



THE PHOENIX

American Board of Family Medicine Newsletter

PRESIDENT'S MESSAGE: EVOLVING FAMILY MEDICINE CERTIFICATION BY LISTENING, LEARNING, AND SUPPORTING

Submitted on Mon, 03/01/2021 - 05:15

One of the major goals of the American Board of Family Medicine (ABFM) is to increase the value of board certification for individual Diplomates. To do this requires understanding the needs and preferences of family physicians participating in certification—which is why we have worked so hard in recent years to create more opportunities for listening and sharing. We occasionally hear Diplomates express their belief that we are developing the process, writing the examination and assessment items, and creating the activities for certification all inside of a small office in Lexington, Kentucky.

Each of our major initiatives to improve the value of board certification—the Family Medicine Certification Longitudinal Assessment (FMCLA), enhancing item development, revising the Performance Improvement (PI) activity design, the upgrading of Knowledge Self-Assessments (KSAs), and more—has been shaped by Diplomate feedback and involvement.

It is worth describing the variety of ways in which we seek your input. At the most basic level, as you complete your certification activities, you are asked to complete a short survey that asks about your impressions of the activity. Did you learn from it? Did it change your practice? How might it be improved? These survey responses help us to track trends and specific requests that target our plans to improve these activities. With respect to our current work on the KSAs, it was your comments that led us to begin changing all items to a single best answer format, improve the user interface, update the critiques, and modify the pass rate to be 80% overall, not by categories. Similarly, comments from the initial cohort of FMCLA participants helped us make immediate changes to the delivery platform with respect to the size and placement of the clock, and to understand more deeply what they valued from the new examination alternative. Information gleaned from ABFM surveys are also used by our researchers to help us better understand the trends in the ecology of family medicine practice, so we can support advocacy efforts for the specialty.



Warren Newton, MD, MPH
President and CEO

Another strategy for engagement and learning happens when our staff attend state chapter and other society meetings. Before the pandemic, we visited approximately 30 state chapters over the course of the year where we met local physicians in their home environment. We also visited other academic organizations, residencies, and academic departments. These visits help us to learn what's on your minds and to update you on the current opportunities and changes with certification. These conversations have shaped our short- and long-term plans. During the pandemic, we have sought to continue the dialogue through virtual meetings as much as possible and look forward to getting back to in-person interactions as soon as it is safe to do so. We also have developed collaborative pilots with individual state chapters, which help them meet the needs of their members and help us learn from them to create more effective engagement strategies for improving certification.

We are also excited about our new Engagement Network—a group of volunteers who serve as a virtual focus group to give us constructive feedback on specific issues and questions with respect to a broad range of certification programs. Soon, we will be moving this from a series of short surveys to a more bi-directional, interactive platform that allows you to drive the questions and influence changes that we may not have thought to ask about. Be on the lookout later this year for more information about how you can become involved in our Engagement Network.

Finally, our Communications staff, working with our certification personnel, are committed to achieving a better understanding of how you wish to receive communication from us. ABFM sends out over 2,000,000 emails per year; our Support Center handles thousands of phone calls and we've extended hours in peak time to help you. Much like the temperature of the porridge in the story of Goldilocks and the Three Bears, we hear from Diplomates that our communication is too much, just right, and not enough—which compels us to seek ways to better tailor the methods, frequency, and timing of our communication. Much work has gone into the redesign of the Physician Portfolio in the last year, knowing that “just-in-time” information is most important to you. You will read more about that in this issue—specifically about how this was designed by family physicians for family physicians. We look forward to learning your impressions about that later this spring when it is launched.

As you may have noticed, this issue of *The Phoenix* looks very different than previous issues. The new and improved format has been designed based on comments and feedback from you. We hope these improvements will help you find relevant information faster so you can stay up to date on board certification and share with your colleagues. We wish to use this issue of *The Phoenix* to share the real degree to which family physicians across the nation from diverse backgrounds are intimately involved in helping to ensure that your ABFM certification is relevant, up-to-date, and meaningful to you.

