

# ABFM Update

## What's New to Support Your Certification Journey?

WVAFP 71<sup>st</sup> Annual Scientific Assembly  
March 24, 2023

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Executive Vice President, ABFM



# What Does ABFM Data Tell Us About WVa?

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- 645 ABFM certified family physicians; 141 Residents in the pipeline
- 95% direct patient care, with 69% outpatient continuity care.
  - Of those remaining: 36% urgent care, 36% hospitalist, 9% sports med, 9% other
  - Average patient panel 1,633
- 29% provide adult hospital care (63% utilize hospitalists), 14% provide ICU care
- 9% provide prenatal care, 3% deliver babies (avg. 10 per year, no operative)
- 3% newborn hospital care, 9% pediatric hospital care, 46% pediatric outpatient care
- 26% behavioral health care, 29% end of life care

# What Does ABFM Data Tell Us About WVa?

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- 81% have no official ownership, with only 8% sole owner, 8% partial owner, and 4% self-employed contractor
- 27% in hospital or health system owned practices; 19% independent; 23% FQHC; 8% rural clinics; 15% federal (VA, military, etc.), 8% other
- 28% have 6-20 providers; 35% have 2-4 providers; 19% >20 providers, 8% solo practice
- Others in practice: 63% NPs, 74% PAs, 46% LSW, 34% behavioral health specialist, 49% pharmacist, 29% care coordinator/patient navigator
- 42% report that nearly half of their patients are from populations that are historically marginalized/vulnerable
- 23% teach – 11% full time; 11% volunteer



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# Objectives for this Session

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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

