Family Medicine Certification: What's New, What's True, and What's Ahead?

New Mexico Academy of Family Physicians
August 1st, 2019

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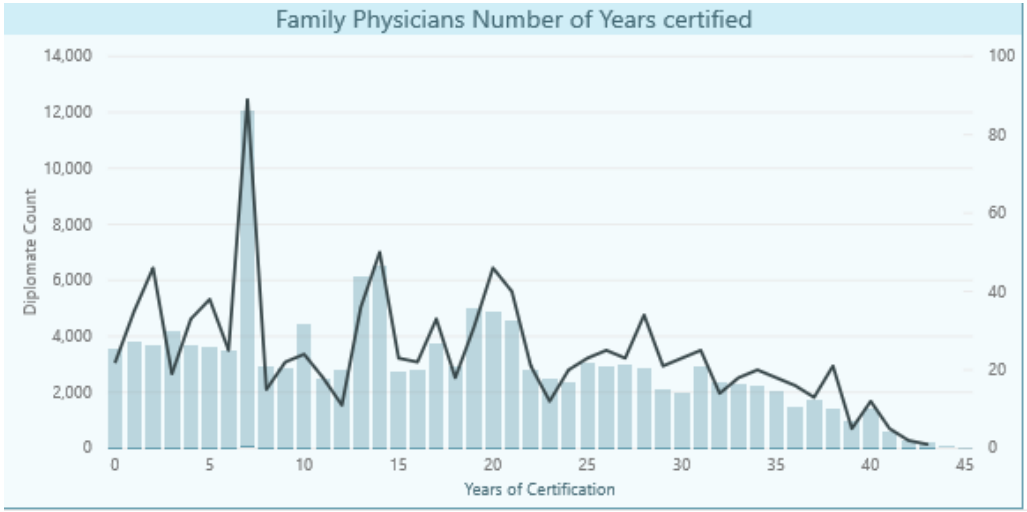
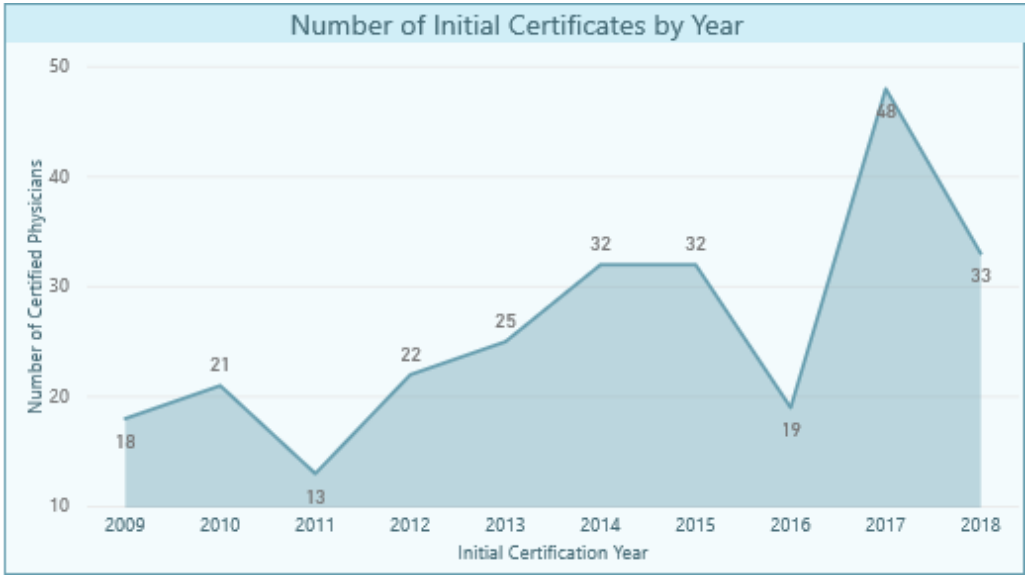
Executive Vice President
American Board of Family Medicine

THANK YOU!!!

A Snapshot of New Mexico





734 Board Certified Family Physicians

10 Sports Medicine
15 Geriatrics
19 HPM
5 Sleep Medicine

Objectives for Today

- Discuss purpose and value of certification
- Review and update knowledge of certification requirements
- Share what's new with ABFM
- Engage family physicians in helping to evolve Family Medicine Certification

Continuing Certification

"The purpose of continuing certification is to *serve the diplomates, the public and the profession* by providing a system that supports the ongoing commitment of diplomates to provide safe, high quality, patient centered care.

Through participating, *diplomates… reflect their commitment to professionalism, lifelong learning and improved care*."

Continuing Board Certification: Vision for the Future
(The Vision Commission)
December 11, 2018

CONTINUING BOARD CERTIFICATION VISION for the FUTURE

What We Hear From Diplomates

Board Certification is:

- Not relevant
- Not beneficial
- Not worth the investment
- Too expensive
- Busy work
- Added burden
- ***Other(s)??***

Components of FMC

Professionalism

Fulfillment of this component requires compliance with ABFM Guidelines for Professionalism, Licensure, and Personal Conduct which includes holding medical license(s) which meet the licensure requirements of the Guidelines.

Self-Assessment and Lifelong Learning

Fulfillment of this component requires completion of the required number of Knowledge Self-Assessment (KSA) activities during the Certification stage and completion of the required credits of Continuing Medical Education (CME).

Cognitive Expertise

Fulfillment of this component requires the successful completion of the Family Medicine Certification Examination during the required time period.

Performance Improvement

Fulfillment of this component requires completion of the required number of Performance Improvement (PI) activities for clinically active physicians during the Certification stage.