Our goal in all of this is to improve the value of board certification to you and those who receive care from you. We want to be partners in supporting improvement in health care. To do this we seek bi-directional communication to continually improve what we do for ABFM certification. Thank you, now and in the future.

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IN MEMORIAM

Submitted on Tue, 03/02/2021 - 15:34

On February 18, 2021, the American Board of Family Medicine (ABFM) lost a cherished friend and team member. Luther Wilcoxson served for 14 years as the Day Porter of the building where the ABFM offices reside. Luther was a tireless worker who not only kept our facilities spotless and well cared for, but who made sure each staff member he encountered throughout the day was greeted with respect and kindness. As with all things team related, “little things matter” and Luther did not pass on any job, no matter how big or small.

“Each evening as Luther passed my office, he would pop in to say hello, and we would talk about how our respective days had gone, sharing stories about our families, interests, and passions. Not surprisingly, we became almost instant friends,” said James C. Puffer, MD, ABFM President and CEO Emeritus. “I admired his positive attitude, his constant smile, and the great pride he took in his work. He was a true gentleman in every sense of the word, and I can’t imagine that life on the fifth floor will be the same without him.”

Luther came from a large, loving family at home, and will be deeply missed by his family at ABFM.



Luther Wilcoxson
1960–2021

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EXAM ITEM WRITERS: A LONG HISTORY OF FAMILY PHYSICIANS COMMITTED TO HELPING US IMPROVE

Submitted on Tue, 03/02/2021 - 16:49



The longest active groups of American Board of Family Medicine (ABFM) volunteers are a group of family physicians who serve as item writers and reviewers for ABFM examinations. On average, 40 family physicians serve as item writers, and an additional 20 serve on the committee that reviews the certification exam draft. Additionally, ABFM benefits from the volunteer efforts of 10 current or recent program directors who review its annual In-Training exam draft.

These item writers and committee members come from a variety of practice settings, including private or employed practice and academic faculty, with sizes ranging from small to large, located in rural, suburban, and urban settings. These groups of volunteers currently represent 30 different states and are fairly evenly split between academic medicine and private practice.

The first group of item writers was assembled around 1980 to create items for the first In-Training Examination, which was provided as a service to residency programs. Before that time, the questions for the exams were written and reviewed by the ABFM Board of Directors. Having a separate group of item writers proved to be so successful that additional item writers have been recruited over time to build a robust item pool for the Family Medicine Certification (FMC) examinations. We also began adding committees of family physicians that were separate from the Board of Directors to review the drafts of the examinations during the 1980s.

New item writers were recruited and trained each year throughout the 1980s and early 1990s and then as needed after that point. The item writing group provides the content for not only the traditional exams, but also for Family Medicine Certification Longitudinal Assessment (FMCLA) and Continuous Knowledge Self-Assessment (CKSA). To keep them updated on best practices in item writing and provide individual feedback, ABFM hosts a yearly conference where we are able to meet with them in person.. Many of our item writers have also served on exam committees and helped to create Knowledge Self-Assessments (KSAs), and some have been elected to serve on ABFM's Board of Directors.

We are grateful to these physicians who volunteer their time to this service as a result of their commitment to the mission of ABFM and to enhance the specialty.

HONORING FAMILY PHYSICIANS LOST DUE TO COVID-19

Submitted on Tue, 03/02/2021 - 13:29



Since the start of the pandemic, over 500,000 lives have been lost to COVID-19 in the United States alone. The global death toll has reached over 2 million. Health care workers have played a crucial role in caring for their patients and communities, putting their lives at risk as they serve on the front lines. A [study](#) published in the Journal of the American Board of Family Medicine found that primary care physicians accounted for 26.9% of the mortality among all physicians through mid-May of 2020. In comparison, emergency physicians, critical care specialists and anesthesiologists together accounted for

7.4%. This highlights some of the structural issues felt on the primary care frontline: less access to PPE, care of patients early in their disease course who lack a definitive diagnosis, difficulty obtaining COVID test kits, and, now, challenges in getting access to vaccine for themselves and their staff.

