



# THE PHOENIX

A Diplomates' Newsletter

## A Message from the President

James C. Puffer, M.D.

By now, I am certain that most of you have learned that our Board of Directors approved moving forward with a longitudinal assessment pilot in 2019 as an option to the ten-year examination. This culminates almost three years of work at the ABFM exploring the feasibility of potential options to the exam.

This work began in earnest when two assessment summits conducted independently by the American Boards of Internal Medicine (ABIM) and Pediatrics (ABP) concluded that evidence supported more frequent, continuous assessment of Diplomates rather than a once every ten-year examination. It was also at that time the American Board of Anesthesiology (ABA) was reporting the results of its highly successful MOCA Minute program and were ready to embark on a pilot in 2017, using it to replace its high stakes examination. The American Board of Pediatrics also announced that it would begin work on a longitudinal assessment platform with the intent of offering its Diplomates the opportunity to participate in a pilot in 2018.

We envisioned three potential options for consideration as an alternative to the ten-year examination. First was the use of data from our PRIME registry to validate the performance of family physicians in practice. Second was the use of shorter, more frequent examinations, similar to ABIM's "Knowledge Check In" concept, and third, the use of longitudinal assessment similar to what ABA and ABP were planning to pilot.

We had several reservations about the psychometric validity and security of longitudinal assessment, so we decided to watch the ABA and ABP pilots closely to see how they would deal with these issues. However, to hedge our bets, we decided to develop our own longitudinal assessment platform and use it as an alternative to the Knowledge Self-Assessment modules. Doing so would allow us to learn more about the feasibility of delivering a longitudinal assessment format in a low stakes environment. Many of you are now familiar with this platform—it is the Continuous Knowledge Self-Assessment (CKSA) activity in which almost 24,000 of you have participated since we launched it at the beginning of 2017.

In early 2017, we also began a several months long feasibility study to better understand the operational and psychometric requirements of each of the three potential exam options we were considering. We presented the results of this internal assessment later that same year to our Board of Directors. While we were beginning to understand what our best options might be, we needed one more important piece of information, and that came from you. As I explained in our June newsletter, we contracted with the University of Florida to independently conduct a study on our behalf providing us with an unbiased opinion from 6,000 randomly sampled Diplomates of each of the options we were considering.

While nearly one-fifth of the sample preferred to simply take the examination every ten years, almost 50% favored a longitudinal assessment format. Armed with this information and the information from the previously mentioned feasibility study, we prepared a proposal for a longitudinal assessment pilot that was presented to the Certification and Examination Committees of our Board of Directors. Both committees recommended approval to the Board of Directors, and at its October meeting, the Board voted unanimously to move forward with the pilot.

While the American Board of Medical Specialties (ABMS) must still approve the pilot, we fully expect that it will do so in early November. After this approval, we will be immediately sending detailed information to those eligible to participate in the pilot in 2019. You can read further details about the pilot in the article in this issue. We hope you will also take some time to read the articles in this issue about the many options available to help you to meet your Performance Improvement requirement as well as the important work of our Differential Item Functioning (DIF) panel that recently met in Lexington to review examination items.

Enjoy the fall—I will look forward to talking to you again before the end of the year.

## Family Medicine Certification Longitudinal Assessment Pilot Announced for 2019

Earlier this month, Jerry Kruse, MD, Chair of the ABFM Board of Directors, announced a new pilot program to assess the value and feasibility of a longitudinal assessment option to the 10-year secure examination, which will begin in 2019 (<https://www.theabfm.org/about/news100918.aspx>). Based on the popular Continuous Knowledge Self-Assessment (CKSA) platform, the longitudinal assessment pathway will deliver 25 questions online each quarter to those Diplomates who choose this new option when signing up for the 2019 examination. This approach is more aligned with the ongoing changes in medicine and draws upon adult learning principles, combined with modern technology, to promote learning, retention and transfer of information.

