

THE PHOENIX

A Newsletter for Board-Certified Family Physicians

A Message from the President

Greetings to you in 2020, and we hope you are well.

We are deeply appreciative of all you do for the health of your patients and community, and your commitment to excellence and to improvement. We believe that your dedication is the foundation of our health care system.

The implementation of the ABFM Strategic Plan 2019–2025 continues to be guided by our mission, vision, and values. I encourage you to read it [here](#).

Thank you to the almost 6,000 of you who participated in the Family Medicine Certification Longitudinal Assessment (FMCLA) pilot. 98.4% who started in the pilot have continued into year two. Feedback has been outstanding overall. The most common comment from participants is that they are learning as they are going! Three out of four reported having sought more information about a clinical topic that was part of FMCLA. We have extended the pilot for another year as we learn more about the psychometric performance of the questions.

Our other major initiative has been in outreach and engagement. We were able to talk with family physicians of all types of practices and backgrounds at 26 AAFP state chapter conferences and numerous other meetings. Through this, we have learned much about what you feel would enhance the value of certification.

We also launched a new website, a PI Locator tool, and a virtual Engagement Network, which will give us opportunities to receive ongoing feedback from Diplomates to improve the certification process. This year promises to be just as engaging. We are actively working with Diplomates to help us redesign the [Physician Portfolio](#). We are also revising and enhancing our Knowledge Self-Assessment activities.

We are so fortunate to work with a remarkable and dedicated Board of Directors who govern our work at ABFM. It is worth knowing more about these Board members, including how they are selected, their respective roles and the time and effort they contribute to make certification valuable to Diplomates, the profession and the public. Our Board of Directors is comprised of sixteen physician members plus two public members. Each Director serves a five-year term. Physician members include eleven family physicians, the immediate past chair, and two new in each year.

The two family physicians elected each year include one selected from nominations received from the American Academy of Family Physicians (AAFP) and one from nominations received from other organizations including, but not limited to, the American Medical Association (AMA), the Association of Departments of Family Medicine (ADFM), the Association of Family Medicine Residency Directors (AFMRD), the Society of Teachers of Family Medicine (STFM), the North American Primary Care Research Group (NAPCRG), and the American College of Osteopathic Family Physicians (ACOFP). Current Board members may also nominate candidates.



Since its inception, ABFM has also had an elected Board member representing five other specialty Boards: Internal Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry and Neurology, and Surgery. These representatives have made, and continue to make, meaningful contributions to ABFM's work, allowing for sharing of ideas and best practices across Boards. Their perspectives on medicine, health care, medical education and certification have advanced Family Medicine Certification.

We are committed to ensuring the public and patient voice in all of our discussions; hence the inclusion of two public Board members. Diversity of experience and skills is critical for our success. You can find more information about individual Board members, their backgrounds and their terms, [here](#).

We are very grateful to our volunteers: their commitment, engagement and passion for the discipline are inspiring!

Best wishes for the year and thank you for your participation. We welcome your feedback anytime.

Warren Newton, MD, MPH
President and CEO





Design

Alternative to One-Day Exam
 25 questions per quarter
 300 questions to complete
 Up to 5 minutes per question
 Choice of time, place
 Ability to use References

FMCLA One Year Later—What Have We Learned?

Satisfaction

≥95% report satisfaction with platform, interface, navigation
 84% reported less anxiety with FMCLA over one-day exam
"I'm learning as I'm going!" most common theme

What's Ahead?

98% continuing into Year 2
 Initial performance reports provided
 Pilot extended to 2020 cohort

**71%****≥95%****98%**

Initial Cohort

Diplomates due for exam in 2019
 71% chose FMCLA over one-day exam
 Convenience was main driver of selection

Feedback on Process

78% say questions are relevant to family medicine
 61% used references on half or more questions
 75% sought more information on a clinical topic as a result of participating

I Am Doing 25 Questions a Quarter—But Which Activity Am I Doing?

A recurring question we have encountered is confusion between FMCLA and the Continuous Knowledge Self-Assessment (CKSA) portion of certification activities. This is understandable, as CKSA was our test platform for FMCLA. CKSA is one option for completing your Knowledge Self-Assessment requirement and earning points toward the 50 required for each three-year stage.

