Greetings, colleagues. We hope you are as well as possible, as you help your patients and communities respond to Omicron. We honor your service: it is what family physicians do; it is important, and it is noble.

As we enter into a new year and reflect again on the legacy of Rev. Dr. Martin Luther King, Jr., ABFM recommits to addressing health equity across many dimensions. It begins with our mission and vision: “Optimal health and health care for all people and all communities that family physicians serve.” More explicitly, we have committed to “including health equity into our program of lifelong learning and quality improvement,” as stated in our 2019-2025 Strategic Plan. In this issue, I am pleased to share with you the progress that has been made since our September 2020 announcement regarding how ABFM would be addressing healthy equity and diversity/equity/inclusion (DEI). You will also find stories that feature Diplomates and Residents and describe how they are improving health equity, as part of our new “Healthy Equity in Action” series designed to help you with your own improvement efforts.

Performance Improvement (PI) represents an opportunity for personal action to improve health equity. ABFM created the Health Disparities/Equity Self-Directed Clinical PI activity in mid-2020. This activity provides options for you to choose from, including addressing differences in clinical quality among groups of patients who have historically experienced disparities, developing an understanding of implicit bias among your staff, assessing barriers to equal access or equitable care delivery in your practice, or evaluating community-level assessments and interventions to manage social determinants of health. The Health Equity PI activity is modeled after the ABFM Self-Directed Clinical Project: Clinical Pathway activity, which means that it provides an opportunity for you to efficiently report on what you are already doing in your practice to address Health Equity and receive credit for that.

We are also committed to learning if there are any disparities among different groups of family physicians in their results on ABFM certification examinations. For the past eight years, we have collected data on Diplomate race and ethnicity and conducted Differential Item Functioning (DIF) analysis to assess whether bias exists in any of its examination questions. We have just published this analysis. While we have found some evidence of bias, it impacted relatively few questions (4 out of 3487).

And just recently, the ABFM research department, in partnership with the Robert Graham Center for Policy Studies in Primary Care and Family Medicine in Washington D.C., launched a multi-year policy brief series that explores equity and diversity in family medicine and the workforce. These will be published in the Journal of the American Board of Family Medicine (JABFM), with the first one being released in the January-February 2022 special issue.

Finally, ABFM is committed to enhancing the diversity of volunteers who help inform and prepare all certification activities, including item developers, exam reviewers, Engagement Network members, and our Board of Directors.
As you review these updates, we hope that you will take advantage of the new activities available to help you in your practice. We are eager to hear from you about ways that we can enhance our work in Health Equity. Please reach out to us with ideas, concerns, or comments at media@theabfm.org.

We will continuously review and improve our certification activities, with the intent of supporting you in your efforts to reduce health inequities and provide equitable care to all patients and families that you serve. As we did in September 2020, as we do now, we commit to transparency. We will continue to report back.

Warren Newton, MD, MPH  
President and CEO  
American Board of Family Medicine

ABFM’s Approach to Health Equity and DEI in the Curation of Knowledge Assessment Questions

ABFM understands the impact that systemic and structural racism and other forms of bias have contributed to the disproportionate health disparities and poor health status among minorities and other groups of disadvantaged patients. In doing so, we acknowledge our responsibility to ensure that the questions we use in all self-assessment activities and examinations are free from bias. This includes being diligent in our attempts to ensure the use of inclusive language in our questions and eliminating words and phrases that may reflect systemic biases.

We recognize that race is a social, not a biological, construct. When race/ethnicity are used in our questions, they will be purposefully added to the critiques in order to highlight evidence of specific epidemiologic differences in patient or population outcomes, to support the need for attention to specific health disparities, to question the use of race in diagnostic or treatment algorithms, and to draw attention to the role that the trauma resulting from systemic bias and racism have had on physical and mental health.

“In our ongoing analysis, we have identified examples of historical questions in which race, used as a patient descriptor, could perpetuate stereotypes or suggest an underlying biologic explanation for the answer. We are working internally to identify these questions and have also benefitted from having Diplomates’ comment on them and bring them to our attention,” says Dr. Keith Stelter, Medical Director of Certification. “This is a process of ongoing learning and dialogue for us to continually identify ways that we can address this historic problem.”

