address community health concerns, ranging from cancer screenings and cardiovascular disease prevention, to improvement of immunization programs and transitions of care.

Portfolio Program Sponsors include leading hospitals, health systems, professional societies, and community health care organizations across the country.

To find out if your organization is participating in the Portfolio Program, go to <http://mocportfolioprogram.org/about-us/portfolio-program-sponsors> to learn more.

Find the Performance Improvement Option that Works for You

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Options for Organizations

Residency Performance Improvement Program

The Residency Performance Improvement Program (ResPIP) pathway allows residency programs to demonstrate their ability to develop and oversee the successful completion of QI projects for residents and faculty that meet the ABFM Family Medicine Certification requirements. Approved sponsors will be able to develop and oversee QI projects without submitting an application for each activity to the ABFM.

To participate in this pathway, residency programs must undergo an application process that assesses several components of organizational capacity for teaching QI fundamentals and conducting QI projects. Components that the ABFM will assess include:

- Institutional characteristics such as leadership and organizational type
- Organizational history of conducting QI projects
- Organizational readiness for developing, conducting, and supervising QI projects that will qualify for ABFM PI credit
- Infrastructure for supporting QI projects that meet standards and have meaningful participation
- Commitment to providing QI educational activities
- Examples of recently completed QI projects that meet ABFM PI activity standards

Find out more about this program at <https://theabfm.mymocam.com/respip>.



Get Performance Improvement Credit for American Medical Association Joy in Medicine Modules

The ABFM is committed to understanding burnout risk among Diplomates. We have published research on your responses to the examination registration questionnaire, which estimates that 24% of Diplomates exhibit symptoms of burnout, with younger and female family physicians at increased risk. While we continue to study the prevalence and causes of burnout, the ABFM is also supporting efforts to help.

One such effort recently released by the American Medical Association (AMA) is the StepsForward program at www.stepsforward.org. StepsForward includes several modules designed to help you “redesign your practice and reignite your purpose.” These modules are approved as a Self-Directed Performance Improvement option for ABFM Diplomates and will be highlighted in your portfolios.

StepsForward modules offer practice-tested guidance with specific steps for improving patient care, workflow, professional well-being, and technology and finance. A newly released module, Creating the Organizational Foundation for Joy in Medicine™ at <https://www.stepsforward.org/modules/joy-in-medicine>, offers tools to guide the executive leadership teams in creating a joyful practice environment and thriving workforce. These modules offer AMA Physician’s Recognition Award (PRA) category 1 credit and are free of charge.

Don’t Forget to Keep Your Medical License Updated with the ABFM

An important component of maintaining board certification is the demonstration of professionalism. This allows your patients and the public to know that, as a board-certified family physician, you have fulfilled the standards of professionalism, licensure and personal conduct outlined in ABFM Guidelines. Specifically, these guidelines state that a family physician must continuously hold a currently valid and full medical license that is not subject to practice privilege limitations in any state or territory in which he or she has a medical license, regardless of whether or not they are currently practicing within that state.

A review of a physician’s professionalism or personal conduct by the Credentials Committee is triggered if the physician is sanctioned by a legally constituted entity with control over aspects of a physician’s practice of medicine, including, but not limited to, entities of the Federation of State Medical Boards, the U.S. Drug Enforcement Administration, the Centers for Medicare and Medicaid Services, and Institutional Review Boards and Ethics Committees of Medical Schools, Hospitals, and Medical Clinics. The ABFM does not have the capacity to investigate cases but the Credentials Committee does review evidence provided by the sanctioning entity and by the physician if they appeal certification action. Thankfully, sanctions are rare, but in many cases, physicians sign agreements without considering how license limitations can affect their certification. For this reason, the ABFM aids all Diplomates and candidates who ask for help considering consequences before they sign any such agreements.

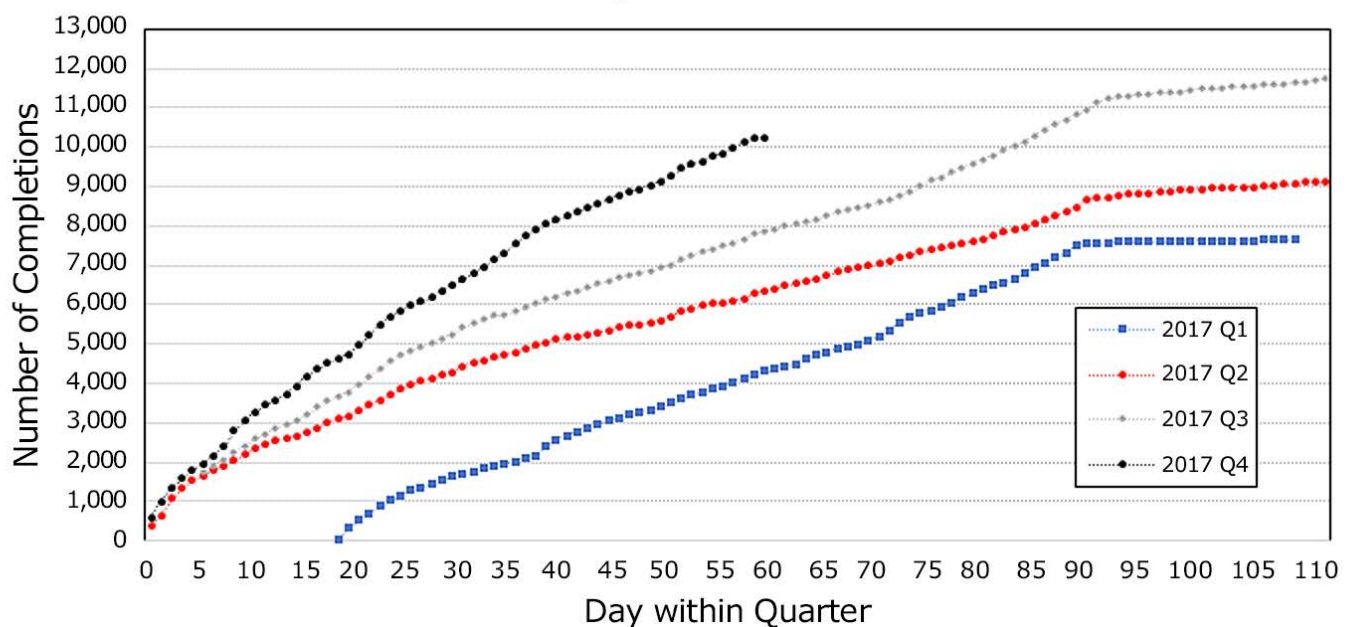
Over the past four years, the ABFM has been informed of about 800 license actions per year. This represents less than 1 percent of Diplomates. During this same 4-year period, certification has been impacted by licensure actions for 88 Diplomates per year. The impacted group represents less than one-tenth of one percent of Diplomates. The most recent year, 2016, resulted in actions taken against a Diplomate’s status in 85 cases. Of this 85, 37 resulted from the license being placed in an inactive status or from the revocation, suspension, or surrender of a license. Further, 16 of these 85 have already regained their Diplomate status. Please feel free to contact us if you are negotiating with a licensing board and are concerned with the impact on your Diplomate status.