As the popularity of CKSA has grown, and FMCLA is now in its second cohort, it is important to help family physicians tell the difference between these, since they both provide 25 questions a quarter. The distinguishing features below will help you understand the key differences to look for to determine if you are in the right activity:

	FMCLA The One-Day Exam Alternative	CKSA Knowledge Self-Assessment Credit
Who is Eligible?	Current Diplomates who are in their exam year	<i>Anyone</i> , as part of their knowledge self-assessment activities
Meets Requirement For:	Assessment of Cognitive Knowledge (the exam)	2.5 certification activity points & 2.5 CME credits per quarter; four completed quarters meets the minimum KSA requirement for a three-year stage
Is There a Performance Standard?	Yes Performance must meet a minimum passing standard	No There is no minimum passing standard for this activity
Are Questions Timed?	Yes 5 minutes per question <i>If there is no clock, you are <u>not</u> in FMCLA!</i>	No Questions are not timed
Can I Revisit Questions?	No While you can review questions and critiques after answering each question, because this is your examination, they cannot be revisited later for item security	Yes Questions <i>can</i> be reviewed after answering and critiques can be reviewed after the fact
Where Do I Access?	FMCLA button in the fmcla.theabfm.org	Certification Activities link in the Physician Portfolio



Modules Eliminated from Family Medicine Certification One-Day Exam

Starting in April 2020, ABFM will no longer offer content-specific modules as part of the one-day exam. Due to the popularity of the Family Medicine Certification Longitudinal Assessment (FMCLA) pilot, the percentage of Diplomates who chose to take the one-day examination in 2019 dropped below 30%. With these low numbers, only two out of the seven modules would have sufficient number of participants to allow for reliable scoring. Going forward, the one-day exam will consist of four sections with 75 questions each. The total number of items will be reduced from 320 questions to 300 questions, and examinees will have the same amount of time per question as on previous exams, with 100 minutes of pooled break time available to use between exam sections.

This decision builds on trends we have followed over several years. Our ongoing evaluation of examinee performance confirms that this planned elimination of modules as part of the one-day examination would not disadvantage candidates with respect to pass/fail rates.

Exam Section 1 = 75 Multiple Choice Questions (95 Minutes)
Optional Break*
Exam Section 2 = 75 Multiple Choice Questions (95 Minutes)
Optional Break*
Exam Section 3 = 75 Multiple Choice Questions (95 Minutes)
Optional Break*
Exam Section 4 = 75 Multiple Choice Questions (95 Minutes)

(* Note: 100 minutes of pooled break time will be available to use between exam sections.)



Changes Underway for Knowledge Self-Assessment Activities!

We're excited to share with you a key initiative to improve your experience with Knowledge Self-Assessment (KSA) activities. We have begun the process of a major review and update to all KSA activity topics, as well as a phased introduction of new KSA topics based on their relevance and importance to family medicine.

KSA activities have been a part of continuous certification since 2003. In 2019, family physicians completed 86,174 KSA activities. The 18 current KSA topics are based on the Institute of Medicine's list of priority conditions. Over the course of this year, you will begin to see the following changes:

- All questions will be converted from multiple true-false to a single best answer. This was based on feedback from Diplomates and in order for the KSA items to be consistent with other self-assessment activities.
- KSAs will no longer require a minimum of 80% correct answers **within each competency area**, but rather will only require that 80% of items overall be correct for credit.
- All critiques and references will be updated to increase their value for you in identifying and closing knowledge gaps.
- Several topics will be combined into a single KSA in order to make room for adding new KSAs in the future. For example, Well Child Care and Childhood Illness will be combined into a new KSA entitled Care of Children.
- A limited number of new topics will be added that are highly relevant to the specialty and address a broader scope of practice.