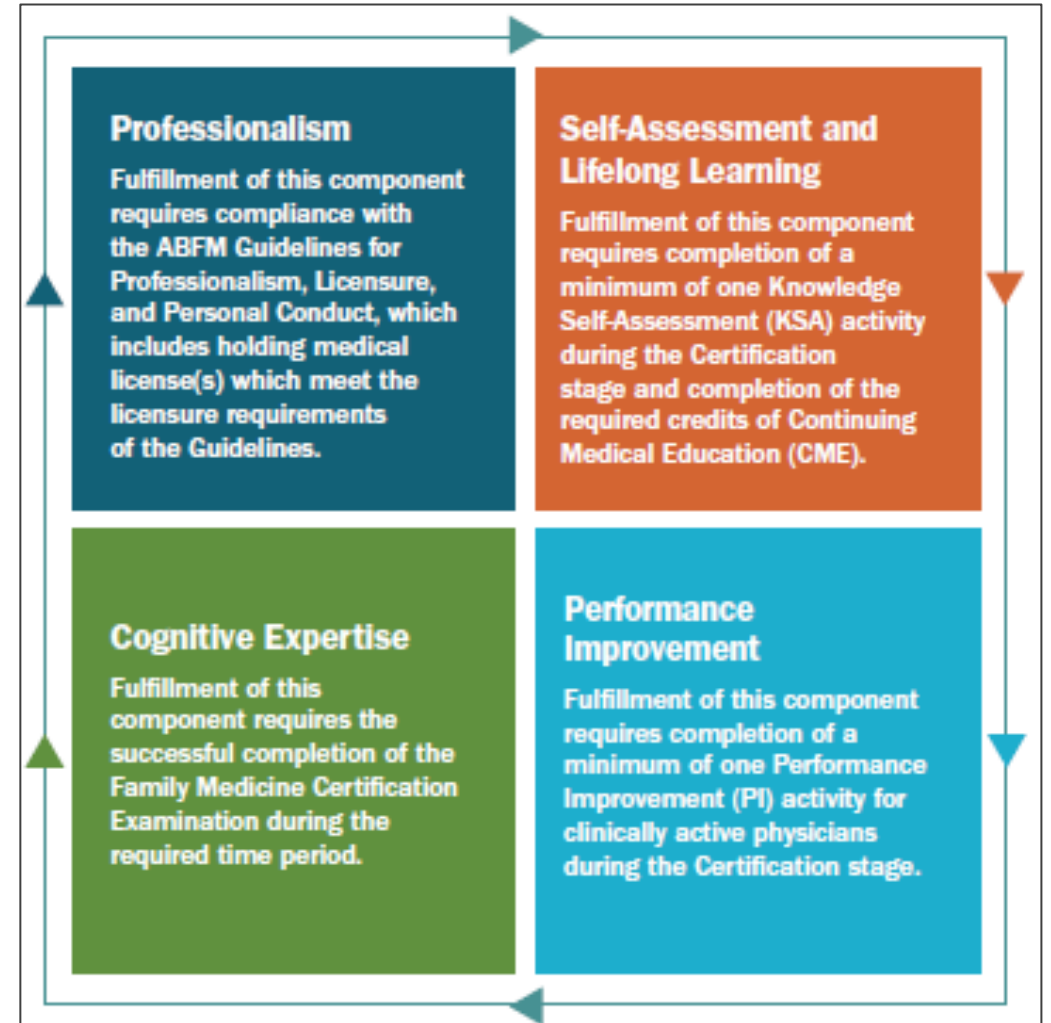


Present new MyABFM Portfolio for enhanced experience

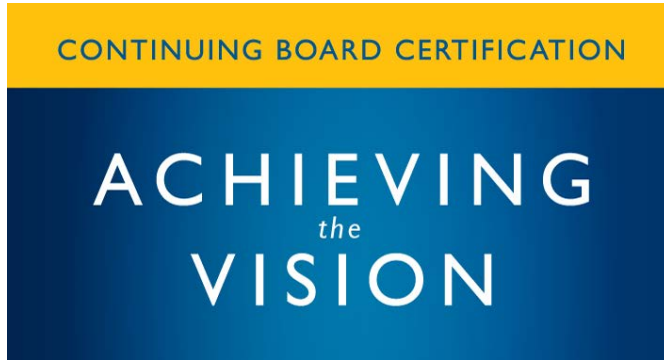


# Four Components of Certification

Each signifies an important aspect of the commitment you make toward demonstrating the higher standard of board certification.



# How is Certification Changing?



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



# 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 Does ABFM Provide Value?





# ABFM Efforts to Improve Quality

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1. FMCLA established as your exam alternative
2. KSAs all revised, with single best answer items, improved critiques and updated references
3. Added National Journal Club
4. Expanded other self-assessment opportunities
5. Broadened scope of PI activities; focus on Self-directed PI activity and credit for what you are already doing
6. Revised Guidelines for Professionalism, Licensure and Personal Conduct



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# How Does FMCLA Work?



