Geriatric Medicine: Update from the RC-FM

American Geriatric Society
2013 Annual Meeting
Grapevine, TX

Peter J. Carek, MD, MS - Chair, RC - FM
Eileen Anthony - Executive Director

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RC-FM Staff

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Objectives

1. Review RC-FM work
2. Updates:
   - Duty Hours
   - Requirement Clarifications
   - Scholarly Activity
3. Milestones
4. Next Accreditation System (NAS)
5. Questions

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RC-FM Composition

- 3 appointing organizations - AAFP, ABFM, AMA
- 10 voting members
- 6 year terms -- except resident (2 years)
- Program Directors, Chairs, DIOs, Faculty
- Geographic Distribution
  - CA, CO, GA, FL, ID, KS, NJ, NY, SC, UT
- Ex-officio members from AAFP and ABFM (non-voting)

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RC Members

- ABFM
  - John R. Bucholtz, DO
  - Colleen Conry, MD
  - Michael K. Magill, MD
- AAFP
  - Peter J. Carek, MD, MS - Chair (*Sports Medicine*)
  - Paul Callaway, MD
  - Robin O. Winter, MD, MMM (*Geriatrics)*
- Resident
  - Tanya Anim, MD
- AMA
  - Suzanne Allen, MD – Vice Chair
  - Gary Buckholz, MD (*HPM*)
  - Thomas C. Rosenthal, MD (*Geriatrics)*

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RC Review of Programs

- Peer Review – 2 reviewers for core
- Reviewers use following information to determine compliance with requirements:

program information form (PIF) | site visitor's report | resident survey findings | board scores

- Questions in PIF correspond to program requirements
- Reviewers present program to Committee
- Committee determines degree of compliance and assigns accreditation status along with review cycle
  - Range of 1-5 years

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Review Cycle of Core and Fellowships

- Historically: Review cycle of fellowships aligned with core
  - If core has three year cycle, fellowship(s) will have three cycle
  - Cycle of fellowship did not exceed that of core
- Currently: RC has un-coupled fellowship cycles from cycle of core.
  - Fellowships still considered dependent, but review cycle may exceed cycle of core

New Core Applications	New Fellowship Applications
•Rare events •Site Visit required •12-18 month process •Maximum of 3 yr cycle	•More regular occurrence •No site visit required •Need 2 months prior to meeting (agenda closing date) •Maximum of 3 yr cycle

- ACGME document: Applying in eight steps
  http://www.acgme.org/acWebsite/home/accreditation_application_process.asp

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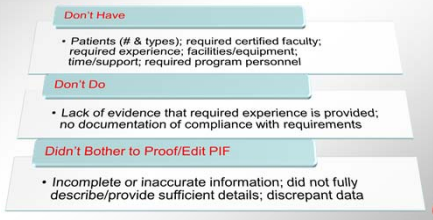
Citation

- Citation = program has not provided evidence of substantial compliance with requirements, or, area verified by site visitor is non-compliant



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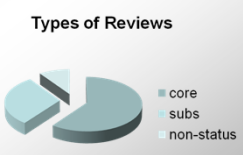
Summary of RC Activities in AY 2011/2012 (January - October Meetings)

- RC-FM meets three times annually
  - Jan, May, Sept/Oct
- AY 2011/2012, Committee reviewed 247 programs
  - Average per meeting:
    - 40 core programs
    - 35 fellowship programs
    - 7 non-status

(progress and duty hours reports, innovation requests, etc.)



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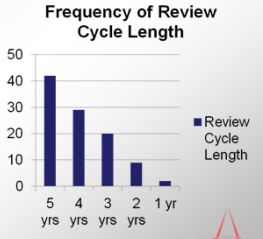
For Core Family Medicine Programs in AY 11/12, there are….

- 452 accredited programs
  - 441 programs with continuing accreditation
  - 10 programs with initial accreditation (in existence ≤3 years)
  - 1 programs with probation
  - 3 programs voluntarily withdrew
- Specialty Length: 3 years
- 10,011/10,688 filled resident positions
- Average Program Cycle Length: 4.0 years

Accreditation Decisions in AY 2011/2012

Core Family Medicine

Summary of Status Decisions	
Initial Accreditation	6
Continued Accreditation	99
Proposed Adverse Actions	12
Confirmed Adverse Actions	3
Deferral	
Total	***120***



Most Frequent Citations in AY 2011/2012

Core Family Medicine	
Curricular Development (required hrs/months, experiences, etc.)	58
FMC Patient Visits (1650 and 150)	48
Maternity care (total and continuity deliveries)	43
Board Exam Performance	45
Faculty Qualifications	40
Institutional Issues – internal review; facilities issues; lack of support for GME	43
FMC Demographics (<10 yrs; >59 yrs)	29
Responsibilities of the PD (PIF not accurate or complete, etc.)	38

