Report to the American College of Emergency Physicians

RESOLUTION 8(16)

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October 13, 2017

Executive Summary

Background
At the 2016 American College of Emergency Physicians (ACEP) Council Meeting, the Council defeated the first Resolved statement:

> RESOLVED, That ACEP oppose mandatory, required, high stakes secured examination for Maintenance of Certification (MOC) in Emergency Medicine;

The Council referred the second Resolved statement to the ACEP Board of Directors:

> RESOLVED, That ACEP work with members, other interested organizations, and interested certifying bodies to develop reasonable, evidence based, cost-effective, and time sensitive methods to allow individual practitioners options to demonstrate or verify their content knowledge for continued practice in Emergency Medicine.

ABEM-ACEP Response
ABEM and ACEP are the two largest Emergency Medicine organizations in the world; both are committed to improving emergency care. In response to the Council action, ACEP proposed a series of three meetings between ABEM and ACEP leadership, and one meeting between ABEM leadership and the ACEP Board of Directors.

In response to an ACEP request, ABEM prepared three reports, which were delivered on May 12, 2017: 1) History of the ABEM MOC Program, 2) Alternative Methods of Summative Assessment, and 3) The ABEM MOC Program. At its June 2017 meeting, the ACEP Board of Directors requested additional information regarding revisions to the Continuous Certification Examination (ConCert™). In response to this request, ABEM continued its ongoing process review and investigation of American Board of Medical Specialties (ABMS) Member Boards' longitudinal assessment pilot programs and a timeline for instituting change.

ABEM held two key meetings to accelerate the exploration of changes to ConCert™. First was a special meeting of its Board of Directors on September 18, 2017, to develop alternatives and modifications to ConCert™. On October 2-3, 2017, ABEM convened a meeting of every major Emergency Medicine organization, including ACEP. William P. Jaquis, M.D., represented ACEP, and ACEP Executive Director Dean Wilkerson, M.B.A., J.D., CAE, attended as an observer. The group discussed: 1) mini exams, 2) adaptive learning, 3) oral examination, and 4) modifications to the existing ConCert™. Notably, ABEM has also been soliciting suggestions from ACEP state chapter leadership.

Future Activity
The opinions expressed by diplomates, EM organizations, and ACEP state chapters are diverse and wide-ranging. ABEM will seek additional physician input, conduct feasibility and cost analyses of viable options, and convene a test advisory panel of national assessment experts to review potential changes.

ABEM anticipates making an announcement after its February 2018 Board Retreat and Board of Directors meeting regarding: 1) the most likely alternative to ConCert™, 2) potential changes to the current ConCert™, and 3) a timeline for implementation.

Introduction

At the 2016 American College of Emergency Physicians (ACEP) Council Meeting, the Council referred a part of Resolution 8(16) to the ACEP Board of Directors. Resolution 8(16) opposed the requirement of the Continuous Certification Examination (ConCert™) to maintain American Board of Emergency Medicine (ABEM) certification.

The ACEP Council defeated the first Resolved statement:

> RESOLVED, That ACEP oppose mandatory, required, high stakes secured examination for Maintenance of Certification (MOC) in Emergency Medicine;

The ACEP Council referred the second Resolved statement to the ACEP Board of Directors:

> RESOLVED, That ACEP work with members, other interested organizations, and interested certifying bodies to develop reasonable, evidence based, cost-effective, and time sensitive methods to allow individual practitioners options to demonstrate or verify their content knowledge for continued practice in Emergency Medicine.

The decision of the Council was to not oppose the use of ConCert™. The ACEP Board also opposed the resolution and spoke against the measure.

This report is ABEM's response to the second Resolved statement, which calls for ACEP to work with . . . interested certifying bodies to develop reasonable, evidence-based, cost-effective, and time-sensitive methods to allow individual practitioners options to demonstrate or verify their content knowledge . . .