Begin participation  
in your next exam  
year

Answer 25  
questions/quarter

Complete 300  
questions over four  
years

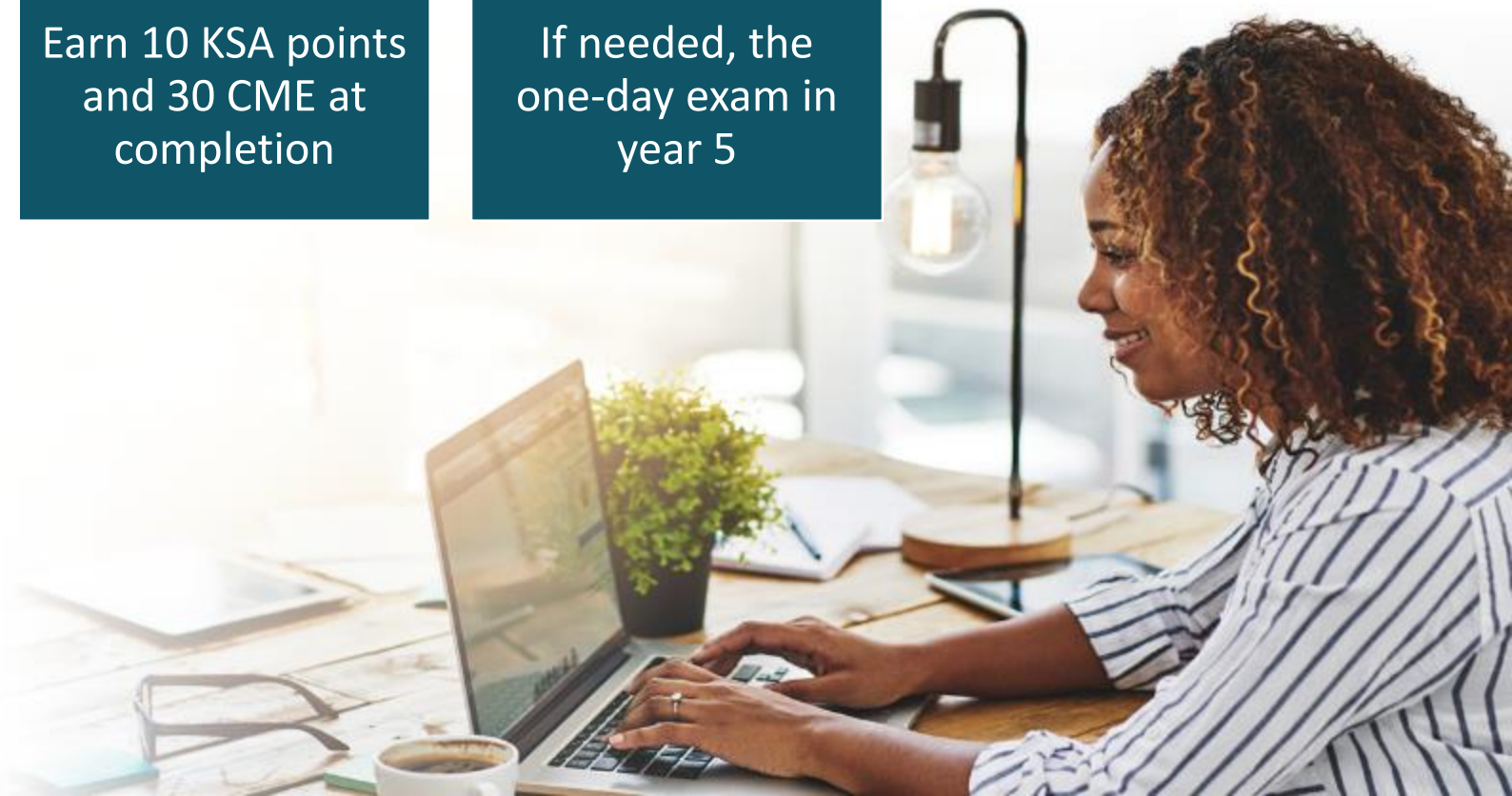
Receive immediate  
feedback and  
critiques

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

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## Participation



15,169 Enrolled

**75%** Choose FMCLA

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Retention Rate **98%**

## References/Critiques



**95%** Use References and Critiques

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Sought More Information **85%**



## Test Anxiety

**92%** Report less anxiety

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## Relevancy

**99%** Relevant to Family Medicine

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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.

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

”

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.

”

”

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.

”

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

# Self-Assessment and Lifelong Learning



- New activity types to choose from – can mix and match based on interest and learning style
- Broader topics to support all types of practice and scope
- Best to do without look-up so gaps can be identified



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# 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 allowed