Self-Assessment and Lifelong Learning

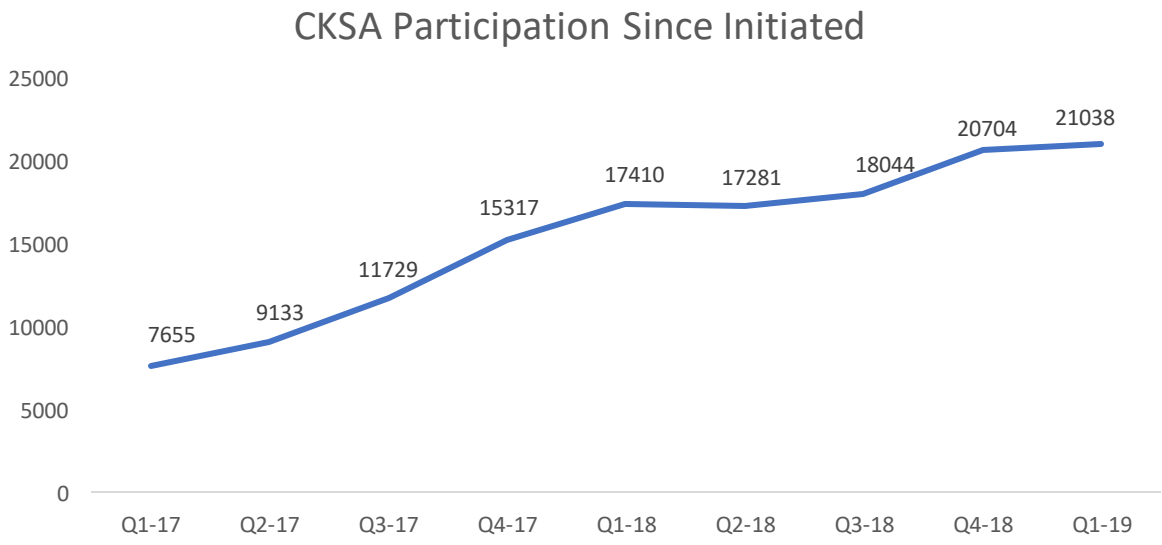
Identify Knowledge Gaps

Formative, not summative

As many as you want, for no additional fee!

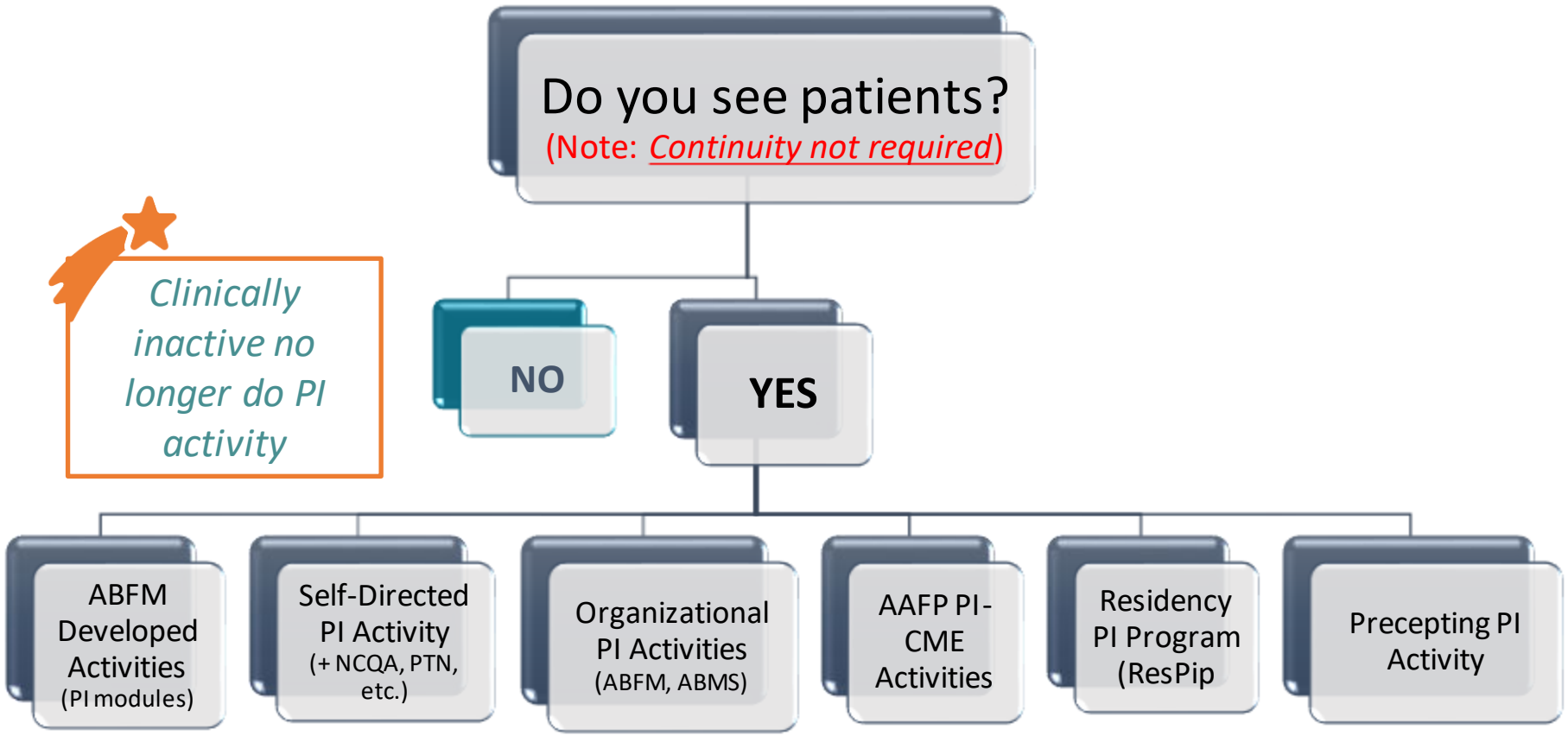
Continuous Knowledge Self Assessment (CKSA)

