ABFM Update

What's New to Support Your Certification Journey?

64th Annual NMAFP Family Medicine Seminar

July 22, 2022

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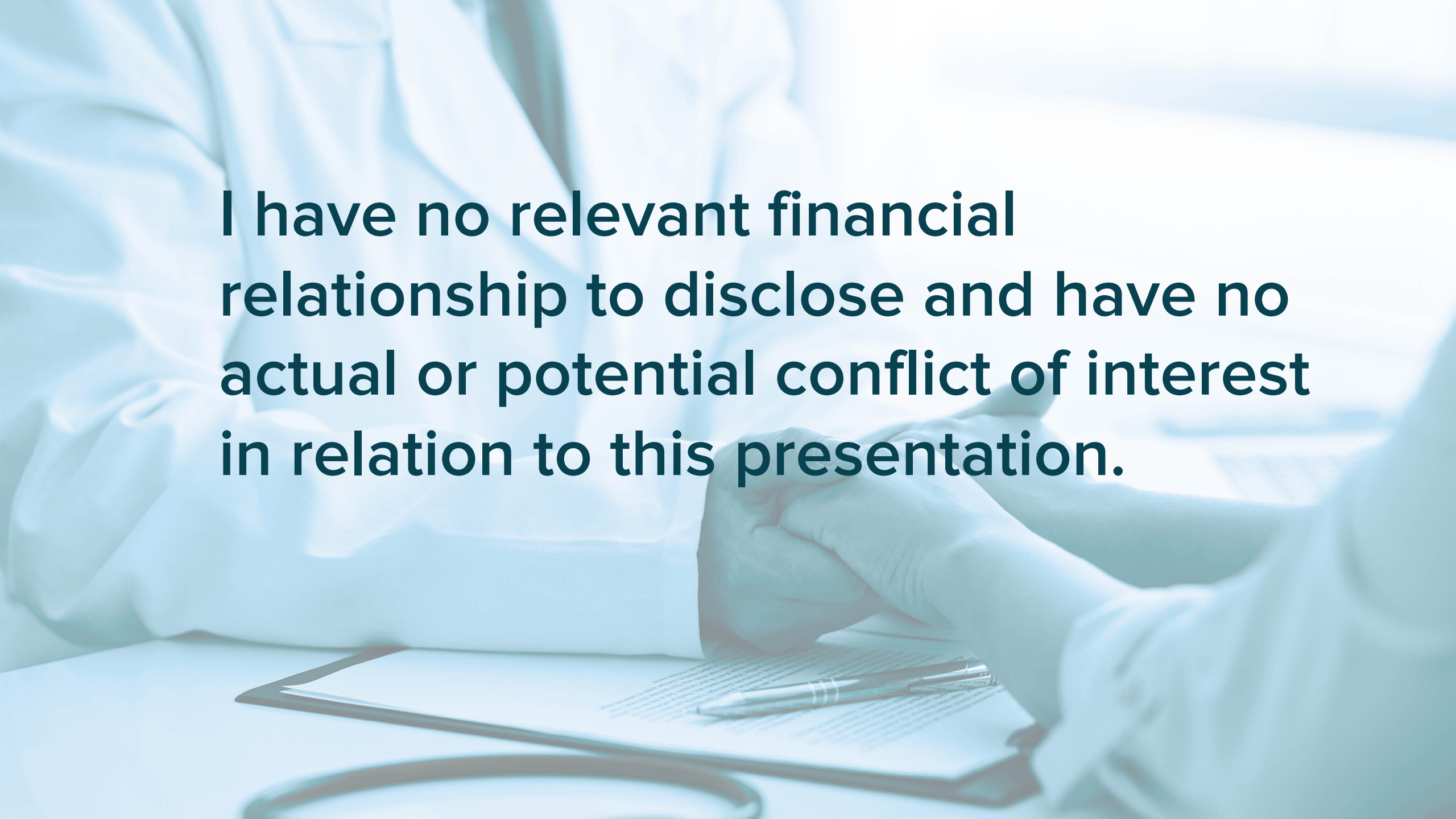
Executive Vice President
American Board of Family Medicine



I have no relevant financial relationship to disclose and have no actual or potential conflict of interest in relation to this presentation.

Objectives for this Session

- Discuss purpose and value of continuous board certification
- Share information about improvements to the certification process
  - FMCLA – Permanent Alternative to 1-Day Exam
  - KSA Revision Process
  - National Journal Club
  - Performance Improvement: broader scope and increased relevance
- Update on Professionalism
- Discuss residency education and ABFM research focus
- Present new MyABFM Portfolio for enhanced experience

ABFM Vision & Purpose

Ensuring that family physicians are prepared to provide health care that is safe, effective, patient centered, timely, efficient, and equitable to all who seek their care.

The Evidence Behind Continuing Certification

Conceptual Foundations

for Designing Continuing Certification Assessments for Physicians

1. **Cognitive Skills Need to be Kept Current**
2. **Individual Self-Assessment is Not Enough**
3. **Testing Enhances Learning & Motivation**
4. **Goals and Consequences are Important Motivators**

How is Certification Changing?

CONTINUING BOARD CERTIFICATION

ACHIEVING *the* VISION

American Board of Medical Specialties

Higher standards. Better care.®

New ABMS Standards

- 4-Year process, extensive stakeholder engagement
- Foundational Concepts:
  - Ensure that certification provides value to Diplomates, patients, and others
  - Acknowledge that professional self-regulation is a collective responsibility requiring broad collaboration
- Significant Changes for All Boards
  - Longitudinal assessment to assess knowledge
  - More feedback and linking to learning opportunities
  - Development of a specialty-relevant quality agenda
  - Integration of activities, reducing burden
  - Engage Diplomates in ongoing process improvement

How Does ABFM Provide Value?

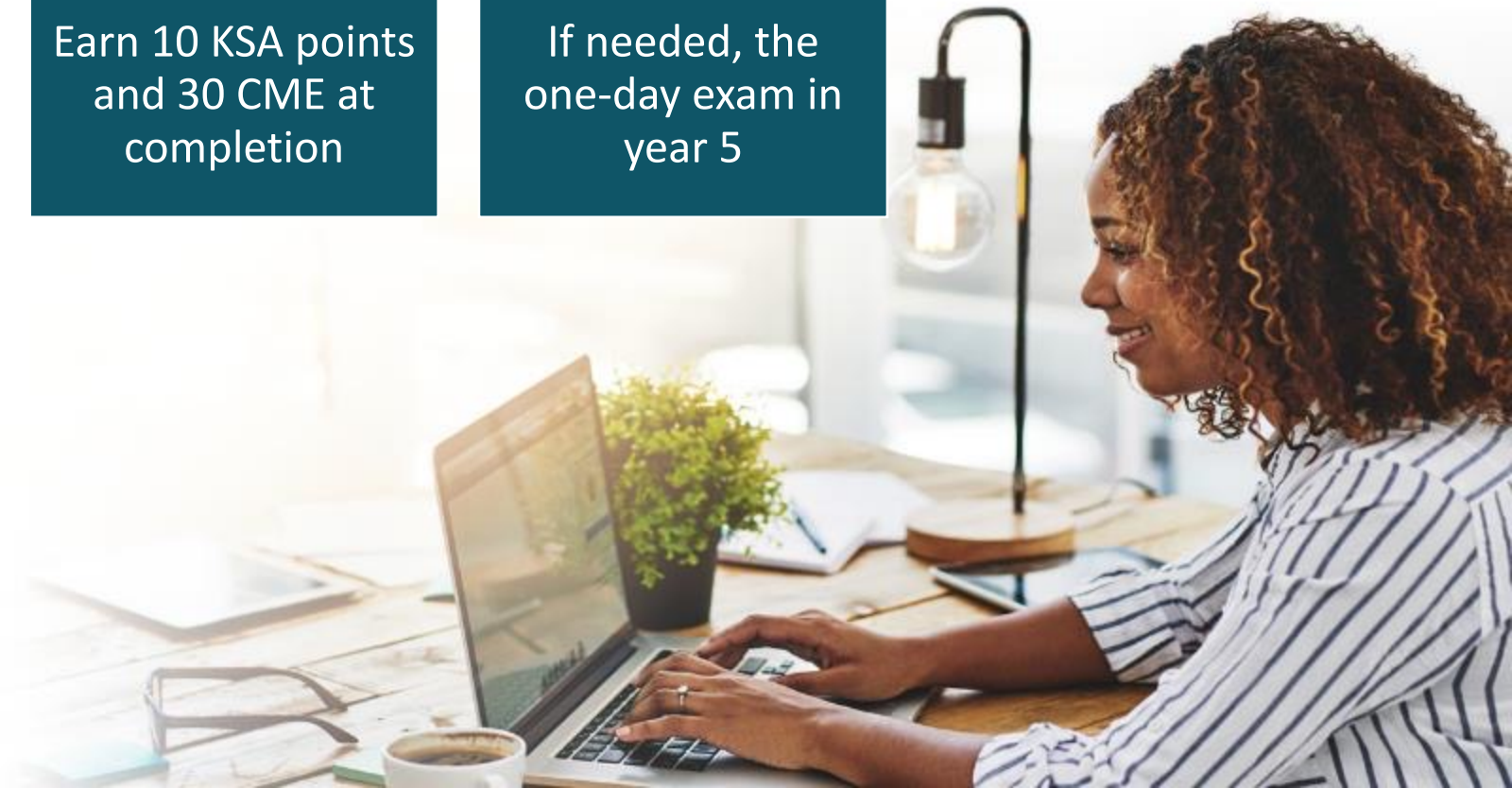
ABFM Efforts to Improve Quality

1. FMCLA serves as your exam alternative
2. 60-item, topic specific KSAs – all revised, with single best answer items, improved critiques and updated references
3. Adding National Journal Club
4. Expanding other self-assessment opportunities
5. Broader scope of PI activities; focus on credit for what you are already doing
6. Revising Guidelines for Professionalism, Licensure and Personal Conduct

How Does FMCLA Work?

