



THE PHOENIX

A Diplomates' Newsletter

A Message from the President

James C. Puffer, M.D.

As I will complete my tenure at the American Board of Family Medicine (ABFM) at the end of this year, it is with mixed emotions that I write my final message for the Phoenix. It has been seventeen years since I arrived at the ABFM, and it seems as if the time has flown by so quickly!

Initially charged by the Board of Directors to create the mechanisms to transition from our longstanding recertification process to a new continuing certification paradigm in 2003, we underwent a complete organizational transformation to accommodate the challenges of doing so.

This included a substantial investment in new information technology infrastructure to move from simply delivering a paper and pencil examination in 27 hotel ballrooms across the country on the second Friday of July each year to a defined cohort of approximately 8-10,000 examination candidates to interacting now with more than 92,000 of you asynchronously each and every day. It also required the development of new and innovative assessment tools to provide you with greater ability to assess your knowledge and measure improvement in your practices, including a Qualified Clinical Data Registry—PRIME. These investments also allowed us to begin to deliver the examination via computer, providing you with the opportunity to take the examination at one of over 600 testing centers across the United States. This move allowed more than 90% of our Diplomates to take the examination within a two-hour drive of their homes.

We were the first American Board of Medical Specialties (ABMS) member board to transition all of our Diplomates to this new paradigm, and this provided the opportunity to critically evaluate whether this new process was effective in improving the care you provided to your patients. We assembled a collection of first-rate researchers and measurement specialists to not only help us with this task, but also to process the feedback that you were providing us in the evaluations that we had built into each of our new assessment tools. Their work has been prolific, resulting in over 200 articles published in peer-reviewed journals over the past 10 years. This work has not only demonstrated the value of our new continuous certification paradigm in improving care but also has been instrumental in helping us further refine and improve each of our assessment tools based primarily upon the invaluable feedback that you have provided.

We have also endeavored to increase our communication with you. We created a Support Center to answer your questions and assist you with meeting your requirements. We created this newsletter to keep you abreast of the changes that we were making as we continuously improved our continuous certification model and to familiarize you with our wonderful staff. We created a regular schedule of delivering emails to you to remind you of important deadlines and important milestones that you had achieved.

Each of these changes required considerable financial investment. However, I suspect that if you asked me to name the singular most important thing we have done since introducing continuous certification in 2003, I would probably tell you that we were able to accomplish this while keeping your fees essentially unchanged over the past 15 years. That's right; the annualized cost of certifying today (\$205) is essentially the same as it was in 2003 (\$190). The major reason that we were able to do this is because all of you have participated in continuous certification far beyond what our historical data predicted we should expect. While previously approximately 75-80% of Diplomates who initially certified or recertified in any given year would return to recertify seven years later, now more than 80% (82% on average) of Diplomates in any given cohort continue to meet their continuous certification requirements.

Your support has allowed us to grow, innovate and invest in new certification strategies while keeping the cost to you relatively constant. And we are not done innovating! To date, participation in our new Continuous Knowledge Self-Assessment (CKSA) has continued to grow with over 18,000 Diplomates now utilizing this new assessment tool each quarter, and enrollment in the Longitudinal Assessment Pilot by those that are due to take the examination next year has been extremely robust. Look for a new and improved web portal next year when we launch the first phase of our website revision and be



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on the lookout for new ways that you can directly provide input into how we will continue to endeavor to improve our continuous certification model.

I leave the ABFM in more than capable hands. Warren Newton, and the superb senior staff with whom he will work, will continue the ABFM's longstanding history of excellence and innovation, remaining on the cutting edge of physician certification.

And now as my final task, I will simply sign off by wishing you and your families the Happiest of Holidays and the very best in the New Year.



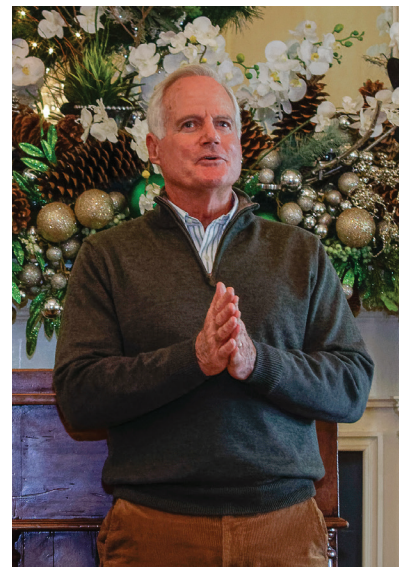
Thank You Dr. James Puffer! Retiring President and CEO of the ABFM

On December 31, 2018, Dr. James Puffer will complete 17 years of service as the President and CEO of the ABFM. At his recent retirement luncheon, one of our staff stated so well, "17 years was so long, almost a generation. 17 years was so short, everything seems like yesterday."