- 25 questions quarterly
  - Critique + references
  - Predictive performance report
- 2.5 pts/quarter
  - Four to meet KSA requirement
- Mobile App available
- 31,800 participants since January 2017



Performance Improvement Activities

Beyond the PPM…

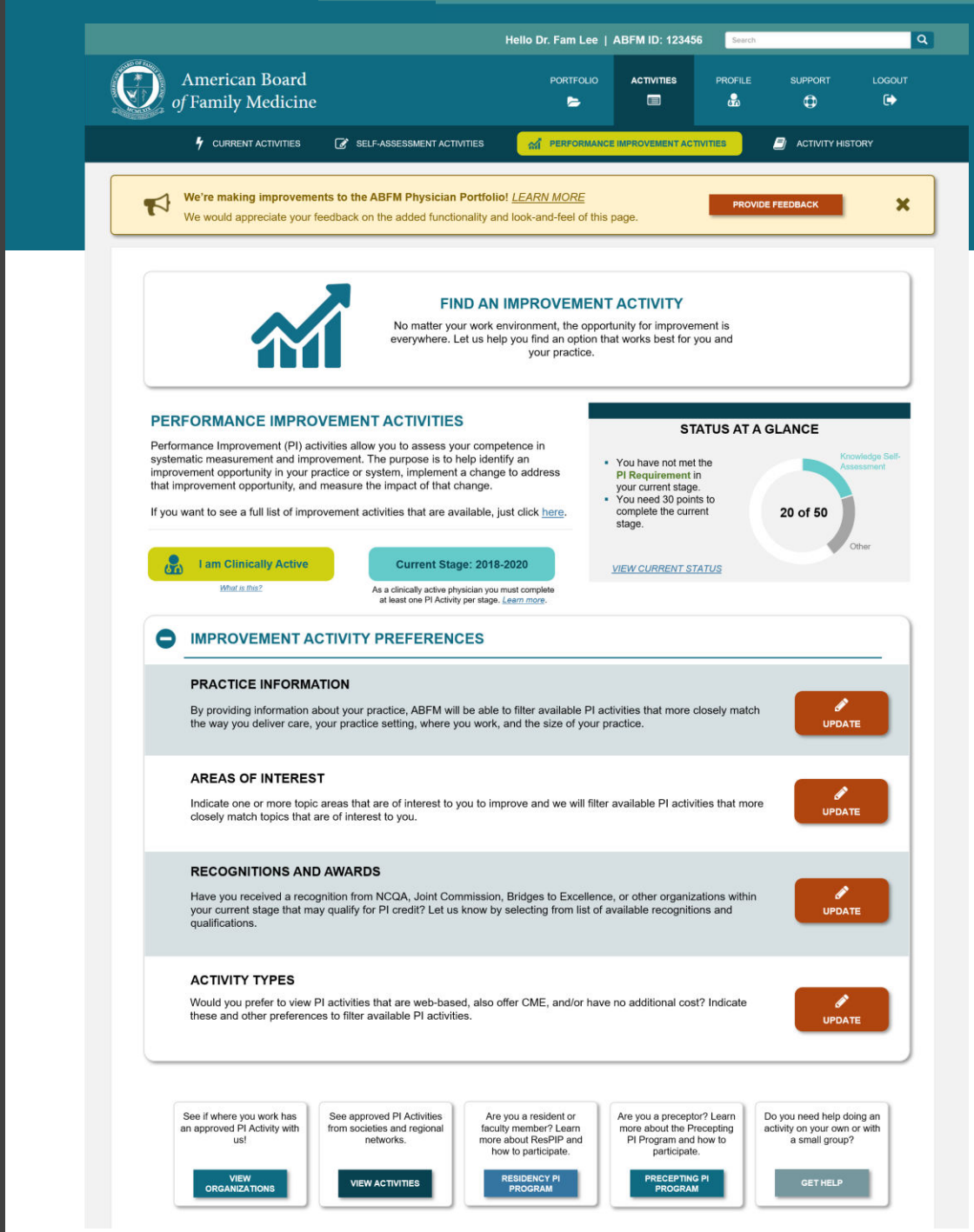


PRIME Registry

- Ideally suited for small, independent practices
  - Moving into larger systems
- MIPS reporting
- PI activity requirement
- Federal Demonstration projects
  - CPC+ / TCPI
- Measures development, testing
  - Patient Reported Outcomes
  - "Measurizing" Continuity, Comprehensiveness, Care Coordination
  - Translate total cost of care into low value measures

Tailoring PI Activities

Watch for new PI Locator to help you narrow in on the most relevant choices for your practice!



Scenarios to Consider

Historical Pathway

Three KSAs

+

I PPM or PIA

Meets All Stage Requirements

CKSA x 12 quarters

CKSA + KSA

KSA X 3

Self-directed PI activity

ResPip or

Preceptor PI activity

PRIME registry

Cognitive Assessment – The Exam

- One Day Exam, Every 10 Years
- 320 Multiple Choice Questions
- Pooled Flexible Break Time
- One 45-Question Topic Focused Module of Your Choice

FMC Longitudinal Assessment

- 25 Questions Per Quarter;
- Your Pace, Your Time, Your Location
- Ability to use References
- Timed Questions – 5 mins each
- Critique and References provided
- 300 Questions Needed Over Four Years for Pass/Fail Decision
- Pilot in 2019 – Expect Long-Term Implementation

