Winter 2016

American Board of Family Medicine, Inc.

THE PHOENIX

A Diplomates' Newsletter

A Message from the President

James C. Puffer, M.D.

One of the major principles under which we operate at the ABFM is our effort to continuously improve what we do. To do so we require data, a research team to analyze it, and the courage to change when evidence supports doing so. In the last issue of the Phoenix, we shared with you how your evaluation of our Self-Assessment and Lifelong Learning activities provided the evidence that we needed to support unlinking the clinical simulation from the knowledge assessment in our old Self-Assessment Modules as well as no longer making it a mandatory component of Family Medicine Certification. As featured in a story in this issue, this change has been heartily endorsed by you. After the change was made, approximately four Knowledge Self-Assessments (KSAs) have been completed for every one Clinical Self-Assessment (CSA) with the KSAs continuing to receive higher evaluations from you after their completion.

In this issue we announce another major change. The format for the Family Medicine Certification Examination will be modified, and these changes will go into effect beginning with the April 2017 administration of the exam. In a nutshell, we will reduce the number of questions on the examination from 370 to 320; leave the allotted time for the examination unchanged, allowing more time per question; reduce the number of modules selected during the modular component of the exam from two to one; change the exam day format from five exam sections to four sections of 100-minutes duration; and create 100 minutes of flexible break time to be utilized during the three breaks between the four exam sections in any manner in which the exam candidate chooses to do so.

These changes are being implemented after significant study and analysis of exam data by our psychometricians revealed that mandating selection of two modules actually disadvantaged some examinees, particularly those whose performance hovered around the passing standard. Our data suggested that requiring the selection of one module instead of two would advantage more candidates and potentially result in a 1-1.5% increase in the pass rate for the examination. Our Examination Committee reviewed these data and recommended to the Board of Directors that this change be implemented in 2017.

After the Board approved the recommendation, we made the decision to reformat the examination day to further advantage candidates by increasing the amount of time allotted for each question as well as creating some flexibility in how break time was utilized. We did so with the understanding that our testing vendor, Prometric, would also be switching to a new and improved exam platform that is more efficient and user-friendly. We believe the overall effect of these changes will be to decompress the exam day experience and increase the likelihood of success for our candidates. You can read in further depth about these changes and the data upon which the changes were made inside this issue.

Inside this edition you will also learn of another improvement that will be coming with the arrival of the New Year – our Continuous Knowledge Self-Assessment tool. Our staff has been working diligently on the roll out of this new option that can be used to meet your Self-Assessment and Lifelong Learning requirement. This new assessment tool will provide the opportunity for those that wish to continuously assess their clinical knowledge throughout the year to do so.

Unlike the current Knowledge Self-Assessment modules that contain 60 questions focused on a specific topic, the questions in the Continuous Knowledge Assessment tool will be created using the content and content weighting of our examination blueprint. Twenty-five questions will be delivered to you each quarter of the year, every three months, and can be answered at your own pace. If you participate for all four quarters of the year, you will receive a performance report that demonstrates your strengths and weaknesses in each blueprint category as well as an estimate of the likelihood of passing the Certification Examination if you were to take it at that time. We will launch an app later in the year that will allow you to receive and answer the questions on your mobile device.

While continuous quality improvement is important to us, it is not the only principle that drives our organization. Innovation is another guiding principle that drives our work, and its importance can be underscored by a statement that I saw on a popular internet business site several weeks ago: "The light bulb was not developed by continuously improving the candle!" In an effort to constantly do what we do better, we encourage and promote innovation, and the best example of this has been the creation of PRIME, our Qualified Clinical Data Registry (QCDR).

While the primary reason for creating PRIME was to integrate performance improvement into your practice and make participation in the Family Medicine Certification process more efficient and less time consuming, it has been designed to do so much more. Over 500 physicians and 130 practices are now utilizing PRIME and receiving data about the care they deliver. Approximately 1000 clinicians are currently in the "onboarding" process, allowing our registry vendor, FigMD, to map their electronic health records to the

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data extraction tool that feeds data into the registry and formats it into the 43-measure quality dashboard that we have created.

