

Program Quality, Evaluation, and Improvement: What Have We Learned From Five Years of National Data?

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Objectives

- Be familiar with the AFMRD RPI tool and its use in the APE process
- Discuss how national data from the RPI tool may be used by family medicine residencies in program improvement efforts
- Provide feedback on how the RPI tool can be improved to best meet the needs of FM Programs
- Hopefully unveil demo of new online RPI dashboard!

Disclosures

- The presenters are both members of the AFMRD RPI task force.
- **Neither presenter has a financial relationship with or interest in a commercial interest related to the RPI.**

Who's in the Audience?

Familiarity with RPI?

Evolution of the RPI

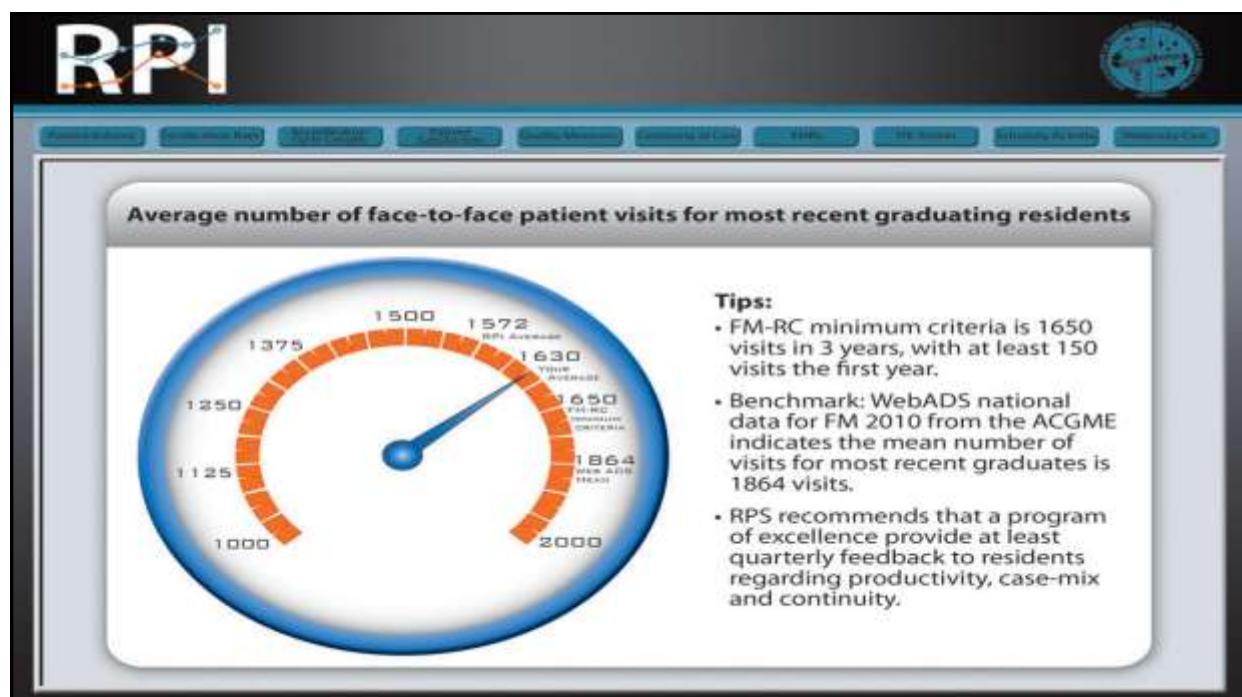
- Developed in 2011 in response to AFMRD Strategic plan.
- Used by 130 programs in last two years.
- Currently using third version of the criteria.
- New online dashboard software to be unveiled this year to improve use.

RPI Quality Domains

- Resident patient care experience.
- ABFM certification rates.
- ACGME accreditation status.
- Scholarly/QI activities.
- Resident procedural training.
- Program leadership experience.
- PCMH status of residency clinic.
- Graduate scope of practice.

TABLE 1 RESIDENCY PERFORMANCE INDEX (RPI) QUALITY CRITERIA²

| RPI Quality Domains | RPI Data Elements | Criteria Rationale/Data Acquisition |
|----------------------------------|--|---|
| Patient Care Experience | Volume of resident patient encounters | Minimum accreditation standards Web ADS averages for family medicine Criteria for excellence published by the AAFP's Residency Program Solutions Panel of Consultants ²³ Chosen to reflect the comprehensiveness of family medicine training, both in terms of demographics and setting |
| | Resident procedural competency upon graduation | Procedure lists derived from a widely recognized sources: ACGME RC-FM's proposed draft program requirements A list of procedures published by the STFM Group on procedural training ²⁴ |
| | PCMH recognition level | Based on NCQA levels |
| Academic Environment | In-Training Examination scores | ABFM reports |
| | Faculty scholarly activity | ACGME Common Program Requirements Criteria for the PCMH ²⁵ |
| | Resident scholarly activity | ACGME Common Program Requirements for the PCMH ²⁶ |
| | Resident QI project participation | ACGME Common Program Requirements |
| Program Leadership and Stability | Program accreditation cycle length | ACGME designation |
| | PD tenure and qualifications | Measured as No. of years current PD has served Measured as No. of PDs in the last 10 y Measured as PD participation in specific family medicine fellowship training |
| End Product/Graduates | Board certification pass rates (5-y average) | Derived from ACGME accreditation standards and ABFM aggregate initial certification data |
| | Graduate scope of practice ²⁷ | Based on policy briefs published by the Robert Graham Center and the ABFM that demonstrate a declining scope of practice ²⁸⁻³⁰ Given the importance of the PCMH model to the specialty's future, the task force chose to include whether a program's graduates were practicing in a PCMH |