During his time of service, Dr. Puffer led the ABFM from an organization that delivered one examination in July, to a business structured organization that created a suite of services for physicians including delivering the exam via computer, moving the test to 12 days in the spring and 6 days in the fall, allowing residents to take the examination before completing their training, and delivering several new certificates of added qualifications for Family Physicians who sought recognition for their focused practice. The development and roll-out of the ABMS Maintenance of Certification process underwent significant changes over the years based on physician feedback. Dr. Puffer spent over a hundred days per year on the road representing the ABFM to various constituents and listening to Diplomate's concerns or comments.

A brief and partial list of Dr. Puffer's most significant accomplishments over the last 17 years include:

- Extending certification from 7 years to 10 years
- Moving to a continuous certification paradigm
- Moving the examination to April to incorporate into Residency training
- Adding additional examination dates in November
- Capping and reducing fees for ABFM certification activities
- Changing the name from ABFP to ABFM to be in concert with the specialty
- Creating corporate structure to improve efficiency
- Creating the ABFM Support Center to assist Diplomates with questions
- Modernizing the ABFM IT efforts to include data management
- Instituting a Customer Relationship Management system to track Diplomate communication and needs





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- Consistently supporting staff's professional development and innovation that led to changes in certification over time
- Developing the Board Eligibility definition for ABFM
- Developing the clinically inactive status
- Supporting the creation of the Multi-Specialty Portfolio Program
- Adding new CAQ's in Sleep Medicine, Hospice and Palliative Medicine, and Pain Medicine
- Adding Focused Practice in Hospital Medicine
- Working to develop family physician activities for ABMS' MOC
- Supporting the offer of legal advice from ABFM's attorney for those with medical license issues
- Creating the Prime Registry
- Adding the Communications Department
- Establishing a Research Department to evaluate outcomes of certification and to study the ecology of family medicine
- Supporting the Journal of the American Board of Family Medicine and the Annals of Family Medicine
- Creating the ABFM Scholars program to assist with research
- Supporting the Residency Research Pathway to train clinician-scientists
- Creating an ABFM presence in Washington, DC
- Creating the Center for Professionalism and Value in Healthcare
- Adding Public Members to the ABFM Board of Directors
- Supporting the growth and development of Family Medicine worldwide through the World Organization of Family Physicians (WONCA) and ABFM-international
- Creating the National Academy of Medicine Fellowship
- Creating the ABFM Foundation that has supported innovation in medical student and residency education (Length of Training Pilot, STFM preceptor project, Clinic First Initiative, Preparing the Personal Physician for Practice), as well as the convening of national summits (Starfield and Keystone Summits) to better understand and advocate for the discipline of Family Medicine
- Serving on the Board of the Pisacano Leadership Foundation to select the next generation of Family Medicine leaders

The ABFM staff will always be grateful to his devotion to the mission of the ABFM, his work ethic, and his support for our staff and Diplomates. We wish him the very best for an active and enjoyable retirement!

Support Center Holiday Hours

December 24	8:00AM – 5:00PM
December 25	CLOSED
December 26	8:00AM – 5:00PM
December 30	12:00PM – 5:00PM
December 31	8:00AM – 5:00PM
January 1 (2019)	CLOSED
January 2 (2019)	8:00AM – 5:00PM



Answering Your Questions About the Family Medicine Certification Longitudinal Assessment Pilot (FMCLA)

We recently asked the amazing staff in our Support Center what questions physicians were asking about the new FMC Longitudinal Assessment (FMCLA) pilot launching in January. Here's a sample of what we found:

Do I have to answer the 25 questions all at one time?

No, you may answer the 25 questions at your own pace over the course of the quarter. You can complete them all at once or do one or more at a time.

What happens if I do not pass?

At the end of four years, if your results do not end in a passing score, you will be required to take the traditional one-day exam the following year.

How much does this cost?

There is no additional cost for choosing to participate in the FMCLA alternative exam pilot. The certification fees remain the same as with the one-day examination.

Do I have to complete my requirements before I start FMCLA?

You may begin the application process now, however, applications will only be approved once all continuous certification requirements are met.

Will I have to complete the other requirements while completing FMCLA?

Yes, the FMCLA exam alternative satisfies your 2019 examination requirement only. In order to remain certified, you must also continue to meet all other certification requirements including: Knowledge Self-Assessment activities, Performance Improvement activities, Certification Points (50 per three-year stage), CME (150 per three-year stage) and professionalism. One way to help keep these clear in your mind is to think about FMCLA exactly the same as you think about the exam. They are both able to meet your exam requirement—but are not part of continuing certification activities.

What will my certification status be while participating?

You will continue to be listed as board certified in family medicine provided you remain current with all your certification requirements and are meaningfully participating in FMCLA.

Will I be able to go back and change my answer?

No. FMCLA is an alternative for the examination. Unlike the self-assessment components of family medicine certification, which are formative and intended to help you identify your knowledge gaps, FMCLA is a summative assessment of your cognitive expertise. Therefore, changing the answer is not permissible, just as it is not permissible on the exam.