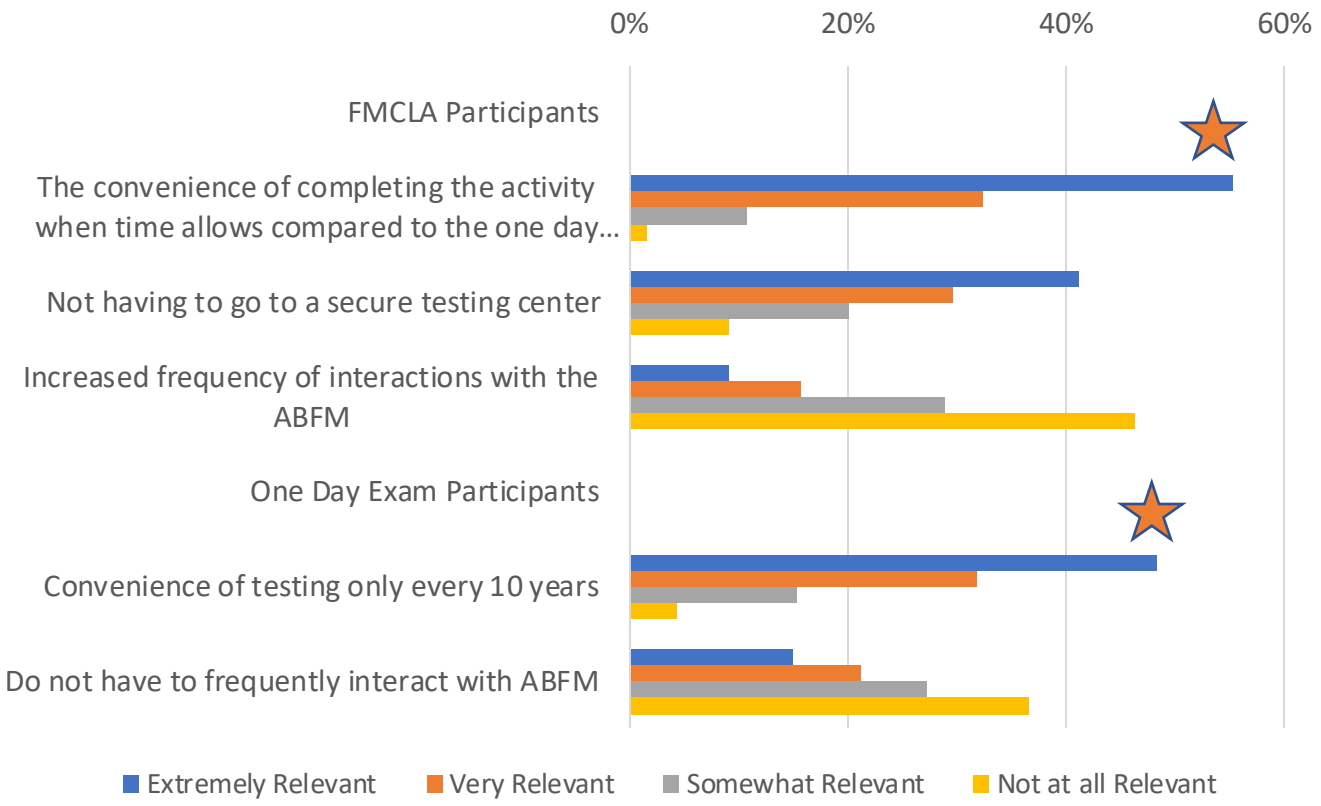
FMCLA Experience To Date

8,411 eligible

- **71% selected**
- 13% April exam
- 14% - Not Applied

Similar cohorts:

- Direct patient care
- Continuity care
- Practice type or ownership
- Scope of practice
- Faculty status
- Certified by other board
- Experiencing burnout



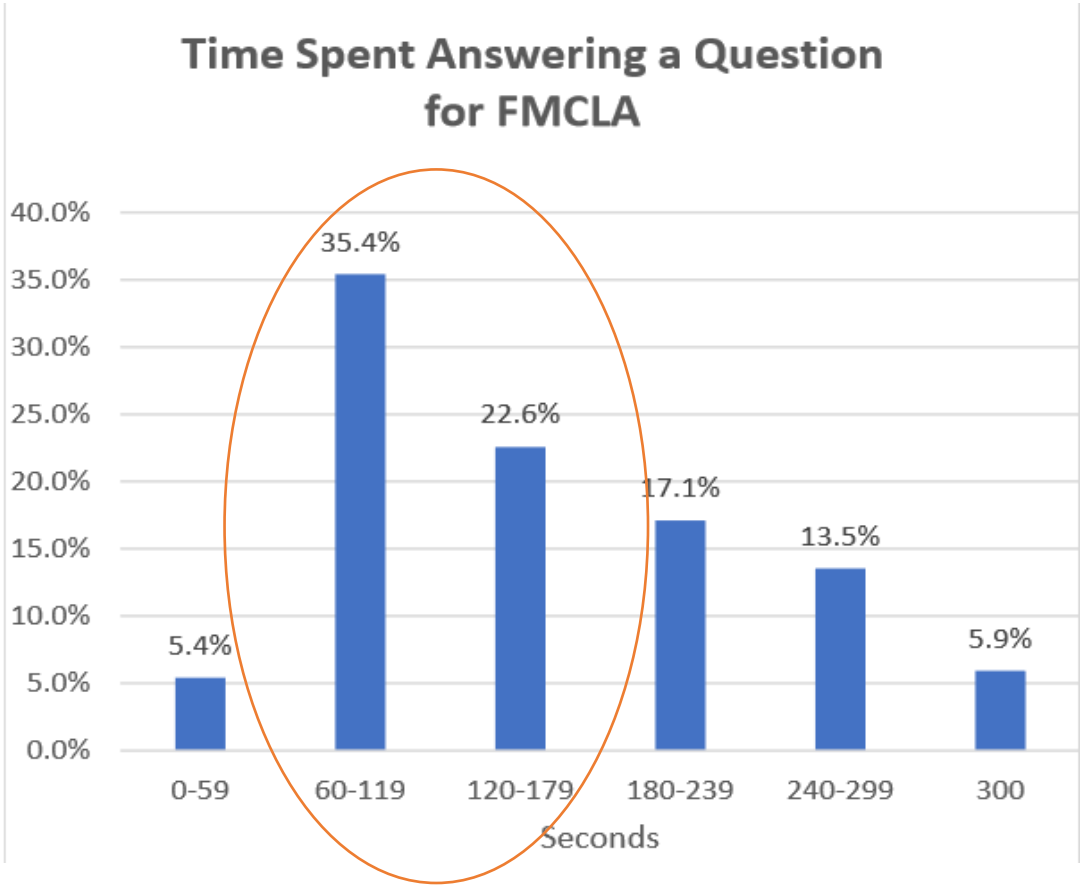
Regardless of selection, convenience was the principal reason