For those that wish us to do so, we will begin reporting data to the Center for Medicare and Medicaid Services (CMS) in 2017 that will be utilized in determining Medicare reimbursement in 2019. By allowing us to report these data, registry participants will be satisfying three of the four components of the Merit-based Incentive Payment System (MIPS) – Quality, Advancing Clinical Information (Meaningful Use), and Clinical Practice Improvement Activity – that will determine physicians' performance scores and how much they are paid in 2019. The fourth component, Resource Use, based on the Value-based Payment Modifier, will be calculated by CMS. For those who are participating in the latest iteration of the Comprehensive Primary Care Initiative, CPC+, PRIME has also been certified as a global Health IT partner able to support CPC+ Track Two measure collection and submission. We are in the process of developing the Population Health Assessment Tool that will eventually be incorporated into the registry when we finish building it out. It is expected that in the near future, population health management will become an important component for determining payment, and we want to be certain that we are ready to help family physicians maximize opportunity in this regard with the use of this tool, which will also provide opportunity for meeting Performance Improvement Activity requirements in the Family Medicine Certification program. This is just one of the additional features that we envision for PRIME. We eventually expect to utilize PRIME to validate quality measures that are meaningful for family physicians for purposes of quality reporting as well as to utilize the data contained within the registry to drive development of new, cutting edge assessment tools.

Almost ten years ago, in one of the earliest additions of this newsletter, I mentioned that our vision for the ABFM "was to become a dynamic and responsive organization that would create cutting edge assessment tools to assist you, in the most efficient manner, with the task of delivering the highest quality of care to your patients." I also mentioned that in time, we envisioned that "these assessment tools would help a family physician satisfy requirements for re-licensure, credentialing, practice reporting requirements demanded by payors and eventually, pay for performance initiatives." By adhering to the principles of continuous improvement and innovation as organizational guideposts, we continue on our journey to realize our vision, and most importantly, to help you with the ever increasing complexity of providing exceptional care to your patients.

In closing let me, on behalf of all of the staff at the ABFM, wish each one of you a most joyous and merry Holiday Season. We look forward to continuing our work to help you with the task of delivering the highest quality of care to your patients in the New Year.

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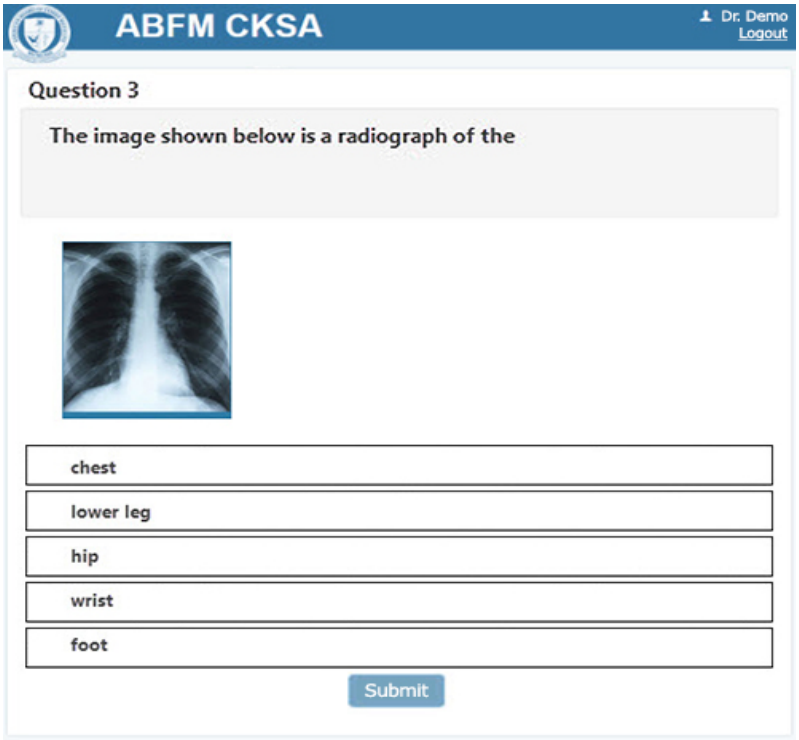
NEW Continuous Knowledge Self-Assessment Activity

Beginning mid-January 2017, a new self-assessment and lifelong learning activity will be available to help family physicians meet their certification requirements. This new tool, called Continuous Knowledge Self-Assessment (CKSA), has been designed to help physicians identify their personal strengths and weaknesses with regard to medical knowledge and clinical decision-making within the framework of broad spectrum family medicine. There is no passing or failing for this activity. Although the CKSA is primarily intended to help family physicians identify gaps in their knowledge so that they can target subsequent continuing medical education on those areas, the exposure to clinical material is very likely to induce some learning as well. The manner of administration is intended to be both more user-friendly, as well as more continuous in nature.