Hypertension

Heart Disease

Palliative Medicine

Asthma

Diabetes

AAFP ALSO® Provider Course *Added for practicing physicians*

Care of Children

Behavioral Health

Pain Management  
*Coming Soon!*

Care of Women

Care of Older Adults

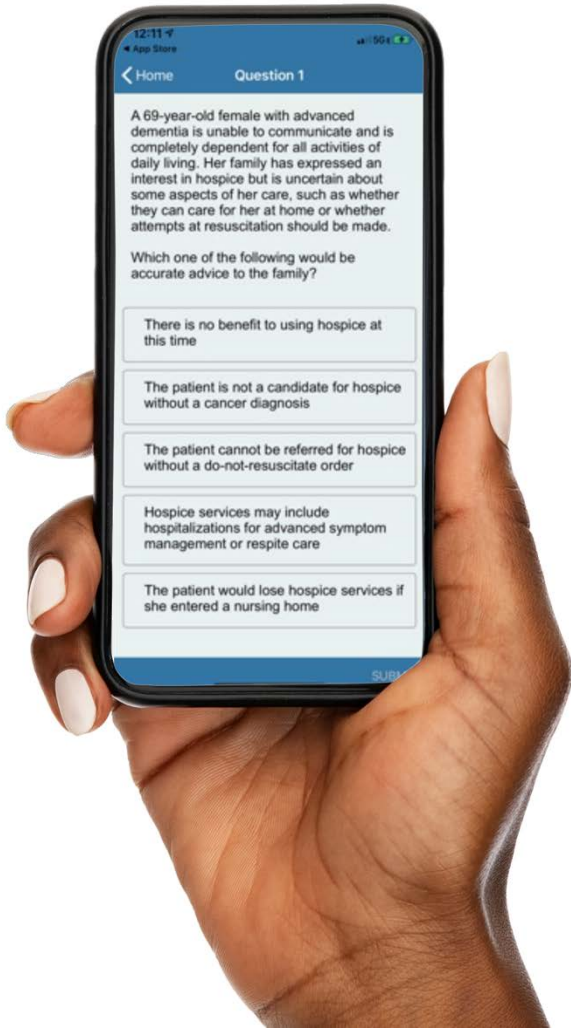
Musculoskeletal Health  
*Coming Soon!*

Health Counseling and Prevention

Care of Hospitalized Patients

# Continuous Knowledge Self-Assessment

## “CKSA”



- Most popular, >30,000 physicians utilizing each quarter
- 25 questions quarterly
- Covers breadth of family medicine
- 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!!



# Q

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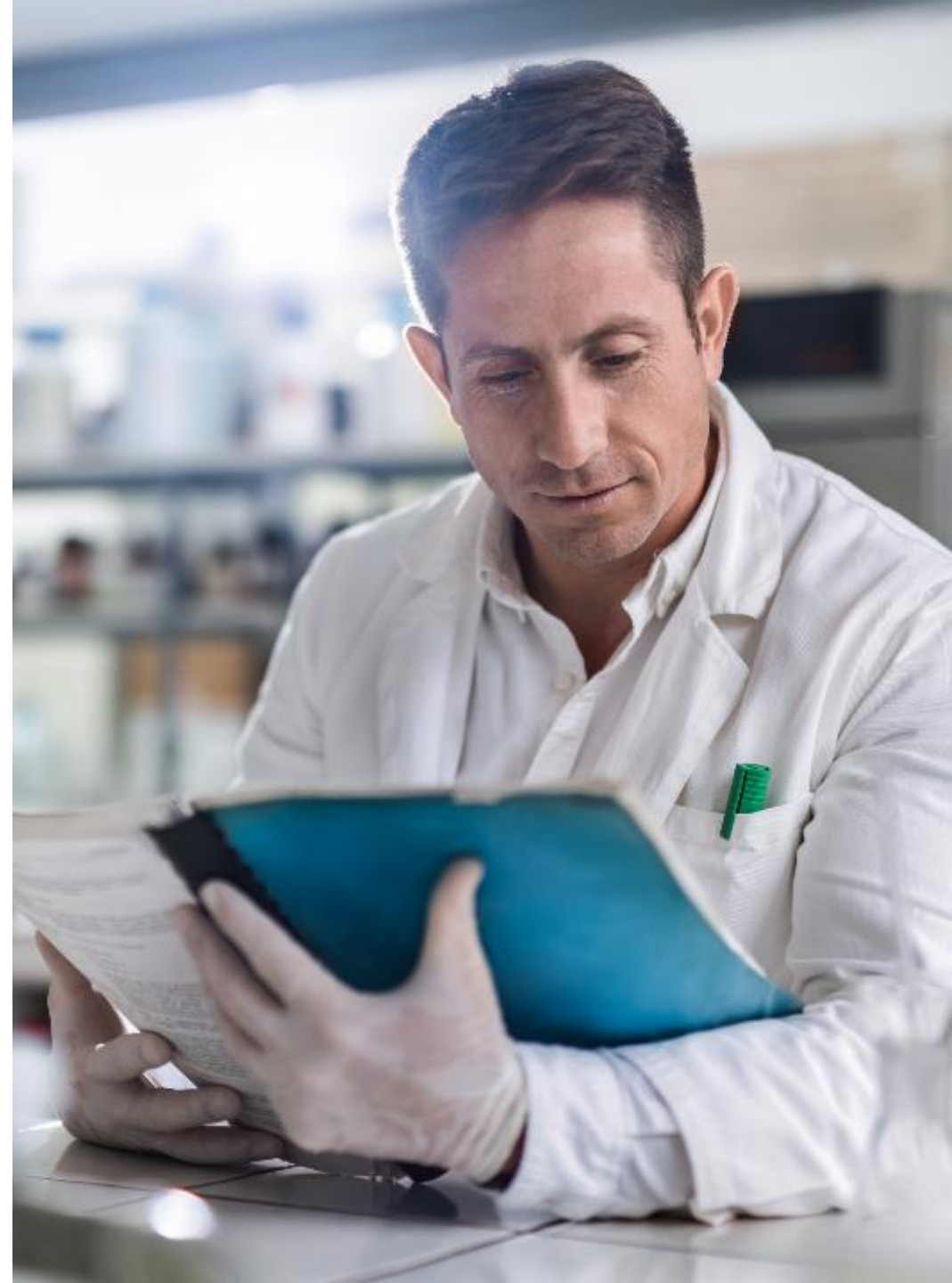