FMCLA Pilot Quarter 1 Feedback

- 84% less anxious about FMCLA
- 98.2% encouraged by ABFM pursuing FMCLA as exam alternative
- 93.3% would still participate in FMCLA if secure exam were not a failsafe

Question	% Strongly Agree / Agree
Online delivery of questions reliable	97.6%
Web interface user friendly	97.5%
Information presented clearly on screen	98.0%
Enough time to answer each question	67.7%
Time "clock" easy to see	96.3%
Easy to navigate to answer a question	97.2%
Easy to move to the next question	98.3%
Easy to understand my current status	95.5%

Let's Talk About the Clock…



Avg 2 mins, 11 sec per question

Early Impressions from Pilot Cohort

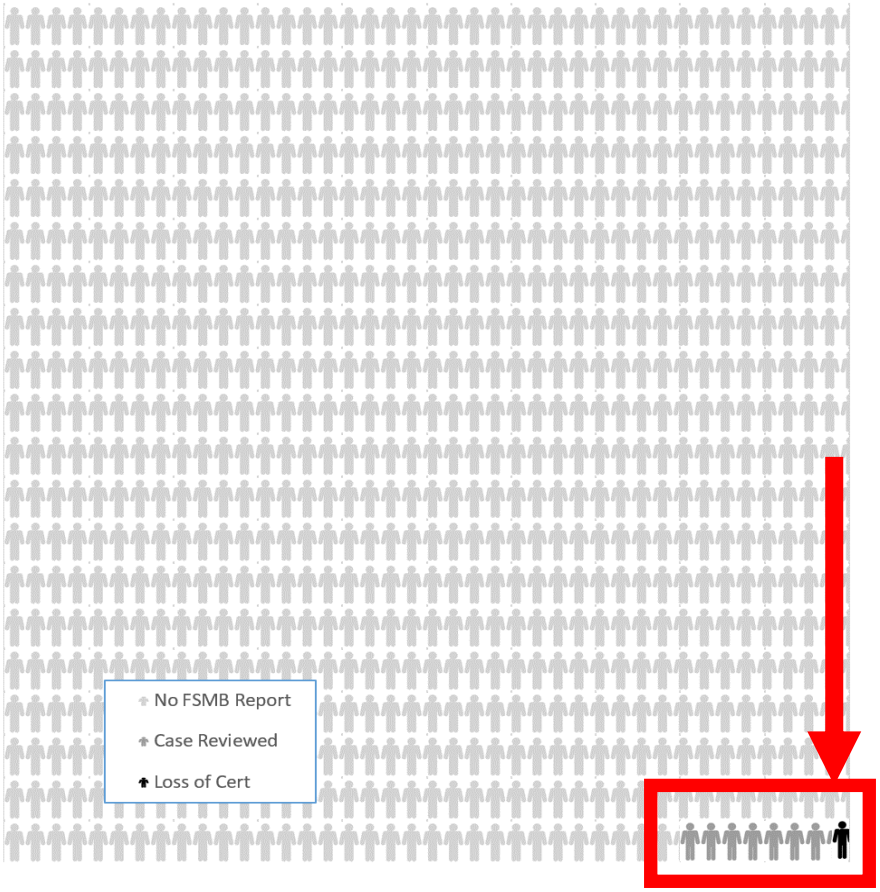
- *Much better than 10-year testing option*
- *This is the best testing method I have seen to date*
- *25 questions is a good number to manage*
- *The interface is excellent*
- *Immediate feedback and references are great*
- *The critiques are extremely well done*
- *This is a much better learning experience than traditional examinations*
- *It is actually fun, and I am learning more things as I go*

Professionalism: Losing Board Certification is Not Common

…license must be valid, active, and full, and physician should <u>not be subject to any practice privilege limitations</u> in any jurisdictions in US, US territories, or Canada.

Average annual disciplinary rates: (2013-2017)

- 99% have no action warranting Professionalism Committee review
- 0.9% of Diplomates have case reviewed by Professionalism Committee
- Only 0.09% lose certification
  - > 50% are restored



Common Reasons for License Limitations

- Boundary issues
- Substance abuse
- Substandard controlled substance prescribing
- Substandard medical practice
- Physician impairment