As you begin planning for KSAs in 2020, please know that all listed topics will be offered in 2020; however, the version available to you will depend upon the revision schedule below:

Current Topic Title	New Topic Title	Estimated Release Date
(NEW)	Palliative Medicine	End of March 2020
Childhood Illness	Care of Children	End of April 2020
Well Child Care		
Hypertension	Hypertension	
Coronary Heart Disease	Heart Disease	
Heart Failure		
Diabetes	Diabetes	End of September 2020
Preventive Medicine	Preventive Health	
Health Behaviors		
Asthma	Asthma	
Depression	Mental Health Care	
Mental Health		
Vulnerable Elderly	Care of Older Adults	End of March 2021
Cerebrovascular Disease		
Maternity Care	Care of Women	
Women's Health		
Hospital Medicine	Care of Hospitalized Patients	
Pain Management	(may combine into new KSA on Substance Use Disorder)	

MEDICAL GENOMICS KSA COMING OFFLINE FOR REVIEW

The Medical Genomics KSA will be coming offline early in 2020, based on feedback from Diplomates, so that we can re-evaluate for quality and focus for the future. It will remain offline for the entire calendar year 2020. If you currently have a Medical Genomics KSA in progress, the following timeline will help you to receive Family Medicine certification credit for this activity:

- **March 31, 2020:**
Last Day to start a Medical Genomics KSA
- **May 31, 2020:**
Last Day to complete a Medical Genomics KSA

Please log into your [Physician Portfolio](#) to complete your Medical Genomics KSA activity prior to May 31, 2020 to ensure credit is received.

NEW PALLIATIVE MEDICINE KSA AVAILABLE SPRING 2020

In collaboration with the Interstate Postgraduate Medical Association (IPMA), ABFM is announcing the launch of a new Knowledge Self-Assessment activity focused on Palliative Medicine. This new KSA will feature 60 single best answer questions, extensive critiques, and up to date references on clinically relevant questions. Upon completion, you will fulfill your minimum KSA requirement, earn 10 certification activity points and CME credit.



ABFM Retires Clinical Simulation Activity

On February 15, 2020, the American Board of Family Medicine (ABFM) retired the Clinical Simulation Activities (CSA) that were once part of the self-assessment activities in conjunction with Knowledge Self-Assessment activities. Diplomate feedback about the platform contributed to this decision and allows us to make way for new self-assessment offerings to enhance the value of your certification activities. You will continue to have a wide variety of activities available to assess your proficiency in common Family Medicine topics while you earn certification self-assessment points.

The schedule to retire the CSA activities is as follows:

- **February 15, 2020:** The last day to start a CSA
- **March 17, 2020:** The last day to complete a CSA
- **April 30, 2020:** The last day to review a completed CSA

We will continue to provide notification of the upcoming deadlines through the end of April 2020.

** If you have started a CSA and not completed it yet, you may log into your Physician Portfolio to complete this activity prior to March 17, 2020 in order to ensure credit is received. If you need assistance in accessing your Physician Portfolio, please contact the ABFM Support Center at 877-223-7437 or help@theabfm.org.

Performance Improvement Questions? Join Our Virtual Office Hours

Have a question about a Performance Improvement (PI) activity? Now you can call in during our Virtual Office hours to get your answers. Our Performance Improvement Manager will virtually be available the second Thursday of each month from 2:30–4:00PM (Eastern) until September, when office hours will be offered more frequently. Beginning October 1, we'll be available weekly on Tuesdays and Thursdays through December 17, 2020.

Virtual Office Hours 2:30–4:00PM (All times Eastern)

Join from your computer, tablet, or smartphone:

global.gotomeeting.com/join/400766173

You can also dial in using your phone:

1-877-309-2073

Access Code:

