The Single Accreditation System: AOA/ACGME Integration

Judith Pauwels, MD
Zach Waterson, DO
Bill Gillanders, MD

AAFP Residency Program Solutions Consultants

Disclosures

• We have no conflicts of interest to report regarding this presentation.

• *Except that we are passionately committed to Family Medicine.*
Disclosures

- And We DO represent two organizations actively collaborating to assist AOA programs with the SAS:
  - Association of Family Medicine Residency Directors (AFMRD)
  - American College of Osteopathic Family Physicians (ACOFP)

Polling Question #1

- What is your role in your organization?
  - Program Director
  - Program Faculty
  - Program Administrator/Coordinator
  - Other
Goals

• Describe the Single Accreditation System process, focusing on the challenges faced by many osteopathic programs.
• Discuss common questions related to Program Accreditation in Family Medicine.
• Describe the Osteopathic Recognition pathway.
• Identify resources to help!

The ultimate goal:
Preserving and enhancing the primary care workforce critical to health care system reform
Polling question #2

- In which general area do you have the most questions or concerns?
  - SAS process and timelines
  - Sponsoring Institutional accreditation
  - Program accreditation
  - Osteopathic recognition
SAS Process

– Board certification systems are still separate.
  • Clarification of requirements to sit for AOBFP Boards under SAS still not announced.
  • Must maintain AOA certification for graduating AOA residents to sit for AOBFP Boards.
  • For AOA resident to sit for ABFM Boards, must complete BOTH PGY-2 and -3 years in ACGME-accredited program.

SAS Timelines

• All AOA-only residents must be graduated by 2020.
• All current AOA-only programs must achieve Initial Accreditation by June 30, 2020.
• This is now less than 3 years away!
  – FM programs MUST have submitted for ACGME accreditation by 1/1/2018 to participate in 2018 AOA match.
SAS Definitions

- “Pre-accreditation” means that the Institution or Program has submitted an initial application for ACGME accreditation (granted immediately upon receipt of the application).
- “Continued pre-accreditation” means that the Institution or Program was reviewed by ACGME but did not receive Initial Accreditation; it can re-apply.
- “Initial accreditation” means the ACGME has approved the Institution or Program for 2 years.

The Current Numbers

- Number of AOA-only FM Programs: 160
  - 253 total, of which 93 are dually-accredited
- Number that have Applied to ACGME: 45
  - Number in Pre-Accreditation: 22
  - Number in Continuing Pre-Accreditation: 13
  - Number that have Achieved Initial Accreditation: 10

Data from ACGME Jan 2017

Time to get Moving!
Polling Question #3
• *Where is your program in this process:*  
  – SI has been accredited, and program is accredited.  
  – SI has been accredited; program has applied for accreditation.  
  – SI has been accredited; program has not yet applied for accreditation.  
  – SI and program have both applied for accreditation.  
  – SI has applied for accreditation, but the program has not.  
  – Neither has applied for accreditation.

Sponsoring Institution (SI)
• Must have accredited SI to achieve initial program accreditation.  
• Program work can start while SI is in Pre-Accreditation.
SI Responsibilities

• Sponsoring Institution must demonstrate assumption of **ultimate financial and academic responsibility** for the programs that it sponsors, and be in substantial compliance with other relevant ACGME Institutional Requirements.

SI Responsibilities

• Oversight of resident/ fellow assignments and of the quality of the learning and working environment, extending to all participating sites.
• Financial support for administrative, educational, and clinical resources, including personnel.
Structure for SI oversight of programs

• Critical elements:
  – Written institutional commitment to GME.
  – Designated Institutional Official (DIO):
    • May be the Program Director in single-program SI.
  – An engaged Graduate Medical Education Committee (GMEC).

Common SI Challenges

• No obvious sponsoring institution available.
  – Some but not all OPTIs are able to meet the requirements.
• Lack of local institutional resources or support for program accreditation.
PROGRAM requirements

• Common Requirements:
  – Apply to ALL programs, regardless of specialty.
• Specialty-specific Requirements

Common Program Requirements (CPR)

• Affiliation of Sponsoring and Participating Institutions, and “PLAs” (Program Letters of Agreement)
• Specifications about program director and faculty
• General information about resident appointments, educational program, and the competencies
• Expectations of resident scholarly activity
• Evaluation systems
• Resident supervision and duty hours
Family Medicine Program Requirements

• The requirements that define how our specialty trains its residents.
• Specifics about program constructs (program director, faculty, administration, training environment); educational program; resources needed; evaluation systems; etc.
• Some of the CPR are more specifically defined here.

FM Requirements: potential issues

• Program size
• Specifications for the “Family Medicine Practice” clinic
• Program director qualifications and time allocated to program
• Core faculty ratio and time allocated to program; faculty roles; scholarly activity
• Curriculum requirements
Polling Question #4

Which of the Program Requirements is causing you the most concern?