The CKSA is designed to deliver a set of 25 questions each quarter. The questions will be developed using the certification examination blueprint and will be similar in format to those seen on the certification examination. After independently completing 100 CKSA questions, a performance report will be provided to the physician summarizing their results by certification examination blueprint categories, estimating how they would likely score on the certification examination, estimating their probability of passing the certification examination, and computing an index related to how accurate their confidence was with regard to the correctness of their answer. Of course, all of this feedback is contingent on the participant answering the questions to the best of their ability and without looking up the information or collaborating with colleagues.

Completing the 25 questions can be done throughout a three-month period in a manner that best suits the individual physician. The CKSA will initially be accessible through the physician's portfolio on the ABFM website, and later in the year via an app that can be uploaded to a mobile device, so questions can be completed wherever and whenever it is convenient for the physician. If a physician prefers to answer two questions per week over morning coffee, then he or she can set up an automatic reminder to deliver two questions a week. On the other hand, those that wish to complete a small number of questions per month can receive monthly reminders to answer questions. If one wishes to answer all 25 questions at one sitting while on a long road trip over the summer (while riding in the passenger's seat of course!), that can be accommodated as well.

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NEW Continuous Knowledge Self-Assessment Activity

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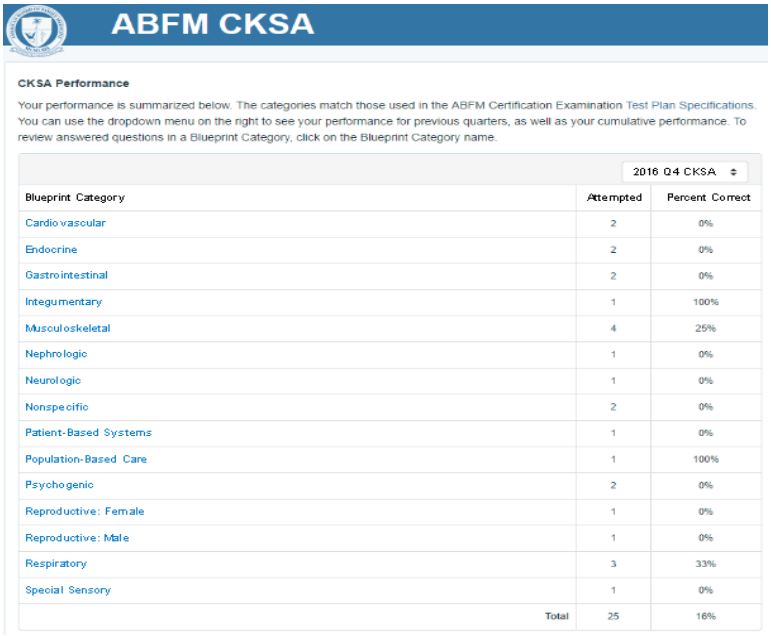
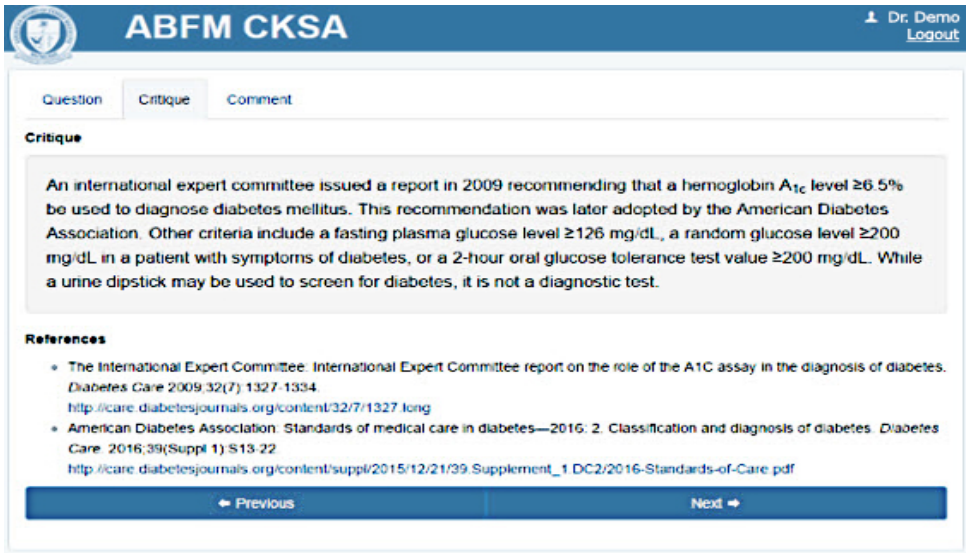