400-766-173

2020

VIRTUAL OFFICE HOURS

2:30–4:00PM Eastern

JANUARY

SMTWTFSS

29 30 31 1 2 3 4

5 6 7 8 9 10 11

12 13 14 15 16 17 18

19 20 21 22 23 24 25

26 27 28 29 30 31 1

FEBRUARY

SMTWTFSS

26 27 28 29 30 31 1

2 3 4 5 6 7 8

9 10 11 12 13 14 15

16 17 18 19 20 21 22

23 24 25 26 27 28 29

MARCH

SMTWTFSS

1 2 3 4 5 6 7

8 9 10 11 12 13 14

15 16 17 18 19 20 21

22 23 24 25 26 27 28

29 30 31 1 2 3 4

APRIL

SMTWTFSS

29 30 31 1 2 3 4

5 6 7 8 9 10 11

12 13 14 15 16 17 18

19 20 21 22 23 24 25

26 27 28 29 30 1 2

MAY

SMTWTFSS

26 27 28 29 30 1 2

3 4 5 6 7 8 9

10 11 12 13 14 15 16

17 18 19 20 21 22 23

24 25 26 27 28 29 30

31 1 2 3 4 5 6

JUNE

SMTWTFSS

31 1 2 3 4 5 6

7 8 9 10 11 12 13

14 15 16 17 18 19 20

21 22 23 24 25 26 27

28 29 30 1 2 3 4

JULY

SMTWTFSS

26 27 28 29 30 31 1

2 3 4 5 6 7 8

9 10 11 12 13 14 15

16 17 18 19 20 21 22

23 24 25 26 27 28 29

30 31 1 2 3 4 5

AUGUST

SMTWTFSS

26 27 28 29 30 31 1

2 3 4 5 6 7 8

9 10 11 12 13 14 15

16 17 18 19 20 21 22

23 24 25 26 27 28 29

30 31 1 2 3 4 5

SEPTEMBER

SMTWTFSS

29 30 1 2 3 4 5

6 7 8 9 10 11 12

13 14 15 16 17 18 19

20 21 22 23 24 25 26

27 28 29 30 1 2 3

OCTOBER

SMTWTFSS

27 28 29 30 1 2 3

4 5 6 7 8 9 10

11 12 13 14 15 16 17

18 19 20 21 22 23 24

25 26 27 28 29 30 31

NOVEMBER

SMTWTFSS

1 2 3 4 5 6 7

8 9 10 11 12 13 14

15 16 17 18 19 20 21

22 23 24 25 26 27 28

29 30 1 2 3 4 5

DECEMBER

SMTWTFSS

29 30 1 2 3 4 5

6 7 8 9 10 11 12

13 14 15 16 17 18 19

20 21 22 23 24 25 26

27 28 29 30 31 1 2

[For More Information on the PI Activity Options](#)



The ABFM Engagement Network: Building a Better Board Together

Do you have an idea to share or want to weigh in on an aspect of certification? Do you feel too constrained by time to reach out or feel unsure of how to provide feedback?

The recently launched ABFM Engagement Network is one of the best opportunities to provide feedback and insights on a variety of important matters about Family Medicine Certification. We're all ears and want to engage with and support Diplomates with their certification needs.

By enrolling in the Engagement Network, you can also help influence aspects of the ABFM Strategic Plan and provide valuable feedback on actionable items. Since its rollout, Engagement Network participants have taken the opportunity to answer two surveys and participate in a focus group on such topics as the redesign of the Physician Portfolio, Performance Improvement activities, and Knowledge Self-Assessment topics.

Dr. Miranda Balkin of Massachusetts enrolled in the Engagement Network after receiving an email last year. "I signed up for it for the same reason that I vote," said Dr. Balkin, "because I feel like I don't get the right to complain about something if I don't take the opportunity to participate. If people have concerns about the way their board certification is done or is proposed to be done, then this is a really pretty simple and straightforward way to be participate in that decision making," Dr. Balkin noted.

"I think if you want to make a difference in how something is done, you have to actually participate in that conversation."

— Dr. Miranda Balkin

The results of the focus group and surveys are already shaping decisions at ABFM. Opportunities for more input will be offered quarterly throughout 2020. If you're interested or want to recruit your family medicine colleagues, visit theabfm.org/volunteer. You can expect a minimal time commitment and can trust that input will help shape the deployment of new ideas and strategies across Family Medicine Certification. We hope you will consider participating in the Engagement Network in 2020.

JOIN TODAY!





Certification Support at the State Chapter Level—A Pilot with the Ohio AFP and ABFM

The Ohio Academy of Family Physicians (OAFP) is partnering with the American Board of Family Medicine (ABFM) to test a pilot of personalized stage activity planning for members who are board certified. The goal of this pilot is to see if family physicians could benefit from facilitated discussion to enhance their understanding of certification requirements, to use activities to help identify and address knowledge gaps, and to increase relevance of activity selection to their practice setting and needs.