QUALITY

Begin participation in your next exam year	Answer 25 questions/quarter	Complete 300 questions over four years	Receive immediate feedback and critiques
5 mins allowed per question	Estimated scaled score after initial 100 questions	Earn 10 KSA points and 30 CME at completion	If needed, the one-day exam in year 5



FMCLA
Family Medicine Certification
LONGITUDINAL ASSESSMENT

FMCLA By the Numbers

Participation

15,169 Enrolled

75% Choose FMCLA

Retention Rate **98%**

References/Critiques

95% Use References and Critiques

Sought More Information 85%

Test Anxiety

92% Report less anxiety

Relevancy

99% Relevant to Family Medicine

Relevant to their Current Practice 95%

Impact

84% report making changes in their practice

What are We Hearing about FMCLA?

Platform is great and easy to navigate. After going through a few questions, I felt comfortable taking the test.

When FMCLA started, I had a young child. I didn't know where I'd have time to do a board review class and sit for the one-day exam. FMCLA was more beneficial to me so I could take care of my child at the same time.

Very convenient to do at my own time and pace, in the comfort of my home.

I didn't see this as an exam, but more of a learning opportunity.

I could really feel a sense of control over my test anxiety. This format really allowed me to focus on the questions and materials rather than my heart rate.

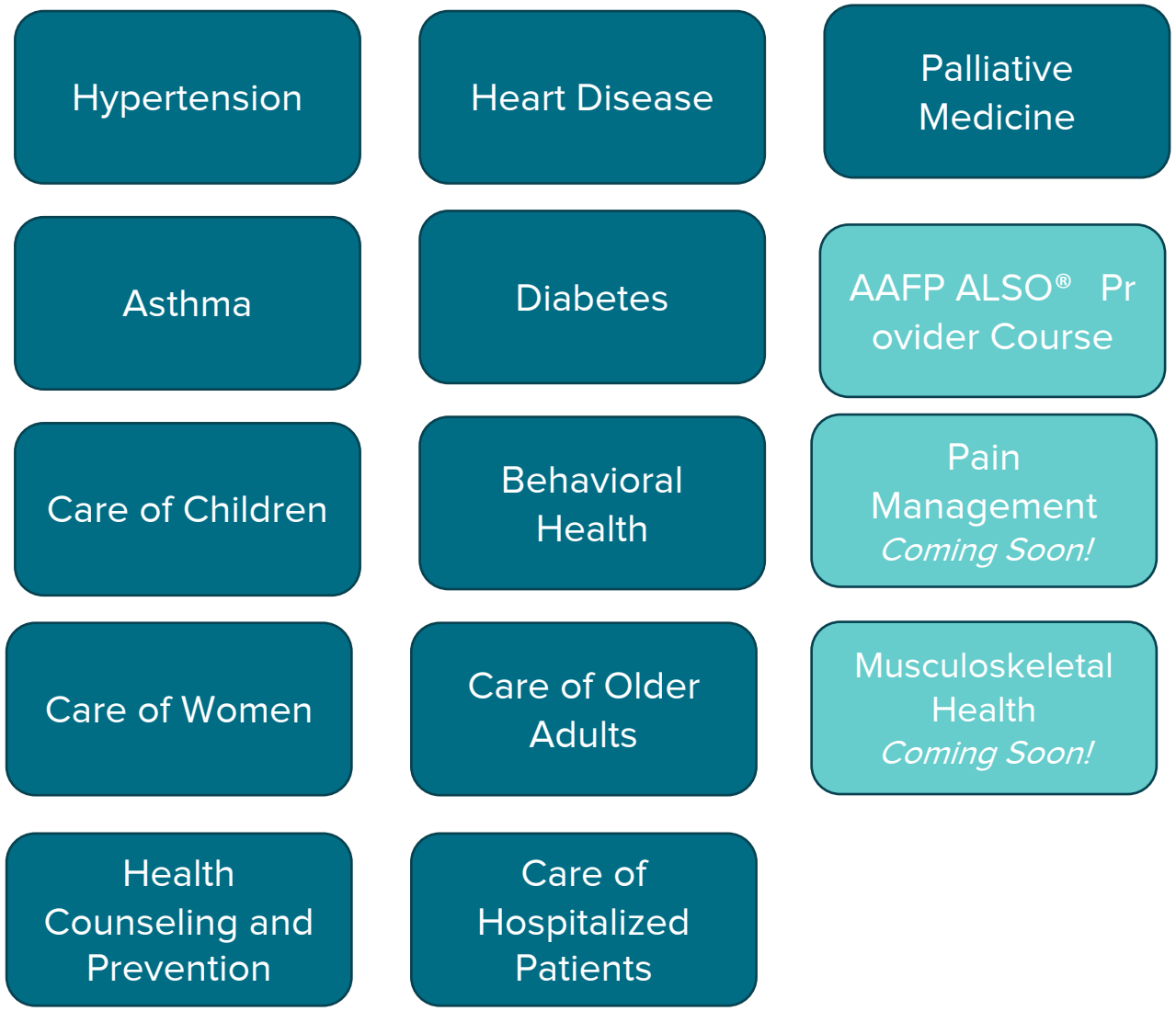
Self-Assessment and Lifelong Learning

- More diverse topics to support broad scope in practice.
- Mix and match to identify knowledge gaps

QUALITY

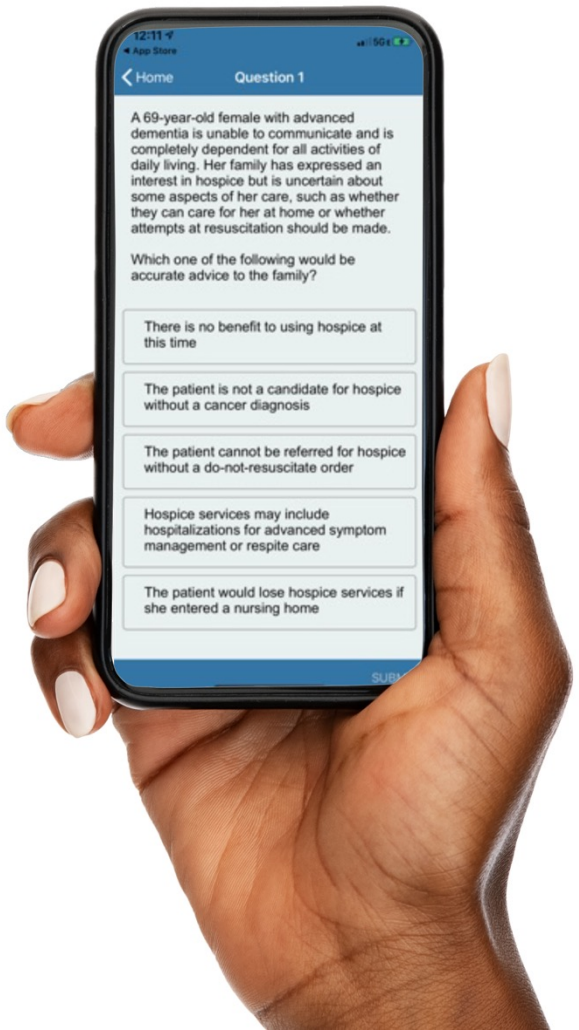
Knowledge Self-Assessments (KSA)

- Platform updates to improve navigation
- Conversion to single best answer format
- Updated questions and critiques
- Updated evidence and references
- Require 80% correct overall: not for each blueprint category
- Unlimited attempts



Continuous Knowledge Self-Assessment

"CKSA"



- Most popular, >30,000 physicians utilizing each quarter
- 25 questions quarterly
- Covers breadth of family medicine
- Can use resources
- Answer and critique provided for each item
- Performance report available
- Mobile application available
- Allows for commenting about questions
- Phase repetition study underway
- Don't confuse with FMCLA!!

QUALITY

QUALITY

ABFM NATIONAL JOURNAL CLUB

- Keep up to date with evidence-based articles relevant to your practice
- Articles that are relevant, methodologically strong, and practice-changing
- 100+ articles /year to choose from; PDF provided
- Completion of 4 question per article earns 1 KSA point and 1 CME; completion of 10 articles fulfills KSA requirement
- *Experience To Date:*
- >95% satisfaction
  - User friendly
  - Highly relevant
  - Indicated intention to change practice

Additional Self-Assessment Activities

- Institute for Healthcare Improvement
- AAFP's Health Equity: Leading the Change
- Pediatric topics from ABP
- Emergency Medicine topics from ABEM