For new question development, ABFM has recommitted to addressing cultural competency, health equity, social determinants of health, and systemic racism in relation to caring for patients and advocating for communities. Similarly, as we develop our new examination blueprint, we are committed to incorporating health equity, social drivers of health, and race-conscious care into assessment questions, as appropriate.

Certification Activities to Promote Improvements in Health Equity

ABFM has added several new options focused on Health Equity that allow you to meet certification requirements while increasing your knowledge and improving care in your practice.

For Knowledge Self-Assessment, ABFM worked with the American Academy of Family Physicians (AAFP) to develop the new Health Equity: Leading the Change assessment activity. The activity includes five (5) new modules aimed at helping physicians improve their knowledge of Health Equity, Social Determinants of Health, Supporting Vulnerable Populations, Championing Economics and Policy to Reduce Health Disparities, and Understanding the Impact of Climate Change on Population Health.
Now available through the AAFP website, completion of each module will provide 2.5 points toward ABFM certification. This activity is currently only available to ABFM Diplomates who are AAFP members. CME may also be claimed through AAFP.

In August 2021, ABFM made changes to several Performance Improvement (PI) options to add a dimension of health equity to existing activities. Questions were added to 13 PI activities to provide the option for physicians to stratify the measures they use for their PI efforts by race/ethnicity in order to assess whether disparities exist and to begin to address those.

We also added the Health Disparities/Equity Self-Directed Clinical PI, described in the President’s Message, to allow family physicians to tailor their approach to reducing health disparities in a way that is most relevant to their specific practice or community needs. By utilizing this performance improvement approach, a physician, or group of physicians, can address many different dimensions of care and scopes of practice.

**Health Equity In Action: ABFM Diplomate Stories**

The following two articles are part of ABFM's new “Health Equity In Action” series. ABFM will be presenting unique experiences and programs through this series, both within ABFM and those shared by family medicine physicians nationwide. If you have a health equity related topic that you’d like to share as a potential story idea, please send us a message at media@theabfm.org.

*Family Medicine Residents Screen for Food Insecurity*

We recently talked with two family medicine residents who completed the Health Disparities/Equity Self-Directed activity to address food insecurity in their community. Read their Health Equity In Action story.

*ABFM’s DIF Panel Helps Prevent Bias in ABFM Examination Scoring*

ABFM is committed to ensuring that all examination questions are free from bias. This requires an annual, independent assessment to test for any group score differences that might represent potential item-level bias in the examination. In 2013, ABFM’s Psychometrics Department began conducting a process known as Differential Item Functioning (DIF) to accomplish this review.

A diverse group of family physicians and other volunteers from across the country assemble annually to review these items for possible bias, in order to assure fairness in examination scoring. Read the full Health Equity In Action story.

*Equity & Diversity in Family Medicine Workforce Policy Brief Series*

The January-February 2022 special issue of the Journal of the American Board of Family Medicine (JABFM) recently launched a special themed series focusing on Diversity, Equity, and Inclusion (DEI). This series will include policy briefs and accompanying commentaries, authored by a diverse cadre of authors and collaborators, that explore issues of equity and diversity in family medicine and its workforce. A clear understanding of the underlying equity-related issues driving workforce composition, scope of practice change, and board-certification experience is vital to achieving a more diverse workforce, better patient health outcomes, improved physician wellbeing, and greater equity in health care and its delivery. Additional policy briefs and
commentaries on equity-related topics will be published in future JABFM issues throughout 2022 and beyond, and we encourage you to read and follow this series. Please consider contacting ABFM if you are interested in contributing (Commentator Volunteer Form), as we are seeking to broaden and diversify the range of contributing investigators, authors, and commentaries for this series.

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**PRIME Registry Illuminates the Role of Primary Care, Providing Vital Help to CDC Understanding of COVID-19**

Since its launch in 2016, ABFM has offered the PRIME Registry to Diplomates and to other primary care clinicians to meet their needs for assessing and reporting on their clinical quality. Additionally, PRIME was also designed to help tell the primary care story – something never more important than during the COVID-19 pandemic. Primary care is where most people in the US have their health care relationships and receive most, or all, of their care. Yet it represents the least studied health care setting. During the worst pandemic in a century, primary care was largely left out of federal response strategies, leaving many practices struggling financially even while patients turned to them for care. The PRIME Registry is shining a light on those relationships, hardships, and on the capacity of primary care to help.