An outcome of a 2019 OAFP Board of Directors planning retreat was the desire for ABFM certification assistance and programming support at the state chapter level. This led to the idea of providing personalized board-certification planning assistance to members in concert with Knowledge Self-Assessment (KSA) Study Groups sponsored by the chapter in 2020. By offering this in conjunction with these study groups, the chapter hopes to help their member-diplomates with support in reaching their certification requirements in a timely and stress-free manner.

The OAFP developed a proposal to host four KSA Study Group sessions throughout Ohio and approached ABFM about working together on this pilot. ABFM was eager to collaborate, given that a redesign of the online Physician Portfolio is underway and could benefit from learning from Ohio in ways that could inform that process. The first session was held in January 2020. Attendees remained after completion of the KSA to learn about updates in Family Medicine Certification focused on new options for tailoring certification activities most relevant to individual practice types and scope.



Dr. Ryan Kauffman during the 2020 Family Medicine Workshop on Cerebrovascular Disease KSA event in Columbus, OH on January 12, 2020.

“We see this as is an opportunity to really work with physicians and help them be comfortable with the process because these are certainly physicians who value their board certification and want to maintain that. By working together, we're able to approach things in different ways, learn different ways of doing things and be able to improve the care we're giving, and the whole process is incredibly valuable to keep us connected to each other.”

— **Dr. Ryan Kauffman,**
ABFM Diplomate and Chair
of the OAFP Quality Improvement
Workgroup

The 63 physicians who attended the session provided very positive feedback, including the following:

- “Great talk, very informative. The presentation relieved some of my anxiety regarding continued certification.”
- “It really does seem that the board is making practical changes by trying to minimize “busy” work, being more flexible for people in alternative practices, and acknowledging the work we are already doing.”
- “The session helped me understand the ‘why’ behind what the ABFM does.”

Throughout the year, KSA Study Group session attendees will work in small groups to navigate their own physician portfolios and determine where they are in their current certification stage. Dr. Kauffman believes this will allow opportunities for networking and idea sharing around potential performance improvement activity ideas based on practice setting and similar capabilities.

At the end of the pilot, the OAFP and ABFM will synthesize what they learn in a way that informs similar opportunities and resources that can be offered for other chapters to utilize. A summary of those findings will be published and shared following the conclusion of this year.



Resident's Corner: *I am Scheduled to take my Certification Exam... But When am I Officially ABFM Certified?*

You are now just months away from graduation and entering practice. You have a date scheduled to take your Family Medicine Certification Examination, thus completing the final requirement to becoming a board-certified family physician. But are you done with your certification requirements at that point?

That will depend on your answer to this two-part question:

1. Have you obtained a full medical license to practice medicine, outside of your training license?

(This license must be current, valid, full, and unrestricted to practice medicine in the U.S. or Canada, in order to meet ABFM Guidelines for Professionalism, Licensure, and Personal Conduct.)

2. If yes, have you entered your medical license details into your ABFM Physician Portfolio?

Certification is granted and verifications can be made once you have met ALL requirements, which includes having obtained an approved medical license on file in your ABFM Physician Portfolio. The effective date of certification is the date in which you have met the final requirement. For example: a physician successfully completes the ABFM examination on April 13, completes residency training on June 30, and obtains an approved medical license July 15; certification is effective July 15, but will not report as certified until the medical license has been entered into the Physician Portfolio.

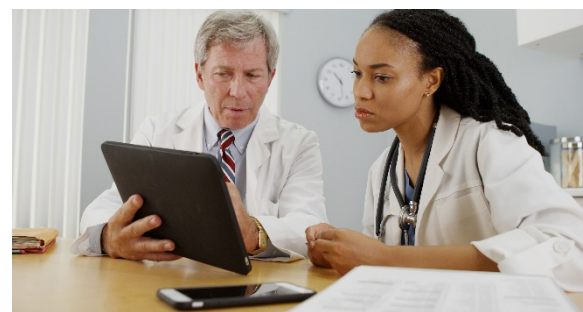
While you are at it... please update your contact information!