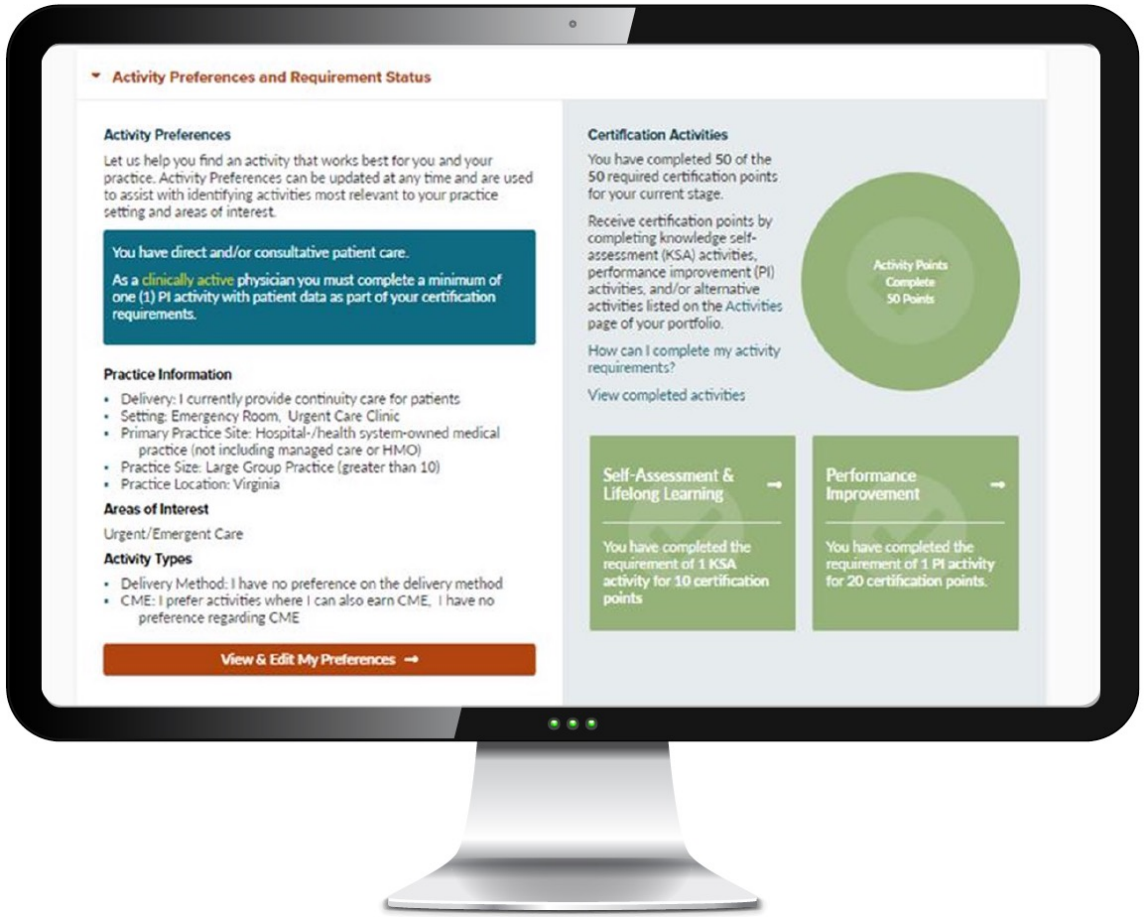
QUALITY

Performance Improvement

Demonstrates commitment to identify opportunities for improvement, making changes in practice, and determining if the change(s) made a difference

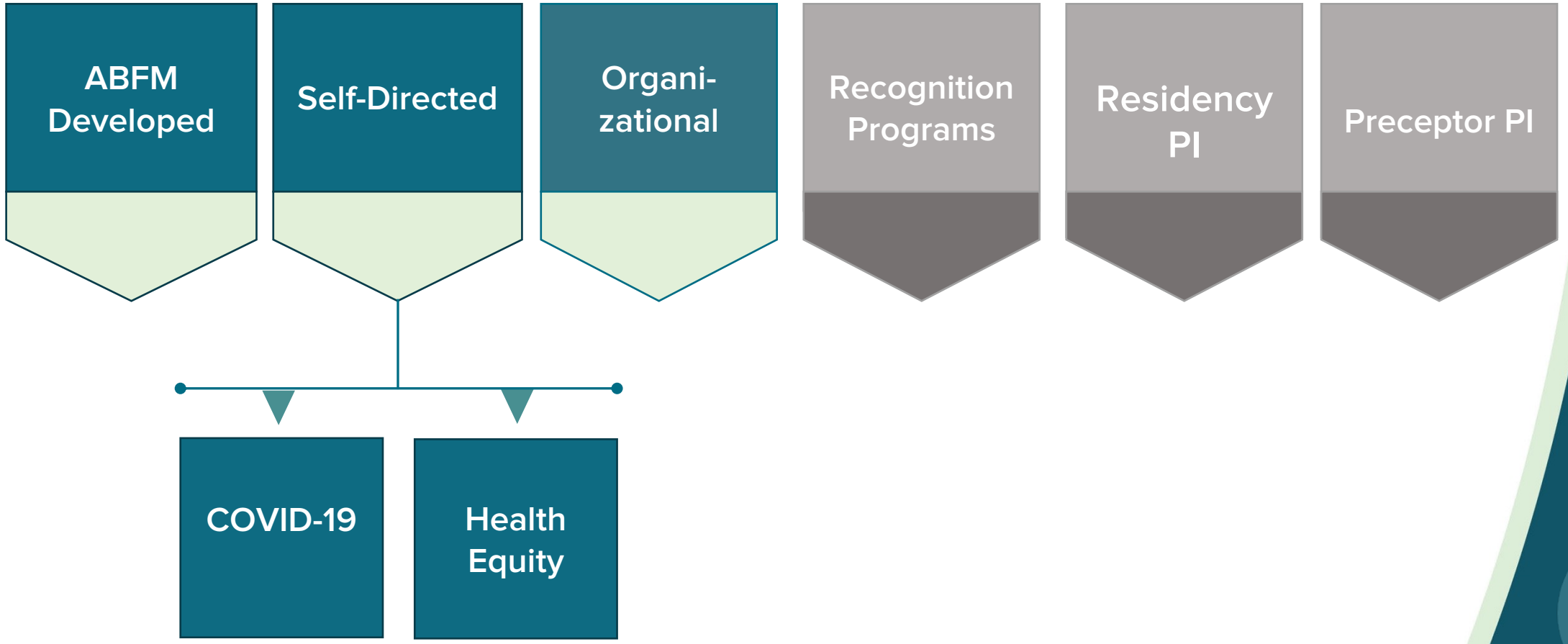
Key Changes

- Reduced burden of activities
- Report on activities you're already doing
- Expansion of practice relevant activities
- Continuity is not required
- Clinically-inactive? PI not required
- Activity preferences in MyABFM Portfolio allow for narrowing of relevant activities