"For decades, the promise of primary care has been laid at the feet of front-line providers who work tirelessly to meet the needs of their individual patients. But, with no overarching way to view how their care, and the care of their colleagues, impacts their communities, physicians and care teams are only getting part of the story," says Dr. John Brady, physician and PRIME participant. "The PRIME registry holds the key to unlocking this vital information by allowing us to finally view the larger healthcare landscape in an actionable way. It is a unique and powerful tool that, once set up, takes very little effort to maintain. I believe the PRIME registry is a transformative tool whose potential is only starting to be appreciated."

Before the pandemic, ABFM and the Center for Professionalism & Value in Health Care developed a research relationship with Stanford Center for Population Health Sciences (Stanford PHS) that could enable use of PRIME data for research while protecting the data under multiple layers of HIPAA and legal security. Stanford’s protections and data skills enabled ABFM to look at the financial impact of COVID-19 on practices, transitions to telehealth, and the heroic work of primary care to help patients.

Early analyses allowed us to inform the Centers for Disease Control and Prevention (CDC) about how the pandemic could be tracked through primary care visits, how COVID-19 patterns differed from influenza, and how measures of social deprivation could be used to assess COVID-19 disparities. The project’s goal is to inform policy on how to better support primary care practices and to learn about how to improve outcomes for patients and their families.

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**New ABFM Research Page Goes Live!**

The ABFM Research Department is excited to announce the launch of our redesigned Research Webpage, dedicated to providing you with easy access to published research that is focused on creating, evaluating, and maintaining cutting-edge certification methods, and to advance the scientific basis for family medicine. Designed to be more visually appealing, organized, and reflective of current work, you can access all articles through our new search capability by keyword, topic, or author. Or, you can access a group of related research articles by selecting one of the five pillars for ABFM’s research including: Family Medicine Certification, Role of Primary Care, Education and Training, What Family
Physicians Do, and Achieving Health System Goals. Sharing with your colleagues is also easy by simply clicking on the appropriate social icon for each article. If you are pressed for time and only interested in recent work, simply refer to the top of page where you’ll find featured as well as the most recently published work. We hope you will find our new webpage easy to navigate and that you will find relevant research articles to enhance your learning.

Physicians Have Continuous Learning Options with FMCLA and CKSA

Rather than take your certification exam in one day in a potentially stressful setting, ABFM developed the Family Medicine Certification Longitudinal Assessment (FMCLA) to support Diplomates in completing their exam requirement over time using a longitudinal format that promotes learning at the same time you are having your cognitive knowledge assessed. After a three-year pilot demonstrated high levels of satisfaction with this approach and comparable psychometrics to the one-day examination, FMCLA was approved as a permanent exam option. Advantages to FMCLA include increased flexibility, less stress, and learning as you go! In FMCLA, 25 exam questions are delivered to you quarterly and may be completed online, using the device of your choice, and at a convenient time and location of your choosing. You are allowed up to five minutes to complete each item and can utilize references. You have up to four years to complete 300 items and complete the assessment, though it can be done in as little as three years. Once you have completed 300 FMCLA questions and your results are released, you will receive up to 30 CME and 10 certification points for your participation. Physicians due to fulfill their exam requirement in 2022 (i.e., 10th-year) may choose FMCLA as their exam alternative, by completing the application by March 14, 2022. Log in to your MyABFM portfolio to get started.

This is similar to, but distinct from, the Continuous Knowledge Self-Assessment (CKSA), which is a non-scored self-assessment activity that also provides 25 questions per quarter to anyone participating in family medicine certification. CKSA does not meet the exam requirement and differs from FMCLA in two key areas. 1) It provides 2.5 points each quarter toward your 50-point stage requirement and completion of four quarters will fulfill your Knowledge Self-Assessment (KSA) requirement, 2) the CKSA questions are not timed. Like FMCLA, each question is followed by a critique that explains the answer, along with references.

ABFM hopes that these two programs make your certification process simpler and more easily adaptable to your busy schedule. Learn more about each program here.