While it is not possible to name each of our colleagues who have died from COVID-19, we would like to honor those we lost as they sacrificed to serve the needs of their patients and their communities. Words cannot express our gratitude for their dedication and commitment.

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LOCAL DIPLOMATE RECEPTION: NOW A REGULAR PRACTICE FOR LEARNING AND SHARING

Submitted on Tue, 03/02/2021 - 23:32

WRITTEN BY ANDREA ANDERSON, MD

Amid our current health care environment, the American Board of Family Medicine (ABFM) is working to ensure that certification remains just as valuable today as it was 50 years ago when ABFM was founded. In 2019, the ABFM Board of Directors adopted a strategic plan which included a goal to support diplomates and their practices across their career. The board members have been actively engaged in suggesting and developing ideas to achieve the tenets of the strategic plan. Towards this end, I proposed that the board adopt a new practice of hosting a reception to visit with Diplomates in the various locations where Board meetings occur twice a year. The idea was welcomed by the Board leadership and first piloted in October 2020.

The idea was originally conceived as a reception for local Diplomates, possibly accompanied by a visit to a local health care facility or office. The COVID-19 pandemic posed challenges to this plan, but we were able to transition to a virtual format for the October and February meetings which were scheduled to occur in Washington, DC and Tucson, AZ. The invited Diplomates were recruited via contacts with local family physicians and state chapters, and represented a diverse tapestry of practice types and locations from rural to urban, academia to Federally Qualified Health Centers (FQHC), and public health to the Department of Corrections. The meetings reinforced what many know to be true – you are among the most resilient, adaptive, and caring physicians this country knows, and you have consistently been at the forefront of fighting the pandemic and elevating the local and national dialogue on primary care.

As a board member, I was personally impressed by the range of impacts you had made over the past year and your steadfast commitment to Family Medicine, patients, and communities despite the added challenges posed by the pandemic. From where I sit, meeting with ABFM Diplomates really helps to open a lens on the range of challenges and triumphs they faced. It helps us to know how to make certification more personal, relevant, and effective for you. The feedback from these meetings has helped to inform ABFM initiatives such as how to conceive of the future of Family Medicine Residency Training, how to attract more students to Family Medicine, and how to make the certification process less burdensome and more agile for your practices. In a word, these conversations are invaluable to our Board of Directors!

As a board, we are excited to continue this practice as one of the means of continuing to listen to the needs of our colleagues and incorporate those ideas in our board discussions. Hopefully, we soon will return to in-person meetings and local receptions, in compliance with local public health guidance. Look for us coming to a city or state near you. In the meanwhile, please sign up to provide year-round feedback to ABFM through the Engagement Network.



Andrea Anderson, MD
ABFM Board Member

DIPLOMATES HELP GUIDE THE REDESIGN OF THE PHYSICIAN PORTFOLIO

Submitted on Wed, 03/03/2021 - 18:47

In less than two months, the American Board of Family Medicine (ABFM) will release a redesigned Physician Portfolio. Designed for physicians, by physicians, this major redesign effort has been a strategic priority since late 2019. “We embarked on this initiative with one goal in mind—to improve the Diplomate’s experience with the Physician Portfolio by providing a personalized experience that is user friendly, visually appealing, and easy to navigate, regardless of how they access the site,” said Kevin Rode, Vice President of Operations at ABFM.

“The Physician Portfolio has undergone some enhancements over the years, but it was time to take a deeper dive and engage with the end-user to help us better understand how they use the site and how we can make it better for them.”

—Erin Myhre
ABFM Certification Program Manager

“We had just launched the ABFM Engagement Network, a virtual network of ABFM Diplomates, and were also able to recruit resident volunteers to inform us about their experience,” said Erin Myhre, Certification Program Manager and lead for the Physician Portfolio Redesign project for ABFM. “It seemed like the perfect group to recruit volunteers to help guide us through the entire design process.” A core focus group was established to participate virtually in iterative user testing to capture immediate feedback on proposed changes throughout 2020. Additional focus groups and phone interviews were also conducted, and periodic surveys were sent out to collect additional feedback from more Diplomates.