**ABFM**  
**NATIONAL**  
**JOURNAL CLUB**

- Keep up to date with evidence-based articles relevant to your practice
- Articles that are relevant, methodologically strong, and practice-changing; PDF provided
- Completion of 4 question per article earns 1 KSA point and 1 CME

***Experience To Date:***

- >95% satisfaction
  - User friendly
  - Highly relevant
  - Indicated intention to change practice





# Alternative Self-Assessment Activities

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



# Continuing Medical Education (CME)

## 150 Hours CME / 3-Year Stage

- You customize to your own learning needs
- $\geq 50\%$  from activities leading to Division I credits
- **AAFP Member:** Credits automatically transfer to MyABFM Portfolio
- **Non-AAFP Member:** Manually enter into MyABFM Portfolio

Dashboard > CME Tracking Knowledge Center

Search by areas of interest, activity types, or search terms... SEARCH

### CME Tracking

A component of continuous certification requirement is related to participation in continuing medical education (CME). Since the inception of board certification, this has involved a requirement of an average of 50 CME credits annually. CME credit is earned by participating in Continuing Medical Education activities through ABFM, AAFP, AMA and other organizations. All ABFM-developed certification activities such as Knowledge Self-Assessment (KSA) Continuous Knowledge Self-Assessment (CKSA) and Performance Improvement (PI) will earn you CME credit.

[Learn More](#)

AAFP ID: 7163127

### Continuing Medical Education (CME)

The AAFP reports you have completed **149.25** of the **150** required continuing medical education credits for your current stage.

No more than 75 Division II credits can be used to complete this requirement.

What is the difference between Division I and Division II credit?

| Category           | Credits |
|--------------------|---------|
| Division I Credits | 125.25  |
| Incomplete CME     | 24.75   |

Legend: Division I (Dark Blue), Division II (Light Blue), Incomplete CME (White)

**Automatic Load from AAFP** **Manually Entered**

### CME History

Last update from AAFP: 05/24/22 01:31 [Refresh](#)

Below is a record of all CME credits received by ABFM. You may print your CME record for this stage. This CME record reflects CME credits that have already entered into your Physician Portfolio.

[Print CME History](#)

While CME is a component required to maintain your ABFM board certification, ABFM is not a CME tracking agency. The CME reported through your ABFM Physician Portfolio is for our internal use to confirm that you have met the CME requirement for obtaining or maintaining certification.