Length of Cycle Determination

Core Programs

- Citation specifics
- Resident Survey Variances (w/ Site Visitor verification)
- Program History
  - Previous cycle length
  - Survey trends
  - Sponsor or leadership instability
- Board Scores Pass Rate
  - <90%= loss of one year
  - <70%= loss of two years

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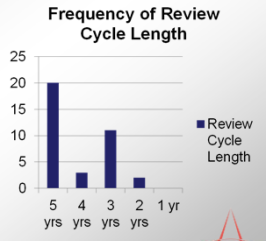
Accreditation Decisions in AY 2011/2012

Fellowships of Family Medicine

GM – 9 programs; SM – 43; HPM – 44

Summary of Status Decisions	
Accreditation	17
Continued Accreditation	69
Proposed Withhold	4
Proposed Withdrawal	2
Confirm Withhold	3
Voluntary Withdrawal	1
Total	96



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For Core Hospice and Palliative Medicine Programs in AY 2011/2012, there were….

- 78 accredited programs
  - 51 program with continuing accreditation
  - 27 programs with initial accreditation (in existence 3 years or less)
- Specialty Length = 1 year
- 192/222 filled resident positions
- Average Program Cycle Length: 3.09 years

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For Sports Medicine Programs in AY 2011/2012, there were….

- 111 accredited programs
  - 92 programs with continuing accreditation
  - 19 programs with initial accreditation (in existence ≤3 years)
- Specialty Length: 1 year
- 176/207 filled resident positions
- Average Program Cycle Length: 4.42 years

For Geriatric Medicine Programs in AY 2011/2012, there were….

- 42 accredited programs
  - 38 programs with continuing accreditation
  - 4 programs with initial accreditation (in existence ≤3 years)
- Specialty Length: 1 year
- 74/110 filled resident positions
- Average Program Cycle Length: 4.29 years

Most Common Citations – Fellowships AY 2011/2012

	Geriatrics	Sports Med	HPM
Evaluation of Program		XX	
Scholarly Activities	**XX**	XX	
Instit. Support – Sponsoring Inst.		XX	
Other Program Personnel			XX
PD Responsibilities		XX	XX
Faculty Qualifications	**XX**	XX	XX

Length of Cycle Determination

Fellowships ("Subs")

- Citation specifics
- Resident Survey Variances (w/ Site Visitor verification)
- Program History
  - Previous cycle length
  - Survey trends
  - Sponsor or leadership instability

Committee Updates and Requirement Clarifications

Committee Updates

- Duty hours – expectation of actual resident hours (not attestation)
- Protection of Family Medicine Experiences*
  - Maternity continuity
  - End-of-life

*Not to be included in resident duty hour survey

Updates - May 2012 RC-FM Meeting

- RC-FM Interpretation of Board Scores for fellowship programs (current program requirements)
  - Comment will be provided if ABFM data indicate less than 90% of first time takers passed
  - RC-FM may provide "concern" should program show downward trend over 3-5 year period.

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Scholarly Activity

- Contributes to discipline of Family Medicine and/or subspecialty areas
  - ***"Creates a "Culture of Inquiry" and encourages life-long learning***
  - Follows Boyer's model
  - Shared with and reviewed by peers
    - Faculty and fellows expected to communicate their work at regional or national level
    - Residents may share work at local, regional, or national level

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Scholarly Activities (Based on Boyer's Scholarship Model)

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples for core and subspecialty, and for faculty and residents
Discovery	Build new knowledge through traditional research	**Residents:** e.g. poster presentations, publish original research paper or abstract, original research presentation at a grand rounds **Fellows/Faculty:** e.g. refereed poster presentation, authorship of papers in peer-reviewed journals, investigator on grants, development of patents for discoveries, original research presentations at regional or national meetings

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Scholarly Activities (Based on Boyer's Scholarship Model)

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples for core and subspecialty, and for faculty and residents
Integration	Synthesize current knowledge to make it useful to others	**Residents:** e.g. case study and literature review presentation at local/state Grand Rounds, lead local patient education conference series, publish an op-ed in local newspaper regarding current public health concern, letter to editor of national medical journal analyzing results of a paper published by others **Fellows/Faculty:** e.g. publish a POEM, publish a clinical review paper in peer-reviewed national journal, testify in state legislature regarding public health problem strategy, serve as editor for a state or national medical journal

Scholarly Activities (Based on Boyer's Scholarship Model)