Performance Improvement

Activity Options



QUALITY

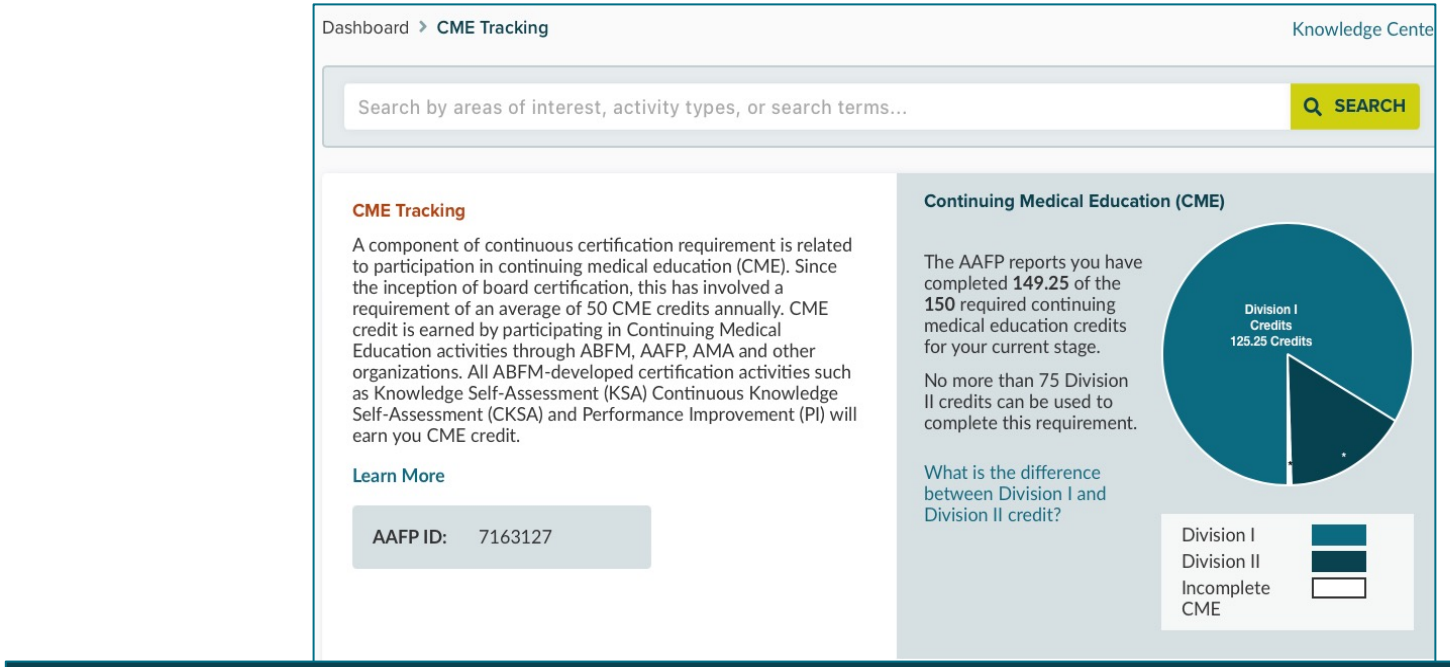
ABFM Directed PI Options

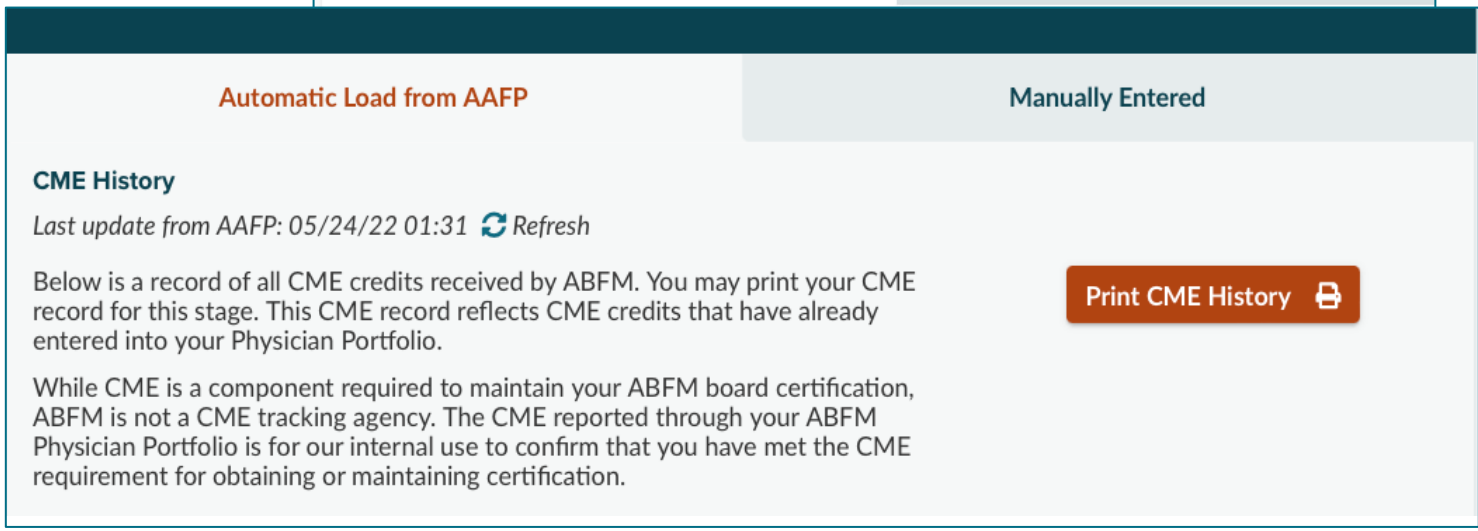
- For physicians who wish more assistance
- 15 topics covering cover broad scope of practice
- Guided step-by-step process
- New platform provides more efficient, streamlined experience
- 70-100% physicians rate activities relevant or extremely relevant

Continuing Medical Education (CME)

150 Hours CME / 3-Year Stage

- >/= 50% from activities leading to Division I credits
  - Visit ABFM website for description of Division 1 vs Division 2 credits
- AAFP Member: Credits automatically transfer to MyABFM Portfolio
- Non-AAFP Member: Manually enter into MyABFM Portfolio





Professionalism:

The Foundation of Medicine's Social Contract with Society – a declaration we make to each other, and the public, regarding the shared competency standards and ethical values we promise to uphold in our work.

ABFM establishes a 3-part framework and utilizes Guidelines for assessing whether family physicians have satisfied the responsibilities of professionalism necessary to seek or maintain Diplomate status.

1. Care that is safe
2. Honest, ethical, trustworthy behavior with patients, colleagues, coworkers, the public
3. Practice at level expected of a board-certified family physician

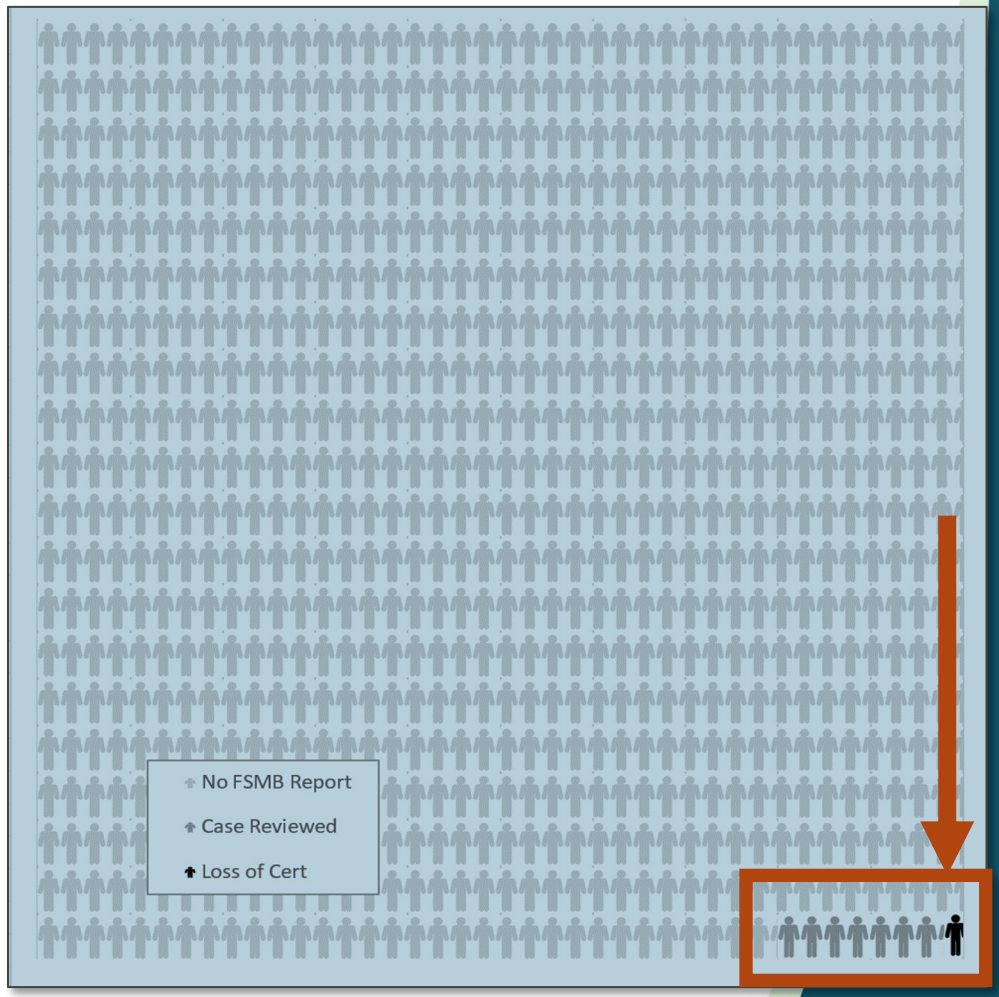
Losing Certification is Uncommon

Average Annual Rates of Certification Actions:

- **0.9%** of Diplomates have case reviewed by Professionalism Committee
- Only **0.09%** lose certification
- **50%** of these are restored when license limitations removed

New Professionalism Guidelines Approved April 2021

- Provides increased flexibility for case review by Professionalism Committee under Special Circumstances



QUALITY

Common Professionalism Issu

Controlled substance prescribing concerns

Boundary violations with patients

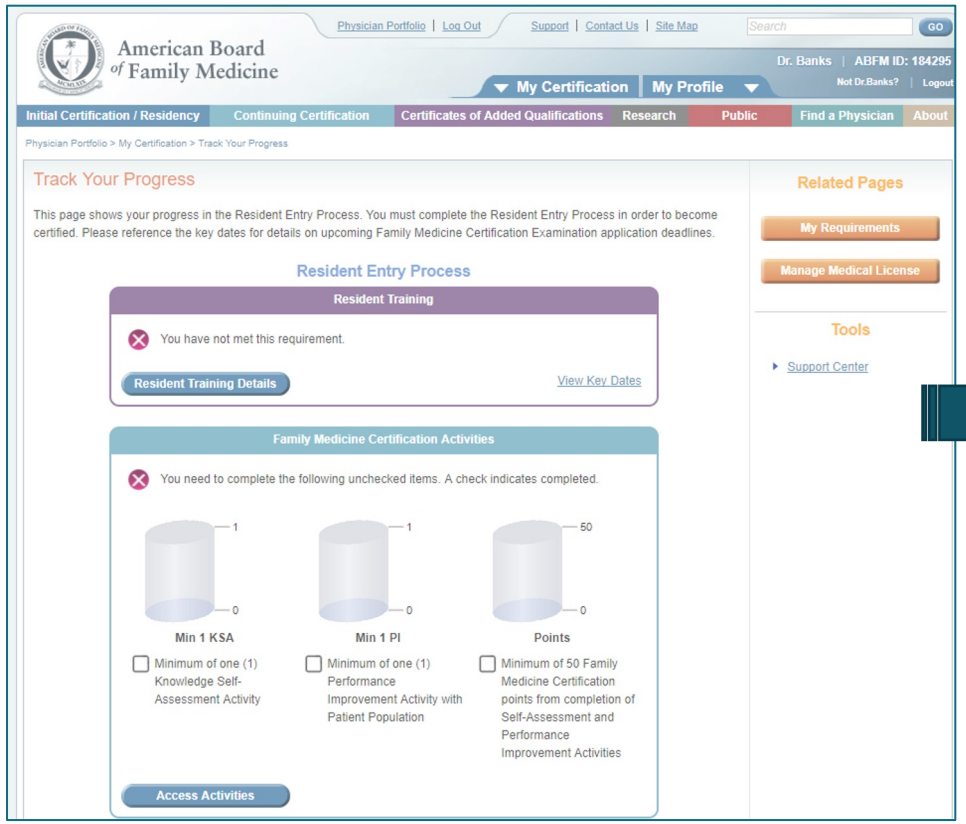
Personal substance use impacting patient care