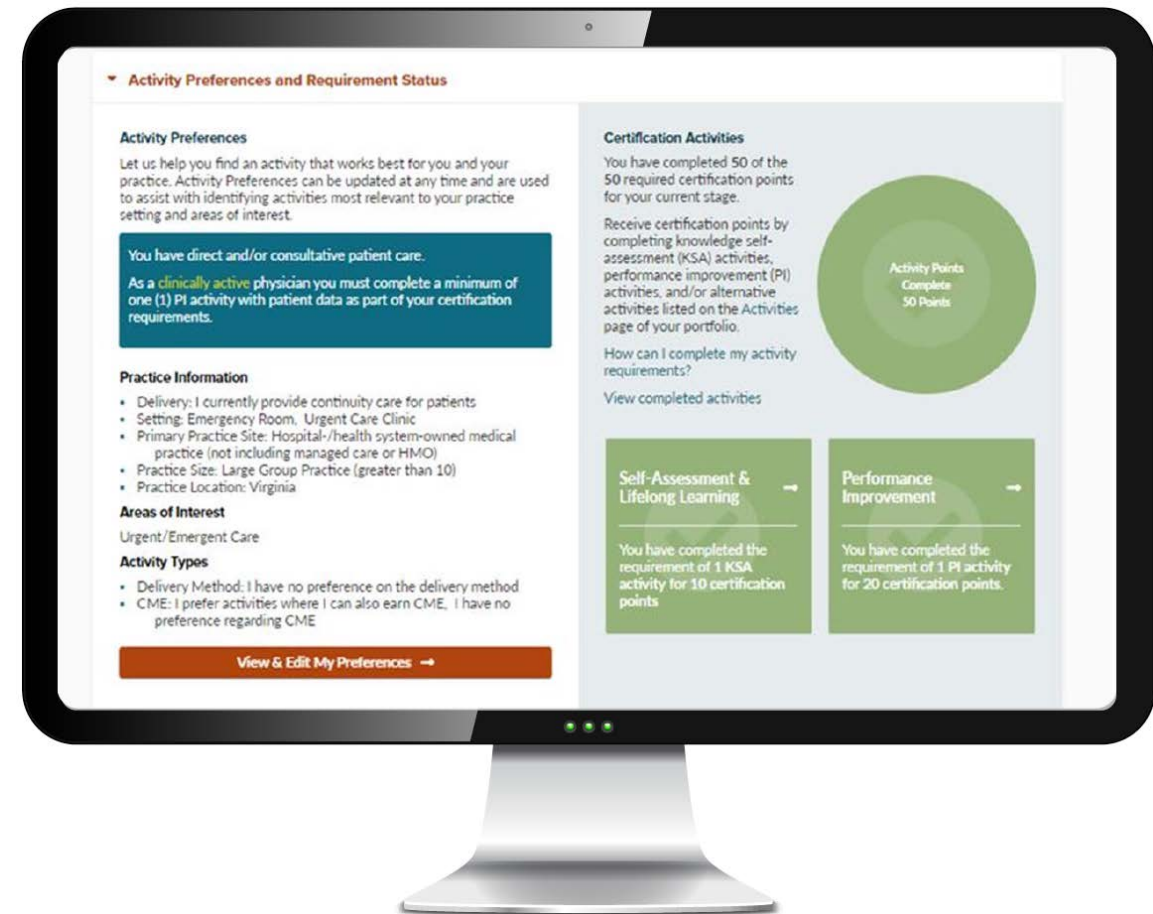
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# Performance Improvement