Consent Agreements

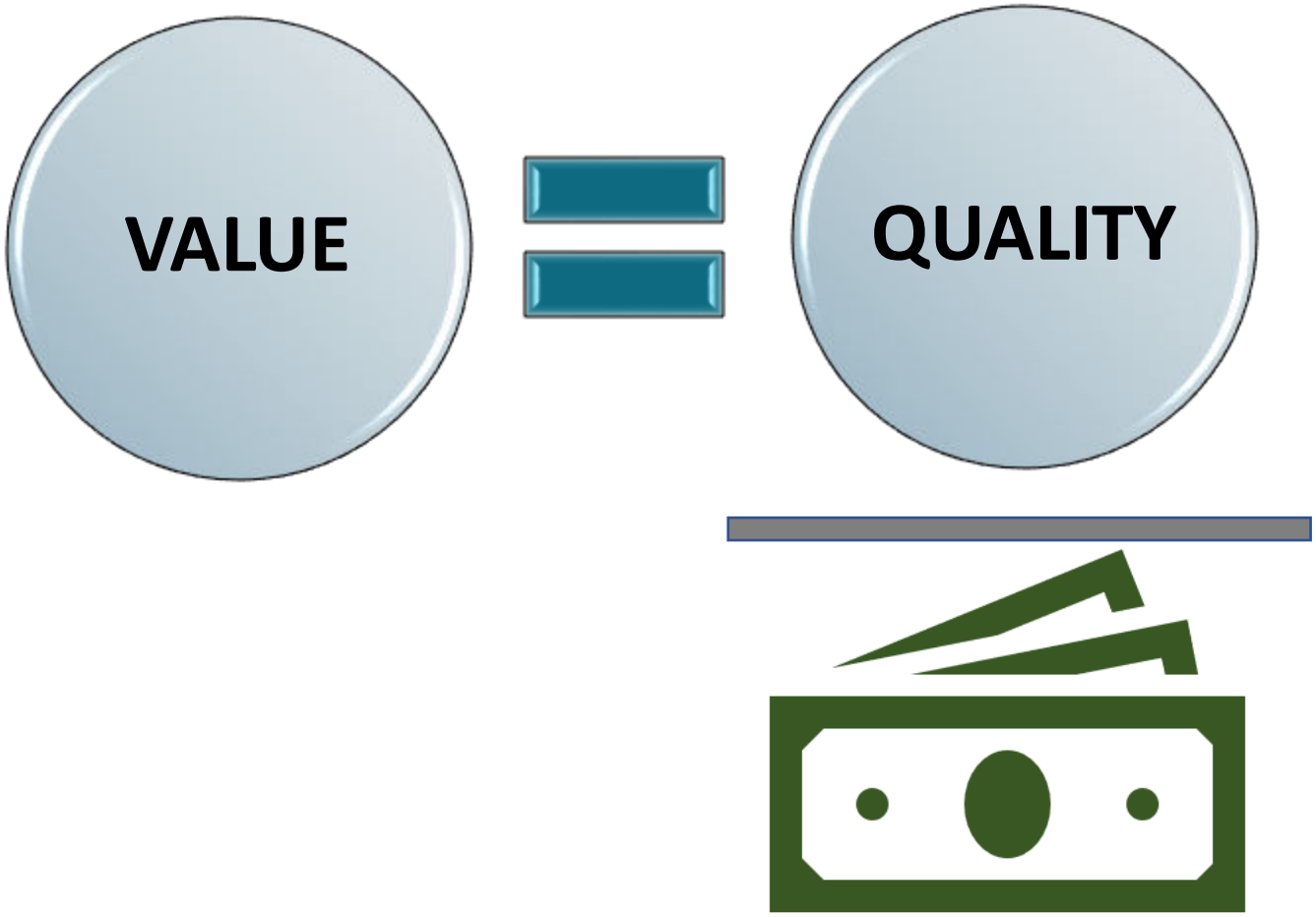
- Not understanding license limitation may result in loss of board certification
- ***Before negotiating any consent agreement, request consultation with ABFM legal counsel***

Certification Re-Entry Pathway

- Medical License
- Self-Assessment & Performance Improvement
  - Minimum one (1) Knowledge Self-Assessment (KSA)
  - Minimum one (1) Performance Improvement (PI) activity
  - Minimum of 50 Family Medicine Certification Points from completion of Self-Assessment and Performance Improvement activities
- 150 CME Credits
- Successful Family Medicine Certification
- Examination

**Note - $300 Entry or Re-Entry Fee*

Value of Certification



What Does It Mean to Patients?

When asked about factors considered when choosing a doctor 'Board Certification' ranks 2nd in importance behind only 'covered by insurance'.

	% responding
Covered by insurance	90
Board Certification	**82**
Bedside manner or communication skills	80
Referred by a doctor you trust	70
Location of office	54
Recommendation from friends or family	41
Hospital or other org. the doctor is affiliated with	41
School or hospital where the doctor trained	27
Doctor's gender	11
Doctor's age	9

Why Do Family Physicians Maintain Certification?

Required by my employer	53%
Required for hospital privileges/credentialing	56%
Required by one or more payer/insurance company	42%
Maintain professional image	**52%**
Personal preference	**49%**
Professional advancement	33%
Maintain or improve patient satisfaction	22%
Patients prefer being treated by board certified physicians	33%
Certification program helps me update my medical knowledge	**49%**
Certification program helps me monitor or improve the quality of my patient care	40%

Does Continuous Certification Improve Quality of Care?

Diabetes: MOC group showed significantly greater improvement in 11 of 24 diabetes care processes and outcomes than physicians not in MOC

Galliher JM, et al. JABFM 2014; 27(1): 19-25

Improvement in % of patients with A1C <7.0, foot exam and retinal exam

Peterson LE et al. *Ann Fam Med* 2014; 12(1):17-20

78% of physicians would change care of their diabetic patients

Peterson LE et al. *J Cont Ed Health Prof* 2016; 36(1):55-60

Statistically significant improvement in DXA measurement and prescribed pharmacologic therapy

Lambing et al. JABFM. 2015; 28(6): 819-821

Composite score of CV risk reduction improved by 13.4% in the intervention group compared with the control group

LaBresh et al. Pediatrics. 2014; 134 (3)

Statistically significant improvement in % of patients with controlled blood pressure, diet counseling and exercise counseling

Peterson LE et al. *J Healthcare Qual* 2016; 38(3):175-186

Statistically significant improvement in % of patients with controlled blood pressure

Kolasinski and Price, 2015. Perm J. 2015; 19 (2): 6-40

Lower rates of burnout among board-certified Family Physicians

Puffer JC et al. *JABFM* 2017; 30:125-126.

