From the American Board of Family Medicine

Ann Fam Med 2005;3:279-280. DOI: 10.1370/afm.322.

A LOOK BACK AT THE FIRST YEAR OF THE NEW MAINTENANCE OF CERTIFICATION PROGRAM FOR FAMILY PHYSICIANS

Since the inception of the American Board of Medical Specialties (ABMS) almost 100 years ago, each of its member boards has either explicitly or implicitly addressed the issue of enhancing and assuring physician quality by setting standards for training and cognitive knowledge for their specialty. A number of reports issued in the late 1990s, however, raised concerns about the quality of health care in the United States, leading the ABMS to adopt a requirement that each of its 24-member boards develop a Maintenance of Certification (MOC) process. As a result, the American Board of Family Medicine (ABFM) developed appropriate tools to assess and increase the depth and breadth of knowledge that family physicians utilize in practice on a daily basis, as well as to focus their knowledge base in key areas.

As we move into an era when even greater national emphasis is being placed on the demonstration of quality, the ABFM believes that Maintenance of Certification for Family Physicians (MC-FP) will help board-certified family physicians provide even better care to their patients by continuously measuring the 6 general competencies as acknowledged by the ACGME and the ABMS: patient care, medical knowledge, interpersonal and patient communication, professionalism, practice-based learning and improvement, and systems-based practice. Each of the components of MC-FP has been created to assure the public that physicians who hold our certificates continue to meet the highest standards and that their training, experience, and knowledge are sufficient to deliver care of the highest quality to individuals and their families.

Differences Between MC-FP and the Previous Recertification Process

The major difference between MC-FP and the previous recertification process is that Diplomates are asked to participate in the Self-Assessment Modules [SAMs] in Part II. Most of the other components necessary for the ABFM to meet the MOC requirements created by ABMS were already in place in some form.

The first requirement of MC-FP is proof of professional standing. The ABFM has always required a full, unrestricted license to maintain certification, and this obligation satisfies the ABMS requirement.

The ABMS also requires a process to ensure that the ABFM Diplomates' knowledge and skills are updated on a more ongoing basis than has been done in the past with the 7-year examination cycle. To accomplish this requirement, the ABFM has created new assessment tools that incorporate active learning, feedback, and application, and these new tools are now available on the Internet. Six of these Self-Assessment Modules, or SAMs, must be completed during the 7-year MC-FP cycle, and the requirements have been designed to encourage Diplomates to complete one SAM per year rather than doing several near the end of the MC-FP cycle. It is important to note that Diplomates will receive CME credit for completing these modules as well as the Performance in Practice modules in Part IV. These credits can be applied against the 300-hour CME requirement for the 7-year MC-FP cycle, which remains unchanged. Because these modules can be completed from the physician's home or office computer, they will offset some of the CME cost that would have been required to meet the 300-hour CME requirement. Currently, Diplomates can select from a menu of 4 available SAMs: asthma, coronary artery disease, diabetes, and hypertension.

The third ABMS requirement is that physicians complete an objective assessment of knowledge in their field on a periodic basis, which the ABFM has required of its Diplomates from the beginning. Family physicians have been required to pass an examination every 7 years to maintain their certification.

The final requirement is assessment of performance in practice. In some ways this requirement is similar to the Computerized Office Record Review (CORR) process that had been required for recertification by the ABFM. This process has been improved significantly with the development of the Performance in Practice Modules (PPMs) that will replace CORR, and we believe that Diplomates will find it more useful and more applicable to practice. The PPMs will be required once every 7 years, and the first 2 modules, diabetes and hypertension, are currently available. Physicians who are not responsible for providing continuity of care to patients will fulfill this requirement by completing an alternative activity the ABFM will develop for this purpose.

Improvements in the SAMs

Since their online debut in January 2004, the Self-Assessment Modules (SAMs) have seen more than 20 modifications. Using feedback from its Diplomates, the ABFM continues to improve the SAM application. Listed below are the changes that have been made to both the knowledge assessment and the clinical simulation portions of the SAMs.

Knowledge Assessment

- Obtained permissions to use the reference articles without login and/or payments
- Converted the references to a PDF file format to allow physicians to download the references for offline review
- Updated the tutorials to provide more comprehensive presentations of the knowledge assessment and clinical simulation components
- Developed a "road map" to provide physicians with a strategy for navigating within the SAMs process
- Provided the capability of allowing physicians to review the study guides while taking the knowledge assessment module
- Developed a critique for each of the items that provides physicians with a concise, comprehensive review of the materials required to respond correctly to the questions in the SAMs, as well as links to the references from which the question originated
- Eliminated the requirement that physicians view the references before seeing the critiques
- Developed the capability of allowing physicians to preview the first 15 questions in a module and then change to another module without an additional module fee
- Developed the capability of allowing physicians to review all of the items with critiques after successfully completing a module
- Developed the capability of allowing physicians to download all of the items and references links in a PDF file format so that they can take the module offline and then enter their answers online
- Developed the capability of presenting a progress screen that allows physicians to branch directly to the items that they answered incorrectly
- Reduced the local system requirements utilized for graphics presentation
- Implemented important changes in the software to make it more user-friendly for Mac (Apple) users
- Expanded the number of Web browsers that are supported in the presentation of the SAMs
- Added functionality to provide physicians with the opportunity to not only receive CME credit for the SAMs but also have the ABFM automatically notify the American Academy of Family Physicians (AAFP) of the CME hours (this functionality includes the opportunity to evaluate the SAMs online)
- Developed a hot-support capability that assists the help desk in diagnosing and solving physician interface problems

Clinical Simulation: Short-Term

- Eliminated heart, lung, and bowel sound JAVA applets included in the initial interface because of problems with security settings in users' local networks
- Updated synonyms used to match various terms that Diplomates use to express queries and order interventions
- Added additional diet and exercise regimens, as well as multiple glucose monitoring options

Clinical Simulation: Long-Term

- Added help within the simulation rather than Diplomates having to exit the simulation and review the tutorial to get help with particular features
- Removed the wire cage human form in the left-hand panel of the screen, and attached all of this form's physical examination findings to the appropriate buttons in the right-hand frame
- Provided immediate access in the left-hand frame to the previous visit's abnormal findings
- Implemented between-visit access to and ordering of laboratories and tests
- Provided diet, exercise, referral, and consultation options as menu items in the treatment frame
- Provided the ability to advance the simulation several minutes at a time within the current visit
- Created zooming capability for EKG and other image media
- Created more context appropriate responses to Diplomate queries

The ABFM will continue to encourage feedback from its Diplomates so that we can continue to improve the MC-FP program. The ABFM believes that the MC-FP program will play a major role in assisting board-certified family physicians in providing even better care to their patients. As a result of this process, we will be able to assure the American public that every American Board of Family Medicine Diplomate has met the highest standards of accountability.

Jane Ireland
ABFM Communications Department