Foundation

ABEM and ACEP are the two largest Emergency Medicine organizations in the world—ACEP has approximately 38,000 members, and ABEM currently has over 35,000 certified physicians and provides the In-training Examination to another 6,500 physicians annually. Both organizations are committed to improving emergency care and place the interests of the public and physicians in highest regard. Given their longstanding, collaborative relationship and shared interests, it is natural and expected that the two organizations would work together to meet the intent of the second resolved statement of Resolution 8(16).

The ABEM-ACEP Response

In response to the Council action, ACEP proposed a series of leadership meetings. There were three such meetings between ABEM and ACEP leadership, and one meeting between ABEM leadership and the ACEP Board of Directors. These meetings are reviewed below.

ABEM-ACEP Meetings and Reports

October 16, 2016
Soon after the 2016 Council meeting, ABEM and ACEP leadership met to create a roadmap for future conversations.

February 2, 2017
A joint conference call was held between ABEM and ACEP leadership to discuss Resolution 8(16). Several ideas were shared, which included:

- An affirmation that ABEM has substantial expertise in physician assessment.
- An interest in how other ABMS Member Boards were approaching physician assessment.
- An interest in how ABEM has modified its MOC program, especially in ways that optimize the experience for the physician.
- An interest by ACEP to better inform its members about the nuances of the ABEM MOC Program.
- ACEP leadership expressed alignment with ABEM, and felt that the discord occurring in other specialties would not be helpful to the future of Emergency Medicine.
- An acknowledgement that ABEM certification is a valued credential.
- Encouraging ABEM to share more information about the process for eliminating “bad” or awkward questions, as well as the processes used for field test questions.
- Sharing more detail about the item writing process that could further support the validity of the examination.

At the conclusion of the meeting, ACEP asked ABEM to provide the following three reports:

1. History of the ABEM MOC Program
2. Alternative Methods of Summative Assessment
3. ABEM MOC Talking Points

May 18, 2017
ABEM and ACEP leadership met to review the materials requested earlier by ACEP. ABEM emailed the three requested reports on May 12, 2017. No additional information was requested.

History of the ABEM MOC Program
Highlights from the “History of the ABEM MOC Program” report include the following:

- Since its inception, ABEM has believed that a single point-in-time measure of a physician’s knowledge, skill, and ability is insufficient to assure the public of ongoing, career-long physician competency. ABEM has therefore had some form of recertification since it was approved by the ABMS in 1979.
- ABEM is constantly refining MOC requirements. Some of these improvements include:
  - Removing the link between LLSA readings and ConCert™ questions.
  - Reducing the number of annual LLSA readings from 16-20 to 10-15, and the number of test questions from 40 to 20-30 (change implemented in 2010).
  - Allowing physicians to take LLSAs in the year they become certified or renew certification.
  - Modifying the Improvement in Medical Practice requirement to include fewer than ten patients when considering low-frequency/high-acuity conditions (2011).

- Offering, in partnership with ACEP and the American Academy of Emergency Medicine, CME credit for successfully completing an LLSA test (2011).
- Implementing a five-business-day “grace period” to complete all MOC requirements (2012), which was later extended to ten business days (2016).
- Allowing physicians to take ConCert™ early and not have the certification date reset (2013). (Physicians can take the exam up to five years before their certification expiration date. In 2017, 44 percent of physicians who took the ConCert™ took it early.)
- Selecting LLSA readings on more current, important topics from all areas of the EM Model (2014).
- Removing the requirement that diplomates attest to an average of eight self-assessment CME credits per year (2016).
- Making available more options for meeting ABEM LLSA requirements, including Emergency Medical Services, Medical Toxicology, and Pediatric Emergency Medicine LLSAs (2016).
- Beginning a pilot to no longer require a patient experience of care survey (2017). If the pilot is successful, the change will become permanent in 2019.
- Providing specific rationales for LLSA test answers after the test has been passed (in production for 2018).