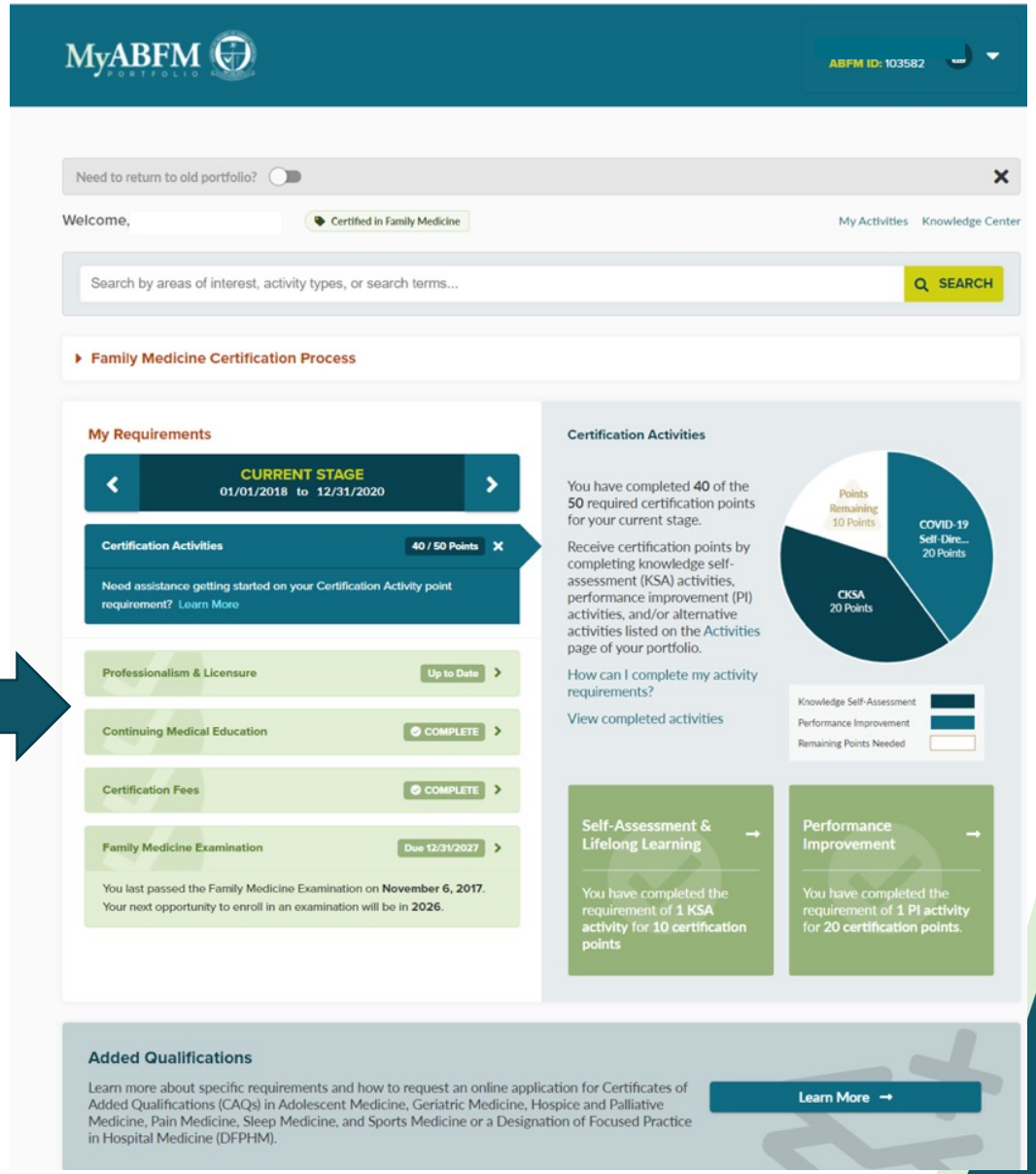
Note: If questions about a governing body sanction or consent agreement, reach out to ABFM first, in case a change in language might help you retain certification

QUALITY

My ABFM Portfolio

A User-Centered Design Approach





EXPERIENCE

EXPERIENCE

Personalizing Your Portfolio

Clinical status

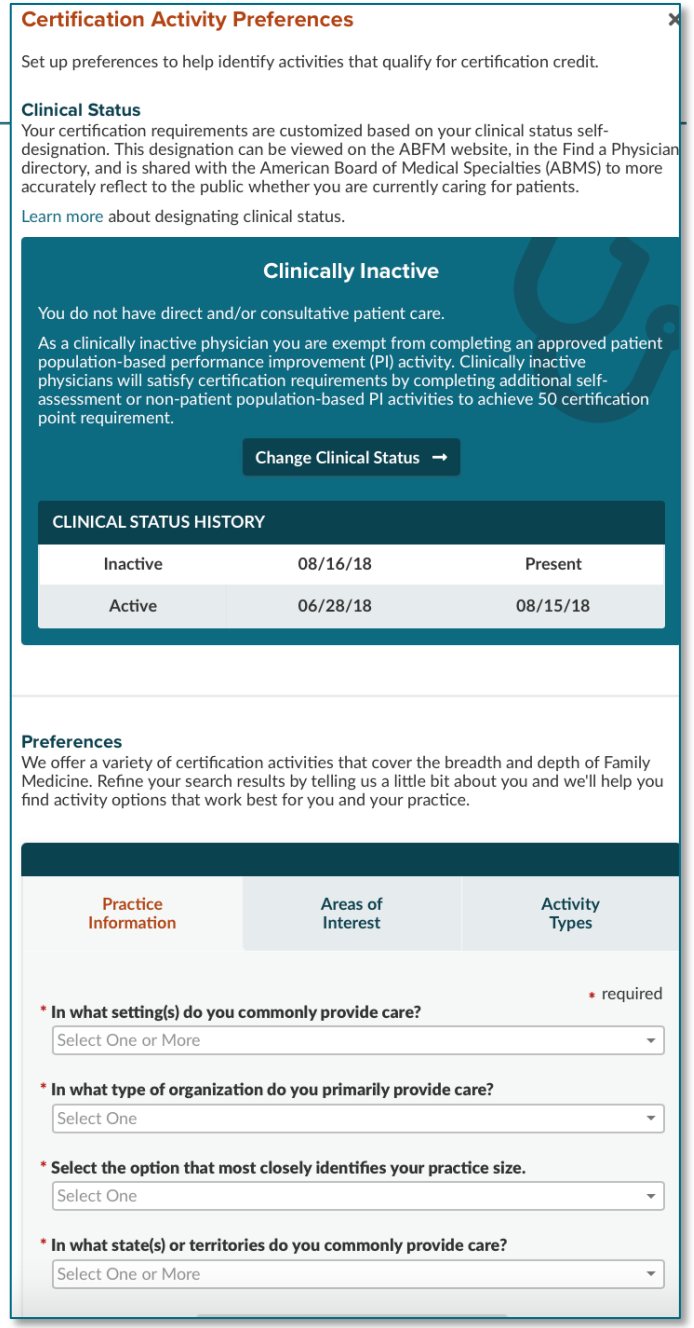
- Clinically Active – Provide direct patient care Continuity of care is not required.
- Clinically Inactive –
  Does not provide any direct patient care

Other Designations

- Retired, with or without continuous certification
- Retired & Longstanding Diplomate:
  35 Plus Years of Continuous Certification. No longer participating in certification

Activity Preferences

- Uses your information filter and identify most relevant activity choices for you



EXPERIENCE

Meeting Your Needs

- Establish authentic relationships with physicians to reinforce or commitment to support their certification journey
  - Outreach and Engagement
- Understand how, when and how often communication is needed/desired to meet Diplomates where they are
  - Communication Preferences | Survey, Focus Groups
- Create shared understanding re: continuous certification, including any changes and improvements
  - MyABFM Portfolio | Resources | FAQs

New in Communications & Engagement

- Redesigned Phoenix newsletter, with enduring articles on ABFM website
- Updated and easy-to-understand handouts on aspects of certification
- New resources for residents and residency Programs
- Enhanced Social Media – Follow Us!

EXPERIENCE

What About Cost?

COST

Stable annual fee and newly reduced fees

Annual Fee of $200/Year

- Reduced in 2012 from $235/year
- No fee increases since that time

Recent changes reduce costs:

- Eliminate $200 fee payment for first year after initial certification
- Eliminate $250 exam application fee
- Provide one free retake after unsuccessful exam attempt ($1300)
- Reduce any subsequent retakes by 50% to $650 (From $1300)

What About Cost?

Reduced Activity Burden

FMCLA

- Additional self-assessment credit for completing

KSA

- Streamlined platform, more efficient
- Single best answer less frustrating

CKSA

- Provides short periods of activity on quarterly basis
- Good prep for FMCLA

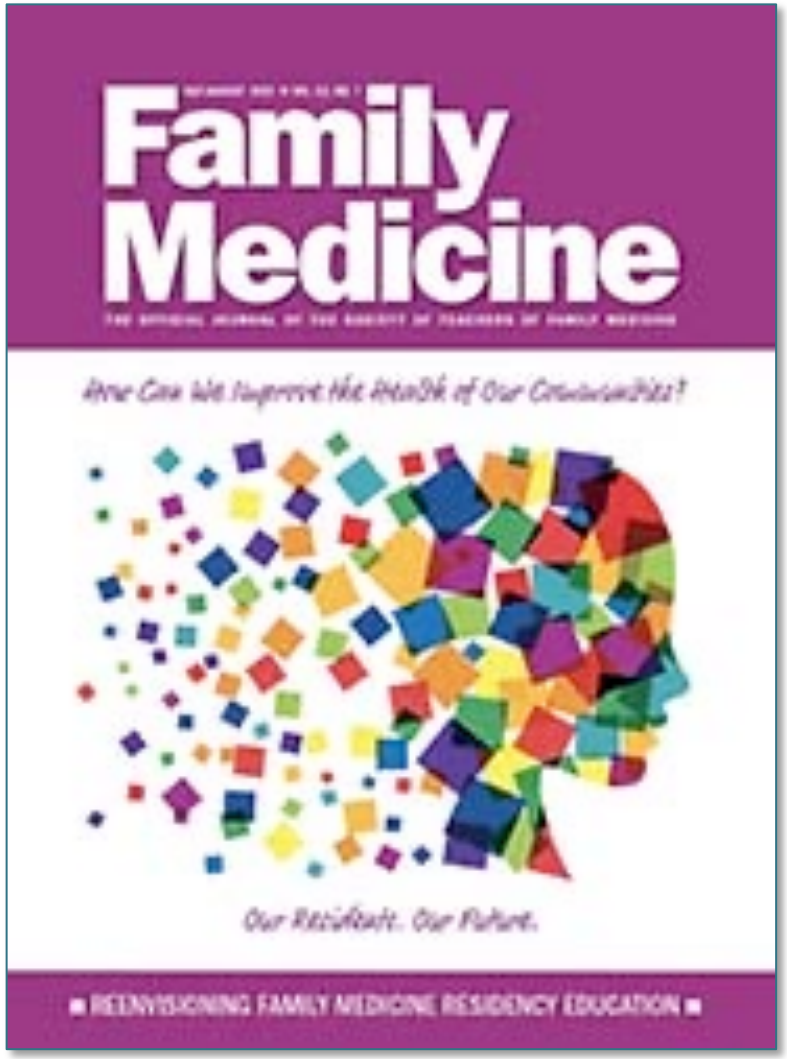
National Journal Club

- Credit per article supports incremental time investment

Residency Education

ABFM's Role in Residency Education

- 1 of 3 nominating organizations for Family Medicine Review Committee (AGCME)
- Influence requirements for residency training
- Provide residents opportunity to engage in certification activities during training
- Determines requirements for board eligibility
- Support the only specialty-specific National Graduate Survey
- Determine length of residency training for CMS funding