“We were overwhelmed by the response and willingness of Diplomates and residents that signed up to participate. In total, we have received input and feedback from over 80 physicians,” said Myhre. When asked about his experience with this initiative, Dr. Jay Allen Kogan, ABFM Diplomate and Medical Director of Utilization Management with Humana said, “It’s an opportunity to give back and I think that’s a virtue of family medicine—how do we make the process better if we can?”

In May 2021, the redesigned MyABFM Portfolio will be released to all current ABFM Diplomates. To help find your information quickly, a new, personalized, one-page dashboard will provide a snapshot of your certification status, remaining requirements, and quick access to your profile information, CME, licensure, exams, fees, and more! These are just a few of the new features you’ll find inside the MyABFM Physician Portfolio. Stay tuned and be on the lookout for more information in the coming months on the release!

ABFM ENGAGEMENT NETWORK: FEEDBACK HELPS SHAPE THE FUTURE OF CERTIFICATION

Submitted on Wed, 03/03/2021 - 19:06

Since the inception of the American Board of Family Medicine (ABFM) Engagement Network in June 2019, volunteer Diplomates have provided valuable feedback and insights on a variety of topics and issues aimed at improving the Family Medicine Certification process. From improving how we communicate with physicians, to suggesting new self-assessment and performance improvement activities and participating in focus groups, the Engagement Network continues to be a strategic focus for ABFM to continuously connect with, and support, Diplomates in their certification efforts over time.



[CLICK HERE](#)

Feedback from recent Engagement Network surveys has informed how ABFM assesses and modifies the Continuous Knowledge Self-Assessment (CKSA) activity, provided suggestions for Knowledge Self-Assessment (KSA) activity topics, and led us to the development of the Performance Improvement (PI) Locator tool. In addition, members of the Physician Portfolio redesign user testing group have been instrumental in helping us to understand the user experience and implement improvements needed to better manage their certification activities. More recently, Engagement Network volunteers provided feedback on the idea of a digital badge and an ABFM Diplomate acronym to help bring awareness to the public about board certification and the commitment that Diplomates make to maintain it.

“This is exactly what we set out to achieve with the Engagement Network,” said Warren Newton, MD, MPH, President and CEO of ABFM. “We want to use ongoing feedback and idea-sharing as a catalyst for change and improvement so that certification remains relevant and valuable to family physicians.”

Excited by the level of engagement, ABFM hopes to grow the number of Diplomates in the Engagement Network by establishing an online community that allows members to connect with ABFM and their peers on a more dynamic basis—making it more timely, relevant, and useful. We want this community to be a forum where Diplomates can get involved, collaborate, share ideas, and learn from one another in real time.

We are looking for Diplomates with diverse practices and experiences that are reflective of today’s trends who are willing to offer a fresh perspective and ideas about a variety of issues, including changes being considered to evolve certification. Look for more information in the coming months on how you can get involved, collaborate, and learn through the ABFM Engagement Network’s online community.

ASTHMA KSA REVISION: A COLLABORATION WITH ABFM DIPLOMATE, DR. KURT ELWARD

Submitted on Wed, 03/03/2021 - 20:01

As part of the American Board of Family Medicine's (ABFM) efforts to continually improve the activities provided to Diplomates, residents and candidates for certification, we have focused over the past year on a major upgrade of the popular Knowledge Self-Assessment (KSA) activities that are utilized by an average of 40,000 family physicians annually. As part of this KSA upgrade, all items are being converted to single-best answer questions (eliminating the multiple True/False choices); the evidence, including critiques and references, is being updated; the passing standard of 80% now applies to the KSA as a whole, rather than being a requirement for every individual content category; and, the KSA platform has been substantially improved for a better user experience.

"I saw this as an opportunity to help physicians continue to grow as the best clinicians they could be. I was impressed with ABFM's commitment to ensuring a high-quality learning experience in Asthma that was both relevant and up-to-date."