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples for core and subspecialty, and for faculty and residents
Application (FM Focus)	Use knowledge to improve health care, medical practice, health systems operations, public health or policy	**Residents:** e.g. present the design and results of a clinical quality improvement project; local publication of design, implementation and effects of a patient education program, risk behavior, or chronic disease management in a residency newsletter **Fellows/Faculty:** e.g. present results of clinical QI program implemented in a group of practices at a regional professional meeting, present results of a practice-based research network at a national professional meeting; serving on a state or national committee developing and implementing programs to improve medical practice or education; obtainment of grant funding for practice improvement or redesign

Scholarly Activities (Based on Boyer's Scholarship Model)

Type of Scholarship	Purpose	Performance Measures (FAQs will provide examples for core and subspecialty, and for faculty and residents
Teaching	Development, implementation and evaluation of educational curriculum, courses, program, materials, and so forth for educational purposes.	**Residents:** e.g., preparation of an enduring curriculum for use in a residency program (needs assessment, goals and objectives development, activities, evaluation process, implementation and summarization of pilot results **Fellows/Faculty:** e.g., obtain Title VII grant funding to implement new curriculum; develop, implement and report to sponsoring professional organization a new curriculum for a national professional educational course or module; publish evaluation of a new curriculum in a peer-reviewed journal

Scholarly Activity

Scholarship Expectations

- Residency Faculty
  - 2 per faculty member on average over 5 years
- Residents
  - 1 per resident by end of residency
- Fellowship Faculty
  - 1 per faculty member on average over 5 years
- Fellows
  - 1 per fellow by end of fellowship

Common Program Requirements

- Resident supervision and faculty communication
- Handovers
- Resident involvement in quality and patient safety initiatives

ACGME Upcoming Changes in Program Review

- Milestones
- Next Accreditation System (NAS)
  - Site visitor (field staff) focused interviews ("trace" method)

FM Milestones

- Specific benchmarks of skills, knowledge, and behaviors that each resident expected to achieve at identified stages of residency training
  - Milestones developed for each of six ACGME competencies
- Observable developmental steps describing trajectory of progress from beginning resident to personal physician
  - Provide "roadmap" for learning
  - "Intuitively" known by experienced family medicine educators

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FM Milestones

- 14-member Committee (Chair: Suzanne Allen, MD)
- Committee Meetings
  - March, July, October 2012
  - Conference calls between meetings
- Comment Period
  - Began February 2013
  - Presentations at RPS/PDW
- Final Document – Summer 2013
- Implementation – July 2014

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PC 1. Cares for acutely ill or injured patients in urgent and emergent situations and in all settings.

Has not achieved Level 1	Level 1	Level 2	Level 3	Level 4	Level 5
	Gathers essential information about the patient (history, exam, diagnostic testing)	Consistently recognizes common situations that require urgent or emergent medical care Stabilizes the acutely ill patient Generates appropriate differential diagnoses for any presenting complaint Develops appropriate diagnostic and therapeutic management plans for common outpatient conditions	Consistently recognizes complex situations requiring urgent or emergent medical care Prioritizes appropriately the response to the acutely ill patient Develops appropriate diagnostic and therapeutic management plans for less common outpatient conditions Arranges appropriate follow up	Coordinates care of acutely ill patient with consultants and community services Demonstrates awareness of personal limitations regarding procedures, knowledge and experience in the care of acutely ill patients	Provides and coordinates care for acutely ill patients within local and regional systems of care

Comments:

Milestone Reporting

A general interpretation of level:
Level 1: The resident demonstrates milestones expected of a resident who has had some education in family medicine.
Level 2: The resident is advancing and demonstrating additional milestones.
Level 3: The resident continues to advance and demonstrate additional milestones; the resident consistently demonstrates the majority of milestones targeted for residency.
Level 4: The resident has advanced so that he or she now substantially demonstrates the milestones targeted for residency. This level is designed as the graduation target.
Level 5: The resident has advanced beyond performance targets set for residency and is demonstrating "aspirational" goals which might describe the performance of someone who has been in practice for several years. It is expected that only a few exceptional residents will reach this level.