New ACGME Standards for Family Medicine

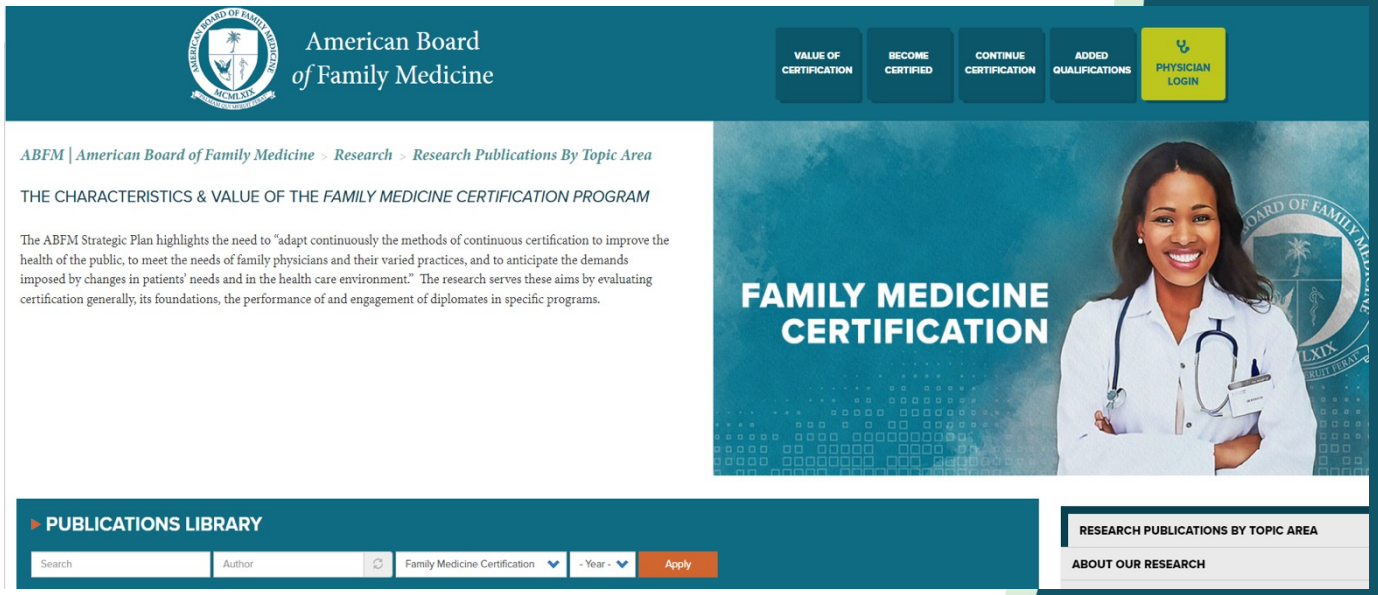
Key features

- Competency-based education
- Community Engagement
- Enhancing learning environment: *The practice is the curriculum*
- Community engagement
- More flexibility while preserving comprehensiveness

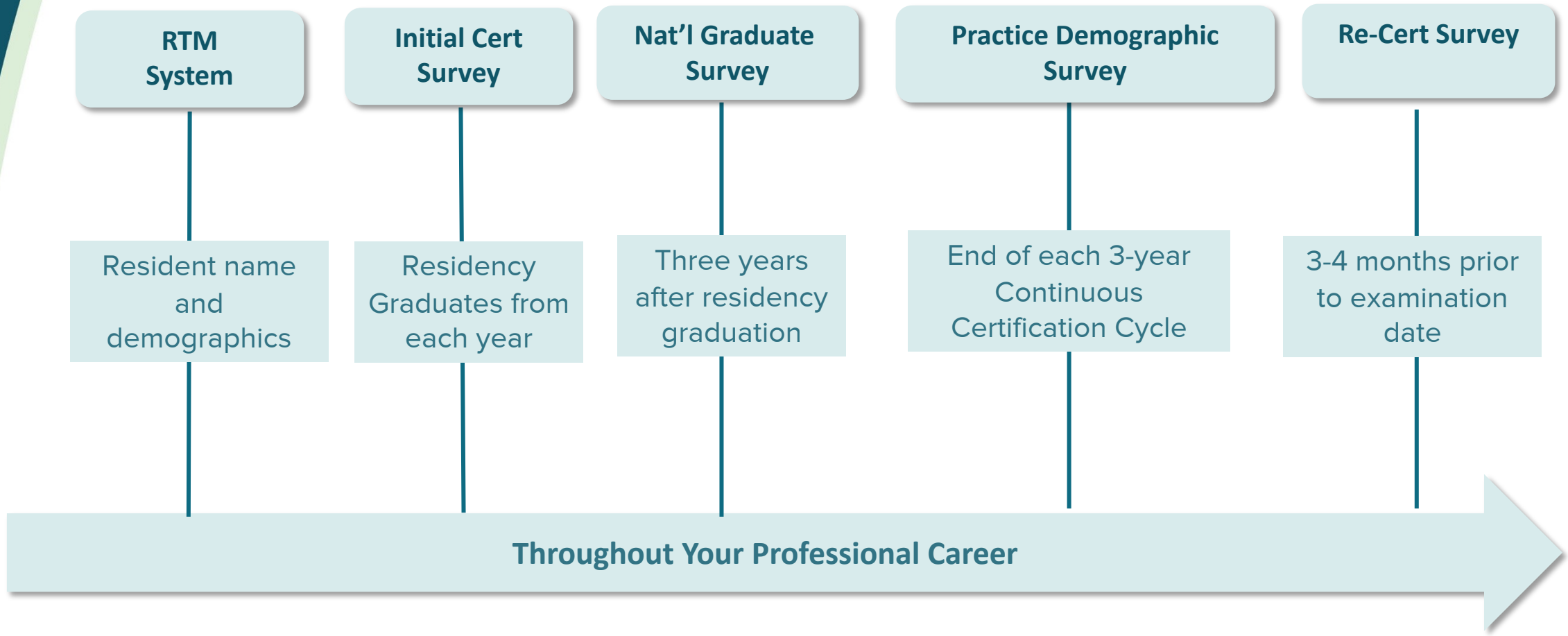
ACGME

ABFM Research – Five Pillars

- Characteristics and value of board certification
- Scope and dimensions of US primary care
- Relationship between primary care and health system organization and delivery
- Education and training of an effective primary care workforce
- Achieving the Quintuple Aim



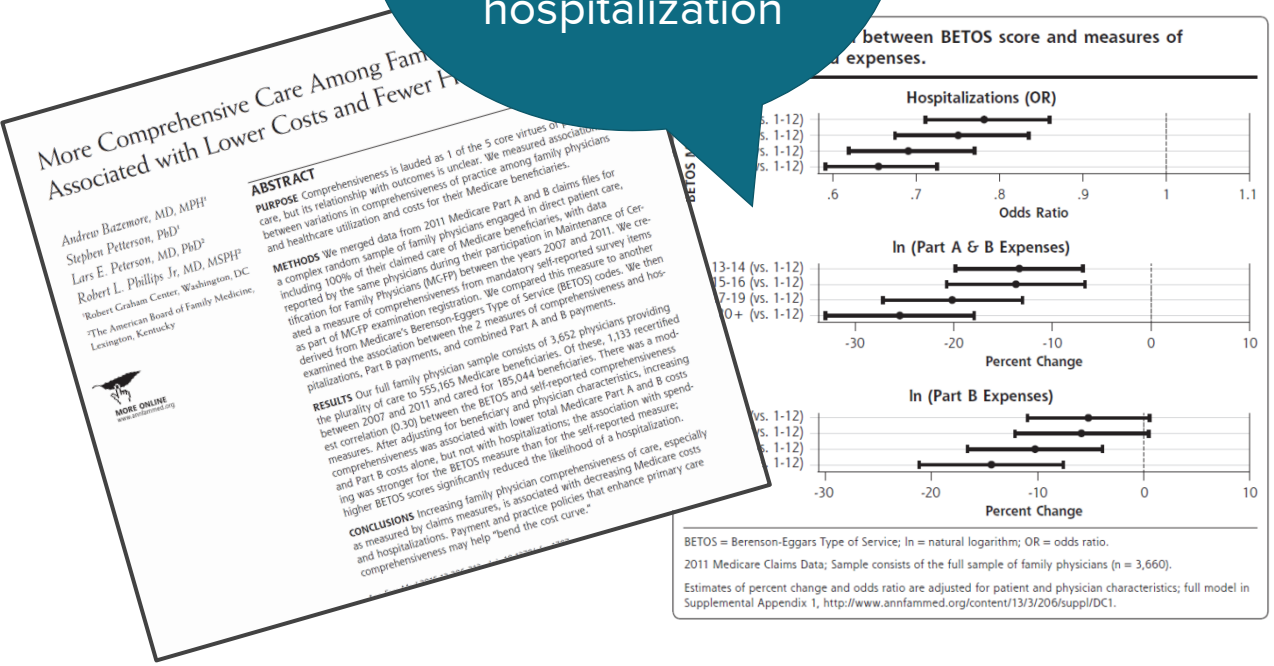
ABFM Data Collection Process



Impact of Continuity and Comprehensiveness

Comprehensiveness

15% ↓ cost
35% ↓ risk hospitalization


More Comprehensive Care Among Fam
Associated with Lower Costs and Fewer H

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[1]Robert Graham Center, Washington, DC
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ABSTRACT

PURPOSE Comprehensiveness is lauded as 1 of the 5 core virtues of ... care, but its relationship with outcomes is unclear. We measured associations between variations in comprehensiveness of practice among family physicians and healthcare utilization and costs for their Medicare beneficiaries.