Can I withdraw from FMCLA and take the exam?

Yes, you can withdraw from the longitudinal assessment if you find that it is not the right process for you. Once you do, you will remain certified as long as you sit for and are successful on the one-day secure exam in a test center within the next year.

Why do I have only 5 minutes to answer each question?

Five minutes per question is provided to allow time to read and answer the question, as well as look up resource information, if needed, before you submit your answer. Most questions won't require you to use resource materials. This time determination was based on extensive data we have from our CKSA platform and from the experience of other boards who are using a similar longitudinal assessment approach. The information from these data indicate that the average time utilized by diplomates is less than two minutes per question. However, we will be monitoring this closely as we go through the first pilot year and will determine if changes need to be made going forward.



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How is the examination scored?

All 300 questions will be scored as correct or incorrect. If a total of 300 questions are not answered by the end of the 4th year, then the remaining unanswered questions will be marked as incorrect. These responses are then transformed into a scaled score ranging from 200 to 800, just like the certification examination. A scaled score is a transformation of your raw score that adjusts for the difficulty of the questions that you received. This is important for assessments in which each examinee may receive a different set of questions. Scaled scores ensure that no diplomate is unfairly advantaged or disadvantaged by receiving a relatively easy or difficult set of questions.

Will I know how I'm doing throughout the process?

Yes, in addition to knowing as you proceed through the quarterly items whether the answers you give for each item are correct or incorrect, you will be able to review these results on your FMCLA dashboard. After answering 100 questions, a preliminary scaled score will be provided so that you can monitor your progress and determine whether you need to alter your continuing education plan. This score will be updated at the close of each subsequent quarter.

Will this eventually replace the one-day exam?

Based on survey data we have received from diplomates, we know that some people will still prefer to take the one-day exam rather than participate in an ongoing process like FMCLA. The FMCLA is an alternative to the exam, and the choice is always up to the individual physician to determine which works best for them. There are currently no plans to eliminate the one-day exam option.

What happens after my 4th year of the FMCLA pilot if I'm successful?

The FMCLA pilot is designed to evaluate the feasibility and validity of the examination alternative. The successful completion of the FMCLA pilot with a passing score will fulfill your 2019 examination requirement. During the pilot, we will be evaluating the future of FMCLA as a valid examination alternative within the Family Medicine Certification beyond the first four years.

We are very grateful for your patience, and that of your staff members, if you have tried to contact the ABFM Support Center and had to wait on hold longer than expected, were unable to get through, or had a delay in responding to your email.

We have experienced an unprecedented increase in call and email volume in the month of December. While the end of the year is always a very busy time, and we staff accordingly to meet those needs, this year's number of contacts was more than we could respond to with our desired turnaround time. We are also grateful to the Support Center staff, as well as the many ABFM staff who provided additional resources to the Support Center in an effort to respond to the high volume.

We wish you a bright start to 2019 and look forward to serving you



Did You Know?

Continuity Associated with Lower Costs, Hospitalizations— a New Measure that Matters

A foundational characteristic of primary care—continuity of care—has previously been associated with lower costs, better quality, and provision of more equitable care. However, until now there have been no physician-level measures of continuity for attribution in value-based payment models. A recent study published in *Annals of Family Medicine* (<http://www.annfammed.org/content/16/6/492.full>) reports on the findings of a multi-pronged model to calculate continuity scores for nearly 1.5 million Medicare beneficiaries to test the relationships between continuity and patients' health care costs and hospitalizations. Their findings support what family physicians know about the value of continuity: higher levels of physician-patient continuity are associated with lower costs and hospitalizations, even for seriously ill patients.

Robert L. Phillips, MD, MSPH, and Lars Peterson, MD, PhD, research leaders at the American Board of Family Medicine, served as co-authors of an article in collaboration with the Robert Graham Center for Policy Studies in Washington, DC. Andrew Bazemore, MD, MPH, lead author of the article stated “The concept of longitudinal relationships with one’s patients is fairly intuitive to family physicians; however, that concept is also fragile in an age where family physicians are more constrained in their scope of practice, less likely to have control over their practice scheduling and own their practices, and more likely to have been trained in an age of working hours and patient handoffs.” He suggested that continuity be taught early in a family physician’s career. “Fostering concepts of continuity begins in residency training, where helping trainees understand the importance of being a personal physician, and of relational, managerial, and administrative continuity is critical.”

Given that 60% of family physicians are now salaried employees and the provision of inpatient, maternity, home, and nursing home care have all declined in the practices of family physicians, strategies beyond training are critical to ensure that residency graduates and practicing physicians can locate places to work that support continuity of care. This study was key to approval of continuity by the Centers for Medicare and Medicaid Services as a reportable measure for MIPS in 2020 for participants in the PRIME Registry. The ABFM will continue to support research that produces and tests measures that matter for primary care so that value-based payments reward what we know produces value.