Continuous Knowledge Self-Assessment Gains Popularity

The Continuous Knowledge Self-Assessment (CKSA) is a set of 25 questions that can be answered any time during each calendar quarter. The CKSA provides participants with feedback to help them understand where they are on the ABFM Family Medicine Certification Examination scale, get a sense of how accurate their judgments are regarding their knowledge-base, and perhaps even identify areas where they may need some improvement. It is a low-stakes activity in which continuous certification credit is awarded simply for participation. There is no minimum correct score needed to get credit, and it is not used to make pass-fail decisions. It was designed to be easy to use and a fun way to engage with content. The reception by Diplomates has been positive, and it is quickly growing in popularity.

CKSA Completion Counts



Feedback makes a difference. Residents get feedback at least once a year with the In-Training Examination (ITE), which provides a prediction of how someone would perform on the ABFM Family Medicine Certification Examination at that point in time. The ABFM's Bayesian Score Predictor gives residents and program directors the ability to predict the probability that an individual resident would pass the certification examination using data starting in their first year of residency. Using these tools, the need for additional training can often be identified early in the process. Conversely, the certification examination is a high-stakes assessment designed to be a public demonstration that a physician has at least the minimum level of medical knowledge and clinical decision-making skills to be board certified, so it provides Diplomates with limited feedback once every 10 years. With the CKSA, all participants (both Diplomates and residents) can get near-continuous feedback. To get the best feedback, participants should answer the questions without looking them up or collaborating with a colleague; however, the only penalty for doing so is receiving inferior feedback.

Starting in 2018, the CKSA will provide participants with predictions about ABFM Family Medicine Certification Examination scores in a manner similar to the ITE, but these predictions will only be available to those participants who have answered at least 100 CKSA questions within the previous 3 years. The accuracy of these predictions will depend upon how seriously the participant engaged in the activity. In addition, it will take some time to collect enough data to describe the accuracy of these predictions.

Another important feature of the CKSA is the ability of participants to comment on the questions. This feedback provides an opportunity for discussion about the medical information contained in the questions with other family medicine physicians. As doctors' lounges seem to have become much less commonplace, the opportunity for physicians to talk with each other seems to have dramatically decreased. The CKSA does not adequately replace the doctors' lounge, but it does provide an opportunity for physicians to discuss the questions and connect with their peers.



ATTENTION:

Diplomates Who Certified in 2008

Diplomates who certified in 2008 are required to complete continuing certification requirements for Stage Three prior to completing their application for the 2018 exam: one Knowledge Self-Assessment (KSA) activity, one Performance Improvement (PI) activity (Performance in Practice Module, Methods in Medicine Module, or approved external module), and additional Self-Assessment and/or Performance Improvement activities to reach a total of 50 points during the 3-year stage.

Diplomates planning to take the Family Medicine Certification Exam in April 2018 may open and begin an examination application, but until continuing certification requirements are met, the application cannot be cleared and finalized. Test centers and dates may not be chosen until an application is complete.

ATTENTION:

Diplomates Who Certified in 2011

Diplomates who certified in 2011 are required to complete continuing certification requirements for Stage Two prior to December 31, 2017: one Knowledge Self-Assessment (KSA) activity, one Performance Improvement (PI) activity (Performance in Practice Module, Methods in Medicine Module, or approved external module), and additional Self-Assessment and/or Performance Improvement activities to reach a total of 50 points during the 3-year stage.

Diplomates who do not complete Stage requirements on schedule will be listed as “not certified” on the ABFM website. Diplomates then have three years to regain their certification status by completing the required Family Medicine Certification activities. Once the required modules are completed, the Diplomate will again be listed as board certified.

ATTENTION:

Diplomates Who Certified in 2014

Diplomates who certified in 2014 are required to complete continuing certification requirements for Stage One prior to December 31, 2017: one Knowledge Self-Assessment (KSA) activity, one Performance Improvement (PI) activity (Performance in Practice Module, Methods in Medicine Module, or approved external module), and additional Self-Assessment and/or Performance Improvement activities to reach a total of 50 points during the 3-year stage.

Diplomates who do not complete Stage requirements on schedule will be listed as “not certified” on the ABFM website. Diplomates then have three years to regain their certification status by completing the required Family Medicine Certification activities. Once the required modules are completed, the Diplomate will again be listed as board certified.

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