National Journal Club to Build on Pilot Success in 2022!

ABFM launched the National Journal Club Pilot in August 2021 for physicians to stay up to date on current practice-changing evidence covering a wide range of clinical topics while simultaneously earning Knowledge Self-Assessment (KSA) points. Over the six months since it launched, more than 27,000 physicians have completed over 47,000 articles. The feedback has been resoundingly positive, with many describing the activity as “easy to follow” and “an excellent resource!”

Keep an eye on ABFM emails and social media, as we’ll be adding new articles to the National Journal Club’s article library this spring. Thank you to everyone who has taken part so far. There is still time to give it. Log into your MyABFM Portfolio.
Certification Updates and Deadlines

<table>
<thead>
<tr>
<th><strong>Upcoming Exam Dates</strong></th>
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<tbody>
<tr>
<td><strong>Adolescent Medicine:</strong></td>
<td></td>
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<tr>
<td>March 24, 2022 (Certification)</td>
<td>Jan 1 – Sept 30, 2022 (Continuing Certification)</td>
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<td><strong>Designation of Focused Practice in Hospital Medicine:</strong></td>
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<td>Spring: May 10, 2022</td>
<td>Fall: November 16, 2022</td>
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<td><strong>Family Medicine:</strong></td>
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<td>Spring: April 12-16; 18-23; 25-26, 2022</td>
<td>Fall: November 7-12, 2022</td>
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<tr>
<td><strong>Geriatric Medicine:</strong></td>
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<td>Spring: April 12, 2022 (Continuing Certification Only)</td>
<td>Fall: October 19, 2022</td>
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<td><strong>Hospice &amp; Palliative Medicine:</strong></td>
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<td>November 1, 2022</td>
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<td><strong>Pain Medicine:</strong></td>
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<td>September 17, 2022 (Certification)</td>
<td>Sept 17 – Oct 1, 2022 (Continuing Certification)</td>
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<td><strong>Sleep Medicine:</strong></td>
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<tr>
<td>November 28, 2022 (Continuing Certification Only)</td>
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<tr>
<td><strong>Sports Medicine:</strong></td>
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<td>Summer: July 12-16, 2022</td>
<td>Fall: November 7-12, 2022</td>
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**FMCLA Deadline**

FMCLA 2022 Quarter 1 Deadline: March 31, 2022

**New Self-Assessment Activities**

ABFM is excited to announce three (3) additional new self-assessment options to help you earn points toward your continuous certification requirements. Working with the American Academy of Family Physicians (AAFP), the American Board of Pediatrics (ABP), and the American Board of Emergency Medicine (ABEM), we have identified new content to help assess your current knowledge in managing obstetrical emergencies; caring for children and adolescents; and providing emergency care, all while also earning credit toward your 50-point stage requirement. All activities can be accessed in the Self-Assessment section of your MyABFM Portfolio or through the sponsoring organization.

The Advanced Life Support in Obstetrics (ALSO)** Provider Course – 10 Points

ABP Self-Assessments on Care of Children and Adolescents – 5 Points

American Board of Emergency Medicine LLSA Activities – 10 Points

**New Knowledge Self-Assessments (KSAs) Will Release in January**

ABFM will release two (2) new KSAs on January 20, 2022: Care of Older Adults and Care of Hospitalized Patients.

Two former KSAs focusing on Care of Vulnerable Elderly and Cerebrovascular Disease have been combined to create the new Care of Older Adults KSA. After completing the Care of Older Adults KSA, you will be able to assess your knowledge gaps in the diagnosis and management of common, and some uncommon, medical conditions that occur in older adults, including geriatric psychiatry. You will be able to provide evidence-based medical guidance to older adults in areas of prevention of disease and rehabilitation from disease, and you will have a better understanding of health systems, policies, and issues as they relate to older adult patients.

Additionally, the new Care of Hospitalized Patients KSA will replace the former Hospital Medicine KSA. After completing the Care of Hospitalized Patients KSA, you will be able to increase your knowledge of the diagnosis and treatment of common medical conditions that require hospitalization. You will also have a better understanding of how to prevent and manage common complications in these patients and to address the areas of discharge planning and systems-based care.

These activities will be accessible in the Self-Assessment section of your MyABFM Portfolio