The CKSA will be added to the suite of options for completing the self-assessment requirement for Continuous Certification. Completing all 25 questions during the three-month activity window will provide 2.5 certification points that can be applied to the 50 points required for the three-year stage. Each year there will be four opportunities to complete the three-month CKSA activity during each quarter of the year: January-March, April-June, July-September and October-December. Completing all 25 questions for each of the four quarters throughout the year will result in a total of 10 certification points. A total of 10 points from CKSA activities during any three-year certification stage will satisfy the minimum 1 Knowledge Self-Assessment (KSA) requirement for that stage. Continuously participating in the CKSA throughout the entire three-year certification stage would result in 30 certification points being awarded, and the only other activity needed to complete the requirements for the stage would be the completion of a Performance Improvement activity.

When a physician is ready to participate in the CKSA, he or she can access the questions via their portfolio (or eventually their mobile app), and the program will guide the physician through answering each question in order. Each multiple choice question (MCQ) in the CKSA will require a single best answer response. The correct answer will be provided after each question is answered along with a critique describing the rationale for the correct option. A comment feature will allow family physicians to share their opinions on concepts relating to each question. A physician may start, stop or resume the assessment questions at any time during the three-month period.



ABMS Portfolio Approval Program

One of our goals through the years has been to facilitate the means by which to recognize the great work that many of our Diplomates were already doing inside their own institutions to improve the quality of care delivered to their patients. The Portfolio Approval Program was created as this vehicle and is currently being managed by the American Board of Medical Specialties (ABMS).

Under this program, institutions and other healthcare organizations can apply for permission for the quality improvement programs they develop and administer within their organizations to qualify for certification credit. Currently, ABFM and 20 other ABMS Boards participate. To date 80 organizations have been approved as Portfolio Program sponsors; over 50 additional organizations are either under review or are in the process of applying.

Over 1,800 individual and group activities have been submitted through the Portfolio Program to date, and nearly 10,000 individual physicians have earned credit for their certification at least one time through Portfolio Program-approved QI activities.

If you are doing activities through your employer, hospital, state medical society or other healthcare provider group and wish to earn certification credit for this work, we encourage you to ask your organization to apply to the Portfolio Program for approval. More information can be found on their web site: www.mocportfolioprogram.org.

2017 Certification Examination Updates

The ABFM Family Medicine Certification Examination will undergo several changes beginning with the 2017 April administration. A brief summary of changes includes:

- 370 total exam items reduced to 320
- Total exam time unchanged
- Selection of one instead of two modules from eight options
- Fixed break time changed to pooled flexible break time
- Enhanced user interface

The new examination day schedule will change from the five-section structure used in the past to a format of four sections consisting of 80 multiple-choice questions (MCQ) each with 100 minutes allocated per section. The total number of minutes allocated for the exam day thus remains unchanged at 400 minutes evenly distributed throughout the exam day; however, the total number of questions on the examination will be reduced to 320 questions. Accordingly, the time per question has been increased for each item.

For the last nine years, the certification examination provided the opportunity for candidates to select two modules from eight options to customize the exam in a manner most relevant to practice. Research conducted by our psychometricians has indicated that reducing the number of content-specific modules that an examinee must take from two to one would likely benefit more examinees than it would harm (in terms of passing the examination) by a 4:1 ratio. These results seem congruent with the idea that most family physicians are generalists who practice broad scope family medicine. For the 2017 examination, selection of this one module will occur during the second section of the examination; each of the eight modules will consist of 40 topic-focused MCQs (e.g., Geriatric Medicine, Ambulatory Family Medicine, etc.). The list of available modules from which to choose will remain the same as it has been in the past.