“We believe that longitudinal assessment can meet many of the needs and desires we have heard voiced by family physicians,” said Dr. Warren Newton, incoming President and CEO of the ABFM. “It will provide questions on a regular, longitudinal basis, in a format that is much more convenient—a few questions at a time, in the place and time of your choice. You may use clinical references during the assessment, much like you do in practice. You will not need to travel to a test center, nor spend additional time and money on preparatory courses. And, we believe that longitudinal assessment will support your desire for continued learning and practice improvement.”

The Longitudinal Assessment pathway delivers 25 questions online each quarter. Five minutes is allotted to complete each question, which can be answered one at a time, or all in one sitting, from a computer or tablet in your own environment. The format of the questions will be similar to the current examination, with a single best answer. While you cannot talk about questions or answers with anyone at any time, you will be able to use resources as needed to answer questions as you are completing the quarterly questions, just as you would in practice. After you submit your answer, the correct answer is provided along with the rationale and references to support it.

In order to ensure equivalency to the current exam, participants will continue the quarterly questions until 300 questions have been answered over a four-year period. This allows physicians the flexibility to skip questions, or even quarters, as the needs of practice and life dictate. For those who participate in the pilot, meaningful participation will be required in the first year, defined as answering 80% or more of the total questions by the end of 2019 and providing feedback to improve the process.

If the pilot program is successful, all Diplomates will have the flexibility to choose longitudinal assessment over the examination in a secure testing facility going forward. For those who prefer the 10-year examination and would rather not participate in the longitudinal assessment pathway, that will continue to be an option.

The pilot program was approved by the ABFM Board of Directors earlier this month. In November, it will be presented for approval to the American Board of Medical Specialties’ (ABMS) Committee on Continuing Certification. At that point, all Diplomates eligible to participate in the 2019 pilot will be contacted via email with further information on how to decide about and select this option. More details will be forthcoming after this final approval step from ABMS. Throughout the pilot, regular feedback will be sought from participants, which will be used to inform program modifications for the future.



## *Did You Know?*

# New Alternatives for Performance Improvement Activity Credit Take Advantage of PI Work You are Doing in Practice Today

Continued improvement in clinical practice is a critical hallmark of the commitment family physicians make to ensure they are providing the highest quality and most effective care to patients. Demonstration of performance of PI activities in practice has been part of the continuous certification process (previously MOC) since it was devised in 2004. The science behind, and support for, performance improvement activities has changed considerably since the Board first developed the Performance in Practice Module 14 years ago, at a time when limited resources existed for conducting and demonstrating clinical quality improvement activities. For this reason, ABFM introduced six disease-focused PPMs (diabetes, hypertension, asthma, depression, coronary artery disease, and heart failure), as well as a comprehensive module that includes twenty-nine measures reflecting the Ambulatory Quality Alliance (AQA) “starter set,” in order to help Diplomates meet this requirement.

ABFM recognizes that in 2018 many family physicians already have ongoing performance improvement initiatives and regular reporting of related measures that meet the criteria for PI activity within family medicine certification. A new **Self-Directed Performance Improvement (PI) Project** pathway is now available through your Physician Portfolio that allows you to report customized improvement projects specific to your practice environment, regardless of the scope of care you deliver. Some key things to know about this pathway:

- You may report an individual PI activity or your participation in a group activity involving a single practice group, an ACO or equivalent, or a group of practices within a health system.
- The individual pathway works best for reporting of activities for 1-10 physicians. You can use this whether you see patients in a continuity setting, or if you are providing non-continuity episodic care (e.g., hospitalist, telemedicine, locums, urgent care, emergency department, etc.). If you are currently doing PI in practice, the process requires simply completing a short, online form describing the activity. Your annual certification fee covers the cost of this activity. If you are planning to do a PI activity, the submission information will tell you exactly what steps you will need to take to ensure it is eligible for approval by the ABFM.
- Organizations, or groups of more than 10 family physicians, may also apply for approval for an organizational performance improvement project that will provide certification credit for anyone who is meaningfully participating in the effort. These projects may be ongoing, and project teams may participate at different times. A designated contact for the organization is responsible for tracking and reporting participation to the ABFM. The organizational pathway only costs \$100 per approved PI initiative, regardless of the number of physicians receiving credit.