Alternative Methods of Summative Assessment

Highlights from the “Alternative Methods of Summative Assessment” report include the following:

- When the ABMS 2015 MOC Standards were being reviewed, ABEM sent the proposed standards to ACEP for review. At that time, ACEP offered no concerns.
- ABEM reviews all of the approaches used by ABMS Member Boards for the longitudinal assessment of physicians that differ from traditional, episodic examinations.
- Many physicians do not realize that an alternative longitudinal assessment is not purely a learning exercise; there is a performance standard, and failing to meet the standard can result in decertification.
- Changing assessment cycles can affect decertification rates and risk. The more frequent the assessment, the greater the probability of decertification.
- When physicians are decertified for not meeting an alternate assessment’s performance standard, a standard recertification examination is still required.

Most assessment pilots are covered in the efforts of five boards. Highlights of these programs are as follows:

American Board of Anesthesiology (ABA)

MOCA 2.0® is a pilot developed by the ABA that provides an example of adaptive testing. MOCA 2.0® delivers questions weekly using a mobile platform at a rate of 30 questions every three months. Physicians can receive questions as frequently as every week, but many physicians batch questions quarterly. The pilot has been met with early acceptance by anesthesiologists, but there are a few challenges. First, participation rates for MOCA 2.0® are lower than ConCert™ participation rates. It is unclear why physicians are not participating. The certification standard has not yet been established and the decertification rate is unknown.

The American Board of Pediatrics (ABP) is using a testing platform similar to MOCA 2.0®, but its program does not have as great an emphasis on adaptive testing; it does, however, have a slightly stronger emphasis on content mastery.

American Board of Pathology (ABPath)
CertLink™ is the adaptive testing platform developed by the ABMS and is somewhat similar to MOCA 2.0®. Seven ABMS Member Boards, including the ABPath, will be using CertLink™ in pilots, though none have launched the platform. CertLink™ is expensive and would likely result in a small increase in ABEM's MOC fees. Physicians who do not perform well on CertLink™ would likely be required to take a standard examination. Though CertLink™ is based on logical and well-researched principles of adaptive testing and cognitive psychology, there is not yet any validity or reliability evidence. It is anticipated that such evidence will be forthcoming.

American Board of Obstetrics and Gynecology (ABOG)
The ABOG requires high performance on several LLSAs in lieu of an MOC examination. Its LLSAs include about 45-50 readings annually. If the physician meets a sufficient performance threshold on the ABOG LLSAs, the diplomate does not have to take the MOC examination. If the physician does not meet the performance standard, an MOC examination is required. This adaptation has introduced security challenges for the ABOG LLSA test questions.

American Board of Internal Medicine (ABIM)
The ABIM is piloting a knowledge assessment (a "check-in") using a two-year cycle. The program has not yet started. It appears that physicians will take a mini examination every two years. If a physician performs well on these smaller examinations, he or she does not need to take a more comprehensive test.

American Board of Thoracic Surgery (ABTS)
The ABTS requires diplomates to complete a programmed learning module. The ABTS has an extremely low standard for successful completion, which might not meet public expectations for rigor. The pilot is exclusively formative, without a substantial assessment component.

<u>ABEM MOC Program Talking Points</u>
Highlights from the "ABEM MOC Program Talking Points" report include the following:

- Medicine has been unsuccessful in controlling cost and quality; both are now federally regulated. Absence of physician self-regulation will result in governmental control.
- MOC participation assures the public that the physician is engaged in a rigorous program of continuous professional development.
- Having a high standard for certification in Emergency Medicine is important because patients cannot choose their emergency physician.
- In a recent Harris poll, 83 percent of the public believed emergency physicians should be required to pass a recertification examination to demonstrate that they are keeping up with medical knowledge. [Unpublished data, 2017].
- ConCert™ is a valid, reliable, and fair examination that focuses on the assessment of complex cognitive processes, and is not merely fact recall. Over 60 percent of exam questions require clinical synthesis, diagnostic processing, or a similar complex skill. Over half of the questions require a diagnostic step, which is important in assessing a physician's competency in diagnostic accuracy.