The scheduled breaks during the examination will now be customizable in length. Candidates will be allotted a total of 100 minutes of pooled break time to use as they wish by choosing how much of the 100-minute allotment is used during each scheduled break that occurs between each exam section. For example, one physician might take a 20-minute break, a 60-minute break and a 20-minute break, while another physician could choose to take a 65-minute break, a 25-minute break and a 10-minute break.

The computer-based testing format will be enhanced as our test vendor, Prometric, Inc., has upgraded its exam delivery platform. Candidates can expect easier navigation using this new platform and a more efficient testing experience. Candidates can familiarize themselves with the new look and feel of the exam and view an interactive demonstration of the exam delivery experience by accessing the online exam tutorial at the ABFM website. The questions in the exam tutorial are generic and not specific to the ABFM examination.

The Rationale for Requiring Only One Module on the Examination

Since 2009, the American Board of Family Medicine (ABFM) has been studying the impact of requiring examinees to select content -specific modules. The results of the most recent study will be presented in the January issue of JABFM. The results suggest that requiring examinees to select one rather than two content-specific modules from the current menu of eight modules would tend to provide examinees with a modest score advantage assuming that the examinees correctly selected the module on which they would perform better. In terms of how this would impact the pass-fail status for individual examinees, it is expected to have an impact only for those who are very close to the passing standard; however, we expect the number of examinees that go from fail-to-pass to outnumber those that go from pass-to-fail by a 4 to 1 ratio. These findings tend to support the idea that most ABFM examinees (at least the ones near the passing standard) do not specialize with regard to the modules that we offer.

As a result of these studies, the ABFM will require diplomates to select only one module starting in 2017. By increasing the examination's congruence with the test blueprint, it will also increase its standardization. For example, given that the Ambulatory Family Medicine module is very similar to the non-module portion of the examination, examinees that select it will have, by and large, an undifferentiated family medicine examination. Those that select a different module will have 13% of their examination that deviates from the test blueprint. Compare these scenarios to the 2016 examinees that selected two modules, neither of which were the Ambulatory Family Medicine module. In those cases, 26% of their examination deviated from the test blueprint. By improving the standardization, fewer people who were compelled to take a second module will fail.

It is also worth mentioning that the decrease in reliability and precision is trivial. With the reduced, but still large number of items, we expect the reliability to only drop from 0.94 to 0.93 and the standard error of measurement (a measure of imprecision) to increase from 26 to 29 scaled score points.

Board Eligibility Period Soon Ends for Some Physicians

Family physicians who have never been certified and who completed residency training or were eligible to apply for initial certification prior to January 1, 2012 have until December 31, 2018 before their board eligibility period ends. Thus, there are only two more years for these physicians to become certified by the ABFM, or additional training requirements will be needed in order to be board eligible.

In 2011 the American Board of Medical Specialties (ABMS) and all 24 medical specialty boards agreed to establish parameters by which each board would define the term 'board eligible' and the timeframe applicable to board eligibility for the individual board's physicians. Prior to establishing these parameters the term was widely abused, no limits existed on how long the term could be used by a non-certified physician, and poorly qualified physicians continued to be allowed to practice outside of their initial certification with a risk to patients.

As a result, the ABFM Board of Directors established policy beginning January 1, 2012 that any family physician eligible to apply for initial certification prior to January 1, 2012 would have a 7-year board eligibility period to successfully complete the initial certification process, and any physician completing an ACGME-accredited Family Medicine residency training program on or after January 1, 2012 would have a 7-year board eligibility period to successfully complete the initial certification process starting immediately following the end date of the training program.

In order for a physician to be board eligible, a physician must continuously comply with the Guidelines of Professionalism, Licensure and Personal Conduct and continue to meet the requirements for Resident Certification Entry or the Certification Entry process. Even though there is a 7-year board eligibility period available for family physicians, a physician is only considered board eligible if these requirements are currently met.

After the 7-year board eligibility period expires, a family physician can no longer use the designation 'board eligible.' In order to regain the 'board eligible' designation for an additional 7-year period, a physician must complete at least one year of additional training in an accredited family medicine residency training program or an ABFM approved alternative. The ABFM Board Eligibility policy statement can be found on the ABFM website.