### *Ready to get started?*

- For the **Self-Directed** pathway for 1-10 physicians, login to your ABFM Physician Portfolio at <https://www.theabfm.org>, select **Access Performance Improvement Activities** from the main screen, and choose the **ABFM Self-Directed Performance Improvement Project: Clinical Systems**.
- For the **Organizational option**, go to <https://theabfm.mymocam.com/organizations/> for more information.



## New Alternatives for Performance Improvement Activity Credit

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There are many additional PI options that you can choose from, including AAFP-sponsored Performance Navigator activities and METRIC modules, NCQA recognition programs, CPC+ participation, Bridges to Excellence recognition, PI activities from other member boards, and a host of approved options from local, state, regional and national entities (e.g., AMA, state AFP chapters, etc.). Information about all of these activities can be found in your Physician Portfolio under Performance Improvement Activities.

Physician Portfolio > My Certification > Activities

### Family Medicine Certification Activities

**Current Activity** | Self-Assessment Activities | **Performance Improvement Activities** | ABMS Member Board Activities | Activity History

Performance Improvement (PI) activities allow you to assess your competence in systematic measurement and improvement. The purpose is to help identify an improvement opportunity in your practice or system, implement a change to address that improvement opportunity, and measure the impact of that change.

PI activities may be self-paced web-based modules or projects designed to improve care in the workplace. Many activities are free with your Continuous Certification enrollment. Activities not developed by the ABFM may have an added cost. [Learn more](#) about PI activities.

The Certification process for clinically active physicians includes a minimum requirement for completing one PI activity every stage. Completing an activity earns Family Medicine Certification credits regardless of your clinical status. Set your clinical status [here](#).

enter keyword

ACGME/ABMS Core Competencies

- ☐ Interpersonal and Communication Skills (16)
- ☐ Medical Knowledge (4)
- ☐ Patient Care and Procedural Skills (18)
- ☐ Practice-Based Learning and Improvement (46)
- ☐ Professionalism (1)
- ☐ Systems-Based Practice (19)
- ☐ Not Applicable (20)

Available for CME

- ☐ Yes (51)
- ☐ No (15)

Additional Cost

- ☐ Yes (21)
- ☐ No (45)

Meets PI Requirement

- ☐ Yes (63)
- ☐ No (3)

Sponsor

- ☐ American Board of Family Medicine

1-20 of 66 Results

#### Featured Activities

**Performance Improvement Activity**

Sponsor: American Board of Family Medicine

Topic Area: Access to care, Asthma, Behavioral health, Burnout/clinical well-being, Cancer, Cardiovascular, Child and adolescent health, CLABSI, Communication, Community health, Decision support, Diabetes, Documentation, Efficiency, Emergency medicine, Geriatric medicine, Hand Hygiene, Health literacy, Hypertension, Immunizations/vaccinations, Laboratory testing/imaging studies, Maternity care, Obesity, Opioid use, Patient adherence, Patient education, Patient engagement, Patient safety, Prescriptions, Preventive care, Readmissions, Satisfaction, Sepsis, Sports medicine, Teamwork, Transitions of care, Other

PI Requirement: ✓

Points: 20

Web-based: Yes

[VIEW](#)