- ConCert™ is designed so that most practicing emergency physicians can pass it without extra studying or preparation. Of physicians who did not study for the examination, 86 percent passed [Marco CA, et al. Acad Emerg Med 2016;23:1082-5].
- Over 90 percent of physicians identify a career benefit to staying certified.
- Over 90 percent of physicians identify a learning benefit to preparing for and taking ConCert™.
- The majority of physicians do not travel to take onsite board preparation courses.
- MOC fees have been fixed for the past five years.
- The Choudhry study [Choudhry NK, Fletcher RH, Soumeri SB. Ann Intern Med 2005;142:260-73] shows that physicians experience a decline in medical knowledge and skills over time. A single point-in-time examination is insufficient to assure career-long physician competency. ConCert™ data suggest that physician cognitive skills decline as the physician ages. [AMA Council on Medical Education Report 5-A-15: Competency and the Aging Physician; Choudhry NK, et al. Ann Intern Med 2005;142:260-73].
- Physicians, even with the best intentions, are not good at identifying the areas in which they individually need more education [Davis DA, et al. JAMA 2006;296:1094-102, and Wolff M. et al. J Emerg Med 2017;53:116-20].
- The LLSA is relevant (98 percent of respondents) and practice changing (92 percent of respondents) [Jones JH et al. J Emerg Med 2013;45:935-41].

June 28, 2017
ABEM President Michael L. Carius, M.D., made a presentation to the ACEP Board of Directors. The Board requested additional information from ABEM about potential revisions to ConCert™ that were under consideration, as well as a projected timeline for change. ABEM took additional steps to address that request for new information.

ABEM Action

Since the June 28 ACEP Board meeting, ABEM has taken two parallel paths of action: 1) a continuous process review, and 2) an accelerated exploration of alternatives and modifications to ConCert™.

Continuous Process Review

Surveys
ABEM constantly surveys physicians about various aspects of ABEM activities, including MOC. ABEM receives over 20,000 survey responses from physicians every year. Of these, over 2,500 survey responses are obtained from physicians taking ConCert™. Experience with ConCert™ demonstrates that physicians are candid in their responses and not averse to criticizing any aspect of the ABEM MOC Program. For example, nearly 90 percent of respondents did not feel that the patient experience of care (patient satisfaction) requirement led to improved patient care, and as a result, a pilot suspending this requirement has begun. Surveys have shown that ConCert™ content is highly relevant and that physicians perceive learning and career benefits to preparing for and taking the examination.

ABMS and Member Board Activity
ABEM actively tracks the development and progress of other specialty boards' MOC pilots. ABEM has been an active participant in the research collaboratives involving CertLink™. ABEM is in close contact with the ABA, ABP, and ABOG, and ABEM is monitoring the early roll-out of several longitudinal assessment programs. In this way, ABEM has a good understanding of the successes, opportunities, and challenges of each of these pilots. ABEM also has a representative on the ABMS Committee on Continuing Certification, which reviews all parts of Member Board MOC programs, including longitudinal assessment pilots.

ABEM Quality Improvement
ABEM is continuously reviewing its physician assessment program and processes. The ABEM MOC Committee critically reviews every aspect of MOC at least twice per year. ABEM recently completed a review of the Oral Certification Examination; its LLSA Modifications Task Force recently concluded its work; and this year began an in-depth review to determine the value, purpose, and validity of ConCert™. ABEM reviews survey data from the aforementioned processes, as well as from the Longitudinal Study of Emergency Physicians, to gauge ABEM-certified physicians' thoughts about ABEM MOC requirements.

ABEM Research
ABEM research activities focus on validating its assessment processes, including ConCert™. ABEM has completed numerous studies that provide validity evidence that supports ConCert™. Studies include psychometric analyses on the quality, item performance, reliability, and relevance of the test; longitudinal performance on ConCert™ over physicians' careers; physician perceptions of learning benefits; physician perceptions of career benefits; how physicians prepare to take ConCert™; the association of physician age and the decline of cognitive skills and physician knowledge; the impact of ABEM MOC on burnout; and the association of practice setting (academic vs. community) and learner supervision and ConCert™ performance. ABEM is planning to study the association between lapsed certification and medical malpractice cases and state medical board disciplinary actions. Much of this type of research would be difficult-to-impossible to accomplish without ConCert™.