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FM Milestones

- Each residency will have Clinical Competency Committee (CCC)
  - Include faculty only
    - At least 3 faculty members
    - Include faculty active in evaluation of residents
  - Will review each resident's progress in each competency at least twice yearly and enter these assessments on Milestones reporting form for each resident

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FM Milestones

- Residents do <u>not</u> need to achieve graduating resident level in every milestone
  - Should substantially demonstrate milestones targeted for level
- Residents do <u>not</u> need to achieve competency at level of junior resident in each milestone to advance to second year
  - Should achieve that level in majority of milestones

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FM Milestones

- Resident data will be de-identified on semi-annual Milestone form
- ACGME will compile data at program level and specialty level
- Milestone data will not affect accreditation cycle at this time

Next Accreditation System (NAS)

- ACGME's public stakeholders have heightened expectations of physicians
  - Patients, Payers, and Public demand
    - information-technology literacy
    - sensitivity to cost-effectiveness
    - ability to involve patients in their own care
    - use of health information technology to improve care for individuals and populations
  - Begin to realize promise of Outcomes Project
  - Reduce administrative burden of accreditation

"Free good programs to innovate; Assist poor programs to improve."

Beginning July 1, 2013, hiatus on Family Medicine Program site visits

NAS Timeline: Phase 2 Specialties

- Spring 2013:
  - *Most* programs with ≥ 3 year cycles moved into NAS
- July 1, 2013 – June 30, 2014
  - Programs report annual data
- Spring 2014
  - Identify and train CCCs
- July 2014: Go live!

http://www.acgme-nas.org/assets/pdf/KeyDatesPhase1Specialties.pdf

Program Innovation

- Program Requirements classified:
  - Outcome
  - Core
  - Detail
- Programs in good standing:
  - May freely innovate in detail standards

Requirement Taxonomy

- **Core Requirements:** Statements that define structure, resource, or process elements essential to every graduate medical educational program.
- **Detail Requirements:** Statements that describe a specific structure, resource, or process, for achieving compliance with a Core Requirement. Programs in substantial compliance with the Outcome Requirements may utilize alternative or innovative approaches to meet Core Requirements.
- **Outcome Requirements:** Statements that specify expected measurable or observable attributes (knowledge, abilities, skills, or attitudes) of residents or fellows at key stages of their graduate medical education.

"What Happens at My Program?"

- Annual data submission
- Annual Program Evaluation (PR V.C.)
- Self-study visit every ten years
- Other *possible* actions:
  - Progress reports for potential problems
  - Focused site visit
  - Full site visit
  - Site visit for potential egregious violations

"When Is My Program Reviewed?"

- Program reviewed *at least* annually
- NAS - *continuous* accreditation process
  - Review of annually submitted data
  - Supplemented by:
    - Reports of self-study visits every ten years
    - Progress reports (when requested)
    - Reports of site visits (as necessary)

Annual Program Data

RRC receives data 'continuously' and tracks data on each program/residents

- Milestone Performance
- Resident Survey Results
- Faculty Survey Results
- Case Logs and other parameters of clinical experience
- Scholarly Activity
- Key Quality/Patient Safety Data
- Board Certification Examination Results
- Institutional/Fiscal/Faculty/Leadership, etc..

Resident/Faculty Surveys

- All 2010/2011 Resident Survey Individual Program reports with new trend graph reposted (December 2012)
  - Graph shows non-compliance by category area and year
  - Available to program directors, DIOs, field staff and the RRC
- 2011/2012 Resident Survey Categorical Areas (based upon CPRs)
  - Duty Hours
  - Educational Content
  - Evaluation
  - Resources
  - Patient Safety
  - Teamwork
  - Faculty
- 2013/2014 Fellow Faculty Survey
  - Program Director only required to complete

Resident/Faculty Surveys

- Core physician faculty
  - All physicians who devote at least 15 hrs to resident education and administration
  - All core physician faculty should:
    - Teach and advise residents
    - Evaluate the competency domains
    - Work closely with and support program director
    - Assist in developing and implementing evaluation systems
- Program Director not considered core (but surveyed)

ACGME Strategy

- De-emphasize focus on PIF (PIF eliminated)
- Emphasize review of program's actual operations and implementation processes
- Enhance selected elements of visit
  - Review of citations
  - Resident complaints
  - Resident survey (non-compliance)
  - Duty hour and learning environment standards
  - Changes since last visit
  - Annual program evaluation

Milestones / NAS

- Geriatric Medicine Timeline
  - December 2013
    - Begin to develop Milestones (similar process as core Family Medicine)
  - July 2014
    - Implementation of NAS
    - Utilize Milestones as available

www.acgme.org

- ACGME Policies & Procedures
- Competencies/Outcomes Project
- List of accredited programs
- Accreditation Data System (ADS)
- Duty hours Information/FAQ
- Affiliation Agreements FAQ
- General information on site visit process and your site visitor
- Notable Practices
- Family Medicine Webpage
  - Resident complement increase policy
  - Program Requirements and PIFs
  - Archive of RRC Updates/Newsletters
  - FAQs

Accreditation Council for Graduate Medical Education

Questions?