Example of Report



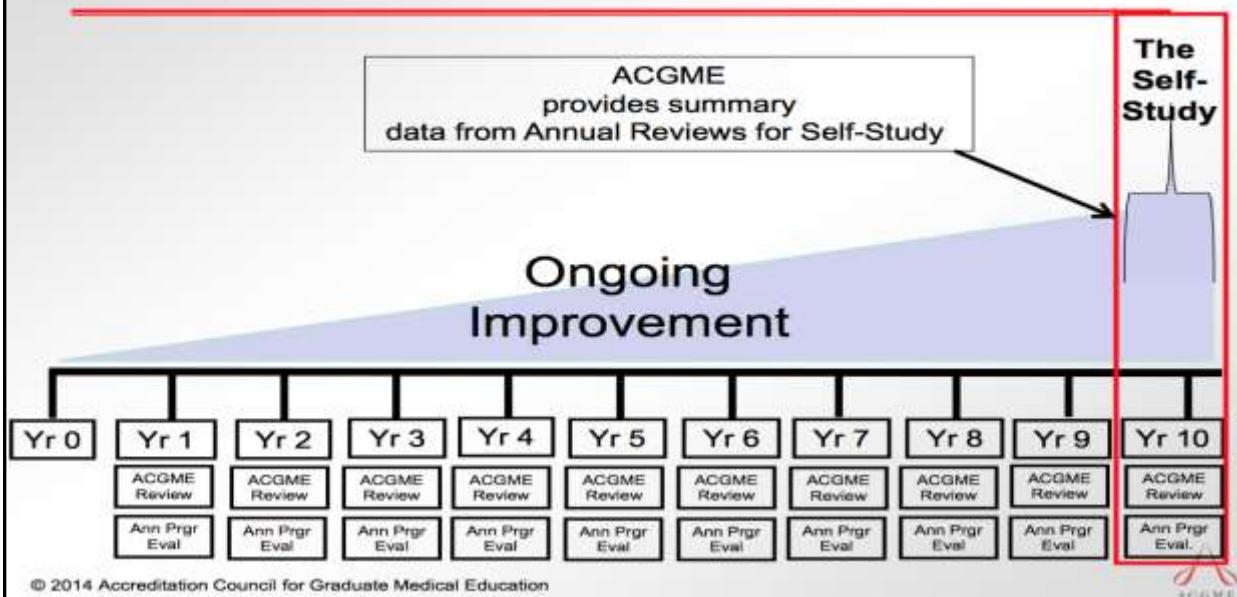
Evolution of RPI (cont.)

- Two peer reviewed publications (JGME, 2014, Educ. In Primary Care, 2016).
- Paired up with RPS Criteria for Excellence to promote FM in NAS.
- Reiterated as a Strategic Priority by AFMRD in 2015/16.

What has worked?

- Early on AFMRD saw where “puck was going” with program quality:
- GME dollars likely to be tied to GME outcomes – thus ACGME’s PEC/APE process.
- Many RPI domains = PEC/APE domains

Ten Year Self-Study: Conceptual Model



What has worked?

- Ten year APE to self study cycle needed tools for programs to demo PDSA cycles.
- RPI fits into this rubric for programs similar to how METRIC helps with QI activities.
- RPI is unique amongst GME specialties in that no other has a national tool like this.

What has worked?

- Effective communication tool
- Appeals to data-minded leadership
 - Dashboards are familiar

What about the data?

- National Median data are available to RPI task force to analyze.
- Changes in some criteria over time make some year to year comparisons difficult.
- Changes in the burden of tracking and managing data may have led to burnout.

What about the data?

- Most years the majority of criteria are in yellow or green for national median.
- Only national median data consistently in red zone was for GYN procedural training.
- Only two criteria moved from yellow to green: Adult inpt encounters and ABFM exam take rate.
- Program data collection became more reliable.

What are the challenges?

- Participation has plateaued after initial enthusiasm.
- Still concerns that data will be used against programs.
- Data management fatigue, duplication of work, struggles to obtain reliable data.

What are the challenges?

- Timing of survey, delay in getting reports, lack of year to year comparison in reports.
- Green, yellow, red targets cause angst amongst report recipients.
- Inability to analyze data and show that programs move from red/yellow to green.

Opportunities

- Moving to **online** dashboard software vendor will free up staff time.
- Will allow for **real time** visualization of data and criteria and year to year **comparisons**.
- Will allow for some **customization** of program reports for APE/PEC.

Opportunities

- Partnership with RPS and new Criteria for Excellence.
- Revision of criteria to include different key performance indicators.

Opportunities

- Publication of learnings from data analysis and national trends.
- Compliment to work of national graduate survey

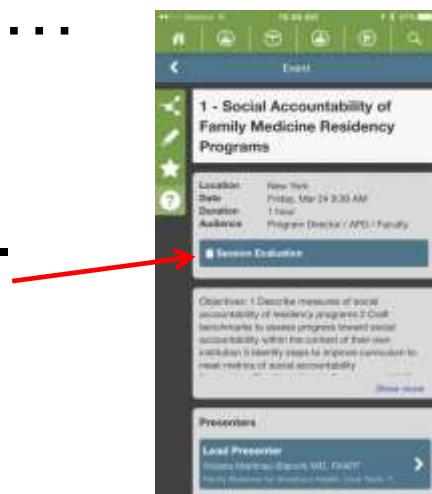
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Questions at this point?

Feedback from you...

Please...
Complete the
session evaluation.



Thank you.



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