METHODS We merged data from 2011 Medicare Part A and B claims files for a complex random sample of family physicians engaged in direct patient care, including 100% of their claimed care of Medicare beneficiaries, with data reported by the same physicians during their participation in Maintenance of Certification for Family Physicians (MC-FP) between the years 2007 and 2011. We created a measure of comprehensiveness from mandatory self-reported survey items as part of MC-FP examination registration. We compared this measure to another derived from Medicare's Berenson-Eggers Type of Service (BETOS) codes. We then examined the association between the 2 measures of comprehensiveness and hospitalizations, Part B payments, and combined Part A and B payments.

RESULTS Our full family physician sample consists of 3,652 physicians providing the plurality of care to 555,165 Medicare beneficiaries. Of these, 1,133 recertified between 2007 and 2011 and cared for 185,044 beneficiaries. There was a moderate correlation (0.30) between the BETOS and self-reported comprehensiveness measures. After adjusting for beneficiary and physician characteristics, increasing comprehensiveness was associated with lower total Medicare Part A and B costs and Part B costs alone, but not with hospitalizations; the association with spending was stronger for the BETOS measure than for the self-reported measure; higher BETOS scores significantly reduced the likelihood of a hospitalization.

CONCLUSIONS Increasing family physician comprehensiveness of care, especially as measured by claims measures, is associated with decreasing Medicare costs and hospitalizations. Payment and practice policies that enhance primary care comprehensiveness may help "bend the cost curve."

MORE ONLINE www.annfammed.org

between BETOS score and measures of
expenses.

Hospitalizations (OR)
3-14 (vs. 1-12)
5-16 (vs. 1-12)
7-19 (vs. 1-12)
0+ (vs. 1-12)
.6 .7 .8 .9 1 1.1
Odds Ratio

ln (Part A & B Expenses)
13-14 (vs. 1-12)
15-16 (vs. 1-12)
17-19 (vs. 1-12)
20+ (vs. 1-12)
-30 -20 -10 0 10
Percent Change

ln (Part B Expenses)
-30 -20 -10 0 10
Percent Change

BETOS = Berenson-Eggars Type of Service; ln = natural logarithm; OR = odds ratio.

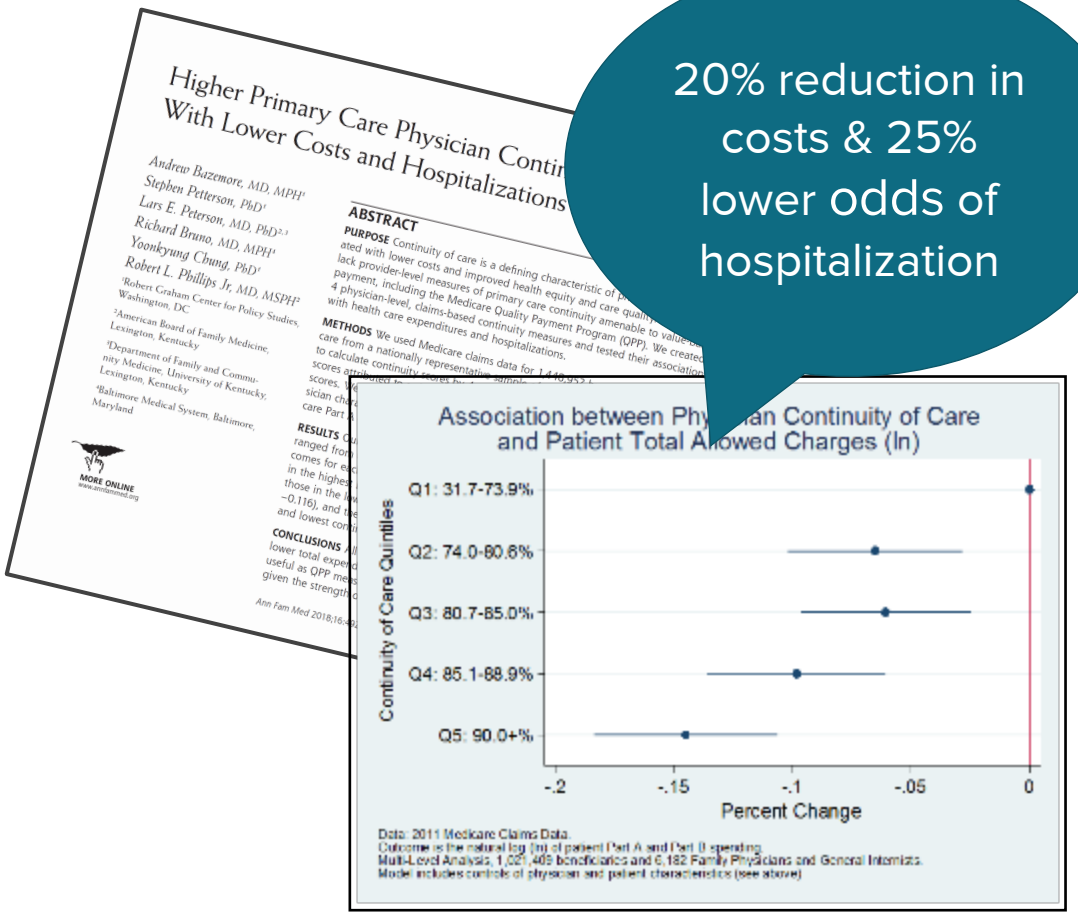
2011 Medicare Claims Data; Sample consists of the full sample of family physicians (n = 3,660).

Estimates of percent change and odds ratio are adjusted for patient and physician characteristics; full model in Supplemental Appendix 1, http://www.annfammed.org/content/13/3/206/suppl/DC1.

Annals of Family Medicine. 2015; 13:206-213

Continuity

20% reduction in costs & 25% lower odds of hospitalization


Higher Primary Care Physician Contin
With Lower Costs and Hospitalizations

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ABSTRACT

PURPOSE Continuity of care is a defining characteristic of p... ated with lower costs and improved health equity and care quali... lack provider-level measures of primary care continuity amenable to value-... payment, including the Medicare Quality Payment Program (QPP). We created... 4 physician-level, claims-based continuity measures and tested their associations with health care expenditures and hospitalizations.

METHODS We used Medicare claims data for 1,446,953 ... care from a nationally representative ... to calculate continuity ... scores, ... sician char... care Part ...

RESULTS ... ranged from ... comes for ... in the highest ... those in the ... −0.116), and ... and lowest ...

CONCLUSIONS ... lower total expend... useful as QPP meas... given the strength ...

Ann Fam Med 2018;16:492...