NAM Puffer/American Board of Family Medicine Fellow Sean C. Lucan, MD, MPH, MS

The National Academy of Medicine (NAM) has selected Sean Lucan, MD, MPH, MS as the 2016 James C. Puffer, MD/American Board of Family Medicine Fellow. Dr. Lucan is a practicing family physician in Bronx, New York, treating children and adults. He is also an award-winning National Institutes of Health (NIH)-funded investigator who has published numerous peer-reviewed articles and thought pieces on food-related issues. Dr. Lucan has co-authored one textbook on nutrition and another on biostatistics, epidemiology, preventive medicine, and public health. He is one of three outstanding health professionals selected for the class of 2016 NAM Anniversary Fellows.

Dr. Lucan earned his MD and MPH degrees at Yale before completing residency training in Family Medicine and Community Health at the University of Pennsylvania. After residency, he completed a fellowship in the prestigious Robert Wood Johnson Foundation Clinical Scholars Program, where he earned an MS in Health Policy Research. Dr. Lucan is also a former Pisacano Scholar.

Dr. Lucan's research focuses on how different aspects of urban food environments may influence what people eat and what the implications are for obesity and chronic diseases, particularly in low-income and minority communities. Another focus of his work is the critical examination of clinical guidance and public health initiatives related to nutrition.

As a Puffer/ABFM/NAM Fellow, Dr. Lucan will receive a research stipend of $25,000. Named in honor of James C. Puffer, M.D., 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.

NAM Fellows continue their main responsibilities while engaging part-time over a two-year period in the Academies' health and science policy work. A committee appointed by the president of the National Academy of Medicine (NAM) 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.

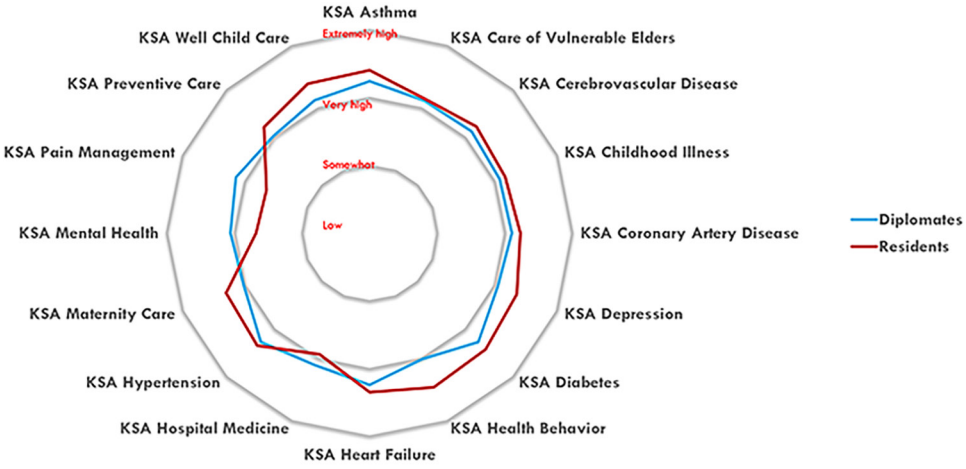
KSA & CSA Feedback Survey: Results Six Weeks post-SAM Split