Following residency, your contact information will likely change. For accurate delivery of email communication and postal mail, it is important to also update your contact details. ABFM predominantly communicates through email, but we also utilize postal addresses and phone numbers as needed, especially when trying to assist physicians with achieving certification status.

ABFM Research: *Understanding Burnout and Wellness of Family Physicians*

Recent studies have found a high rate of burnout among family physicians, with the highest rates occurring among young and female physicians. Many interventions focus on individual physicians taking responsibility for their own wellness, but early research and general consensus suggest that focusing on organizational and health system factors are essential in combatting burnout.

Given the high rates of burnout among family physicians, ABFM's Research Department has undertaken a comprehensive look into family physicians' experiences regarding contributors to burnout and interventions and programs designed to address burnout. Partnering with The Robert Graham Center, the California Academy of Family Physicians, and the Family Health Foundation of Illinois, and supported by the ABFM Foundation, this effort will include four distinct stages spanning over four years in order to provide a thorough examination of family physicians' viewpoints and lived experiences.



California and Illinois were selected due to their large numbers of family physicians and diverse patient populations and practice sites. Phase 1 of the study began in May 2019 with a survey of ABFM diplomates and AAFP chapter members in these two states. Nearly 2,200 family physicians completed the survey. In addition to answering questions about work-life balance, work environment, practice characteristics, and personal demographics, participants answered a series of questions about burnout, including a two-item assessment correlating strongly to the Maslach Burnout Inventory.

Researchers are currently conducting in-depth interviews with up to 80 physicians who took the survey, including a mix of those who reported burnout and those who did not. These interviews will provide a more nuanced understanding of physicians' personal experiences with burnout, including contributing factors, individual coping mechanisms, and the personal, organizational, policy, structural-level changes or interventions that would mitigate or reduce burnout. Following this, focus group interviews and the subsequent development of a playbook to include recommendations, interventions, and best practices will follow.



PRIME Registry™ Making a Difference for Primary Care

PRIME REGISTRY™

Improving America's Health

The PRIME Registry is now the largest primary care clinical registry in the country, helping practices in 47 states and patients in all 50. Many practices joined to solve the problem of MIPS and other Quality Payment Program reporting, but PRIME also serves as an important laboratory for learning about what matters in primary care, testing measures that matter to patients and clinicians, understanding the high value of primary care, and enabling practices to improve patient and community health.



162 | **1013**
PRACTICES | PROVIDERS



380 | **537**
PRACTICES | PROVIDERS



52 | **208**
PRACTICES | PROVIDERS

New developments for 2020:

PRIME Registry has officially rolled out the new Person-Centered Primary Care Measure in the quality dashboard and the measure has been approved for MIPS reporting. This measure captures patients' experiences with healing relationships and whole-person care, offering much more meaningful feedback than usual patient-reported outcome measures. Family physicians tell us that this measure is important, and the PRIME Registry will allow us to test its relationship with other outcomes and make the case for why CMS and other payers should make it a priority. ABFM is working closely with the AAFP to support this measure and three other high-value primary care measures so that family medicine practices are assessed and paid for measures that matter. In response to many requests from users, PRIME now includes a Care Gap tool that identifies quality gaps for individual patients for use during their appointments.

Finally, we're delighted to announce that the Center for Professionalism & Value in Health Care and the PRIME Registry are officially launching the **PRIME Value Development Group**. This group will be made up of clinicians who use PRIME who agree to advise us about increasing the value of PRIME for its users. The group is open to any PRIME user and participants may choose their level of involvement.

To learn more about the PRIME Registry, visit primeregistry.org.

Register for one of our twice-monthly webinars at primeregistry.org/join-a-demo.

If you have questions regarding certification, please contact help@theabfm.org or you can call our **Support Center** at 877-223-7437 Fax: 859-335-7516

**The American Board
of Family Medicine**

1648 McGrathiana Parkway
Suite 550
Lexington, Kentucky 40511-1247
Phone: 877-223-7437
Fax: 859-335-7516

www.theabfm.org