A Message from the President

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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, research teams to analyze them, and the courage to change when evidence supports doing so. We 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 the simulation a mandatory component of Family Medicine certification. Since this change was made, approximately 4 Knowledge Self-Assessments (KSAs) have been completed for every 1 Clinical Self-Assessment, with the KSAs continuing to receive higher evaluations after being completed.

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 examination. 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 examination from 2 to 1; change the examination day format from 5 examination sections to 4 sections with 100-minute durations; and create 100 minutes of flexible break time to be used during the 3 breaks between the 4 examination sections in any manner the examination candidate chooses.

These changes are being implemented after significant study and analysis of examination 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 these data and recommended to the board of directors that this change be implemented in 2017.

After the board of directors approved the recommendation, we decided to reformat the examination day to further advantage candidates by increasing the amount of time allotted for each question and creating some flexibility in how break time was used. We did so with the understanding that our testing vendor, Prometric, would also be switching to a new and improved examination platform that is more efficient and user-friendly. We believe the overall effect of these changes will be to decompress the examination day experience and increase the likelihood of success for our candidates. For an in-depth review of the data and analyses on which the changes were based, please review the excellent article by O'Neill and Peabody[1] in the January/February issue of the *JABFM*.

New Continuous KSA Platform Introduced

Another improvement to the Family Medicine certification process arrived with the new year: our Continuous KSA 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 requirements. This new assessment tool will allow those who wish to assess their clinical knowledge continuously throughout the year to do so.

Unlike the current KSA modules that contain 60 questions focused on a specific topic, the questions in the Continuous KSA tool will be created using the content and content weighting of our examination blueprint. A total of 25 questions will be delivered each quarter of the year and can be answered at one's own pace. Those diplomates who participate for all 4 quarters of the year will receive a performance report that demonstrates their strengths and weaknesses in each blueprint category and an estimate of the likelihood of passing

Conflict of interest: The author is president of the ABFM.

the Certification Examination if they were to take 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 prefer.

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 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.

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 1000 physicians and 300 practices are now using PRIME and receiving data about the care they deliver. Another 1000 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 created.

For those who wish us to do so, we will begin reporting data to the Centers for Medicare and Medicaid Services in 2017 that will be used in determining Medicare reimbursement in 2019. By allowing us to report these data, registry participants will be satisfying 3 of the 4 components of the Merit-based Incentive Payment System—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 the Centers for Medicare and Medicaid Services. 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 Under Development

We are in the process of developing the Population Health Assessment Tool, which, once completed, will be incorporated into the registry. It is expected that population health management will soon 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 through 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 1 of the additional features that we envision for PRIME. We eventually expect to use PRIME to validate quality measures that are meaningful for family physicians for purposes of quality reporting, as well as to use the data contained within the registry to drive development of new, cutting-edge assessment tools.

Almost 10 years ago, in 1 of the earliest editions 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."[2] I also mentioned that, in time, we envisioned that "these assessment tools would help a family physician satisfy requirements for relicensure, 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.

To see this article online, please go to: http://jabfm.org/content/30/2/266.full.

Reference

1. O'Neill TR, Peabody MR. Impact of one versus two content-specific modules of American Board of Family Medicine certification examination scores. J Am Board Fam Med 2017:30:85–90.
2. Puffer JC. A message from the president. The Phoenix: A Diplomats' Newsletter. Summer 2006: 1–2.