—Kurt Elward, MD, MPH

In addition to feedback provided by Diplomates on KSA questions and the overall process, ABFM has utilized family physician experts in specific topic areas to inform the revision process more directly. Dr. Kurt Elward, a family physician in Charlottesville, Virginia, has been in practice for over 30 years and has facilitated group SAM/KSA sessions for over 15 years. He has had the opportunity to listen to the comments of hundreds of Diplomates about the content and process of the KSAs and has also had extensive experience with evidence-based asthma care guidelines, having led several statewide collaboratives focused on asthma care and how to implement optimal care into practice. He was selected to represent the American Academy of Family Physicians (AAFP) on the National Asthma Education and Prevention Program Coordinating Committee in 2004 and most recently served on the National Asthma Education and Prevention Program Expert Panel, which produced the 2020 Focused Update to the asthma guidelines that was published in December 2020.

Because of this extensive experience, ABFM reached out to Dr. Elward to ask if he would be willing to assist in the development of the update under way for the Asthma KSA. "So, when I had the opportunity to pair my knowledge of the asthma guidelines with the opportunity to enhance the ABFM KSA for asthma, I was thrilled," said Elward. "I thought it was a good opportunity to serve the Board and my colleagues and help convey the critical teaching and clinical points of the new guidelines for family physicians."

“I appreciated the Board inviting me to be a part of this,” said Elward. “They were actively looking for content experts and people with experience in ways to optimize the KSAs. I was fortunate to have the awareness of what was developing in the new national guidelines and received permission from the NIH to help introduce elements of the six key recommendations that were going to be addressed” as part of this KSA revision. “ABFM was very open to my designing questions or looking at current items that pertained to the 2020 guideline update and develop them in a way that would convey the key learning points. We tried to make the items focused on facets of the new recommendations that were important for practicing family physicians and to make the critiques both very practical and relevant to how they could implement changes in their practice. One of the things that enthuses me about the KSAs, is that we've shown that they actually can help improve the quality of care. That's why I believe in using the KSA process to provide key elements of the guidelines to family physicians and strengthen their practice in meaningful ways.”

ABFM’s new Asthma KSA will be available in Spring 2021. We welcome additional feedback from all KSA utilizers on individual questions through the commenting process, which is regularly monitored and used to inform interim updates, which occur even between annual, evidence-based updates. Similarly, those with experience on national guideline panels are encouraged to let us know if they have an interest in being involved in future KSA topic updates or development of new KSAs.

A HEALTH SYSTEM'S QUALITY INITIATIVE COUPLED WITH A NEW ABFM KSA: ALIGNMENT TO IMPROVE CARE

Submitted on Wed, 03/03/2021 - 20:34

Beyond working with individual Diplomates serving as item writers or content experts, the American Board of Family Medicine (ABFM) has recently collaborated with the Wisconsin-based Interstate Postgraduate Medical Association (IPMA) to develop a new Knowledge Self-Assessment (KSA) on Palliative Care, which was deployed in the Physician Portfolio in 2020. The ABFM Board of Directors selected this topic as a new area to include in the self-assessment activities, and had prior experience working with IPMA through their sponsorship of group KSAs since 2008. IPMA engaged front-line physicians willing to help in developing the content for this new KSA, which was accomplished through the efforts of four ABFM-certified family physicians with expertise in end of life care, led by Dr. Cheri Olson. “I can't say enough positives about the process of IPMA working with ABFM on this project,” said Olson. “They were extremely supportive about something that had never been done there before—partnering with an outside organization to develop a KSA. ABFM staff were really helpful in each step of the effort to ensure a high-quality activity that all ABFM Diplomates could utilize.”



After this was completed, IPMA had an opportunity to partner with QURE Healthcare™. QURE uses simulated patient cases and real-time feedback to measure and improve physicians' practices. IPMA and QURE collaborated on an educational initiative that integrated the Palliative Care KSA with QURE's interactive patient simulations used by Advocate Physician Partner primary care providers. Advocate Physician Partners is part of Advocate Aurora Health, which has 26 hospitals and more than 500 sites of care throughout the upper Midwest.

