From the American Board of Family Medicine

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A MESSAGE FROM THE PRESIDENT

One of the major principles under which we operate at the American Board of Family Medicine (ABFM) is our effort to continuously improve what we do. To do so we require data, a research team to analyze it, and the courage to change when evidence supports doing so. We have previously shared how evaluation of our Self-Assessment and Lifelong Learning activities provided the evidence that we needed to support unlinking the clinical simulation from the knowledge assessment in our old Self-Assessment Modules as well as no longer making it a mandatory component of Family Medicine Certification. After this change was made, approximately 4 Knowledge Self-Assessments (KSAs) have been completed for every 1 Clinical Self-Assessment (CSA) with the KSAs continuing to receive higher evaluations after their completion.

ABFM Certification Format to Change

In this message, we announce another major change. The format for the Family Medicine Certification Examination will be modified, and these changes will go into effect beginning with the April 2017 administration of the exam. In a nutshell, we will reduce the number of questions on the examination from 370 to 320; leave the allotted time for the examination unchanged, allowing more time per question; reduce the number of modules selected during the modular component of the exam from 2 to 1; change the exam day format from 5 exam sections to 4 sections of 100-minutes duration; and create 100 minutes of flexible break time to be utilized during the 3 breaks between the 4 exam sections in any manner in which the exam candidate chooses to do so.

These changes are being implemented after significant study and analysis of exam data by our psychometricians revealed that mandating selection of 2 modules actually disadvantaged some examinees, particularly those whose performance hovered around the passing standard. Our data suggested that requiring the selection of 1 module instead of 2 would advantage more candidates and potentially result in a 1% to 1.5% increase in the pass rate for the examination. Our Examination Committee reviewed this data and recommended to the Board of Directors that this change be implemented in 2017.

After the Board of Directors approved the recommendation, we made the decision to reformat the examination day to further advantage candidates by increasing the amount of time allotted for each question as well as creating some flexibility in how break time was utilized. We did so with the understanding that our testing vendor, Prometric, would also be switching to a new and improved exam platform that is more efficient and user-friendly. We believe the overall effect of these changes will be to decompress the exam day experience and increase the likelihood of success for our candidates. For an in-depth review of the data and analyses upon which the changes were made please review the excellent article by O'Neill and Peabody in the January-February issue of the *Journal of the American Board of Family Medicine* (*J Am Board Fam Med* 2017;30(1):85-90).

New Continuous Knowledge Self-Assessment Platform Introduced

Another improvement to the Family Medicine Certification process arrived with the new year—our Continuous Knowledge Self-Assessment tool. Our staff has worked diligently on the roll out of this new option that can be used to meet our Self-Assessment and Lifelong Learning requirement. This new assessment tool will provide the opportunity for those that wish to continuously assess their clinical knowledge throughout the year to do so.

Unlike the current Knowledge Self-Assessment modules that contain 60 questions focused on a specific topic, the questions in the Continuous Knowledge Assessment tool will be created using the content and content weighting of our examination blueprint. Twenty-five questions will be delivered each quarter of the year and can be answered at one's own pace. Those Diplomates that participate for all 4 quarters of the year will receive a performance report that demonstrates their strengths and weaknesses in each blueprint category as well as an estimate of the likelihood of passing the Certification Examination if taken it at that time. We will launch an app later in the year that will allow Diplomates to receive and answer the questions on their mobile devices if they wish to do so.

Prime Registry Features Highlighted

While continuous quality improvement is important to us, it is not the only principle that drives our organization. Innovation is another guiding principle that drives our work, and its importance can be underscored by a statement that I saw on a popular internet business site several months ago: "The light bulb was not developed

by continuously improving the candle!" In an effort to constantly do what we do better, we encourage and promote innovation, and the best example of this has been the creation of PRIME, our Qualified Clinical Data Registry (QCDR).

While the primary reason for creating PRIME was to integrate performance improvement into our Diplomates' practices, making participation in the Family Medicine Certification process more efficient and less time consuming, it has been designed to do so much more. Over 1,000 physicians and 300 practices are now utilizing PRIME and receiving data about the care they deliver. Another 1,000 clinicians are currently in the "onboarding" process, allowing our registry vendor, FigMD, to map their electronic health records to the data extraction tool that feeds data into the registry and formats it into the 43-measure quality dashboard that we have created.

For those that wish us to do so, we will begin reporting data to the Center for Medicare and Medicaid Services (CMS) in 2017 that will be utilized in determining Medicare reimbursement in 2019. By allowing us to report this data, registry participants will be satisfying 3 of the 4 components of the Merit-based Incentive Payment System (MIPS)—Quality, Advancing Clinical Information (Meaningful Use), and Clinical Practice Improvement Activity—that will determine physicians' performance scores and how much they are paid in 2019. The fourth component, Resource Use, based on the Value-based Payment Modifier, will be calculated by CMS. For those who are participating in the latest iteration of the Comprehensive Primary Care Initiative, CPC+, PRIME has also been certified as a global Health IT partner able to support CPC+ Track Two measure collection and submission.

Population Health Assessment Tool (PHAsT) Under Development

We are in the process of developing the Population Health Assessment Tool (PHAsT) that will eventually be incorporated into the registry when we complete building it out. It is expected that in the near future, population health management will become an important component for determining payment, and we want to be certain that we are ready to help family physicians maximize opportunity in this regard with the use of this tool, which will also provide opportunity for meeting Performance Improvement Activity requirements in the Family Medicine Certification program. This is just one of the additional features that we envision for PRIME. We eventually expect to utilize PRIME to validate quality measures that are meaningful for family physicians for purposes of quality reporting as well as to utilize the data contained within the registry to drive development of new, cutting edge assessment tools.

Almost 10 years ago, in one of the earliest additions of the ABFM newsletter, I mentioned that our vision for the ABFM "was to become a dynamic and responsive organization that would create cutting edge assessment tools to assist you, in the most efficient manner, with the task of delivering the highest quality of care to your patients." I also mentioned that in time, we envisioned that "these assessment tools would help a family physician satisfy requirements for re-licensure, credentialing, practice reporting requirements demanded by payors and eventually, pay-for-performance initiatives." By adhering to the principles of continuous improvement and innovation as organizational guideposts, we continue on our journey to realize our vision, and most importantly, to help family physicians with the ever increasing complexity of providing exceptional care to their patients.

James C. Puffer, MD, President & CEO
American Board of Family Medicine

STFM SOCIETY OF TEACHERS OF FAMILY MEDICINE **From the Society of Teachers of Family Medicine**

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BEING STRATEGIC ABOUT FACULTY DEVELOPMENT

Both the Accreditation Council on Graduate Medical Education (ACGME) and the Liaison Committee for Medical Education (LCME) require ongoing development of faculty in order to enhance teaching, scholarship, and leadership.[1-2] To help members meet these requirements and deliver a well-trained workforce to deliver on the Triple Aim, STFM staff and members have been working on new and enhanced faculty development products and initiatives.

Conferences: Attendance at all 3 STFM conferences (Conference on Medical Student Education, Annual Spring Conference, and Conference on Practice Improvement) continues to climb, as do the opportunities for faculty development of clinical and administrative faculty. The 2016 conferences offered 1,206 educational sessions and posters.

Faculty Development Delivered: This customized, in-person training is delivered at residency programs and medical schools around the country. Trainers use interactive methods to promote discussion and encour-