**ABFM Self-Directed Performance Improvement Project: Clinical**

Sponsor: American Board of Family Medicine

Topic Area: Access to care, Asthma, Behavioral health, Burnout/clinical well-being, Cancer, Cardiovascular, Child and adolescent health, CLABSI, Communication, Community health, Decision support, Diabetes, Documentation, Efficiency, Emergency medicine, Geriatric medicine, Hand Hygiene, Health literacy, Hypertension, Immunizations/vaccinations, Laboratory testing/imaging studies, Maternity care, Obesity, Opioid use, Patient adherence, Patient education, Patient engagement, Patient safety, Prescriptions, Preventive care, Readmissions, Satisfaction, Sepsis, Sports medicine, Teamwork, Transitions of care, Other

PI Requirement: ✓

Points: 20

Web-based: Yes

[VIEW](#)

Given these newer alternatives that offer greater flexibility and relevance to individual practice, the ABFM plans to retire the PPM modules by May 1, 2019. Diplomates will be provided enough time to complete modules that they have in progress. Beginning in November 2018, Diplomates that begin a new PPM or have a PPM in progress will be reminded when the PPMs will expire.

For any questions about how to meet the PI activity or use the new platform, please contact Ann Williamson at (859) 687-2503 or [AWilliamson@theafm.org](mailto:AWilliamson@theafm.org).





## ABFM Convenes the 2018 DIF Review Panel



*From left to right, front row: Luz Fernandez, MD, Viola Chen, MD, Traci Edwards, MD, Karyn Kessler, PhD. Back row: Michael Peabody, PhD., Thomas O'Neill, PhD., David Lowe, MD, Kendall Campbell, MD, Chirag Patel, MD, Waqar Saleem, MD.*

The ABFM Certification Examination assesses current knowledge competency over the breadth of family medicine practice. On rare occasions, some questions perform in a manner that suggests the presence of a response bias that is not indicative of a difference in content knowledge. The ABFM test development process actively attempts to keep influences that are unrelated to family medicine knowledge content out of the examination questions. Since 2013, the ABFM has been using Differential Item Functioning (DIF)<sup>1</sup> to detect potential cultural or ethnic biases. DIF procedures are based upon the idea that a test item may be biased if individuals from different subpopulations, who are of equal ability, do not have the same probability of answering it correctly<sup>2,3</sup>. While DIF analysis can statistically identify questions that behave differently, it cannot identify the source of the bias, nor can it determine whether the source of that bias is related to an important aspect of the practice of family medicine. Therefore, ABFM uses DIF as an initial screening tool to find potentially biased questions and then engages an independent panel of subject matter experts to review the flagged questions. This panel is composed of board-certified family physicians that represent a diversity of race, gender, and ethnicity. It is moderated by a psychometrician who can explain the process, as well as a linguist to provide language-related insights as needed.

On July 13, the ABFM convened a DIF Review Panel to review the 2018 items flagged for DIF. There were seven family physicians from Indiana, Kentucky, Tennessee, and North Carolina. Across the entire body of examination questions, there were a total of 930 scored items, 56 of which were flagged for review for potential bias. The committee determined that for most of the items, there was no identifiable content that would cause a bias; however, for three items, consideration of potential bias needed further review. In the end, all three test items were retained because the panel found that sources of the potential bias were related to an important aspect of family medicine, and not simply to gender or race/ethnicity bias.

Although the ABFM uses ethnicity information to test for item bias, it is important to emphasize that the ABFM does not release ethnicity information to external parties. Furthermore, ethnicity and gender are not used to adjust the difficulty of the examination questions. The item calibrations used in scoring are based on responses from the entire group, not a particular ethnic or gender reference group. There are not different passing standards or different scales for the different ethnic groups or genders. There is only one scale with a single passing standard that applies to everyone.

We are most appreciative of the time and contributions of our Diplomates and consultants who help us in the DIF review process each year, in order to produce the highest quality exam without bias.

### References

1. O'Neill TR, Peabody MR, Puffer JC. The ABFM Begins to Use Differential Item Functioning. *J Am Board Fam Med* 2013; 26:807-809.
2. Lord FM. *Applications of Item Response Theory to Practical Testing Problems*. Hillsdale, NJ: Lawrence Erlbaum Associates; 1980: 212.
3. Angoff WH. Differential Item Functioning Methodology. In Holland PW, Wainer H, eds. *Differential Item Functioning*. Hillsdale, NJ: Lawrence Erlbaum Associates; 1993: 4.