“The family physicians at Advocate Aurora said, ‘Hey, this is aligned with what we're doing,’” said Mary Ales, the Executive Director with IPMA who worked with QURE to add the Palliative Medicine KSA to QURE's offerings of virtual clinical vignettes. “It's such a great way to combine a case-based learning that is driven by health system needs with testing, really making sure that there's a competency within the physician, and that the learning is immediately connected with improvements in practice.”

Physicians completing the education earned QI recognition from Advocate Aurora that contributed to bonus incentives. As of this writing, 100 ABFM Diplomates completed the KSA activity and 101 completed the Performance Improvement (PI) activity, with 62 physicians obtaining both KSA and PI credit toward their Certification requirements.

“The Palliative Care KSA was very well-received and impactful,” said Trever Burgon, Vice President of QURE Healthcare, noting that analysis of the project impact showed 86% of physicians said they were extremely likely to recommend the combination of QURE simulations and the KSA activity to a colleague.

Burgon reported that “real-world performance also improved with the percentage of patients over 65 with a documented advanced care plan on file doubled after the project.”

“These are the kind of partners that share ABFM’s mission and vision,” said Olson about QURE and IPMA coming together with the support of ABFM to design and deliver the Palliative Care KSA for Advocate Aurora’s physicians in a way that aligned with one of their quality initiatives. “I think we can make this not be a burden for physicians but be great learning that is additive to what they do, while still meeting the recertification requirements.”

"I think we've done things right by making this relevant to physicians, by making it seamless. Nobody had to pick up the phone and do something differently," said Ales about the responses to the KSAs.

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THE ABFM NATIONAL JOURNAL CLUB COMMITTEE: INSTRUMENTAL IN HELPING TO DEVELOP NEW SELF-ASSESSMENT ACTIVITY

Submitted on Wed, 03/03/2021 - 20:45

The American Board of Family Medicine (ABFM) is excited to announce the launch of its new National Journal Club pilot in the summer of 2021. This will be an additional option for Diplomates to receive Self-Assessment activity credit and will not require payment beyond the annual certification process fee. The ABFM National Journal Club will provide

approximately 100 articles annually for Diplomates and residents to utilize as a way to keep up with contemporary, practice-changing evidence. Physicians can choose from among these articles the topics of greatest interest and relevance for their practice. Each article will require participants to demonstrate mastery by correctly answering four questions provided for each article. All article assessments that are completed will earn certification points and once a post-activity evaluation is completed.

The aim of the ABFM National Journal Club is to help family physicians keep up to date, support shared decision making with patients and families, and empower family physicians to advocate for their patients with subspecialists, health systems and payers. ABFM's approach builds on the work of other American Board of Medical Specialties (ABMS) boards and seeks to advance the methodology of journal article activities with structured literature searches, emphasis on methodologic rigor, and a requirement of mastery.



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ABFM COLLABORATES WITH ROBERT GRAHAM CENTER AND IBM IN THE CREATION OF PRIMARY CARE IN THE UNITED STATES: A CHARTBOOK OF FACTS AND STATISTICS

Submitted on Wed, 03/03/2021 - 20:53

Despite renewed interest in strengthening primary care in the United States in recent years, there remains an inadequate understanding of what primary care is and does, insufficient investment in its infrastructure and growth, inadequacy in its workforce numbers and distribution, and inefficient coordination with other sectors. In an effort to fill some of the gaps in knowledge by offering a snapshot of the facts and figures that make up contemporary U.S. Primary Care, the American

Board of Family Medicine (ABFM) collaborated with the American Academy of Family Physicians Robert Graham Center and IBM Watson Health to create a recently published chartbook, **Primary Care in the United States: A Chartbook of Facts & Statistics**.

The intent is that the information presented in the chartbook will not only ignite a desire to learn more but will simultaneously serves as a foundation to improve this vital sector of the healthcare system. Although the chartbook cannot paint a complete portrait of a domain as broad as primary care, “the hope instead is that readers will find the array of facts and figures collected to be helpful in their understanding of primary care, well-established as the ‘central’ and ‘essential’ feature of any robust health system,” said Andrew Bazemore, MD, MPH, Senior Vice President of Research and Policy at ABFM.



