

## **ABFM UPDATE FOR THE WORKING PARTY**

Our April examination administration resulted in just shy of 9500 candidates sitting for the exam, consistent with the budgeted and historical predictions for this cohort. Twenty-one of those candidates were osteopathic family physicians who applied and were approved through the osteopathic eligibility pathway established by our Board of Directors last year. This was the second year using our new exam format – fewer items/same amount of time – as well as Prometric’s new testing platform, Surpass. The platform has proven more efficient from the administrative standpoint for both us and our candidates.

We employed our new “early results” feature with this administration of this examination. Over 90% of the candidates received a preliminary pass/fail result within 4-7 days of taking the examination, while those close to the passing standard received a message indicating that we were unable to provide a preliminary decision; they received their results after we completed all of our usual quality control steps to assure an accurate assessment of their performance. Based upon our initial projections, we expected that 80% of the candidates would receive a preliminary “pass/fail” message and the remaining 20% would receive a preliminary “result pending” message, so we were very pleased with the final figures, and the examination candidates were very grateful for being able to receive preliminary results so quickly.

The Continuous Knowledge Self-Assessment (CKSA) activity introduced last year continues to be extremely popular. We finished the year with over 15,000 successfully completing the activity, and we had over 18,000 Diplomates that began the activity in the first two quarters of this year with over 17,000 of them completing the activity in each quarter.

Our new Performance Improvement platform has been completed, but completion of the administrative module that complements it has been delayed as our technology vendor, FIGmd, had to postpone working with us to complete the module to devote all their attention to facilitating the reporting of all of their registry participants in the Merit-based Incentive Payment System (MIPS). This was further prolonged with the extension of the MIPS reporting period by the Center for Medicare and Medicaid Services (CMSS). The new platform is integrated directly into the PRIME registry and data seamlessly flows from the registry into this new platform to facilitate the efficient completion of Performance Improvement activities by our Diplomates. FIGmd has also created mechanisms for Diplomates not participating in the registry to manually enter data for MIPS reporting purposes.

The University of Missouri team that built our Population Health Assessment Engine (PHATE) completed their work at the end of March, and the curriculum that accompanies the tool has been completed as well. We were able to integrate the tool and the curriculum into the PRIME platform and successfully launch this new population health tool at the end of June. The tool does not require participation in PRIME to be used. Diplomates may manually enter or download data to utilize the tool if they are not PRIME participants.

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We finished the second data collection for the national graduate survey in Family Medicine that we again conducted in collaboration with AFMRD last year. Our research team finished formatting the data and produced individual program reports in time to send to program directors shortly before we highlighted some of the aggregate data at the Program Directors' Workshop in Kansas City in March. As we did last year, we have shared the aggregate data with the ACGME and all members of the "family" of Family Medicine. Remember that this is data collected last year for those residents that graduated in 2014. For the most part, the results were very similar to those reported last year. One of the most notable exceptions was the increase in graduates practicing hospital medicine exclusively.

We continue work on the redesign of the public facing components of our web portal; the first phase of the overhaul of our website, which is being undertaken to improve user experience and enhance efficiency for individual Diplomates. We have also been working with external consultants on improving our external communications and the development of a more robust branding strategy. This includes exploring the possibility of piloting an "Ambassador" program to study the logistics of successfully implementing this program on a national level. We will be meeting with AAFP and selected AAFP state chapter staff in September to gather their thoughts on how to best implement this program.

We have had an internal task force working diligently on preparing a feasibility assessment of our options for the high stakes examination. Additionally, we have contracted with the University of Florida to conduct a survey of a random sample of 6000 Diplomates this summer to gauge their interest in each of the potential options. We will use this information in making a final decision about which option use in a pilot that will begin next year

The proposal from the Society for Hospital Medicine for the creation of a certification pathway for family physicians to seek certification in Critical Care Medicine, similar to the pathway created for emergency medicine physicians in 2012, was reviewed and approved by our Board of Directors at their recent Annual Meeting. This would require co-sponsorship of the Critical Care Medicine certificate currently offered by ABIM and revision of the eligibility requirements of the ACGME program requirements for Critical Care Medicine. We have initiated a conversation with ABIM about the feasibility of doing so and are awaiting an indication of their receptivity to moving forward with submission of a proposal to the ABMS Committee on Certification (COCERT) for approval.

We have operationalized the clinically active/inactive as well as the retired statuses on our website. In anticipation of this, our Credentials Committee discussed the increasingly complex issue of the different license types (e.g., administrative, clinically inactive, voluntary, etc.) that

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states are now issuing to deal with physicians that need to be licensed to do the work that they do but who no longer practice clinically. Many of these physicians also require board certification to perform this work or desire to continue their certification as an important part of their professional identity. Given the changing licensure environment, our Board of Directors recommended changes to our Policy on Professionalism, Licensure, and Personal Conduct to allow holders of these license types, whose issuance does not result from disciplinary action, to be eligible for certification and continuation of existing certification.

We were pleased to announce last month the creation of the Center for Professionalism and Value in Health Care that will be located in Washington, D.C. Bob Phillips has been named as the founding Executive Director of the Center, whose work will seek to define value across the health care spectrum, reaching beyond medicine to engage the broader health care community as well as patients and families to consider what they believe professionalism and value mean, how to measure and improve it, and how to engage and develop leaders. The Center will welcome collaboration with others interested in professionalism and value in health care, including other specialty boards, professions, and organizations interested in working together on these issues.

Warren Newton has moved to Lexington and has begun his transition, preparing to assume the role of President and CEO on January 1, 2019. Elizabeth Baxley has accepted the position of ABFM Senior Vice President. Currently working part time in this role, she will move to Lexington and begin full time work in early September. They have been busy preparing for the strategic planning session that will take place at the Interim Meeting of our Board of Directors at the end of September.

New directors and officers were elected by our Board of Directors at their recent Annual Meeting in May. Jerry Kruse is our new Board Chair, and Joe Gravel was elected Treasurer. The new Chair Elect is John Brady, and Colleen Conry was elected as an At Large Member of the Executive Committee. Montgomery Douglas will serve an additional year on the Executive Committee, filling the vacancy left by Dr. Baxley as Immediate Past Chair when she accepted the position of ABFM Senior Vice President.