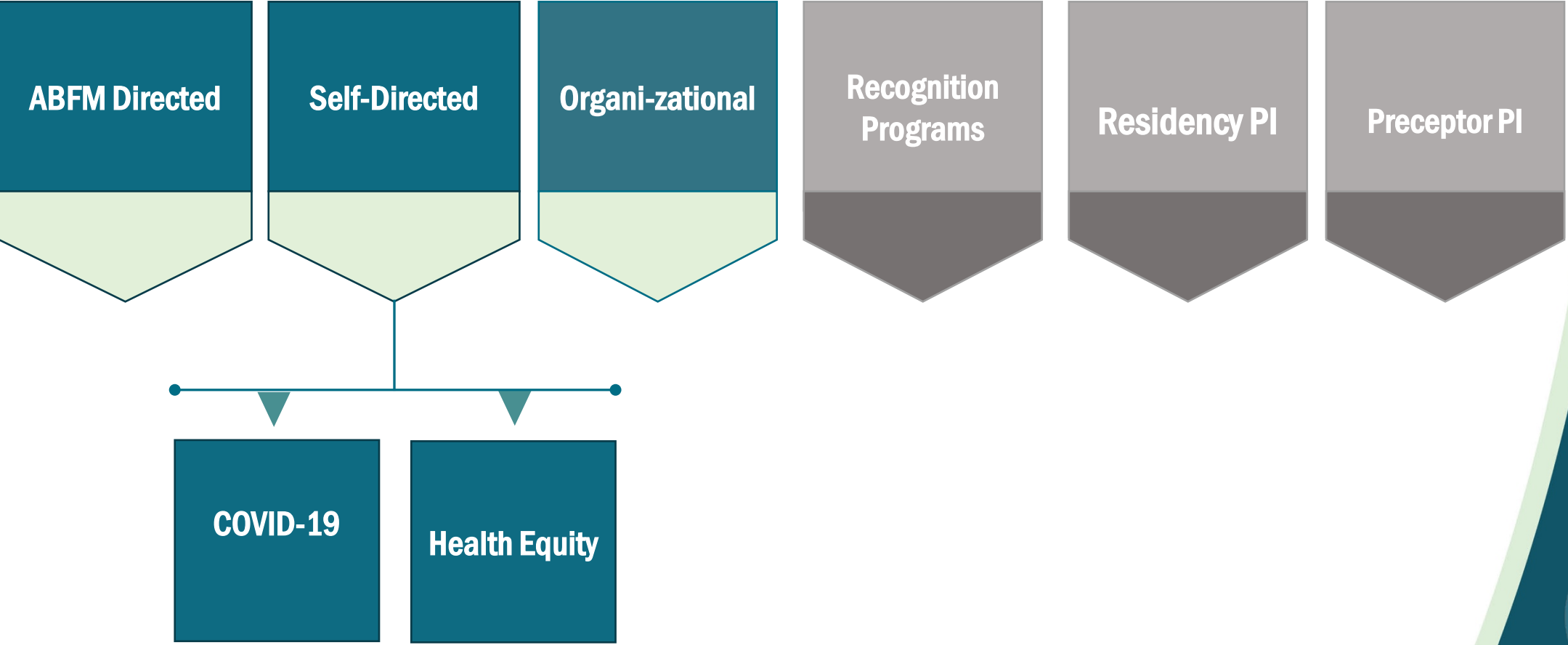
Demonstrates commitment to identify opportunities for improvement, making changes in practice, and determining if the change(s) made a difference