## ABFM Engages in Strategic Planning for the Future

As changes in health care and medical education continue at a rapid pace, the American Board of Family Medicine is undertaking an eight-month intensive strategic planning process to help chart the course of family medicine certification into the future. Coincident with a leadership transition that occurs in January 2019, the process has included a substantial level of input from Diplomates, family medicine organizations, the public, and other stakeholders who have a vested interest in the future of family medicine certification.

In late September, a diverse group of 48 people gathered in Lexington, Kentucky to spend two full days engaged in the initial phase of this planning effort that considered four alternative scenarios about how the world, in general, and healthcare, specifically, might look in the year 2040. The scenarios, which included a detailed description that balanced macro-environmental factors (global affairs, economics, regulations, commerce and society) with those specific to healthcare, education, and the discipline of family medicine, allowed participants to think critically and innovatively about ABFM's strategic priorities for the future.

Included in this first phase of strategic planning were individuals representing a range of clinical practice types (from solo to multi-specialty group settings) and geographies. Representatives from partner organizations such as the American Academy of Family Physicians, Society of Teachers of Family Medicine, Association of Family Medicine Residency Directors, Association of Departments of Family Medicine, the American Medical Association, and including health system and rural health leaders and several public members, all joined the members of ABFM Board of Directors and staff for this effort. Participants ranged from physicians who are very early in practice to those with decades of experience, with substantial diversity in gender, race, and ethnicity and included several public members.

Facilitated by Futures Strategy Group, which has done scenario-based strategic planning for other healthcare and education organizations, this process resulted in a series of key focus areas for ABFM's evolution for the next decade. These will be further vetted and refined, with a more detailed plan focused on evolving the certification program and advancing of the discipline of family medicine to be ready for approval by ABFM's Board of Directors next spring. Watch for future communications about this plan and opportunities to provide input over the next six months.

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## ATTENTION: Diplomates Who Certified in 2009

Diplomates who initially certified or continuously certified last in 2009 have a deadline quickly approaching. Your 3-year Stage is ending on **December 31, 2018**.

Please don't miss this important part of your ABFM Certification.

Next year will be the tenth year of your certification and the year you will need to complete the examination requirement to maintain your Family Medicine Certification. You will be a part of the first group that is eligible to choose between taking the 1-day examination or participating in the longitudinal assessment pilot. The longitudinal assessment pilot does require you to participate throughout 2019, so you are only eligible for the pilot if you complete your application no later than March 15, 2019.

**The online application for both the examination and longitudinal assessment pilot will open on December 7, 2018.**

You must complete your current Continuing Certification activities before beginning the Longitudinal Assessment or being approved for the examination, so we strongly encourage you to complete these activities before the end of this year. Please log in to your Physician Portfolio to review your progress towards completion of the current stage and determine if you need to complete additional certification activities before the end of this year.

**Diplomates planning to take the Family Medicine Certification Exam in April 2019 may open and begin an examination application in December 2018, but until certification requirements are met, the application cannot be approved and finalized. Test centers and dates may not be chosen until an application is complete.**

## ATTENTION: Diplomates Who Certified in 2012 or 2015

Diplomates who initially certified or continuously certified last in 2012 or 2015 have a deadline quickly approaching. Your 3-year Stage is ending on **December 31, 2018**.

Please login to your Physicians Portfolio to review your progress towards completion of the current stage and determine if you need to complete additional certification activities before the end of this year.

We know that your ABFM Certification is important to you. Please do not let this deadline pass without checking your status. Those physicians who do not complete the required activities by the end of 2018 will be listed as "not certified" on both the ABFM website and the ABMS website. Credentialers and patients use both of these websites to find a certified physician and verify credentials.