- Program size
- Specifications for the “Family Medicine Practice” clinic
- Program director qualifications and time allocated to program
- Core faculty ratio, time, and roles
- Curriculum requirements

FM Requirements: Program size

- Minimum defined as 4-4-4
- *Can smaller programs demonstrate “substantial compliance?”*
- Slots *must* be filled each year under ACGME rules
- Strategies for AOA programs currently smaller than the minimum
**FM Requirements: the “Site” and the “Practice”**

- Definition of the “Family Medicine Practice”
- Model clinic “Site” for resident continuity practice, specific for Family Medicine (not shared)
- Faculty and residents practice together
- Residents have identifiable panels of patients
- Adequate volumes over the three years, across ages: 1650 direct visits for every resident with specified percentage of younger and older patients
- Other experiences may contribute to the Continuity Practice as long as they are Continuity experiences

**FM Requirements: the “Teachers”**

- Program director qualifications and time allocated to program: 0.7 FTE non-clinical
- Core faculty ratio and time allocated to program: 1:6 faculty/residents at 0.6 FTE each non-clinical
- Faculty roles; scholarly activity
FM Requirements: the Curriculum

• Problematic areas for many programs:
  – Maternity care
  – Pediatrics care
  – Inpatient internal medicine

• Availability of experiences

FM Requirements: Other potential issues

• Evaluation system complexities:
  – Incorporating the Milestones
  – **Formative evaluations (direct observations)**
  – Summative evaluations
  – CCC (Clinical Competency Committee)

• Faculty and program confidential evals
**FM Requirements:**

**Other potential issues**

- Supervision requirements
- "Wellbeing" (duty hours, fatigue mgmt)
- Administrative complexities:
  - PEC (Program Evaluation Committee)
  - ADS (Accreditation Data System) reports

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**Program Pre-accreditation**

- Programs must start reporting all required ACGME annual information:
  - ADS annual update
  - Resident survey
  - Faculty survey
  - Milestone assessment and reporting
- Can simultaneously start application for Osteopathic Recognition
Program Accreditation

- Initial accreditation will be for two years.
- If not approved the first time, the program can continue to revise its plans and then reapply, until June 2020.

Program Support and Finances
Conceptual Flow Chart: Residency Financing Model

Direct Profit and Loss
- Revenue: DGME, IME, State Funds, Grants
- Expenses: Resident Salaries, Administrative Costs
  Sub-total T/A Profit or Loss

Net Residency P/L (Direct)

All Faculty and Resident Professional Revenue
- Operational Expenses of FPC
  Sub-total Clinical Profit or Loss

Faculty FTE Split /cost

FIGURE: Estimated sources of $15 billion in public funding for GME

- Medicare: $9.7 billion
- Medicaid: $3.9 billion
- U.S. Department of Veterans Affairs: $1.437 billion
- Health Resources and Services Administration: $0.464 billion

NOTE: Additional unreported funding comes from the Department of Defense, state sources, private insurers, and other private sources. a = data from 2012; b = data from 2011 and 2013.
Financial Considerations

- Federal and state GME revenue streams:
  - CMS rules only relate to accreditation; either AOA or ACGME accreditation is required to claim residents.
  - Program must maintain AOA accreditation until Initial Accreditation by ACGME is received.

- Sponsoring Institution costs:
  - DIO, GMEC
  - Increased administrative requirements

- Program costs:
  - Additional director and faculty time
  - Family Medicine practice site requirements
  - Educational requirements
  - Systems/administrative requirements
Polling Question #5

• What costs are you most concerned about?
  – Sponsoring Institution costs
  – Additional director and faculty time
  – Family Medicine practice site requirements
  – Educational requirements
  – Systems/administrative requirements

Osteopathic Recognition

• Osteopathic Recognition is conferred upon any ACGME-accredited graduate medical education program providing requisite training in the Osteopathic Principles and Practice (OPP).
• Programs may designate the entire program as osteopathic-focused or designate a portion of the program as an osteopathic-focused track.
• Osteopathic-focused programs must include integration of Osteopathic Principles and Practice into the six ACGME core competency areas.
Osteopathic Recognition

• Basic OR Requirements: **Program Personnel**
  – Must have an assigned leader - PD/Co-PD/ or OR Track Director
  – Must have one other OR Track faculty (minimum of two including PD)
    • Practice in variety of settings (ie Hospital, FMP, NH, etc)
    • Participate in Rounds, Journal club, Conferences, etc. that integrate OPP/OMT

Osteopathic Recognition

• Basic OR Requirements: **Scholarly Activity**
  – Faculty: Must produce at least 2 scholarly pieces annually, averaged over a five year period.
  – Residents: Must produce at least 1 piece of scholarly activity prior to graduation.

• Basic OR Requirements: **OR Milestones**
  – 7 Sub-competencies
Osteopathic Recognition

• The Application Process:
  – Located and completed in ACGME WebADs
  – Can apply at the same time as Program is applying
  – Majority of the OR application is completed in preparing your program application – you do not have to duplicate the work!
    • Does require uploading a few additional documents.

• Why Pursue it???
  – Moral/Ethical decision to ensure OPP/OMT training and distinctiveness maintained
  – Very strong pool of DO applicants that want FM & OPP/OMT Training – will seek out programs with OR
  – Not easy, but most programs should not have difficulty achieving OR
• Will you recruit MD’s???
Networking for Strength

– Fundamental belief in the need for primary care, and specifically family medicine, for our patients and communities.

– Core value that all of us working together are stronger than working in isolation.

– No program has found all of this “easy.”

– But ALL programs have found this rewarding!

Poll Question:

Enter your email address to be included in any follow-up communication from the presenter(s).
Social Q & A

Please…
Complete the session evaluation.
Thank you.
Resources

- **Association of Family Medicine Residency Directors (AFMRD)** – Become a member and have access to the members only toolbox and discussion list.
- **Residency Program Solutions** – When a program consultation is called for, AAFP’s RPS has experienced consultants to meet your needs.
- **American Osteopathic Association** – Multiple resources on website
- **American College of Osteopathic Family Physicians** – Offers programs free assistance

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**ACGME:**

- [https://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System](https://www.acgme.org/What-We-Do/Accreditation/Single-GME-Accreditation-System)
- [https://www.acgme.org/Meetings-and-Events/Webinars](https://www.acgme.org/Meetings-and-Events/Webinars) (see link under SAS - FM on this page)