## 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



# 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

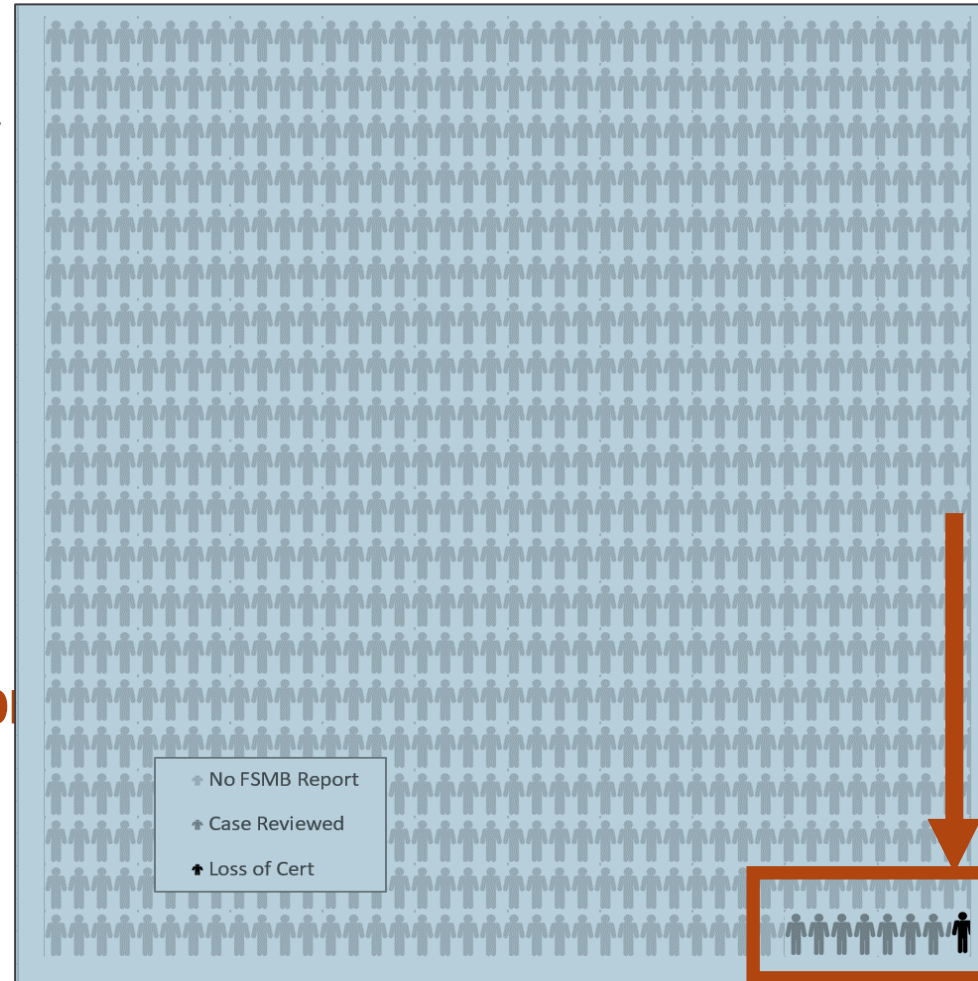
# Losing Certification is Uncommon

## Avg 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 to Professionalism Committee under Special Circumstances





# Common Professionalism Issues

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Controlled substance prescribing concerns



Boundary violations with patients



Personal substance use impacting patient care

**Note:** If a physician has questions about a governing body sanction or consent agreement, ABFM offers to review draft language first in case a change in language might help them retain certification.



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# My ABFM Portfolio

## A User-Centered Design Approach

The screenshot shows the American Board of Family Medicine website. The user is logged in as Dr. Banks (ABFM ID: 184295). The main navigation includes 'My Certification' and 'My Profile'. The 'Track Your Progress' section indicates the user is in the Resident Entry Process. A 'Resident Training' box shows a requirement that has not been met. The 'Family Medicine Certification Activities' section lists three items that need to be completed: Minimum of one (1) Knowledge Self-Assessment Activity, Minimum of one (1) Performance Improvement Activity with Patient Population, and Minimum of 50 Family Medicine Certification points from completion of Self-Assessment and Performance Improvement Activities. Each item is accompanied by a progress bar and a checkbox.

The screenshot shows the My ABFM Portfolio dashboard. The user is logged in as Dr. Banks (ABFM ID: 103582). The dashboard includes a search bar, a 'Family Medicine Certification Process' section, and a 'My Requirements' section. The 'My Requirements' section shows the current stage (01/01/2018 to 12/31/2020) and a progress bar for Certification Activities (40/50 Points). The 'Certification Activities' section shows a pie chart with the following data: COVID-19 Self-Dire... (20 Points), CKSA (20 Points), and Points Remaining (10 Points). The 'Added Qualifications' section includes a 'Learn More' button.

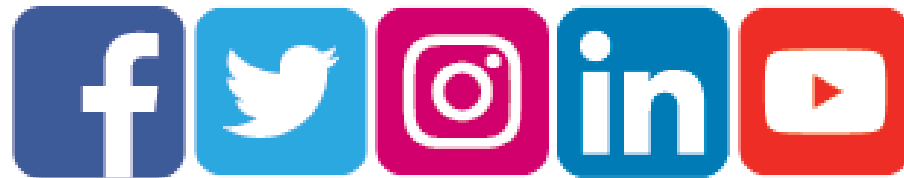


EXPERIENCE

# New in Communications & Engagement

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- 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!



# What About Cost?

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## 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 Time as a Cost?

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## FMCLA

- Additional self-assessment credit for completing

## KSA

- Streamlined platform, more efficient
- Single best answer less frustrating, easier to move through

## CKSA

- Provides short periods of activity on quarterly basis

## National Journal Club

- Credit per article supports incremental time investment

## PI Activity

- Simply report on what you are already doing

# ABFM Board of Directors 2022-2023

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# American Board *of* Family Medicine

*We are all working for the same purpose:*

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