MORE ONLINE www.annfammed.org

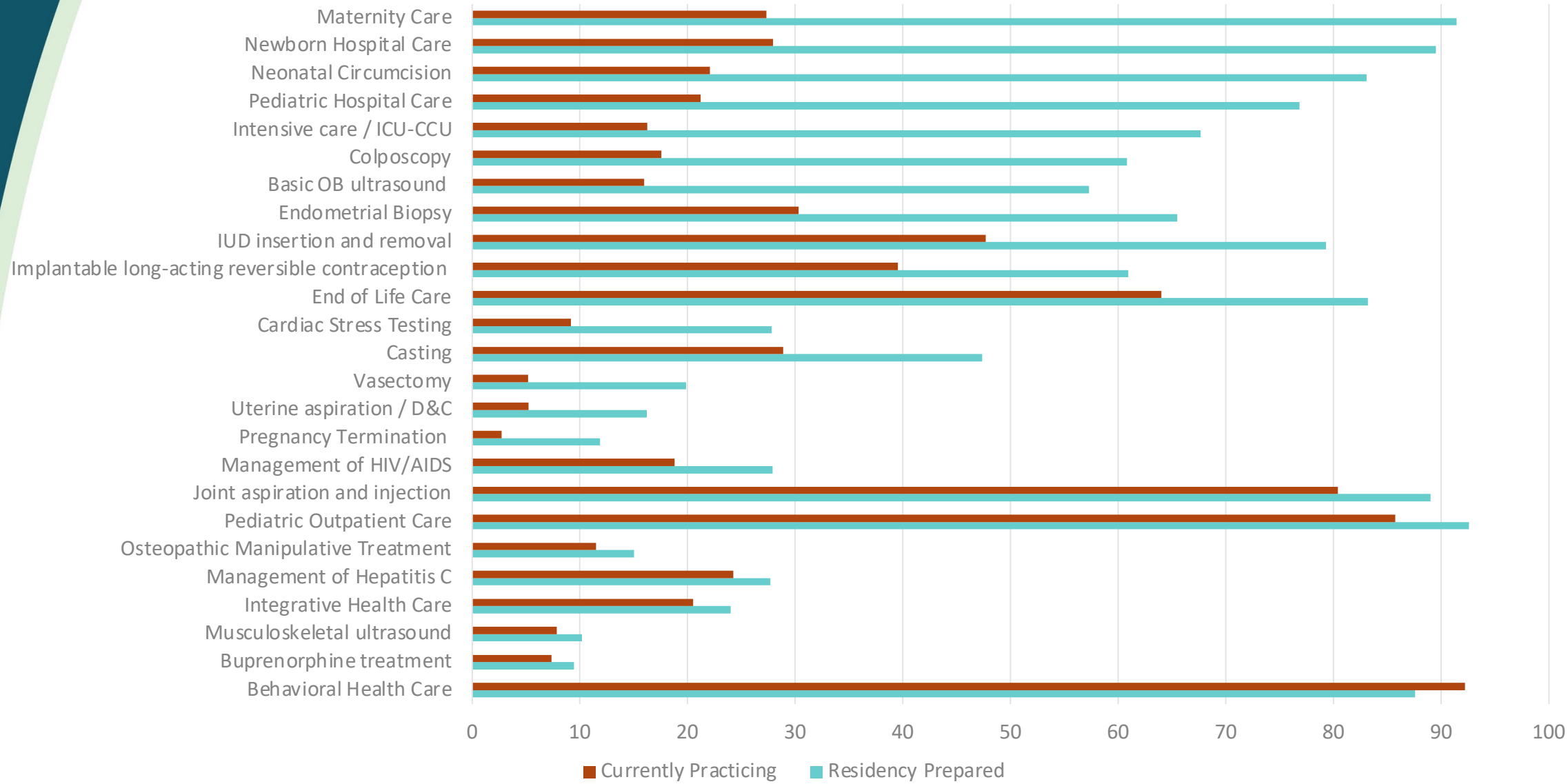
Association between Physician Continuity of Care and Patient Total Allowed Charges (ln)
Continuity of Care Quintiles
Q1: 31.7-73.9%
Q2: 74.0-80.6%
Q3: 80.7-85.0%
Q4: 85.1-88.9%
Q5: 90.0+%
-.2 -.15 -.1 -.05 0
Percent Change

Data: 2011 Medicare Claims Data.
Outcome is the natural log (ln) of patient Part A and Part B spending.
Multi-Level Analysis, 1,021,409 beneficiaries and 6,182 Family Physicians and General Internists.
Model includes controls of physician and patient characteristics (see above)

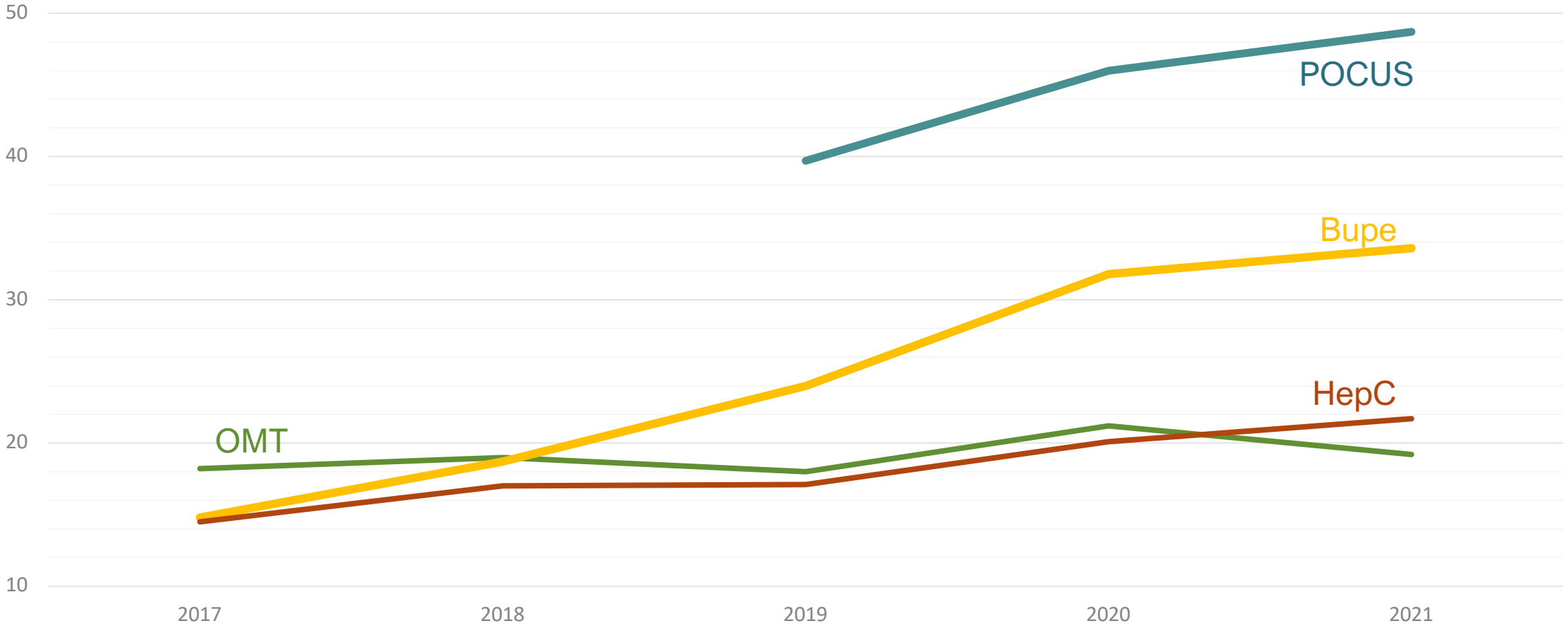
Annals of Family Medicine. 2018; 16:492-497

Prepared to Practice vs Actual Practice

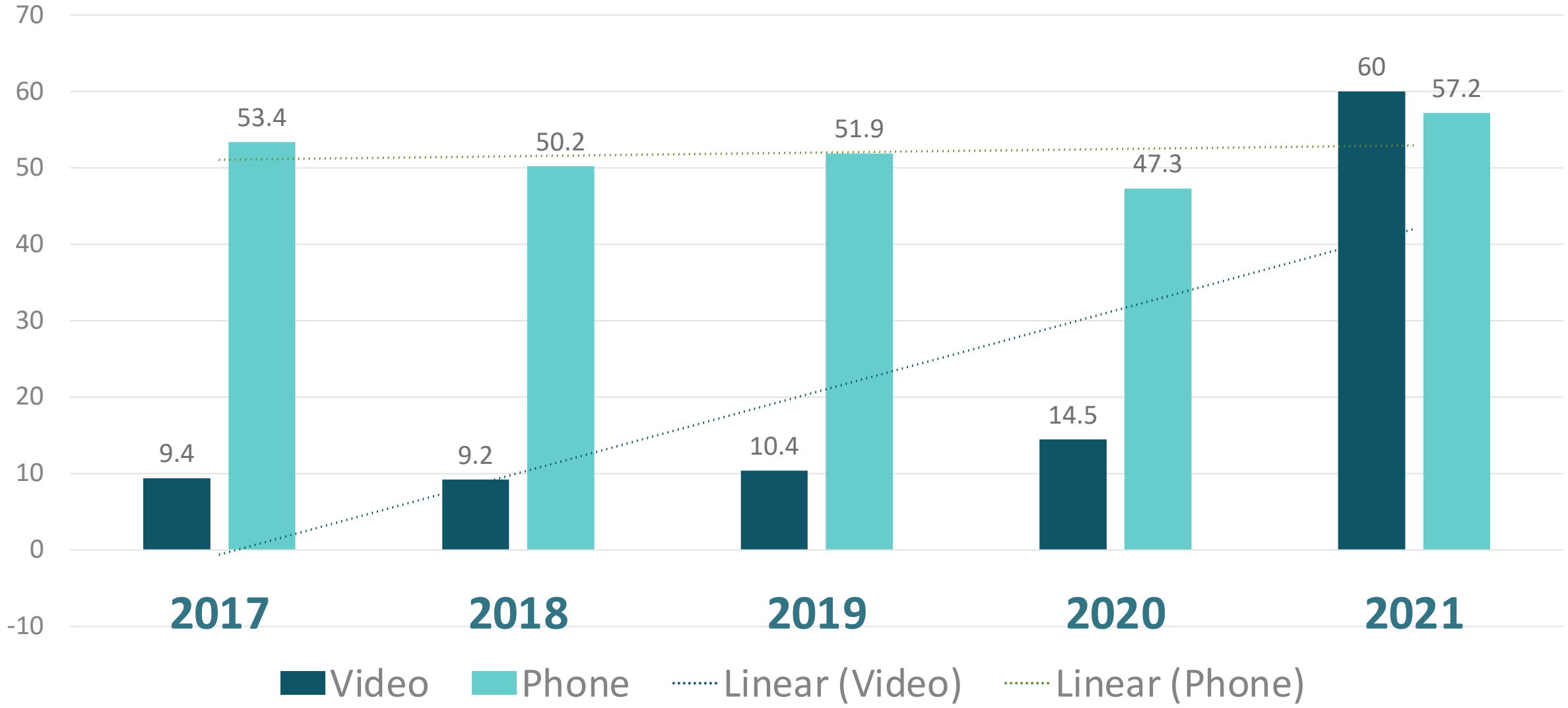
Residents Trained Broadly But Practice More Narrowly



Percent of Graduating Residents Who Intend to Provide: OMT, POCUS, MAT, HepC Management



Percent of Diplomates Doing Telehealth: Video or Telephone Care



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Optimal health and health care for all people and communities that family physicians serve.

American Board of Family Medicine