ABFM RESEARCH UPDATE: USING DIPLOMATE FEEDBACK TO INFORM QUALITY IMPROVEMENT IN CERTIFICATION

Submitted on Wed, 03/03/2021 - 21:06

While the scope and impact of its work continues to grow, the American Board of Family Medicine (ABFM) research department considers the evaluation of Family Medicine Certification (FMC) its top priority, from tracking participation over time; assessing choice of, and satisfaction with, specific activities; measuring changes in care from completing specific FMC activities; and updating foundational knowledge of certification. Described below are some important examples of research studies related to board certification.



- In the transition from periodic certification to a continuous program, the ABFM found that participation in certification was higher among those in continuous certification.¹⁻³ No difference was noted among Diplomates by rural or urban location, though those who practiced in high poverty and underserved areas were less likely to complete certification requirements.⁴ A study of all Diplomates who initially certified from 1980 to 2000 showed that the percentage of Diplomates who did not attempt to continue certification dropped from just above 10% to less than 6%.⁵
- In a qualitative study of both family physicians and general internists regarding their preparation for a continuing certification examination, respondents indicated that they changed their strategy for staying current in their medical knowledge by engaging with a different scope of information and by adopting different study methods.⁶ A vast majority of these physicians reported gaining knowledge relevant to their practice from examination preparation.⁷
- In collaboration with the Federation of State Medical Boards, researchers found that family physicians who were ABFM certified were less likely to have any state medical licensing action and if they were, the severity of the action was lower than those incurred by non-certified family physicians.⁸
- With regard to the reasons that family physicians participate in certification, a 2017 study found that a majority of Diplomates were required to maintain certification for the purposes of employment, credentialing, or payer reimbursement.⁹ However, the same proportion also reported that they maintained certification to update their medical knowledge and improve the quality of care they deliver. In line with these findings, ABFM has shown that Diplomates with higher disease-specific exam scores in diabetes and hypertension were more likely to complete diabetes and hypertension activities.¹⁰
- Diplomate satisfaction with the old Self-Assessment Modules (SAMs) was high in the initial rollout.¹¹ When satisfaction with the components of the SAMs was tracked over time, the ABFM

found that the clinical simulation component was ranked less favorably.^{12,13} The ABFM used these results to split the SAM into separate knowledge and clinical simulation activities. Diplomates have also reported higher satisfaction with PI Activities¹⁴ and useful comparative feedback on practice performance.¹⁵ Completion of PI Activities in diabetes and hypertension were associated with improvements in quality measures.^{16–18} Positive improvements in quality measures in asthma, diabetes, and cardiovascular disease were also found in prospective studies.^{19,20}

Aggregate feedback data from ABFM research efforts are placed on an internal ABFM business intelligence platform and are actively viewed by staff to inform continuous quality improvement efforts related to ABFM certification. Additional studies are under way that will continually update the information from Diplomates regarding the value of ABFM certification and its process and activities. These findings are critical to ensuring the value to both Diplomates and the public.

For more information about individual publications, [CLICK HERE](#).

KSA REVISION UPDATE: NEW HEALTH COUNSELING AND PREVENTIVE CARE KSA RELEASED

Submitted on Wed, 03/03/2021 - 21:57

As part of the KSA revision initiative, a new American Board of Family Medicine (ABFM)-developed Health Counseling and Preventive Care KSA was released February 25, 2021. This new activity is a combination of the previous Health Behavior and Preventive Care KSA activities and includes updated critiques and references. This activity provides 60 single best answer questions that focus on management of nutrition, sexual health, exercise, smoking avoidance and cessation, substance abuse, cancer screening, screening for medical conditions, chemoprevention, and immunizations. This transition is part of ABFM's commitment to continual improvement of the activities used in Family Medicine Certification.



UPCOMING DATES AND DEADLINES

Deadline to Select Testing Date/Location	March 15
Spring Examination Dates	April 6–10, 12–17, 19–24, 26–30; May 1, 3 & 4
Examination Results (Tentative)	June 11