Does Certification Impact Professionalism?

- Family Physicians who had ever been certified were less likely to receive a disciplinary action against their license
- The most severe actions were associated with decreased odds of being board certified at the time of the action.

Peabody MR, et al. *Academic Medicine e-pub ahead of print, February 2019*

But, what about the cost?

Money?

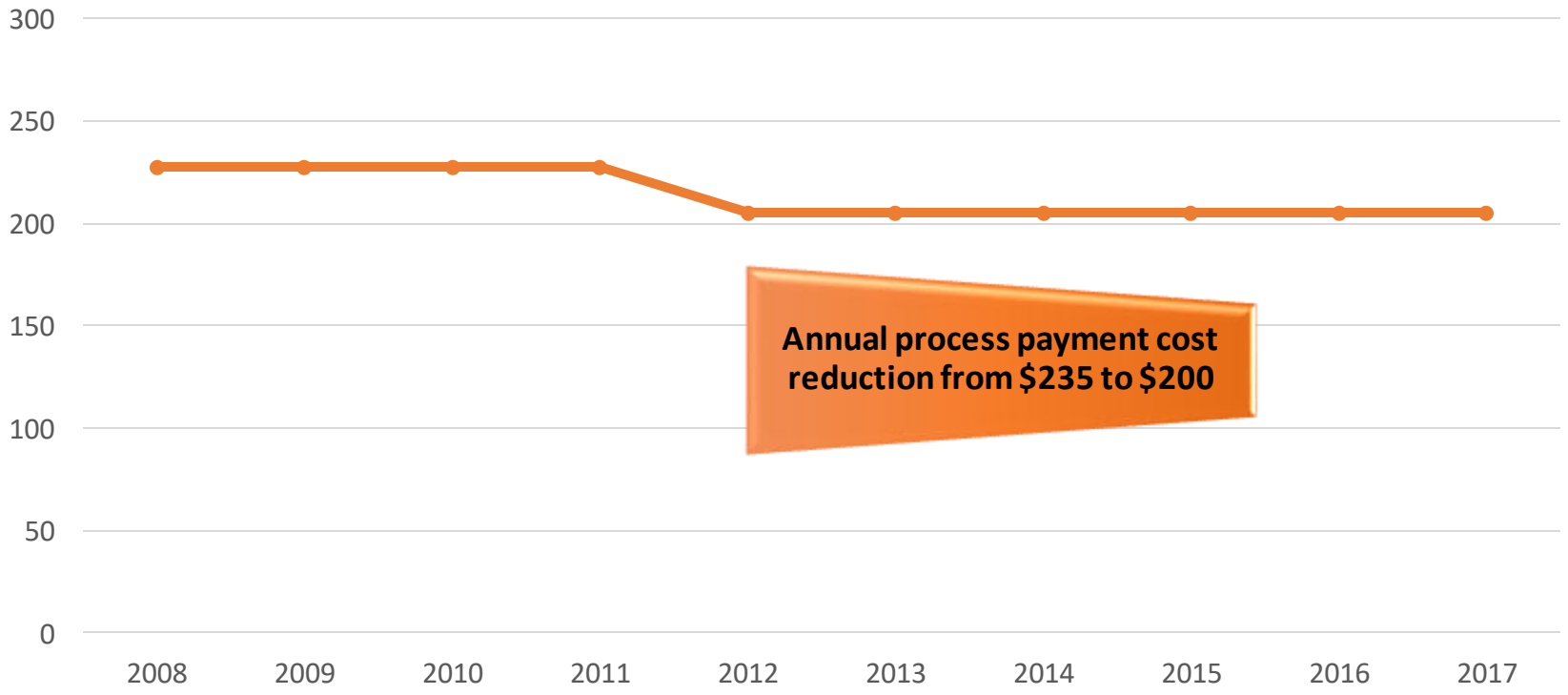
Time?

Burden?

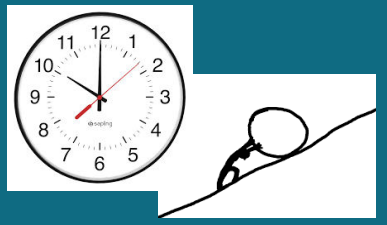
What is the Cost of FMC?

FMC costs are lower than ever

Pay structure flattened out to reduce single payment impact and allow unlimited use of activities



What is the Cost of FMC?



8-10 hours annually

Goal: Flexibility, Reduced Burden

- KSA average 4-6 hours to complete
- CKSA option - < 2 hours per quarter
- Multiple PI options for relevance
- Recognition of QI activities in practice for burden reduction
- Data from practice: PRIME registry
- New longitudinal assessment pathway

ABFM Strategic Plan

1. What will the personal physician of the future look like?
2. What are the implications of consolidation, AI/genomics and new business combinations such as CVS/Aetna or Amazon/Berkshire?
3. How can ABFM support the personal physician, both now and in 20 years?

ENHANCE CERTIFICATION

SUPPORT DIPLOMATES

SERVE: PUBLIC, PROFESSION, DISCIPLINE

PUBLIC TRUST | STANDARD SETTING

ABFM Mission, Vision, Values

Mission:

To serve the public and the profession through certification, research, educational standards and support for the improvement of health care.