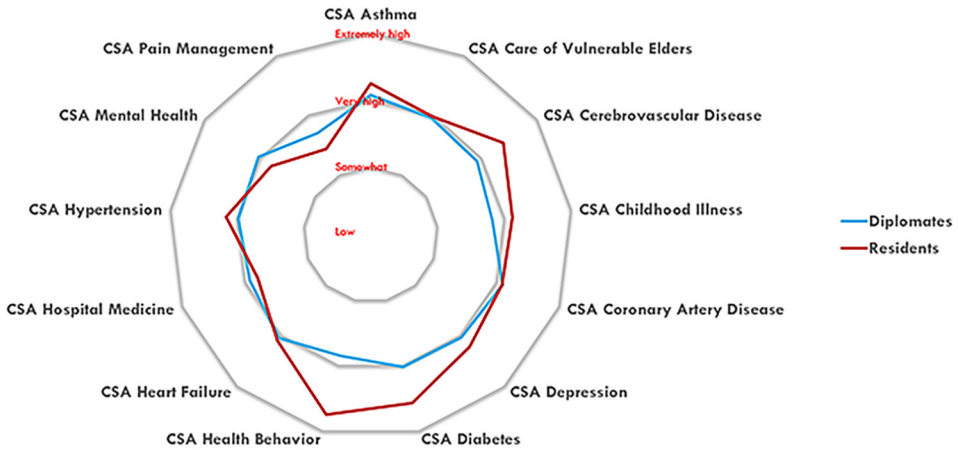
In an earlier edition of *The Phoenix*, we reported the results from an analysis of the Self-Assessment Module (SAM) feedback from Diplomates based on data collected from the start of MC-FP in 2004 to early 2013. Because of those findings, the ABFM decided to separate the Clinical Simulation (CS) and Knowledge Assessment (KA) components of the SAMs into the new Knowledge Self-Assessment (KSA) and Clinical Self-Assessment (CSA) activities. Here, we describe the initial feedback results following the July, 2016 separation of the SAM components.

During the first six weeks post-separation, a total of 2,233 physicians (including 1,893 Diplomates and 340 residents) completed a feedback survey after completing a KSA or CSA activity. One-third of these physicians completed more than one KSA or CSA activity. Of 3,473 total activities completed, nearly 80% (2,738) were KSA activities. In both KSA and CSA activities, hypertension, diabetes, and asthma continue to be the most popular topics. A majority (60%-81%) of the physicians spent less than two hours to complete a CSA activity. In contrast, more than half spent five hours or more on a single KSA activity.

To continually evaluate the performance and value of the KSA and CSA activities to both residents and Diplomates, we changed the feedback surveys with the unlinking of the activities. The new survey asks participants to rate the activities on a four-point scale of "extremely/very/somewhat/not at all" in the following aspects:

1. How relevant was the content to your practice?
2. How current was the clinical information?
3. How useful was the clinical information in your practice?
4. How useful was this activity as an educational tool?
5. How favorable were you of this activity?





We plotted the mean aggregated ratings for the KSA and CSA activities to assess the degree of value perceived by Diplomates and residents respectively. Overall, both KSA and CSA activities were rated highly by both Diplomates and residents, though Diplomates rated the KSA higher than the CSA. This is consistent with what we found in 325,000 SAM feedback surveys from 2004 to 2013 which asked about each component.

Residents rated pain management and mental health KSA activities lower than did Diplomates, but rated health behavior, diabetes, and cerebrovascular disease CSA activities higher than Diplomates. While visually remarkable, these differences are preliminary and need more responses over a longer period of time to verify. Our plan is to routinely monitor the feedback results and report them back to the Board of Directors and you, the Diplomates, to ensure our certification products are performing well.

The American Board of Family Medicine

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ATTENTION: Diplomates Who Certified in 2007

Diplomates who certified in 2007 are required to complete continuing certification requirements for Stage Three: one Knowledge Self-Assessment (KSA) activity, a minimum of one Performance Improvement activity (PPM, MIMM, 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 2017 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 2010

Diplomates who certified in 2010 are required to complete continuing certification requirements for Stage Two prior to December 31, 2016: one Knowledge Self-Assessment (KSA) activity, a minimum of one Performance Improvement activity (PPM, MIMM, 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 Two requirements will continue on the 7-year certification path, and their certification will expire on December 31, 2017. The 7-year cycle requires a minimum of three Knowledge Self-Assessment (KSA) activities, a minimum of one Performance Improvement activity, and additional Self-Assessment and/or Performance Improvement activities to reach a minimum of 110 points prior to the examination.

Registration for the April 2017 Family Medicine Certification Exam is open in December 2016. If you have not completed your Stage Two requirements by December 31, 2016, you will be on the 7-year path and will need to take the examination in 2017 to remain certified.

ATTENTION: Diplomates Who Certified in 2013

Diplomates who certified in 2013 are required to complete continuing certification requirements for Stage One prior to December 31, 2016: one Knowledge Self-Assessment (KSA) activity, a minimum of one Performance Improvement activity (PPM, MIMM, 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 have three years (after becoming "not certified") to regain their certification status by completing the required Family Medicine Certification activities. Once the delinquent modules are completed, the Diplomate will again be listed as board-certified.