Cognitive Science and Assessment Research
ABEM continues to monitor developments in the field of learning assessment. ABEM reviews studies on test-enhanced learning (multiple tests over a short period of time); spacing and repetition (asking similar questions multiple times on different occasions for learning); and the evolving conversation about adaptive testing and adaptive learning for content mastery. ABEM also reviews the pilots of some of the other specialty boards, such as the recent ABIM study on open-book reference availability during testing.

<u>Special Exploration</u>

Special ABEM Board Meeting
The ABEM Board of Directors met on September 18, 2017, to discuss modifications and alternatives to ConCert™. The purposes of the meeting were to align the Board's vision about ConCert™ revisions and to identify points where ABEM standards could align with diplomates' preferences. The ABEM Board determined guiding principles for change, reviewed data about ConCert™ strengths and concerns, reviewed pilot projects from other boards, and developed three options and additional modifications to ConCert™.

ConCert™ Summit
On October 2-3, 2017, ABEM convened a meeting of every major Emergency Medicine organization, including ACEP. William P. Jaquis, M.D., represented ACEP, and ACEP Executive Director Dean Wilkerson, M.B.A., J.D., CAE, attended as an observer. The purpose of the Summit was to discuss modifications and alternatives to ConCert™. Four approaches were discussed:

- Mini exams
- Adaptive learning
- Oral examination
- Modifications to the existing ConCert™

Mini exams would be small exams every two years that could be taken at home using remote proctoring. Mini exams would focus on case-based questions assessing complex problem-solving skills and could include the ability to look up information.

Adaptive learning would involve the delivery of frequent questions on a mobile device. The level of question sophistication and the number of questions would be determined by the degree to which a physician demonstrated mastery of the content.

The oral examination option would allow physicians to take the current Oral Certification Examination for recertification.

Potential modifications to ConCert™ include the ability to take ConCert™ more frequently than once each year, free or discounted repeat attempts, remote proctoring (at home or office), an increased focus on “walk-around” knowledge delivered in clinical scenarios, and more detailed feedback.

ACEP Chapter Calls
ABEM invited every state chapter to participate on a call with ABEM to discuss modifications to the ABEM MOC Program. Twenty-four chapters have agreed to participate: Alabama, Alaska, California, Colorado, Florida, Georgia, Illinois, Idaho, Indiana, Kentucky, Louisiana, Massachusetts, Michigan, Missouri, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Washington, West Virginia, and Wyoming. Other chapters' responses are pending. Chapters were asked to provide ideas about ways to improve the ABEM MOC Program. These conversations have provided a treasure trove of ideas.

Future Activity and Timeline

<u>Potential Direction</u>
The opinions expressed by diplomates, EM organizations, and state ACEP chapters are diverse and wide-ranging. While there are those who oppose ConCert™, others strongly advocate continuing the examination. Defining a single-best direction is challenging and will require additional information gathering.

Additional Information

Diplomate Feedback
ABEM is exploring options for the best and fastest way to gather additional diplomate input, which ABEM sees as an essential step in the process. This step is especially important given the disparate opinions and feedback that ABEM has received so far.

Feasibility Studies
ConCert™ alternatives and modifications require feasibility analyses, including cost analyses. Any change is likely to increase costs, and certain changes could result in increased fees to the diplomate.

Red Team Analysis
Emergency physicians are busy and changes to MOC requirements can be disruptive. ABEM wishes to have any change be long-lasting and aligned with the interests of physicians, the specialty, and the public. ABEM will take the most viable approaches and subject them to Red Team analyses to mitigate the risk of introducing a nonviable change.

Test Advisory Panel
Certification is contingent on assessment; continuing certification is contingent on ongoing assessment. ABEM will continue to adhere to psychometric best practices. Accordingly, ABEM will subject the most viable approaches to an analysis by an independent panel of assessment experts.

Timeline

ABEM will amass as much of the aforementioned information as possible in time for its February 2018 Board of Directors Retreat and the Board of Directors Meeting. ABEM anticipates making an announcement soon thereafter regarding:

- The most likely alternative to ConCert™
- Potential changes to the current ConCert™
- A timeline for implementation