Vision:

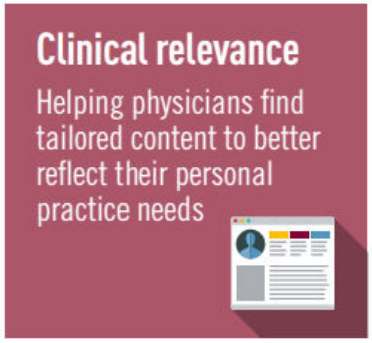
Optimal health and health care for all people and communities family physicians serve.

Values:

- Strategic Action
- Collaboration
- Continuous Improvement
- Learning as an Organization
- Equity
- Diversity

Looking Ahead: ABFM Goals, Strategies

- Redefining our relationship with Diplomates – support them for success
- Moving from checklist thinking to core tenets of professionalism
- Expanding KSA topic options, adding journal-article based activity
- Evolving quality improvement
- Increasing collaboration with other stakeholders
- Advancing research and advocacy



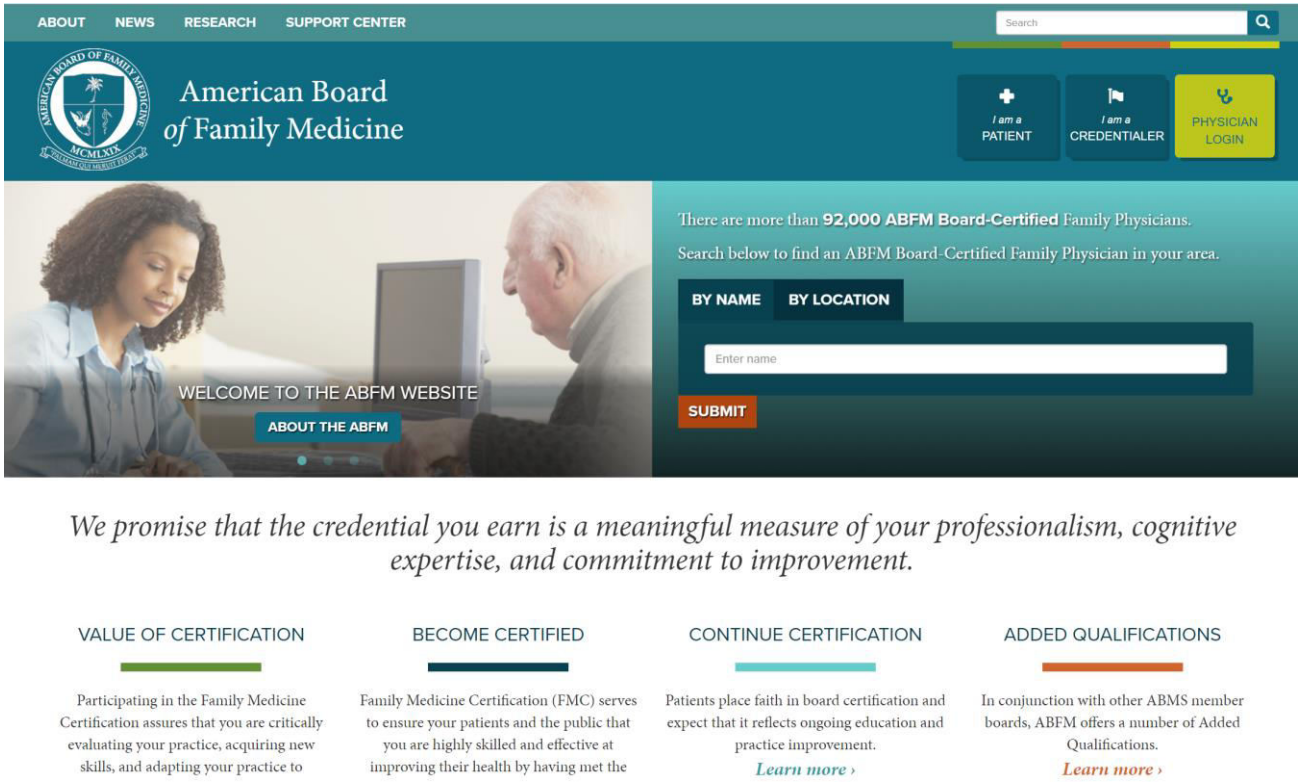
Diplomate Engagement: A Key Strategy for Success

ABFM Communications

Focus on Bidirectional Engagement

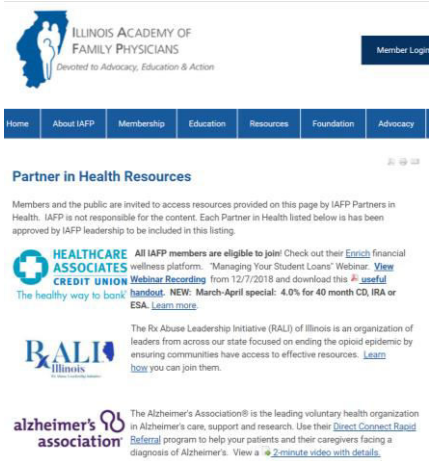
New website launched March 2019

Redesign of Physician Portfolio underway



State Chapter Opportunities

- ABFM Outreach Director, Ashley Webb
- ABFM chapter outreach goals
  - ✓State Chapter website redesign
  - ✓State chapter reports
  - ✓Sharing content
  - ✓Group KSA process redesign
  - ✓New Group PI opportunities
  - ✓Provide mechanism for members to get answers from ABFM



ABFM Outreach

Outreach with state chapters, clusters

Collaboration with family medicine organizations, ABMS, others

ABFM engagement NETWORK

Get Involved with the ABFM:

- ***Engagement Network***
- Virtual and in-person focus groups
- Anytime feedback through website
- Participate in item writing, standard setting

Questions?